Report of the Third Global Forum on Gender Statistics *

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I.   INTRODUCTION

Background

1.   The Third Global Forum on Gender Statistics was held from 11-13 October 2010 Manila, Philippines. It was organized by the National Statistical Coordination Board of Philippines and the United Nations Statistics Division, in collaboration with the World Bank and with additional funding from the United Nations Development Programme. The Forum was attended by over 90 participants representing 31 countries and 11 UN agencies (see annex 1 for the List of Participants).

2.   The 2010 Global Forum is the third of a series of international meetings on gender statistics held with the purpose of promoting the advancement of gender statistics among decision makers and all other user groups. The focus of the 2010 Forum was on the gender dimensions of health statistics, including measurement of maternal health and maternal mortality, causes of death and disability, and related methodological advances. The Forum therefore was also an opportunity for countries to learn of ways to strengthen their capacities in producing gender and health statistics. Finally, the Forum had the objective to review what needs to be done to improve gender statistics in order to respond to monitoring requirements in relation to international development goals, including the Millennium Development Goals (MDGs), and Poverty Reduction Strategy Papers (PRSPs), the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Opening Ceremony

3.   In his welcome address, Dr. Romulo A. Virola, Secretary General of the National Statistical Coordination Board (NSCB) expressed his appreciation to UNSD for its initiatives in developing the capacity of countries to collect, disseminate and use quality gender statistics, and to the international organizations and the Forum's Local Organizing Committee for making the event possible.   For the Philippines, the Third Global Forum on Gender Statistics is one of the major events in the celebration of the National Statistics Month in addition to the 11th National Convention on Statistics, where one session dealt with Gender Statistics. He cited other national initiatives on gender statistics such as the 2006-2010 Philippine Statistical Development Program (PSDP), which includes a chapter on gender concerns.

4.   Dr. Virola called the attention of the participants to the need to assess what has been accomplished since the first Global Forum and how many countries have now mainstreamed the generation of gender statistics. He also expressed the hope that at the fourth Global Forum countries will be proud to report on progress since the Third Global Forum.

5.   The Opening Statement of UNSD Director, Mr. Paul Cheung, delivered by Ms. Francesca Perucci, highlighted the importance of the year not only because the first ever World Statistics Day will be celebrated, but also for the 2010 World Population Census Programme currently being implemented by many countries. She stressed that UNSD remains committed to foster development of gender statistics, and assist national statistical systems to fully integrate gender perspectives in their work.

6.   Ms. Sulekha Patel stressed the World Bank's commitment to gender statistics through the adoption of the Bank's Gender Mainstreaming Strategy in 2001. The *Gender Equality as Smart Economics,* a four-year action plan, which aims to increase women's economic opportunities and lower household poverty, has also been implemented. Key components of the action plan include: (a)

improvement of gender statistics, (b) helping build sustainable statistical systems in countries, (c) providing technical assistance and training, (d) strengthening partnerships among international agencies on the collection and use of gender data, and (e) advocating for increasing support for gender statistics.

7.   The message of Professor Solita Collas-Monsod of the University of the Philippines focused on the lack of recognition of the economic contributions of women's unpaid household services. Based on the System of National Accounts (SNA) these unpaid activities fall outside the production boundary. The1993 SNA recommended the use of satellite accounts for these activities, which are largely performed by women. While including unpaid household services in satellite accounts is better than excluding them completely, the speaker stressed the importance of including them in the central system of national accounts in order to have an accurate picture of the GDP, one that reflects the reality on the ground.

8.   The keynote message by Dr. Edward Sondik of the National Center for Health Statistics (NCHS), USA, focused on the utilization of evidenced-based information as a catalyst for change as well as on the importance of achieving action on the basis of information that we collect. His presentation covered prevailing health issues of particular concern to women in the United States such as births to teenage mothers, heart diseases, breast cancer, osteoporosis and the related health policies. He emphasized the need to enhance the capacity of countries to collect, disseminate and package gender statistics and indicators to increase awareness of the general public and to inform policy makers. The keynote speaker noted that while informing policy makers is a challenge the potential impact is great. He also illustrated the use of 'triangulation' in data analysis by associating related indicators or combining data sets. Essentially, 'triangulation' implies the need for a multi-sectoral approach, as many health concerns cannot be solved by health interventions alone and other issues need to be taken in consideration.

Organization of the meeting

9. The Forum was organized as a series of panels and a round table, as follows:

(a) Roundtable on Incorporating a Gender Perspective into official health statistics

(b) Session on measurement of mortality and gender statistics
Panel 1.a. Measurement of health and gender statistics through civil registration and vital statistics
Panel 1.b. Measurement of health and gender statistics through Household surveys and censuses

(c) Session on measurement of maternal mortality and health

(d) Session on measurement of gender dimensions of persons with disabilities

(e) Session on measurement of caring responsibilities of women and men

(f) Session on advancements in gender statistics and health in Asia and the Pacific

All papers and presentations were made available at the website of the Global Forum on Gender Statistics:
http://unstats.un.org/unsd/demographic/meetings/wshops/Philippines_Globalforum_Oct2010/default.htm

II. SUMMARY OF PRESENTATIONS AND DISCUSSIONS

Roundtable on Incorporating a Gender Perspective into Official Health Statistics
Chair: Ms. Francesca Perucci, UNSD

        Summary of Presentations
        Presenters: Ms. Lidia Gargiulo, Italian National Institute of Statistics
                          Dr. Enrique Tayag, Department of Health, Philippines
                          Ms. Hang Lina, National Institute of Statistics, Cambodia

10.   Italy presented the wide range of indicators the National Statistical Institute (Istat) generates from National Italian Health Surveys, including indicators used to study Health Related Quality of Life. A short list of covariates suggested to use analyse the data from a gender perspective, such as: a) education, b) job availability, c) housing condition, d) social class, and e) family network. The presentation by the Philippines highlighted the use of data in policy formulation, as well as efforts made by the Department of Health in analyzing disparities between men and women and using the results to formulate appropriate strategies. Cambodia's efforts for the production of health statistics with a gender perspective include the: a) promotion of gender equality and gender statistics among line ministries and development partners, b) formulation of a Gender Mainstreaming Action Plan, c) establishment of a Gender Statistics Working Group, d) statistical publications on Women and Men; e) use of censuses and surveys to collect gender and health statistics; and f) use of civil registration system to provide data on vital statistics.

        Summary of the discussion

11.   The discussion noted the general lack of sex-disaggregated data on Infant Mortality Rate (IMR) and Child Mortality Rate (CMR) and the difficulties involved in producing such data. While countries reported that policy interventions and health programmes cover both sexes equally, in some cases health departments may need to implement gender-specific programme interventions to address IMR and CMR.

12.   The discussion stressed the need to have a complete list of health indicators, with metadata and concepts and definitions based on international standards for comparability, and glossary of health-related terms.

13.   The discussion also highlighted the use of data as inputs to policy interventions such as those concerning violence against women, migration, overseas workers, contraceptive use, and the need to look at the temporal and geographical relationships of the data as well as the root cause of the problems. The importance of timely statistics for program intervention was emphasized.

14.   Providing capacity building to the staff of health ministries, not only on the collection and analysis of health data, but also on data dissemination to stakeholders, was recognized as a key to strengthening production and use of health statistics from a gender perspective.

Panel 1.a Measurement of health and gender statistics through civil registration and vital statistics
        Chair: Ms. Sara Demofonti, Italian National Institute of Statistics

        Summary of Presentations
        Presenters: Ms. Yandiswa Mpetsheni, Statistics South Africa

Ms. Marlar Aung, Myanmar Central Statistical Organization
Mr. D.P. Rhajapaksa, Sri Lanka Registrar General
Ms. Margarita Guerrero, Statistics Division, ESCAP

15.   South Africa presented a study on the excess female mortality in the reproductive age group in the country, and provided an overview of the civil registration system. Myanmar reviewed gender statistics and sources of mortality statistics in the country, and discussed the Vital Registration System and efforts to improve the system. Sri Lanka made a comprehensive presentation on the vital statistics data collection system in the country, including the legal requirements for registering death and cause of death, and the steps undertaken to improve the system. It was noted that data are not 100 percent accurate due to under coverage of death registration in rural areas, incompleteness of the information included in statistical returns, and inaccuracy of information on cause of death.

16.   ESCAP shared the efforts to improve vital statistics and civil registration systems in the Asian region. The region-wide approach takes into account diversity across countries, looks for common concerns and challenges, and identifies approaches that work and can be adapted across diverse situations. The strategies implemented are advocacy, knowledge, technical assistance, and coordinated support. The importance of developing a framework for core gender statistics including health and mortality statistics was stressed.

Summary of the discussion

17.   The discussion highlighted the need to improve civil registration and overcome cultural barriers that could deter timely death registration. A common regional approach – such as in the case of Africa – to address the issue of under reporting was mentioned as a good way to work on the improvement of civil registration systems.

18.   In some countries, civil registration and vital statistics are incomplete or unreliable, especially for measuring maternal mortality. The need to improve civil registration was voiced repeatedly in the discussion.

19.   Issues arising from the existence of multiple sources were also discussed, including difficulties in identifying the most reliable one, say between surveys and civil registration. The approach is, in general, to carefully consider various data sources and integrate them whenever possible.

Panel 1.b Measurement of health and gender statistics through household surveys and census
Chair: Ms. Sulekha Patel, World Bank

Summary of Presentations
Presenters: Ms. Holly Newby, United Nations Children's Fund (UNICEF)
                    Mr. Nava Raj Lamsal, Nepal Central Bureau of Statistics
                    Mr. Gora Mboup, UN Human Settlements Programme (UN-Habitat)

20.   The presentation by UNICEF showed the wealth of sex-disaggregated data that can be extracted from DHS and MICS surveys. An interesting feature that emerged from the presentation was the fact that among the analyzed indicators there were no statistical differences in outcomes for boy and girl infants and children—the female disadvantage begins to emerge at the adolescent and young adult phases, and continues thereafter. The presentation by Nepal, which, in the absence of a complete vital registration system, used the DHS and census to extract health information by sex, also

highlighted the impact sex-disaggregated data had on the Nepalese budget, which became increasingly gender-responsive over time.

21.   UN-Habitat's presentation showed how the agency used country DHS and MICS surveys to monitor health outcomes by sex in urban, non-slum and slum areas. The presentation also referred to the UN-Habitat Urban Inequities Surveys, which showed that girls and women are at a higher risk of morbidity and victimization in slums.

Summary of the discussion

22.   Data disaggregated in sub-national levels are more useful than aggregate data in providing insights for policy use. However, the production of sub-national data requires a larger sample size, which makes it more difficult to control the quality of data. Countries therefore need to weigh the need for sub-national estimates versus data quality.

23.   While recognizing that vital registration is potentially the best source of health and mortality statistics, household surveys –such as MICS and DHS—represent a valuable source of sex-disaggregated data on health and have the advantage of providing additional information on household behaviour and characteristics that cannot be derived from administrative records.. Also, surveys provided more reliable data than administrative records in countries with deficient civil registration. However, it was noted that reliance on surveys for sex-disaggregated data may present some problems, including:

- Issues of comparability over time and across countries because of differences in methodology and definitions;
- Difficulty in capturing short-term movements and hence in responding to them in a timely fashion; and
- Problems in ensuring the sustainability of surveys, given that they are mostly funded by international donors, although there are some countries already investing in conducting their national DHS/MICS.

Session 2: Measurement of Maternal mortality and maternal health
Panels 2.a and 2.b
Chair: Mark Landry, WHO Regional Office, Manila

Summary of Presentations
Presenters: Ms. Manal Sweidan, Jordan Department of Statistics
                Mr. Nava Raj Lamsal, Central Business of Statistics, Nepal
                Ms.Marcela Eternod Aramburu, INEGI, Mexico
                Ms. Holly Newby, UNICEF
                Mr. Khassoum Diallo, UNHCR
                Ms. Ethel Koney, Ghana
                Ms. Mariyam Nazviya, Maldives
                Dr. Phusit Prakongsai, IHPP-Ministry of Public Health, Thailand
                Mr. Edward Sondik, National Center for Health Statistics, USA (prepared by Ms. Andrea Mackay)

24.   Jordan's presentation illustrated the methods for measurement of maternal mortality, based on the Reproductive-age Mortality Survey (RAMOS) and the analysis of the data by cause of death and characteristics of the mother. Nepal presented the method used in the 2006 NDHS, a variation on the sisterhood approach called the direct sisterhood method. Mexico described the methods used to improve the coverage of maternal deaths by reclassifying suspected deaths, based on death certificates, confidential questionnaire of maternal death, complete clinical record, verbal autopsies, and other reporting systems. The presentation also highlighted the significant differences between the MMR as produced by the country national statistical office and the international estimates. On this point Mexico insisted on the need for international agencies to revise their estimates with data provided by countries to prevent the disclosure of incorrect data and question the credibility of the data.

25.   The UNICEF representative presented the estimates produced by the Maternal Mortality Estimation Inter-agency Group (MMEIG), based on various national data sources, and reviewed possible reasons for discrepancies between the international estimates and national data.

26.   UNHCR reviewed their data collection efforts and compilation of indicators on access to services, women's empowerment, gender-based violence and HIV testing and counseling. The Gender Parity Index (GPI) is also used to present gender disparities in health-related indicators in refugee contexts.

27.   Ghana presented the 2007 Ghana Maternal Health Survey, the first national population-based survey to collect information on maternal health and mortality through a combination of methods. Maldives' presentation reviewed the Institutional Level (Facility) investigation and the Central Level (MOHF) investigation as methods used in the measurement of MMR. The issue of fluctuations in the data, due to the very small population, was also mentioned. USA's presentation (presented by Dr Sondik) described methods for the measurement of maternal mortality based on the National Vital Statistics System (NVSS) and the Pregnancy Mortality Surveillance System, including the introduction of a "pregnancy checkbox"—which resulted in higher estimates of MMR. Thailand presented different approaches on the estimation of maternal deaths. Data showed big gaps between the estimate of MMR from vital registration and other approaches. Thailand also analyzed the strengths and weaknesses of the different approaches. The presenter concluded that in developing, it is unlikely to conduct RAMOS due to limited resources and time consuming issues, therefore, completeness and accuracy of birth and death registration is crucial to improve MMR estimation

Summary of the discussion

28.   The discussion revealed some difficulties in interpreting data on maternal mortality by social and economic characteristics of mothers. For example, the positive effect of certain social characteristics (e.g., level of education, wealth status) could be offset by strong societal norms that extend over all educational and class levels. The discussion also highlighted difficulties in assessing the impact of policies and interventions to reduce maternal deaths and the issue of data comparability over time.

29.   It is important to have a mechanism of validation of the international estimates that allow countries to compare their data, and discussions focused on how to ensure that international agencies take into consideration all existing national official data and studies. It was stressed that differences between national and international estimates can be resolved by enhancing the communication between agencies and countries and obtaining all the existing national documentation. Workshops

with national representatives and international experts were suggested as a means to improve the dialogue on the estimates.

30.   On the issue of ensuring the accuracy of estimates of MMR, several approaches were mentioned, including the "pregnancy status checkbox" presented by the USA, the importance of surveillance systems, proper guidance and training on ICD-10 to avoid misclassification of causes of deaths and collaboration between stakeholders on the collection, compilation, dissemination and use of data for policies and programs intervention.

31.   On the possible overestimation of the estimates of maternal mortality, it was noted that the pregnancy status checkbox may naturally lead to higher estimates since it can produce "false positives". On a separate issue, several countries with small populations sought advice on how to deal with the problem of unstable maternal mortality ratios given the extremely small absolute number of maternal deaths occurring per year.

Session 3: Measurement of gender dimensions of persons with disabilities
Chair: Ms. Monina Collado, National Statistics Office, Philippines

> **Summary of the Presentations:**
> **Presenters**:   Ms. Chanthalanuovong, Lao PDR Department of Statistics
>   Mr. Md Aynul Kabir, Bangladesh Bureau of Statistics, National Statistical Office, Bangladesh
>   Mr. Satyabrata Chakrabarti, India Central Statistics Office
>   Ms. Diana Byanjeru, Uganda Bureau of Statistics

32.   The Chair mentioned that countries had difference ways of collecting data on persons with disabilities through the years. The Principles and Recommendations for the Population and Housing Censuses contained a series of questions to measure functional difficulty.   However, there are also varying concepts and definitions adopted among the countries. To collect more detailed questions on items to measure disability, the Washington Group and the UN ESCAP has been testing survey questions on functional difficulty with the World Health Organization's framework on International Classification of Functioning, Disability and Health (ICF) as basic framework.

33.   The presentation by Lao PDR reviewed the efforts undertaken since 1994 to collect data on disability, although it also stressed that there is still no formal system for the regular collection of data on disabled persons. Further, the data collected in the 1994 survey and 2005 census are not detailed enough to meet all the needs of the users. The presentation also emphasized the need for the definitions to be uniform, systematic and comprehensive and to follow the United Nation Principles and Recommendations.

34.   The presentation from Bangladesh highlighted the various initiatives, policy and legal framework established by the government as well as the private sector for persons with disability. The presentation also noted problems in measuring disabilities, due to differences in methods and classifications. Bangladesh maintains a time series statistics on disability from the Census since 1986, but not following ICF classification. Thus, Bangladesh needs a regular survey on the basic of ICF classification to disable statistics.

35.   The presentation by India highlighted socio-economic dimensions of disability in terms of the barriers that disability conditions pose for free access to basic services and the consequential degree of social marginalization among persons with different types of disability, with differences in terms of

gender, caste and urbanity. It highlighted disparity between men and women as well as between those residing in urban and rural areas in terms of disability statistics, literacy gap, enrolment gap, and employment gap.

36.   The presentation by Uganda covered issues of concern in disability, which include gender based violence and social security, among others. It highlighted the importance of incorporating a gender perspective in the measurement of prevalence of disability. Uganda has included questions on disability in its 2002 Census and is incorporating 4 questions on disability in 2010/2011 UDHS and 2012 census along the lines of the Washington Group recommendations.

   Summary of the discussion

37.   On the question of developing questions for disability surveys, concerns were raised on the use of varying concepts and definitions of disability – some countries use the ICF-based, while others followed the impairment status. The suggestion was to use the recommendations on how to ask disability questions in the censuses contained in the Principles and Recommendations for Population and Housing Censuses, rev. 2. The various efforts to cover persons with disabilities (PWDs) in surveys, policies and programs were noted. In some countries, questions on persons with disabilities were included in their latest Population and Housing Census, while others had a module for PWDs included in their recent Household Income and Expenditure Survey (HIES). In other countries, the measurement of prevalence of disability was through consistently including a section on disability in all surveys and censuses. It was noted however that in some countries there is no formal system for regular data collection on persons with disabilities.

38.   Participants also noted the overall there is a lack of data on persons with disabilities and a need to invest in their production and advocate for their efficient use. The importance of showing gender differences with respect to disability was also stressed.

39.   Following the close of the Day 2, there were two additional presentations. Mr. Khassoum Diallo of the United Nations High Commissioner for Refugees (UNHCR) provided information on UNHCR's 'score card'. Mr. Milorad Kovacevic of the United Nations Development Programme-Human Development Report Office (UNDP-HDRO) made a side presentation on gender issues in the Human Development Report.

Session 4: Measurement of caring responsibilities of women and men
Chair: Ms. Margarita N. Guerrero, UN ESCAP

   Summary of Presentations
   Presenters: Ms. Shizuka Takamura, Japan Counsellor for Gender Equality Analysis
                  Ms. Wei Liu, National Bureau of Statistics of China
                  Dr. Bonkoj Wibultananun, National Statistics Office of Thailand
                  Ms. Paz Lopez, UNIFEM

40.   As an introduction, the Chair raised a number of questions about the impact of care responsibilities of women and men. What is the effect on the allocation of time to unpaid care work for women and men, as more women are involved in paid work? As the population ages and health crises (e.g., HIV/AIDS) develop, how is the need for more care services handled by women and men? Another important issue raised is how to valuate care work, both in terms of time spent and the monetary value.

41.   Japan's presentation highlighted that caregivers in Japan are for the majority female, and most careworkers are mostly non-regular employees and discussed some measures proposed by the country's Council for Gender Equality regarding caring for elderly persons. China presented their Time-Use Survey, including a description of the methodology, the indicators derived from it and some results on unpaid care work from the 2008 Time-Use Survey. Thailand's presentation showed that women participated in non-economic work more than men and emphasized the need to include non-economic activities in the GDP estimation. It also mentioned the campaign for a change in social attitude especially among men in sharing responsibility for non-economic activities.

42.   UNIFEM's presentation discussed the importance of measuring the value of unremunerated work in national accounting. It cited some advancement in Latin America in this field and pointed out that public policies should be formulated by countries that assume their responsibilities in providing public services and diminishing the overload women have to bear due to lack or weaknesses of these services. It also emphasized that in order to acknowledge the economic value of this unremunerated work mostly done by women, it is necessary to have good, reliable and appropriate information.

Summary of the discussion

43.   It was noted that in Japan while care services and child care is predominantly done by women, there is an increasing trend of male caregivers for the elderly.

44.   Participants pointed out that countries should evaluate effects of allocation of time on care work for both men and women and that important issues to consider include: aging, health crisis, need for more care services, valuation of care services (time spent and value – monetary equivalent), and who is carrying the burden. The question was also raised on the effects of increased female labour force participation on care.

45.   It was also pointed out that there are a lot of data on time use produced, and there has been work to determine the valuation of care work Satellite accounts for unpaid work have been done by several countries and there are guidelines from Eurostat and Canada.

46.   The discussion noted different terminologies used by the presenters to distinguish unpaid household services (economic/non-economic activities; SNA/non-SNA work; paid/unpaid work; remunerated/unremunerated work; free time/committed time, etc.) and pointed to the need for uniform terminologies in reference to care and other unpaid household services. A reference was made to UNSD's *Guide to Producing Statistics on Time Use: Measuring Paid and Unpaid Work* as a possible starting point for harmonizing terminologies.

47.   It was pointed out that UNSD has developed a trial classification of all human activities that integrates SNA and non-SNA activities. UNSD invited countries to provide comments and suggestions on the UNSD classification of activities for time use statistics, especially countries that have experience adopting the proposed classification.

48.   Another issue that was raised was the need to look at the supply side of care, such as access to public and private services providing care and their costs for individuals (out-of-pocket) and for the state.

49.   Finally, it was stressed the analysis should not stop at understanding the disparities between men and women based on existing data, but should also assess what kind of data are needed to allow for this information to be translated into policies and programmes.

Session 5: Advancements in gender statistics and health in Asia and the Pacific
Chair: Mr. Kaushal Joshi, Asian Development Bank

       Summary of Presentation
       Presenters: Administrator Carmelita N. Ericta, National Statistics Office, Philippines
                   Ms. Anjana Bhushan, WHO Regional Office for the Western Pacific
                   Dr. Phusit Prakongsai, IHPP-Ministry of Public Health, Thailand

50.   Philippines presented the methods, definitions and challenges in conducting a survey on violence against women, through the Woman Safety Module included for the first time in its 2008 National Demographic and Health Survey (NDHS). It also presented some highlights of the results. WHO discussed proposed approaches in improving data collection and analysis of gender and health statistics and featured some of the developments undertaken in the region. Thailand showed how it uses health equity approaches/concentration indexes in assessing its equity in maternal and child health care and looks into the possibility of using health inequity in gender-based analysis. It also emphasized on the need for the dissemination of key research findings, policy communication of gender-based health equity analysis and proposes the establishment of a Health Equity Monitoring Network.

       Summary of the discussion

51.   From the discussion on the work needed in the Asia and the Pacific region, it emerged that improvement of civil registration systems is needed to address under coverage in maternal deaths through coordination with Local Government Units, Department of Health. Also, better utilization of data from population censuses was recommended.

52.   The discussion also highlighted the need for the National Statistical System to continue to work with all stakeholders, international organizations and development partners. Gender issues should be defined by concerned ministries and communicated to data producers, who should be able to respond to the data requirements by developing the appropriate methodologies/tools; and data should be appropriately analyzed and disseminated. Finally, it should also be assessed whether countries have been successful in translating the statistical information into policy actions, programmes and interventions.

53.   On the issue of data collection on Violence against Women (VAW), several challenges were raised in connection with collecting data through surveys, including the sensitivity of the questions, uniformity of responses and ensuring the safety and privacy of women. Other important elements to be considered are the inclusion of men as respondents in the survey on domestic violence and the need to add probing questions to have a better appreciation of the situation of the victims. Some topics not currently included in many VAWs but need to be looked into include violence at work/sexual harassment and stalking. It was noted that results of surveys like the NDHS can be used to support programmes for victims of violence.

III. Main conclusions and recommendations

54.   The meeting recognized the need for national statistical agencies and their partners in the national statistical system to:

- Develop national plans to improve their gender statistics and make their needs known to donors.

- Strengthen the overall national capacity for data analysis.

- Strengthen the capacity of health ministry to not only produce the necessary data but also to use, analyse and disseminate data.

- Strengthen civil registration systems for the production of vital statistics.

- Ensure that all stakeholders are involved and consulted when designing data collection tools – starting from the planning stages and when designing the questionnaire.

- Better integrate data sources for health statistics—administrative records, civil registration and survey data.

- Harmonize data from different sources within the national statistical system.

- Improve the production of sub-national data—taking into account issues of quality control and the larger sample sizes necessary to produce these estimates.

- Consider larger sample size to capture rare events, while considering at the same time the risk of difficulties in managing larger surveys.

55.   It also recommended that efforts be made by countries and international development partners to:

- Improve the use of gender-based health statistics to address policy concerns, formulate policies and change the focus of programmes.

- Improve the assessment of gender-based differences in health and mortality throughout the life cycle, considering that the negligible differences in childhood become more evident at older ages.

- Develop a comprehensive list of health indicators, including metadata based on international definitions to allow international comparisons.

- Harmonize data collection tools and terminology across countries and strengthen cooperation and sharing of experiences.

- Promote the use of time-use surveys for the production of gender statistics.

- Promote the use of data collection tools/surveys for gender-based violence.

56.   Participants also made the following specific recommendations:

Disability statistics

- Strengthen data collection on persons with disabilities.

- Harmonize data collection on persons with disabilities—standardize definitions and survey modules to have more comparable data.

- Improve the conceptualization of the measurement of persons with disability to better incorporate a gender perspective.

Maternal health and mortality

- Improve the quality of data on maternal mortality and care.

- Improve mechanisms of consultations with countries to validate MMR estimates by international agencies, to ensure that the credibility of the national statistical system is not jeopardized.

Time-use statistics

- Review and standardize the terminology (ie, economic/non-economic, paid/unpaid work, etc)

- Finalize the draft international classification of activities for time-use statistics and promote its use by countries.

- Raise awareness of the existence of the UNSD *Guide to Producing Statistics on Time Use: Measuring Paid and Unpaid Work*.

Annex 1. List of Participants

No.	Country / Organization	Contact Person Information
1	Bangladesh	Mr. Md Aynul KABIR, Joint Director and Project Director Capacity Building of BBS Project Bangladesh Bureau of Statistics, Ministry of Planning, E-27/A, Agargaon, Dhaka, Bangladesh
2	Botswana	Ms. Virginia Tebogo SEBEKEDI, Principal Statistician Botswana Government, Central Statistics Offices PI Bag 0024 Gaborone, Botswana
3	Brunei Darussalam	AMJ MD. Jeffry TAMIT, Statistician (Informatics) Ministry of Health Statistics Unit; Research and Development Section; Dept. of Policy and Planning; 2GS-02, 5th Floor; ONG Sum Ping Condominium Brunei Darussalam, Brunei
4		Ms. Dk Norhanidah Pg Hj MASSHOR, Economic Officer Department of Planning Department of Economic Planning & Development Prime Minister's Office, Brunei Darussalam
5		Ms. Norizan ABDULLAH, Statistical Officer Department of Statistics Department of Economic Planning & Development Prime Minister's Office, Brunei Darussalam
6	Cambodia	Ms. Hang LINA, Deputy Director General National Institute of Statistics of Cambodia #386 Preah Monivong Blvd. Sangkat Boeung Keng Kang I, Khann Chamkar Mon, Phnom Penh, Cambodia
7	China	Ms. Wei LIU, Deputy Director-General, Dept of Social Statistics National Bureau of Statistics of China 57, Yuetannanjie, Xicheng District Beijing, 100826, China
8	Macau, SAR	Mr. Hang Chan MAK, Chief of Department of Demographic, Social and Employment Statistics Statistics and Census Service, Government of Macao Special Administrative Region 16th floor, Dynasty Plaza; 411-417 Alameda Dr. Carlos d'Assumpção; Macau, China
9	Egypt	Mr. Mohamed ALAM, Senior Specialists (General Manager) CAPMAS – Salah Salem Street Nasr City, Cairo, Egypt
10	Ghana	Ms. Ethel KONEY, Executive Assistant (in Charge of Programme Monitoring) Ghana Statistical Service P.O. Box GP 1098; Accra, Ghana

No.	Country / Organization	Contact Person Information
11	India	Mr. Satyabrata CHAKRABARTI, Deputy Director General (SSD) Government of India Social Statistics Division, Central Statistics Office, West Block -VIII, Wing-6, R.K. Puram, New Delhi-110066, India
12	Indonesia	Ms. KRISMAWATI, Head of Sub-Directorate of Wage and Income BPS-Statistics Indonesia Jl. Dr. SUTOMO No. 6-8 JAKARTA 10710
13	Italy	Ms. Sara DEMOFONTI, Researcher Division for Surveyson Living Conditions and Quality of Life Italian National Institute of Statistics (ISTAT) Via Adolfo Rava, 150; 00142 Rome, Italy
14		Ms. Lidia GARGIULO, Division for Surveys on Living Conditions and Quality of Life Italian National Institute of Statistics (ISTAT) Via Adolfo Rava, 150; 00142 Rome, Italy
15	Japan	Ms. Yayoi SUGIHASHI, Associate Professor Faculty of Economics, Kanazawa University Kakuma-machi, Kanazawa, Ishikawa, 920-1192 Japan
16		Mr. Yoichi Ito Professor Japan Statistics Research Institute, Hosei University 2-317-8, Kinugaoka, Hachioji Tokyo, 192-0912 Japan
17		Ms. Shizuka TAKAMURA, Counsellor for Gender Equality Analysis Cabinet Office 1-6-1 Nagata-cho, Chiyoda-ku, Tokyo, 100-8914, Japan
18	Jordan	Ms. Manal SWEIDAN, Head of Gender Statistics Division Department of Statistics P.O. Box: 2011 Jubiha Street; Zip Code 11181 Amman, Jordan
19	Korea, Rep. of	Ms. Yae Na CHOI, Junior Professional Women Intern Ministry of Gender Equality & Family 403-702 Samick Munchon Juyeop2-dong, Ilsan-gu Goyang-si Gyeonggi-do, South Korea, 411-747
20		Ms. Hye-Eun KWON, 6 grade official Ministry of Gender Equality & Family Premiere place Building, 96 Mugyo-dong, Jun-gu, Seoul, Korea (100-777)
21		Ms. Ji Youn LEE, Deputy Director Statistics Korea Vital Statistics Division; Government Complex-Daejeon, Daejeon, Korea (302-701)

No.	Country / Organization	Contact Person Information
22	Lao People's Democratic Republic	Ms. Thirakha CHANTHALANOUVONG Director of Social Statistics Division Lao Department of Statistics MPI, Souphanouvong Road, Vientiane, LAO PDR
23	Malaysia	Ms. Suraya Hani Mohamad ASHI, Assistant Director Department of Statistics, Malaysia Demographic Statistics Division Level 4, Block C6, Complex C Federal Government Administrative Centre 62514 Putrajaya, Malaysia
24	Maldives	Ms. Mariyam NAZVIYA, Assistant Director Ministry of Health & Family Male, Maldives
25	Mexico	Ms. Maria Marcela ETERNOD-ARAMBURU Researcher INEGI
26	Myanmar	Ms. Marlar AUNG, Director Central Statistical Organization Building No (32), Naypyitaw, Myanmar
27	Nepal	Mr. Nava Raj LAMSAL, Statistics Officer Gov. of Nepal National Planning Commission Central Bureau of Statistics Branch; Statistics Office, Nuwakdt, Nepal
28	Niger	Mr. Modieli Amadou DJIBRILLA, Administrator National Institute of Statistics
29		Mr. Ibrahim HAROUNA, Statistics Director Ministry of Population, Woman Promotion and Child Protection P.O. Box: 13 885
30	Pakistan	Mr. Syed Abdul Qader SHAH, Chief Statistical Officer Statistics Division, Pakistan SLIC Building No. 5; F-6/4 Blue Area Statistics Division; Islamabad
31	Paraguay	Ms. Alicia ALVAREZ ALVARENGA, Coordinator of the Gender Unit General Direction of Statistical, Surveys and Censuses (DGEEC) Naciones Unidas e/Zenteno; Ciudad de Fernando de la Mora-Zona Norte; C.C. 1118, Paraguay
32	Philippines	Dr. Romulo A. VIROLA, Secretary General National Statistical Coordination Board 2/F Midland Buendia Bldg., 403 Sen. Gil Puyat Ave. Makati City, Philippines
33		Ms. Lina CASTRO, Assistant Secretary General National Statistical Coordination Board Philippines
34		Ms. Jessamyn O. ENCARNACION, OIC-Director Social Statistics Office National Statistical Coordination Board Philippines
35		Ms. Carmelita N. ERICTA, Administrator National Statistics Office Solicarel Building, Ramon Magsaysay Boulevard

No.	Country / Organization	Contact Person Information
		Sta. Mesa, Manila 1008 Philippines
36		Ms. Paula Monina G. COLLADO, Deputy Administrator National Statistics Office Philippines
37		Ms. Erlinda M. CAPONES, Director Social Development Staff, National Economic and Development Authority 12 Saint Josemaria Escriva Drive Ortigas Center, Pasig City, Philippines
38		Dr. Enrique TAYAG, Director National Epidemiology Center, Department of Health BLD 9, San Lazaro Compound Sta. Cruz, Manila 1003 Philippines
39		Dr. Juan LOPEZ, Medical Officer VII National Epidemiology Center, Department of Health, Philippines
40		Dr. Maria Rosario S. VERGEIRE, Division Chief Health Policy Development Bureau – Health Police Development and Planning Bureau Department of Health, Philippines
41		Ms. Emmeline L. VERSOZA, Executive Director Philippine Commission on Women 1145 J.P. Laurel St., San Miguel Manila 1005 Philippines
42		Ms. Ferly P. ENRIQUEZ, Chief Information Resource Management Division, Philippine Commission on Women
43	South Africa	Ms. Yandiswa MPETSHENI, Executive Manager National Statistics System Statistics South Africa Private Bag X 44; Pretoria 0001, South Africa
44	Sri Lanka	Mr. Don Piyasiri RAJAPAKSA, Senior Statistician Registrar General - Registrar General's Department Vital Statistics Division; No. 234/A3 Denzil Kobbakaduwa Mw. Battaramula, Sri Lanka
45	Swaziland	Ms. Thandie Rejoice DLAMINI, Statistician Central Statistics Office, Swaziland PO Box 456 Mbabane H100 Swaziland

No.	Country / Organization	Contact Person Information
46	Thailand	Mr. Wichan CHOORAT, Statistician Government Officer – Thailand National Statistical Office; The Government Complex, Building B 2nd Floor; Chaeng Watthana Rd., Laksi Bangkok 10210, Thailand
47		Dr. Phusit PRAKONGSAI, Senior Researcher International Health Policy Program (IHPP) Ministry of Public Health
48		Ms. Oarawan SUTTHANGKUL, Statistician National Statistical Office The Government Complex, Building B - 2nd Floor Chaeng Watthana Rd.; Laksi Bangkok 10210; Thailand
49		Ms. Kanjana TISAYATICOM, Researcher International Health Policy Programme (IHPP)
50		Ms. Sudarat TUNTIVIVAT, Research Assistant International Health Policy Programme (IHPP) Tiwanon Road; Amphur Muang; Nonthaburi 11000; Thailand
51		Ms. Bongkoj WIBULTANANUN, Technical Statistician National Statistical Office The Government Complex, Building B – 3rd Floor Chaeng Watthana Rd.; Laksi Bangkok 10210; Thailand
52	Timor-Leste	Mr. Silvino Lopes, Deputy Director National Statistics Office, Timor Leste
53	Uganda	Ms. Diana BYANJERU Officer, Gender Statistics Uganda Bureau of Statistics
54	United States	Mr. Edward SONDIK, Director National Center for Health Statistics, CDC 3311 Toledo Road, Metro IV Bg., Suite 7204 Hyattsville, Maryland 20782
55	Viet Nam	Mr. CHUNG Nguyen Dinh, Deputy Director of The Social Environmental Statistics Department (SESD) General Statistical Office under MPI Ministry 6B Hoang Dieu, Hanoi, Viet Nam
International Organizations		
56	Asian Development Bank	Mr. Kaushal JOSHI, Statistician R. No. 7239, Asian Development Bank 6 ADB Avenue, Mandaluyong City 1550 Metro Manila, Philippines
57		Ms. Wilma Silva-Netto ROJAS Consultant, Central and West Asia Department Asian Development Bank
58	UN-DESA-DAW	Ms. Sylvie I. COHEN, Deputy Director Division for the Advancement of Women (DAW) UN WOMEN 2 UN Plaza, DC2, Room 1254 New York, N.Y. 10017

No.	Country / Organization	Contact Person Information
59	UNDP-HDRO	Mr. Milorad Kovacevic Chief of Statistics
60 61	ESCAP	Ms. Margarita GUERRERO Regional Advisor on Statistics ESCAP Statistics Division United Nations Building; Rajadamnoen Nok, Ave. Bangkok, Thailand Ms. Sharita SERRAO, Statistics Assistant ESCAP Statistics Division, UN Building, Rajdamnern Nok Avenue, Bangkok 10200
62 63	UNFPA	Ms. Anna CUNHA, Social Researcher UNFPA Consultant RITLA – Red de Información Tecnológica Latino-Americana SQS 303 Bloco D apartamento 605 Asa Sul Brasilia – DF; Brazil zip code 70336-040 Ms. Nancy Lisbeth Nicole STIEGLER Census Technical Specialist UNFPA 220 E. 42nd Street; N.Y., N.Y. 10017
64	UN-Habitat	Mr. Gora MBOUP, Chief Global Urban Observatory United Nations Human Settlements Programme (UN-HABITAT) P.O. Box 30030-00100, Nairobi, Kenya
65	UNHCR	Mr. Khassoum DIALLO, Senior Statistician UNHCR 94 Rue Montbrillant Geneva, 1202 Switzerland
66	UNICEF	Ms. Holly NEWBY, Statistics and Monitoring Specialist UNICEF 3 United Nations Plaza New York, N.Y. 10017
67 68 69	World Bank	Ms. Masako HIRAGA, Statistical Officer World Bank MSN MC2-208 1818 H St., N.W. Washington, D.C. 20433 Ms. Sulekha PATEL, Sr. Demographer World Bank 1818 H St., N.W. Washington, D.C. 20433 Ms. Lucia FORT, Consultant Gender and Development Group World Bank 1818 H St., N.W. Washington, D.C. 20433
70 71	World Health Organization	Ms. Anjana BHUSHAN, Technical Officer (Health in Development) World Health Organization (WHO) Regional Office for the Western Pacific UN cor Taft Ave., Ermita, Manila, Philippines Mr. Mark LANDRY, Technical Officer, Health Information World Health Organization (WHO) Regional Office for the Western Pacific

No.	Country / Organization	Contact Person Information
72		P.O. Box 2932, 1000 Manila, Philippines Ms. Lucille Angela F. NIEVERA, NPO/HCF World Health Organization (WHO) Office of the WHO Representative in the Philippines; Bldg. 3; DOH Compound; Tayomen St., Sta. Cruz, Manila, Philippines
73		Dr. Soe Nyunt-U WHO Representative
74	UNSD	Dr. Paul CHEUNG, Director Statistics Division/Department of Economic and Social Affairs United Nations 2 United Nations Plaza – DC2- 1670
75		Ms. Francesca PERUCCI, Chief Statistical Planning and Development Section United Nations Statistics Division/DESA 2 United Nations Plaza – DC2-1652 New York, N.Y. 10017
76		Ms. Erlinda GO, Statistician Demographic and Social Statistics Branch United Nations Statistics Division/DESA 2 United Nations Plaza – DC2-1550 New York, N.Y. 10017
77		Ms. Linda HOOPER, Associate Statistician Demographic and Social Statistics Branch United Nations Statistics Division/DESA 2 United Nations Plaza – DC2-1548 New York, N.Y. 10017
Guest Speaker		
78	Philippines	Prof. Solita Collas-MONSOD Professor, School of Economics University of the Philippines Diliman, Quezon City, Philippines
Observers		

No.	Country / Organization	Contact Person Information
79	Philippines	Atty. Grace AGCAOILI Social Policy Specialist United Nations Children's Fund 31/F Yuchengco Tower, RCBC, Ayala Ave. cor Sen. Gil Puyat Avenue, Makati City
80		Ms. Priscilla BAHJIN Principal, Office of the Undersecretary for International Relations, Department of Foreign Affairs
81		Dr. Mercedes B. CONCEPCION National Academy of Science and Technology
82		Dr. Carol SOBRITCHEA Director, UP Center for Women's Studies Foundation UP Asian Center
83		Dr. Josefina CABIGON Professor, Population Institute University of the Philippines Diliman, Quezon City, Philippines
84		Dr. Socorro ABEJO Director, Household Statistics Department National Statistics Office
85		Ms. Minette ESQUIVIAS Chief, Census Planning Operations Division National Statistics Office
86		Ms. Anette Estrera- BALEDA Information Officer Philippine Commission on Women
87		Mr. Mateo LEE Jr., Deputy Executive Director National Council on Disability Affairs
88		Ms. Dolores SOTERIO Acting Chief, Administrative Divison National Council on Disability Affairs
89		Ms.Wilma Silva-Netto ROJAS Cosultant, Central and West Asia Department
90		Mr. Lawrence Jeffrey JOHNSON Director International Labour Organization
91	Philippines (con't)	Ms. Florencia CABATINGAN Director, Women's Department Trade Union Congress of Philippines
92		Dr. Jocelyn A. JUGUAN Supervising Science Research Specialist Food and Nutrition Research Institute,

No.	Country / Organization	Contact Person Information
		Department of Science and Technology
93		Ms. Cynthia S. REGALADO Director, Programs, Policies and Standards Office National Statistical Coordination Board
94		Ms. Regina REYES Chief, Economic Indicators and Satellite Accounts Divison National Statistical Coordination Board
95		Ms. Bernadette BALAMBAN OIC Chief, Social Sectors B Division National Statistical Coordination Board

Annex 2. Work Programme
Day 1:   Monday, 11 October

8:30 a.m. – 9:30 a.m.   **Registration**

9:30 a.m. – 10:45 a.m. **Opening Ceremony**

Welcome address   Dr. Romulo Virola, Secretary General
National Statistical Coordination Board,
Philippines

Opening remarks   Mr. Paul Cheung, Director
United Nations Statistics Divisions

Ms. Sulekha Patel, Senior Demographer
World Bank

Message   Professor Solita Monrod
University of the Philippines

Keynote address   Dr. Edward Sondik, Director
United States
National Center for Health Statistics

10:45 a.m. – 11:00 a.m. **Tea Break**

11:00 a.m. – 12:30 p.m. **Roundtable on Incorporating a Gender Perspective into official health statistics,**
Chair: Ms. Francesca Perucci, UNSD
Ms. Lidia Gargiulo, Italian National Institute of Statistics
Dr. Enrique Tayag, Director, National Epidemiology Center, Department of Health,
Philippines
Ms. Hang Lina, Cambodia, National Institute of Statistics
Discussion

12:30 p.m. – 1:30 p.m. **Lunch**

Session 1. Measurement of mortality and gender statistics
1:30 p.m. – 2:45 p.m. **Panel 1.a. Measurement of health and gender statistics through civil registration and vital statistics,** Chair: Ms. Sara Demofonti, Italy

Ms. Margarita Guerrero, UN-ESCAP
Ms. Yandiswa Mpetsheni, Statistics South Africa
Ms. Marlar Aung, Myanmar Central Statistical Organization
Mr. D.P. Rajapaksa, Sri Lanka Registrar General

Discussion

2:45 p.m. – 3:00 p.m. **Tea Break**

3:00 p.m. – 5:00 p.m. **Panel 1.b: Measurement of health and gender statistics through Household surveys and census,** Chair: Ms. Sulekha Patel, World Bank

Ms. Holly Newby, UNICEF
Mr. Nava Raj Lamsal, Nepal, Central Bureau of Statistics
Mr. Gora Mboup, UN Habitat
Discussion

7PM   **Evening banquet planned by the National Statistical Coordination Board of the Philippines**

End of Day 1

Day 2: Tuesday, 12 October
Session 2: Measurement of Maternal mortality and health
9:00 a.m. – 11:15 a.m. **Panel 2.a**

> Chair: Mr. Mark Landry, WHO-Regional Office for the Western Pacific
> Ms. Manal Sweidan, Jordan Department of Statistics
> Mr. Nava Raj Lamsal, Nepal, Central Bureau of Statistics
>
> Ms. Marcela Eternod-Aramburu, INEGI, Mexico
>
> Ms. Holly Newby, UNICEF
> Dr. Edward Sondik, United States, National Center for Health Statistics
> Discussion

11:15 a.m. – 11:30 a.m. **Tea Break**

11:30 a.m. – 1:00 p.m**. Panel 2.b.**

> Mr. Khassoum Diallo, UNHCR
> Ms. Ethel Koney, Ghana Statistical Service
> Ms. Mariyam Nazviya, Maldives Ministry of Health & Family
>
> Dr. Phusit Prakongsai, Thailand, IHPP
> Discussion

1:00 p.m. – 2:00 p.m. **Lunch**

2:00 p.m. – 5:00 p.m **Session 3: Measurement of gender dimensions of persons with disabilities**, Chair: Ms.
> Monina Collado, NSO Philippines
> Ms. Thirakha Chanthalanouvong, Lao Department of Statistics
> Mr. Md Aynul Kabir, Bangladesh Bureau of Statistics
> Mr. Satyabrata Chakrabarti, India Central Statistics Office
>
> Ms. Diana Byanjeru, Uganda Bureau of Statistics
>
> Discussion

7PM   **Evening banquet jointly hosted by the Philippine Commission on Women and the National Statistics Office, to include a 10-minute presentation on the Philippines' Magna Carta of Women**

End of Day 2
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Day 3: Wednesday, 13 October
9:00 a.m. – 11:00 a.m. **Session 4: Measurement of caring responsibilities of women and men**, Chair: Ms.
> Margarita Guerrero, UN ESCAP
> Ms. Shizuka Takamura, Japan Counsellor for Gender Equality Analysis
> Ms. Liu Wei, National Bureau of Statistics of China
> Ms. Paz Lopez, UNIFEM
> Dr. Bongkoj Wibultananun, Thailand, NSO
> Discussion

11:00 a.m. – 11:15 a.m. **Tea Break**

11:15 a.m. – 1:00 p.m. **Session 5: Advancements in gender statistics and health in Asia and the Pacific**,
> Chair: Mr. Kaushal Joshi, Asian Development Bank
>
> Ms. Carmelita Ericta, National Statistics Office, Republic of the Philippines
> Ms. Anjana Bhushan, WHO – Regional Office for the Western Pacific
> Dr. Phusit Prakongsai, Thailand IHPP
> Discussion

1:00 p.m. – 2:00 p.m. **Lunch**

2:00 p.m. – 4:00 p.m. **Summary discussions and recommendations**
                    a) Summary discussions of the Forum
                    Ms. Lina Castro, National Statistical Coordination Board, Philippines

                    b) Recommendations and future work on health and gender statistics, Ms. Francesca Perucci, UNSD

4:00 p.m. – 4:15 p.m. **Closing remarks**
                    Mr. Paul Cheung, Director
                    United Nations Statistics Division

4:15 p.m. – 4:30 p.m.   **Tea Break**

4:30 p.m.   **City Tour**

End of Forum

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