



The Fred Hollows
Foundation



INTERNATIONAL GENDER EQUALITY STRATEGY
SUBMISSION FROM THE FRED HOLLOWES FOUNDATION

CONTENTS

| | |
|---------------------------------|---|
| Introduction | 1 |
| Summary of Recommendations..... | 1 |
| Focus Area One..... | 2 |
| Focus Area Two..... | 4 |
| Focus Area Three | 5 |

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INTRODUCTION

The Fred Hollows Foundation (The Foundation) welcomes this opportunity to contribute to Australia's new International Gender Equality Strategy, and we commend the accessible, participatory consultation process. The Foundation looks forward to supporting the Australian Government as it continues to play its regional, and global, leadership role in advancing the rights of women and girls. **In this response, The Foundation concentrates on areas where we can offer the greatest, and most practical, benefit to this strategy and its implementation.** We anticipate engaging cooperatively with the Australian Government, country partners and the international development community on developing and integrating solutions to other pressing areas, including the relationship between climate, localisation, intersectionality and gender.

SUMMARY OF RECOMMENDATIONS

Gender equality benefits everyone. A collective effort from women, men, champions and collaborators is needed to accelerate progress on gender equality. Unequal access to health care, education and economic security (including meaningful employment) should not continue to be barriers to women and girls leading safe, fulfilling lives.

Through interventions in access to health care across the life-course, leadership in the health workforce, and supporting locally- women-led development, the Australian Government's new International Gender Equality Strategy can help fill significant gaps in gender and health development. The Foundation recommends practical priorities to drive an effective approach to achieving gender equality globally, drawing on Australia's strengths.

The Strategy should:

Advance a life-course approach that meets the needs and upholds the rights of women and girls of all ages, including an explicit focus on older women.

- Addressing the health needs – and care burdens - of older women and fostering healthy ageing in the rapidly ageing Indo-Pacific region.
- Continuing to focus on girls' education and female workforce development.
- Integrating service delivery and community education, such as eye and other health screening, into existing or future DFAT programs and investments to better reach women and girls and make best use of resources.

Raise women's leadership to drive transformational change in health, including equal representation of women in decision making.

- Greater sustained investment in women's health leadership development and structural change at all systemic levels including for individuals, organisations/workplaces, sector and peer networks and system-level actors.
- Supporting practical initiatives across these levels, from training, mentoring and networking across the sector to reduce barriers for women to advance their leadership through policy and practice (e.g. parental leave provisions, quotas/targets, talent pathways).
- Continuing to expand initiatives that bring men and boys into the conversation, supporting change in gender norms, reframing attitudes on leadership styles and reinforcing attitudinal change to underpin gender equality.

Elevate the voices of women and girls, with an emphasis on local solutions, addressing intersectional barriers and facilitating deeper partnerships with women's organisations.

- Aim for at least 50% of funding under DFAT's new Civil Society Development Fund to be dedicated to supporting grass roots women-led and feminist organisations – through robust multi-year partnerships that are responsive to local needs and support organisational capacity development.
- Continue to champion the importance of quality disaggregated data based on sex, age, disability, and other social markers to build evidence, inform targets and policy, and to monitor progress towards gender equality.
- In all other relevant DFAT investments, engaging people with lived experience in the design, implementation and monitoring of programs affecting them to better understand the barriers they face and how to address them.

FOCUS AREA ONE

Advance a life-course approach that meets the needs and upholds the rights of women and girls of all ages, including an explicit focus on older women

Globally the disease burden is changing and growing. For many countries in our region, ageing populations and the rise in long-term chronic illnesses and multiple morbidities are causing health systems to struggle to meet demand. Older women are disproportionately affected by non-communicable diseases (NCDs) and their risk factorsⁱ.

Australia has led the way in addressing gender equality in our region. Now it is time to lead on gender transformative approaches that meet the needs and uphold the rights of women and girls of all ages, including older women.

Our ageing population has a woman's face:

- Women account for 54% of the global population aged 60 years or older (53% in Asia-Pacific) and 61% of those aged 80 years or older (60% in the region).
- By 2050, an expected 80% of older people, including older women, will live in low- and middle-income countries.
- Women live longer than men but spend more of their lives in ill health or with a disability.
- Due to a lifetime of cumulative discrimination, inequalities and caregiving responsibilities, many women confront economic insecurity in older age, making access to care or an adequate standard of living virtually impossible.

To leave no one behind, development policies must make older women visible and build both inclusive and specific health programs for them, such as:

Investing in stand-alone and integrated programming for the UN Decade of Healthy Ageing action areasⁱⁱ:

- Integrated person-centred care with a gender lens – ensuring older women are placed at the centre of care across the region, with a focus on preventing care dependency by detecting and managing declines in physical and mental capacities, including vision.
- Combatting ageism - remove barriers to healthcare, improve economic development, and create more equitable and just societies.
- Creating age-friendly environments – supporting measures for women (and those they care for) to age safely in places right for them and to contribute to their communities.

Giving girls a good start

The Foundation applauds and encourages continued commitment and investment by the Australian Government in education. Supporting local efforts to integrate health interventions through the education system is a practical and effective way to reach children, especially girls, as well as parents and carers, with health and wellbeing education and services.

- Addressing vision impairment – not only in girls, but also in their family members – is a relatively ‘quick win’ supporting access to education. Globally, where girls are blind or significantly vision impaired, they are often denied education. Girls are generally charged with caring for adults with vision impairment, taking them out of school.
- A myopia epidemic is already sweeping our region, with 60% of children in Asia facing vision impairmentⁱⁱⁱ. Access to simple solutions – eyeglasses and some playtime outside – can make the difference for a child's educational and social development. Misinformation and gendered stigma often see fewer girls gaining access to treatment or willing to wear glasses, leaving them further behind.
- 80% of learning for children is visual. Vision loss can severely impact education, self-esteem and life opportunities.^{iv} **School eye screening, community education and treatment pathways are cost effective and can be more fully integrated into DFAT's significant education programming investments in line with regional partner governments' policy goals.**

Reaching women at work and in the community

We applaud the Australian Government's investments in sexual and reproductive health, addressing gender-based violence and supporting women's economic participation.

Integrating relevant screening, treatment and health promotion services, into these investments is a practical and cost-effective way to address other important health issues faced by women, recognising that women can be hard to reach (their own health is often de-prioritised) and have different health needs to men including, and beyond, sexual and reproductive, and maternal health.

- An estimated 50% of intimate partner violence-related injuries involve eye damage. In Timor-Leste, The Foundation works with eye-health professionals and GBV service providers to ensure cross-referral of women experiencing violence. **The Australian Government can support similar targeted interventions within their existing and future GBV programs and policies. Collecting GBV data for older women** will mean often-neglected victim-survivors are better included in programs.
- Clear vision is essential – and sometimes highly vulnerable - in many industries (apparel, agriculture and outsourced work) for productivity, quality and workers' economic security. About 13 million people in the global working-age population live with a vision impairment of occupational origin.^v Women make up the bulk of the workforce in countries with large or growing manufacturing and agriculture sectors. Eye health conditions are one of the top five issues affecting women in these sectors^{vi}. **The Australian Government can support programming and partnerships where health, wellbeing and employment intersect.** In Bangladesh, Vietnam and Pakistan for example, The Foundation has been working directly with factories, garment associations and agriculture workers to ensure women have access to eye care in their workplaces and OH&S policies are in place and implemented. **Australian Government, partner governments, private sector, unions, health sector and civil society can coordinate to scale these protections for women that also make good business sense.**

- In Uganda and Bangladesh, The Foundation has partnered with maternal-child health services to screen for diabetes and eye health issues, promote health and create referral pathways for treatment. This is cost-effective and reaches women where they already access routine care. **The Australian Government can support and facilitate partnerships between women’s health organisations and eye health and other service providers within existing investments in sexual and reproductive health to identify innovative and efficient ways to reach women and children with other relevant health services.**

FOCUS AREA TWO

Raise women’s leadership to drive transformational change in health, including equal representation of women in decision making

Women make up 70% of the global healthcare workforce yet occupy less than 25% of leadership roles.^{vii} Women lead the delivery of health to 5 billion people and contribute an estimated US\$3 trillion annually to global health, half in the form of unpaid work.^{viii} WHO projects a shortfall of 10 million health workers by 2030, yet six million workers – mostly women - prop up health systems with unpaid or severely underpaid labour.^{ix} In eye health, though women make up 55% of the world’s vision impaired, leadership roles are highly skewed towards men. Women represent 25-30% of ophthalmologists and remain underrepresented in leadership positions.

Health systems are stronger and health outcomes are proven to be better, especially for women and children, when the women who deliver them have an equal say.^x **System-wide interventions that support women’s leadership at all levels of the health sector are necessary and achievable through policy and sustained programmatic initiatives** that work with:

- **Individuals** – through access to leadership development, training, skills, mentoring at all career levels and across health-related roles to encourage and support ongoing careers for these valuable, trained professionals.
- **Organisations** – in coordination with interventions for individuals, embedding and championing cultural change initiatives and executive/management support for women’s leadership; policy and practice change (e.g. parental leave, pay gaps, flexible working arrangements, behaviour/attitudinal change initiatives for all workers/managers) to plug ‘leaky pipelines’ of women leaving the sector or not pursuing leadership roles.
- **Sector/peer networks** – in educating, coordinating and advocating for policy and practice interventions and providing opportunities for women in the sector – and related areas such as professional/tertiary education and HR – to share and learn.
- **System actors** – government, private sector and donor/development sector policy, guidance, funding and demonstrated leadership in supporting sophisticated contextual analysis, data and evidence gathering and flexible locally-, women-led solutions, sustained over the long term required for transformational change.

Thanks to a grant from **DFAT’s Australia Awards Fellowships**, The Foundation is making practical inroads to address the women’s leadership in health imbalance with partners Monash Centre for Health Research and Implementation and Women in Global Health (Australia). The Women in Health Leadership – Mekong Region project brings together 15 mid-career professional women from across the health sector (representing eye and other health sectors) for leadership development, peer dialogue and networking in Melbourne, Canberra and Bangkok. **The Foundation plans to build on this strong basis to continue systematically supporting women’s leadership in the health sector.**

Engaging **men and boys**, alongside women, is fundamental to transformational change and addressing gender inequality in health care systems – and in the social, family and community structures that surround them. Men and boys have a profound role in helping transform rigid norms that shape women’s and girls’ access to health and to their ability to contribute their skills and knowledge as health workers. Women’s leadership initiatives risk failure and participants’ safety and wellbeing if men – in power, in workplaces and at home - are not included in sensitive programs of long-term attitudinal and behaviour change.

FOCUS AREA THREE

Elevate the voices of women and girls, with an emphasis on local solutions, addressing intersectional barriers and facilitating deeper partnerships with women’s organisations

An estimated 1% of gender equality funding goes to women-led organisations and feminist groups.^{xi} This excludes women and girls from decision-making spaces that directly impact them, including across health systems. Creating space for groups that rarely receive funding (or too little funding to offer security and the chance to develop) will lead to even more effective, sustainable and inclusive outcomes. Women and girls are experts in their own experience, so their perspectives should guide programming that impacts them.

The Foundation welcomes the Australian Government’s announcement of a Civil Society Fund. **The Foundation recommends that the Australian Government aims for at least 50% of this fund to be explicitly dedicated to directly supporting women-led and feminist organisations.**

Further, in all other relevant DFAT investments:

- Engaging people with lived experience in the design, implementation and monitoring of programs affecting them to better understand the barriers they face and how to address them.
- Continue to champion the importance of quality disaggregated data based on sex, age, disability, and other social markers to build evidence, inform targets and policy, and to monitor progress towards gender equality.
- Continue to strengthen capacity of Australian international development organisations and partners to adopt an intersectional lens, including investing in detailed intersectional gender equality analyses to inform program design and planning.

The Foundation, with the support of Ambassador for Regional Health Security, Dr Stephanie Williams, has joined forces with UN Women to raise the voices of women and girls at greatest risk of being left behind because of vision impairment and blindness. **The DFAT ANCP-funded new joint policy brief ‘Leave No Woman Behind - Closing the gap on gender in eye health’ calls on stakeholders to close the gender gap in eye health by improving women’s access to resources, rights, and representation.** More than 170 women including those with lived experience, civil society leaders, researchers and health professionals from Asia and the Pacific, Africa, Europe, Central Asia and the Arab States, Latin America and the Caribbean shared their experience and knowledge, informing the report’s recommendations.

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- ⁱ NCD Alliance and The Fred Hollows Foundation, Integrating eye health into the NCD response People-centred approaches to prevention and care, 2020
- ⁱⁱ <https://www.decadeofhealthyageing.org/>
- ⁱⁱⁱ IAPB Vision Atlas, 2020.
- ^{iv} IAPB, 2020: <https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/child-eye-health/>
- ^v International Labour Office (ILO), 2023, Eye health and the world of work, Geneva.
- ^{vi} Akhter, S., Rutherford, S. & Chu, C. Sewing shirts with injured fingers and tears: exploring the experience of female garment workers health problems in Bangladesh. BMC Int Health Hum Rights 19, 2 (2019)
- ^{vii} World Health Organization. (2019). Delivered by women, led by men: a gender and equity analysis of the global health and social workforce. World Health Organization.
- ^{viii} Women in Global Health, 2023, The State of Women and Leadership in Global Health.
- ^{ix} Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019
- ^xKing, T. et al Associations between gender equality and health: a systematic review. Health Promot. Int. 35, 27–41 (2020); Downs, J et al. Increasing Women in Leadership in Global Health. Acad. Med. 89, 1103 (2014).
- ^{xixi} <https://www.oecd.org/dac/financing-sustainable-development/development-finance-topics/Aid-to-gender-equality-donor-charts-2019.pdf>

