



# Towards a Holistic, Integrated Approach to Women's Health: Gender Equity in the Prevention and Control of Non-Communicable Diseases



Submission to the Department of Foreign Affairs and Trade (DFAT)  
consultation for the International Gender Equality Strategy

**The George Institute**

20 September 2023



The George Institute  
for Global Health Australia



## Key recommendations

1. **Invest in women's health for gender equality and address the epidemic of non-communicable diseases (NCDs)** which are the leading causes of death and disease for women worldwide and threaten the most vulnerable women and girls.
2. **Promote and support an integrated, life-course approach to addressing women's health**, embedding the prevention and management of NCDs into maternal and reproductive health programs to identify women at risk and reduce premature deaths.
3. **Strengthen the evidence base by investing in the gendered analysis of health data**, addressing the under-representation of women and girls in research, and ensuring that research and development for new treatments and care innovations explicitly address sex and gender differences.
4. Invest in **local, women-led civil society organisations**, which have been shown to be effective in leading change and yet are consistently under-funded.
5. Ensure all development programming focuses on **addressing the discriminatory gender norms** that underlie gender inequalities.
6. **Address the evidence gaps on how and why heat and other impacts of the climate crisis are affecting women and men**, to support the design of more effective public health interventions.
7. **Support existing global mechanisms for achieving gender equality**, such as the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Australia should work with the CEDAW Committee to identify and address barriers faced by countries not participating in the CEDAW review process.
8. **Promote equal representation of women in decision-making roles across the global health sector**, commit to gender-equal delegations to global decision-making fora, and ensure that marginalised women and health workers are represented.
9. **Ensure that women and girls actively participate in the development and implementation of the International Gender Equality Strategy**, including health workers and women and girls living with – and caring for those living with – NCDs.
10. **Establish a Civil Society Advisory Group** to formally advise on the development of the International Gender Equality Strategy.



## Introduction

The George Institute for Global Health is pleased to contribute a written submission to the Department of Foreign Affairs and Trade's (DFAT) consultation on its International Gender Equality Strategy. We welcome the development of a gender equality strategy to guide Australia's development partnerships in the Asia-Pacific region, and beyond.

The George Institute for Global Health (The George Institute) is a leading global medical research institute, founded in Sydney, Australia, and with major centres in China, India and the UK. Our mission is to improve the health of millions of people worldwide, particularly those living in resource-poor settings, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases. The George Institute's Women's Health Program takes a multi-faceted approach to improving women's health through research, policy, and advocacy. We focus on addressing the leading global causes of death and disease for women, non-communicable diseases (NCDs), and the inequitable health outcomes they lead to.

This submission responds to DFAT's consultation questions in four parts. First, we outline gender equality priorities as they relate to women's health, focusing on the importance of a life-course approach. We go on to outline three effective approaches for achieving gender equality globally, notably supporting civil society organisations, gender-transformative programming, and addressing evidence gaps on the intersections of gender, climate, and health. Part III outlines the unique role Australia can play in the effort to achieve gender equality internationally, and finally, we point to the importance of engagement with women and girls throughout the development of this strategy. We believe this is an opportunity for DFAT to create meaningful change through development partnerships with locally led, feminist civil society organisations.

We welcome the opportunity to further engage with DFAT on this important issue.

## Acknowledgement of Country

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, particularly the Gadigal people of the Eora Nation on which our Sydney office is located. We pay our respects to Elders past, present and future.

We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and are committed to working in partnership with communities to deliver better health outcomes.



## **Towards a Holistic, Integrated Approach to Women's Health: Gender Equity in the Prevention and Control of NCDs**

### **I. International Gender Equality: Priorities for Australia**

#### *Question 1: What are international gender equality priorities?*

The George Institute welcomes DFAT's commitment to gender equality in its new International Development Strategy; to ensure that 80 per cent of investments address gender equality effectively, and that all new investments over \$3 million include gender equality objectives. The prioritisation of gender equality in DFAT's investments not only fulfils Australia's international obligations but will help to foster stability and prosperity in our Asia-Pacific region.

#### **Priority 1: Invest in women's health for gender equality**

Investing in women's health reduces poverty, increases productivity, and stimulates economic growth.<sup>1</sup> Prioritising women's health in official development assistance is not a new idea. Global efforts to improve women's reproductive health have led to significant gains, including reductions in maternal morbidity and death<sup>2</sup> and an extensive roll-out of antiretroviral treatment for pregnant women living with HIV.<sup>3</sup>

These advances demonstrate the strong rationale for investment in women's health. However, they also highlight a historical gap in investment. To date, there has been insufficient focus from development funders and global health partners on NCDs.

The global burden of disease over recent decades has changed significantly, and NCDs are now the leading causes of death and disease for women world-wide. Conditions including heart disease, stroke, diabetes, chronic lung diseases, cancer, and mental health conditions cause nearly 19 million deaths among women globally every year.<sup>4</sup> Despite the perception that NCDs are predominantly an issue for high-income countries, they are a leading contributor to death and disease among women in low-and-middle-income countries. In 2019, NCDs caused over 65 per cent of deaths among women in the South-East Asia region, and in the Western Pacific – which includes Australia and our Pacific Island neighbours – that figure is 88 per cent.<sup>5</sup> The NCD epidemic poses a serious burden on women's health, threatening the most vulnerable girls, women and communities that have been the focus of hard-fought health and development successes over the past decades. NCDs impact women who are left exposed through persistent social, gender and economic



inequalities and pervasive inequities in access to health information, access to appropriate care and life-saving technologies.<sup>6</sup>

The George Institute is the Secretariat for the Taskforce on Women and NCDs, which brings together 14 global health organisations from the women's health and NCDs communities to respond to the unique and growing burden of NCDs for women in low-and middle-income countries. It does this by mobilising leadership, expanding technical expertise, and disseminating evidence to inform policymaking, planning and services.

### Priority 2: Invest in a life-course approach to women's health

The development of an International Gender Equality Strategy, alongside DFAT's new International Development Strategy, presents an opportunity to shift the focus of investments in women's global health. The George Institute advocates for expanding the concept of women's health to be broader and more inclusive than sexual and reproductive health. A global health agenda that focuses exclusively on women's reproduction effectively excludes those who do not have children and limits the opportunities to improve the health of women at other stages of their lives.<sup>7</sup> Feminist solutions to addressing women's health require an appreciation of the multiple stages and social positions women and girls hold throughout the life course.

Australia can, and should, play a critical leadership role in promoting and **supporting an integrated, life-course approach** to addressing women's health. A life-course approach encourages researchers, policymakers, and practitioners to see women and girls' health and wellbeing in its entirety, as a series of interconnected periods that affect one another. A siloed programmatic response to women's health does not meet the complex and interrelated challenges that women in low-and-middle-income countries face today. The Covid-19 pandemic has exposed the frailties of a siloed approach to health, showing that most countries failed to invest in comprehensive health systems, including prevention.<sup>8</sup>

Pregnancy presents a unique opportunity for the **integration of services** that can have lifelong outcomes for women. The George Institute is currently trialling a digital clinical decision-making support tool, *SMARThealth* Pregnancy, that can be used by community health workers to screen and treat women for high-risk conditions during pregnancy and for the first year after birth.<sup>9</sup> Through investing in programs that embed the prevention and management of NCDs into health systems infrastructure, benefits are two-fold: reducing the burden of NCDs among women and improving maternal health, where progress is stalling.<sup>10</sup>





Evidence shows that NCDs and pregnancy are intrinsically linked. For instance, pre-eclampsia increases the risks of cardiovascular complications, and 50 per cent of women who experience gestational diabetes will develop type 2 diabetes within 5-10 years.<sup>11</sup> Further, breastfeeding has been found to be a significant protective factor against diabetes and stroke.<sup>12</sup> These findings highlight both a critical need – to identify women at risk and reduce premature deaths – and an opportunity: to integrate health services, where they may have the greatest impact.

### Priority 3: Strengthen the evidence base on sex and gender

For many years, it was assumed that the occurrence and outcomes of disease were the same for men and women, and that studies involving only men would be equally relevant for women. This long-standing assumption has been shown to be false, and yet many research studies still treat medicine as sex-and gender-neutral.<sup>13</sup> As a consequence, there is a substantial evidence gap in sex and gender differences relating to NCDs. This has resulted in inequitable health outcomes for women with NCDs: women’s symptoms are more likely to be missed or misdiagnosed, and women are more likely to receive non-evidence-based treatments for many NCDs.<sup>14</sup> Evidence shows that a **gendered approach to analysing health data**, both routinely collected or for research purposes, has the potential to substantively improve women’s health.<sup>15</sup>

The George Institute supports DFAT’s funding for UN Women’s program on better gender statistics, *Women Count*, and International Women’s Development Agency’s *Equality Insights*, designed to generate a poverty measurement that captures gender inequalities. These initiatives have demonstrated DFAT’s commitment to the importance of generating sex-and gender-sensitive data, and we encourage these initiatives to be expanded further. As a development funder, DFAT can expand on these commitments by allocating resources towards the gendered analysis of healthcare statistics in low-and–middle-income countries.

Researchers at The George Institute have been at the forefront internationally of both producing evidence showing where sex and gender differences exist, for a range of NCDs, and of co-designing policies with funding bodies (in the UK) and researchers (in Australia) to ensure that research includes women and other under-represented populations and disaggregates data by sex and gender.<sup>16,17</sup>

Research and development for new treatments and care innovations must **explicitly address sex and gender differences**. Historical male bias in global medical research has neglected the health needs of woman and girls.<sup>18</sup> DFAT’s new International Development Strategy commits to expanding research funding and developing a clear development research agenda. We encourage Australia to



commit to a gendered approach to research through its official development assistance by:

- Funding research and implementation studies that address evidence gaps on sex- and gender-related differences in the burden, causes and management of NCDs at different stages of the life course.
- Addressing the underrepresentation of women and girls in clinical trials and research by examining barriers to participation and identifying more inclusive institutional policies to encourage their participation.
- Supporting development partners to collect and analyse sex- and gender-specific health data in their routine health data collection.

## II. Effective approaches for achieving gender equality: Australia's role

*Question 2: What are the most effective approaches for achieving gender equality globally?*

The George Institute welcomes DFAT's renewed focus on establishing genuine partnerships in its international development assistance.<sup>19</sup> We support locally-led development as the best means to strengthen the impact of Australia's investment and to improve the independent capability of development partners. Expanding on this partnership approach, we set out three areas of focus for achieving gender equality through DFAT's investments in health.

### 1. Support feminist civil society organisations

There is strong evidence to show that locally-led, feminist and women's rights organisations are effective in creating change in traditionally male-dominated sectors of society.<sup>20</sup> Over the last three decades, feminist organisations have played an instrumental role in creating fairer outcomes for women in public health.<sup>21</sup> Despite this, consistently less than one per cent of Australia's bilateral official development assistance is allocated to women's rights organisations.<sup>22</sup>

The George Institute supports DFAT's prioritisation of civil society in its new development policy through the proposed *Civil Society Partnerships Fund*. Civil society organisations have a crucial role to play in advocating for inclusive, equitable and accessible health services. Yet, only 10 per cent of Australian aid is channelled through civil society partners.<sup>23</sup> We encourage DFAT to recognise and support women-led, grassroots organisations through the new *Civil Society Partnerships*



*Fund*, to improve access to essential health services and innovative solutions for NCD prevention and control.

## 2. Commit to a gendered approach to health

Improvement in gender equality outcomes in any sector, including health, is dependent on support for programs that address the underlying causes of gender inequality. Approaches that explicitly address the underlying causes of gender inequality, including through legislation, policies, and gender norms and stereotypes, contribute to a more equal distribution of power between men and women.

Discriminatory gender norms and harmful masculinities have been linked with poorer health outcomes for both men and women.<sup>24</sup> Globally, women face barriers to accessing timely, appropriate, and accessible care because of their position in their family, stigma, and/or social customs related to gender.<sup>25</sup> This affects their ability to seek treatment, care, and prevention, for both NCDs and sexual and reproductive health issues. Most of Australia's official development assistance for health projects has traditionally not had an explicit gender equality focus.<sup>26</sup> The integration of maternal health projects with NCD prevention and care presents an opportunity for more gender-transformative programs, which have traditionally been focused in the sexual and reproductive health rights arena.<sup>27</sup>

## 3. Recognise the intersection between climate, health and gender equality

The George Institute welcomes DFAT's focus on climate change and gender equality as "core issues for action" in its new International Development Strategy. We are encouraged by the new requirements for Australia's development investments over \$3 million to have a gender equality objective, and at least half of all investments to have a climate change objective (by 2024-25). Historically, Australia's investments have not had an integrated approach, addressing both gender and climate change.<sup>28</sup> To achieve a meaningful change in Australia's development program, we encourage DFAT to develop an approach that progresses gender equality alongside programs focused on climate change adaptation and resilience.

Global evidence shows that the climate crisis is exacerbating existing gender inequalities, and that the extreme weather events, economic disruptions, and conflicts caused by climate change are having a disproportionate impact on women.<sup>29</sup> The health effects on women can be direct, such as increased mortality during heat waves, or indirect, such as nutritional problems caused by crop failures. The most severe impacts of climate change are being felt by women in low-and middle-income countries.





Pregnant women and the fetus are particularly vulnerable to the effects of extreme heat, and evidence shows that high temperatures are associated with pregnancy complications and adverse neonatal outcomes.<sup>30</sup> However, there is still uncertainty as to how and why heat and other climatic issues affect women and men differently, making it difficult to design effective public health interventions.

The George Institute, with other global health research partners, has applied for funding to the UK Medical Research Council to investigate this issue further. If successful, the consortium would establish The Network of Excellence for Women's Health and Environmental Change Research, which would aim to address the lack of global data on the impact of environmental change on the health of women and girls worldwide, and the urgent need for sex- and gender-disaggregated data. The Network would be co-led by regional collaborators in India, Indonesia, Mexico, Nigeria, and the UK, and would coordinate regional networks of researchers, civil society members, clinicians, and advocacy groups. We would welcome further engagement with DFAT on how the Network can contribute to Australia's development assistance program.

### **III. Supporting efforts to achieve gender equality internationally**

*Question 3: How can Australia best support efforts to achieve gender equality internationally?*

#### **1. Support existing global mechanisms for achieving gender equality**

The United Nations Convention on the Elimination of Discrimination Against Women (CEDAW) has been celebrated as one of the most powerful mechanisms for encouraging state action to eliminate violence against women and reduce gender inequities globally. Countries that have ratified the Convention, considered an international bill of rights for women, commit to changing their laws to uphold women's rights, including health-related rights, through reviews and recommendations provided by the UN CEDAW Committee every four years.

In 2021, The George Institute and the Australian Human Rights Institute at UNSW Sydney launched the Asia-Pacific findings of the CEDAW Implementation Map. The Map serves as a report-card on the implementation of CEDAW as it relates to women's health, highlighting progress in implementing health-related human rights for women. It also identifies the areas in which governments are failing to act, including collecting data on the drivers of violence against women, developing gender-equal laws, and improving access to health care for underserved women.



The research identifies priority areas for funding to support the achievement of CEDAW's objectives. Aligning Australia's development funding with the opportunities identified in the research would be a powerful demonstration of Australia's support for CEDAW and encourage other countries to also align their contributions with the areas that require most implementation support, driving collective action. It would also maximise the effectiveness and efficiency of Australia's efforts to promote gender equality within the region.

In addition to meeting its own commitments, Australia should support its fellow member states, particularly in the Asia-Pacific region, to implement recommendations made by the CEDAW Committee, particularly in relation to law reform, access to justice and health systems strengthening. As part of this work, DFAT should work with the CEDAW Committee to identify and address barriers faced by countries which are not participating in the CEDAW review process.

There is an opportunity for DFAT to engage closely with the CEDAW Committee to support and strengthen the review process, given an Australian, Ms. Natasha Stott Despoja AO, is serving as one of its 23 expert members. Ms. Natasha Stott Despoja commenced her term in January 2021, and launched the CEDAW Implementation Map in the Asia Pacific in March of that year.

## 2. Encourage women's leadership in global health

While an estimated 70-75 per cent of the health workforce are women, global and national health leadership continues to be dominated by men, including in global – decision-making bodies such as the World Health Assembly (WHA).<sup>31</sup> Numerous commitments have been made at the multilateral level to improve gender equality in health leadership, yet little progress has been made to improve gender diversity within global health governance. As an illustration, not a single WHA in the past 74 years had more than 30 per cent of the Chief Delegates as women, and only 8 per cent of delegations between 1948 and 2021 have demonstrated gender parity.<sup>32</sup> The exclusion of women from health –decision-making is not only inequitable; it weakens global health efforts. Health policy decisions are diminished without the equal contribution of ideas, talent, and experience of women, especially the women workers who know the most about the design and management of health systems.

The George Institute advocates for equal representation of women in decision-making roles across the global health sector. Australia should commit to gender-equal delegations to WHA, and other global health policy dialogues, and should prioritise women as Chief Delegates. DFAT should also ensure that women from marginalised groups, and health workers, are represented in global decision-making fora. Further, Australia can support member states in the Asia-Pacific region to prioritise the promotion of women to national health leadership positions.



#### IV. Developing a new gender equality strategy: further considerations

*Question 4: What should the government/DFAT consider developing the new international gender equality strategy?*

In line with the priorities and approaches outlined in this submission, we call on DFAT to support the active participation of women and girls in the development and implementation of a new gender equality strategy. This includes meaningfully engaging with women and girls living with – and caring for those living with – NCDs, and women health care workers, in the co-creation of the new policy. This will help to ensure the strategy is targeted, effective, and equitable, and delivers on DFAT’s goal of establishing genuine, sustainable development partnerships.

Given the importance of civil society organisations to maintaining these partnerships, and DFAT’s commitment to create a new *Civil Society Partnerships Fund*, we recommend that a Civil Society Advisory Group be established, to formally advise on the development of the new strategy. Including the lived experience of women and girls into DFAT’s development program will ensure that there is a strong link between women’s needs and priorities and the actions and investments that are taken. Civil society groups have vast experience and networks in regional development, and working together through an advisory group can be mutually beneficial in sharing knowledge and building capacity to strengthen the effectiveness of Australia’s development program, and its contribution to global development goals.

The George Institute is grateful for the opportunity to provide input to this process, and we are interested in continuing to be consulted going forward. We look forward to hearing of further opportunities to contribute.



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## Endnotes

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- <sup>30</sup> Samuels et al. 2022
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