



**AUSTRALIAN
GLOBAL HEALTH
ALLIANCE**

Australian Global Health Alliance

Submission into DFAT's New Gender Equality Strategy

September 2023

Introduction

The Australian Global Health Alliance welcomes the opportunity to input into DFAT's new gender equality strategy.

The Australian Global Health Alliance (the "Alliance") is the member-based peak body for Australian global health organisations, with a mandate to strengthen the global health ecosystem through national and global connections, partnerships, research, and innovation, promoting best practices in global health, and advocacy. Our membership is diverse, ranging from universities and research institutes to international and national non-government organisations or peak bodies, to government entities and public private partnerships. The Alliance also hosts the secretariats of the Australian Network of 54 WHO Collaborating Centres and Pacific Friends of Global Health, an advocacy partnership with Gavi the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Founded in 2016 by a number of Australian global health organisations and leaders, the Alliance is currently the only OECD country global health alliance with a commitment to First Nations global health equity as part of its foundational mandate.

Gender equality is one of the Alliance's key priority focus areas under our new strategy, along with Planetary Health (with a specific focus on Climate Change and Health Security and Sustainable Development), First Nations Global Health and Health Equity.

Our submission into the new international gender strategy will focus specifically on themes related to health and the determinants of health.

What are international gender equality priorities?

International gender equality priorities encompass a wide range of issues that are interconnected and inextricably linked to health and well-being. Gender influences people's access to and experience of health services and health education. Gender inequality and discrimination faced by women and gender minorities puts their health and mental wellbeing at risk, and they are at greater risk of experiencing physical and/or sexual violence and harmful practices. Women are at greater risk of unwanted pregnancies, STIs (including HIV), malnutrition, respiratory infections and more¹.

Harmful gender norms can also affect boys and men's health and wellbeing. Adolescent boys are more likely than girls to engage in harmful drinking and tobacco smoking and have higher death rates due to drugs and alcohol, unintentional injury and violence².

By addressing the below priorities with a focus on inclusivity, sustained support, and evidence-based strategies, Australia can contribute significantly to global efforts to achieve gender equality and improve the overall health of communities worldwide.

Women's leadership and economic empowerment

Firstly, this involves increasing women's leadership in all sectors, especially in health. Currently, 90% of frontline healthcare workers globally are women, but just 25% of leadership roles in health are held by women³. Supporting women's advancement in healthcare leadership is crucial for equitable representation and better decision-making in the health sector.

To tackle gender equality, economic disparities must be addressed. Programs that provide training, entrepreneurial support, and micro-loans for women to start businesses or gain financial access are essential. Sustainable and long-term

¹ https://www.who.int/health-topics/gender#tab=tab_1

² Kennedy E, Binder G, Humphries-Waa K, Tidhar T, Cini K, Comrie-Thomson L, Vaughan C, Francis K, Scott N, Wulan N, Patton G, Azzopardi P. Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *Lancet Glob Health*. 2020 Dec;8(12):e1473-e1488. doi: 10.1016/S2214-109X(20)30354-5. Epub 2020 Oct 19

³ Morgan R, et al. (2022). *Women and Global Health Leadership : Power and Transformation*. Cham, SWITZERLAND, Springer International Publishing AG.

initiatives are needed, and it's crucial to involve men and other gender identities in supporting these efforts to create lasting changes in social norms and culture.

Combating anti-LGBTQI+ and gender discriminatory legislation and practices

69 countries around the world continue to have laws that discriminate against people based on their sexual orientation or gender identity⁴. LGBTQIA+ rights are human rights, yet these rights often go unfulfilled or are consistently violated. Moreover, legislation denying access to sex- and gender-specific health services, such as abortion, are a form of discrimination and can increase the risk of miscarriage, birth complications for both birth-giver and infant, mental health challenges, gender-based violence and death⁵. Even here in Australia, the healthcare system routinely fails trans and gender diverse people, via refusal of care, mistreatment and having to educate their own doctors. It is crucial to stand in solidarity against such discrimination as they directly impact human rights and health equity.

Maternal, Adolescent and Child Health

Improving maternal, adolescent and child health is central to achieving gender equality. This involves, as a priority, removing all barriers to healthcare access. Enhancing health infrastructure to provide better access to maternal health services is essential. Additionally, ensuring access to hygienic menstrual management for young girls is crucial for their well-being, safety and educational prospects. Efforts should also focus on shifting social norms and attitudes around women's roles, and promoting shared domestic responsibilities, enabling women to positively contribute to their families and communities economically.

Secondly, recognition that the rights to health, health technologies and the benefits of science are unequally distributed between genders. Research development and funding for diagnostic treatment and prevention tools for maternal health must be prioritised. This includes for innovative medical advancements, such as inhaled oxytocin, which is led by Australian researchers and has the potential to prevent at least 150,000 deaths that occur every year due to postpartum haemorrhage⁶, but has yet to receive sustained funding.

Thirdly, it is important to amplify and listen to the voices of adolescents and children so they are afforded a meaningful role in shaping policy, platforms and programs. During early adolescence marked gender inequalities emerge. Adolescent girls in the Indo-Pacific face considerable disadvantage in relation to sexual and reproductive health, with high rates of child marriage, fertility, and domestic and family violence⁷. Unwanted pregnancies, abortion, domestic violence and sexual abuse are risk factors for suicide. Adolescent girls 13-17 years in the Pacific are more likely to have suicidal thoughts and behaviours than adolescent boys⁸. The integration of lived experiences into decision-making processes and program development is integral to improve health outcomes for individuals and communities.

Education and health-promoting schooling

Equitable access to education is a cornerstone in achieving gender equality and has far-reaching societal benefits. It enhances girls and women's agency and decision-making abilities, enabling them to make informed choices about their health, family and future. Investment is needed beyond a narrow focus on girls' education and ending child marriage, to support gender-transformative approaches to comprehensive sexuality education, health promoting schools, and strengthening adolescent responsive health systems to address health outcomes and risks that contribute to inequality. There is growing pushback internationally against comprehensive sexuality education. Access to knowledge of

⁴ <https://www.undp.org/sites/g/files/zskgke326/files/2022-10/UNDP-Advancing-The-Human-Rights-and-Inclusion-of-LGBTI-People.pdf>

⁵ https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf

⁶ <https://lens.monash.edu/@medicine-health/2018/03/07/1245818/inhaled-oxytocin-dispenser>

⁷ Kennedy E, Binder G, Humphries-Waa K, Tidhar T, Cini K, Comrie-Thomson L, Vaughan C, Francis K, Scott N, Wulan N, Patton G, Azzopardi P. Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *Lancet Glob Health*. 2020 Dec;8(12):e1473-e1488. doi: 10.1016/S2214-109X(20)30354-5. Epub 2020 Oct 19.

⁸ Kennedy E, Binder G, Humphries-Waa K, Tidhar T, Cini K, Comrie-Thomson L, Vaughan C, Francis K, Scott N, Wulan N, Patton G, Azzopardi P. Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *Lancet Glob Health*. 2020 Dec;8(12):e1473-e1488. doi: 10.1016/S2214-109X(20)30354-5. Epub 2020 Oct 19.

reproductive rights and tools, and access to quality contraception is required for all women of reproductive age, including girls, as unplanned or too early pregnancy is still a major reason for girls to leave school early.

Schools provide critical services that extend beyond learning outcomes, including health promotion and health services. To support this critical role the WHO and UNESCO developed the Health Promoting Schools (HPS) approach. Health Promoting Schools incorporates health across the curriculum and the broader environment of the school to engage students, their parents, carers and families and the wider community. While Health Promoting Schools was introduced over 25 years ago, few countries have implemented and sustained the approach. In 2021, WHO and UNESCO launched new Global Standards for Health Promoting Schools and Implementation Guidance, providing an evidence-based resource for education systems to foster child health and wellbeing.

Mental Health

Mental health is a critical aspect of overall well-being, and its connection to gender equality is profound. While mental health issues affect individuals of all genders and ages, certain groups, such as women and transgender individuals, may face unique challenges. Gender-based discrimination, stigma and societal pressures can significantly impact mental health. Transgender individuals, in particular, often experience higher rates of depression, anxiety and suicide attempts due to discrimination, social isolation, and lack of access to gender-affirming care⁹. It is important to identify their specific mental health needs and their experiences when accessing mental health care. Addressing mental health should be integrated into all programs and initiatives.

What are the most effective approaches for achieving gender equality globally?

Strong global political commitments

Strong political commitments and ambitious legislative change is needed to fast-track global progress to reduce barriers for women and gender minorities, and promote gender equality and health outcomes. In recent years, we have seen legislation repealed or implemented that has set back decades of progress in women, trans and gender rights. This includes the introduction of an anti-gay bill in Uganda which will enforce significant barriers to accessing sexual health services for key populations in the country; the repeal of Roe v Wade in the United States which will significantly restrict women's access to sexual and reproductive health rights; the set-back of 20 years of progress in women's rights and health in Afghanistan since the takeover by the Taliban in August 2021; and also human rights abuses of women in Iran. Bold action taken on the national, regional and global stage at the political and legislative level is crucial to achieving gender equality globally.

Improving gender representation of women and gender minorities in leadership

Encouraging women's participation in political, economic, and social decision-making processes is crucial for crafting effective health policies and programs that address their needs. A commitment to gender equality should also be underpinned by a commitment to having a representative workforce at all levels of seniority and governance. It isn't sufficient to simply have overall gender balance within organisations, but that balance should exist at every level, authority and pay scale.

We welcome and encourage established affirmative action solutions. Quotas, for example, help to rapidly rectify women's representation in prominent positions and ensure that women's perspectives are heard in decision-making forums. Sweden is leading the way globally by legislating that all national policies, budgets and international aid will contribute to gender equality.

Engaging diverse voices in matters that affect them & taking an intersectoral approach to gender strategy

The UN Convention on the Rights of the Child (CRC) recognises that children and young people have the right to be involved in matters that concern them. We must recognise the unique perspectives and skills of adolescents and young adults.

⁹ <https://onlinelibrary.wiley.com/doi/abs/10.1111/jpm.12720>

Meaningful engagement can be facilitated by appropriate resourcing, training, and respectful mentorship from supportive adults. The critical role of parents, families and communities in decisions about young people's health should also be recognised, as should a continued focus on girls' education and female workforce development.

Moreover, women and girls are not a homogeneous group, and as such an intersectoral approach must be taken to ensure that marginalised communities and perspectives, such as First Nations people, people living with a disability, and the LGBTQIA+ community, are heard so that they can equally benefit from gender equality strategies and programs.

Adopting a life-course approach that supports women throughout their lives

With an increasingly ageing population, it is imperative to incorporate a life-course approach that meets the needs and upholds the rights of women and girls of all ages, including a new focus on older women. This includes through addressing the health needs – and care burdens – of older women and fostering healthy ageing in the rapidly ageing Asia-Pacific region. Health service delivery, including through preventative and early detection methods such as health screening, must be prioritised, alongside health promotion activities and community education. These should be refined to better reach women and girls and maximise the efficient use of resources.

Greater investment in women's health

Investing in health is proven to generate a range of social and economic benefits for communities. Despite this, and in many settings, women and girls are routinely underserved by the healthcare system, driving greater gender disparity gaps. For example, in the area of biomedical research and development (R&D) for neglected health issues - a DFAT priority investment area – we see gender inequality manifest in numerous ways. Despite national scientific policies in countries such as the US and UK having mandated the inclusion of women and minorities in nationally funded clinical research for decades now, biological sex differences and gender dimensions in R&D have continued to be sidelined. This not only has implications on proper enrolment and representation of participants in clinical trials and across the R&D pathway, but also in meaningful sex disaggregation when interpreting the results. As a result, many biomedical products are either sub-optimal for use amongst half the population, or simply don't exist at all. This is, of course, just one example of the many structural, gender-driven inequalities that result in disproportionately worse health outcomes for women and gender minorities; another issue is simply the dramatic level of underinvestment in R&D for women's health priorities, with the impact of this lack of investment often being borne disproportionately by women in low- and middle-income countries.

Greater focus on closing the gender data gap

In order to effectively reduce gender inequalities, there is a critical need for relevant and timely gender-related data and analysis to inform policy agendas, budgets, and priority setting. Closing the gender data gap is an essential precursor to achieving meaningful change in gender equality.

How can Australia best support efforts to achieve gender equality internationally?

- **Advocate:** Engage in advocacy efforts at the regional and global level to promote women, LGBTQIA+ and transgender rights, raise awareness about the importance of inclusivity in gender equality initiatives, and push back on discriminatory legislation. Advocate for increased funding to provide equality in health outcomes, especially within the context of Universal Health Coverage.
- **Greater representation of women and gender minorities in leadership:** Australia must lead by example and commit to greater representation of women and gender minorities in leadership positions within DFAT and other agencies, and work to build greater representation within the recipient and partner organisations it supports. This includes challenging gender norms and stereotypes by supporting initiatives that seek to change attitudes on the attributes of good leaders and different leadership styles, and bringing men and boys into the conversation. We encourage Australia to examine the framework in the Global Health 50/50 report as a model to foster increasing gender parity and diverse representation in global health boards.
- **Support community-led initiatives:** Australia should ensure that initiatives and programs are co-designed and led by the communities they are serving. Community leadership is essential to understanding context, maintaining

trust and ensuring cultural safety and adaptability of programs. For example, fostering women-led initiatives for women's health; or transgender-led programs for transgender health. There should also be a stronger focus on youth participation to ensure that strategy, policy and programs for adolescents - a population-group with unique needs that were underrepresented in DFAT's new International Development Strategy - are relevant and effective. Improving local capacity, and reducing long-term reliance on international support should be a key priority.

- **Prioritise investment in women's health priorities:** Strengthen the Australian global health ecosystem to lead on advancing women's health through greater investment. Including but not limited to greater investment in biomedical R&D for women's health. It should also ensure gender intentionality and gender representation across all its health-focused funding.
- **Support for gender equality across the lifespan:** including support for gender-transformative approaches to comprehensive sexuality education, health promoting schools, and strengthening adolescent responsive health systems to address health outcomes and risks that contribute to inequality.
- **Promote programs that strive to change harmful societal norms** which drive gender-based violence within communities.
- **Cherish and nurture diversity** by elevating First Nations Australians' perspectives in new International Gender Equality Strategy, encouraging affirmative action on quotas for gender parity in leadership, and having a commitment to bring in diversity across geography, ethnicity, and age across all aspects of the strategy.
- **Invest in data:** As a donor country funder, DFAT should invest in the data and analytical resources needed to be able to report transparently and often about the sex and gender dimensions of its investments, be they for health, trade, environmental protection, etc. For example, what proportion of DFAT investments in global and public health are contributing to advancing "women's health"? How much of DFAT's investments in climate change adaptation are gender transformative? These are the types of methodologically complex, but essential research questions that donor countries and institutions need to be asking and answering, and DFAT should aim to stand out from its peers by taking the lead in this area.

What should the government/ DFAT consider when developing the new international gender equality strategy?

- **Australia's world-leading expertise and global health ecosystem:** Australia has world-leading global health experts at-the-ready to support the government's international gender equality agenda, including in: maternal child and adolescent health, cervical cancer and other disease elimination, reproductive health product development and more. The government should consider how best to leverage this expertise in order to drive forward progress in the Indo-Pacific region and beyond.
- **Elevate non-traditional voices:** Consulting the voices we haven't heard from traditionally is a good way to ensure new, fresh ideas are heard. Considering young people, people who are not in leadership and on the frontline (nurses or community members), elders and indigenous voices are all important in understanding context and gaining insights. The communities that DFAT wants to work with first and foremost need to have the opportunity to highlight their specific needs and also their barriers.
- **Invest in programs that have multiple benefits** to maximise the output and results from an investment (e.g. education programs for girls to train in health leadership creates opportunities for schooling, also improve financial outcomes for their families, also increases health in the community). This means looking at the intersection of health, human rights, gender, finance and other areas of development.