

**Submission to:  
WHO's Second Public Hearing on Public Health Innovation and Intellectual  
Property**

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I wish to put forward the argument that the Draft Global Strategy and Plan of Action would be enhanced by the inclusion of gender-sensitive provisions. The merit of this proposal may not be immediately apparent. Within the multifaceted field of innovation and development, appeals to gender often fail to generate a great deal of enthusiasm. To many, gender issues and innovation are either mutually exclusive or complementary subjects. Innovation is often assumed to be gender-neutral or, better yet, a means of securing greater opportunities for women.

Even in areas where troubling gender-based repercussions of innovation are recognized, as has been the case within the health sector, disillusionment with a gendered approach is, perhaps understandably, widespread. As Andrea Cornwall writes in a recent article, “[m]ention of the word ‘gender’ has come to evoke a palpable sense of *ennui* amongst many development practitioners.” (Cornwall 71) This pessimism comes as a result of gender’s deterioration into a buzzword used carelessly in an array of contexts. “‘Gender equality,’” she writes, “is a term that has lost a clear sense of meaning: it is used as an umbrella term for as diverse a set of activities as gathering sex-disaggregated statistics, doing ‘gender sensitization’ and making women more competitive in the labour market.” (71) While some of these activities may be beneficial, efforts to integrate gender concerns into innovation discourse have too often failed to generate lasting positive change.

In light of this lack of enthusiasm for a gender-sensitive innovation agenda, it comes as little surprise that the recent movement to apply intellectual property rights (IPRs) in efforts to improve public health has almost entirely ignored gender as a subject for consideration. If gender is nothing but a buzzword doing little to influence outcomes, its invocation adds only unnecessary and time-consuming layers to already protracted international processes. However, citing past failures as reason to ignore gender concerns is both unfair and precarious. Gender disparities influence access to essential medicines, vulnerability to disease, opportunity to innovate, and potential to benefit from innovation. Ignorance of gender in international efforts to address the diseases of the developing world could perpetuate gender inequality and thus fail to generate lasting positive change.

The WHO is one of the enlightened international bodies that recognizes the value in adopting an explicit gender framework in its policies. The 2002 gender policy and mainstreaming strategy document states that “[I]t will be the Organization's policy to ensure that all research, policies, programmes, projects, and initiatives with WHO involvement address gender issues.” (WHO 1) Evidently, the WHO has the experience

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and capacity to determine where gender analysis is appropriate and how such analysis should be reflected in strategy documents.

Despite the WHO commitment to addressing gender in all initiatives, the draft Global Strategy and Plan of Action as it currently stands does not apply gender-sensitive language. A preliminary reading leads me to suggest a few areas where consideration of gender is warranted:

- Promoting R&D that focuses on the health needs of developing countries (Element 2) will only be effective if those health needs are accurately assessed. Gender-based factors often have significant impact on vulnerability to infection, the effectiveness of prevention strategies, and who has access to treatment. Such factors must be taken into account when assessing R&D priorities.
- Proposed mechanisms aimed at “building and improving innovative capacity” (Element 3) might include mechanisms to minimize gender inequality in innovation systems, including tertiary education. For instance, long term plans for human resources and researcher training should address barriers that prevent women from participating in these processes.
- Efforts to improve the management of intellectual property (Element 5) in developing countries could include specific gender provisions. For instance, WIPO and the WTO could be called upon to consider gender in their operations at all levels.

The Global Strategy aims to “provide a medium-term framework for an enhanced and sustainable basis for needs-driven, essential research and development relevant to diseases that disproportionately affect developing countries.” This is precisely the sort of agenda the international community must adopt to address the neglected diseases currently ravaging communities of the developing world. The scope for broad-based input provided by way of this public hearing is laudable. Yet the voices of the most vulnerable are not likely to be heard through such a channel, and these are the voices that should be at the forefront of the discussion. Gender analysis is one strategy that will help ensure that efforts to prioritize public health are truly needs-driven and sustainable.

#### References:

Cornwall, Andrea. “Revisiting the ‘Gender Agenda’.” *IDS Bulletin* 38.2 (March 2007): 71-78.

World Health Organization. *Integrating Gender Perspectives in the Work of WHO: WHO Gender Policy*. 2002.