



Australia's New International Gender Equality Strategy

McCabe Centre for Law & Cancer Submission

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About us

The McCabe Centre for Law and Cancer is a Melbourne-based joint initiative of Cancer Council Victoria, the Union for International Cancer Control (based in Switzerland) and Cancer Council Australia. The McCabe Centre conducts world-leading legal research, policy development, and capacity building programs to promote the use of law as an essential tool in the prevention and control of cancer in Australia and overseas. The McCabe Centre is the WHO Collaborating Centre on Law and Noncommunicable Disease, the WHO Framework Convention on Tobacco Control Knowledge Hub on Legal Challenges, and part of the Lancet Commission on Women and Cancer.

We note and reiterate our previous submission on Australia's International Development Policy (2022) and welcome the opportunity to contribute to the development of an International Gender Equality Strategy. The rationale for our submission is the McCabe Centre's vision for a world free from preventable cancers and where all people can access safe, effective, and affordable cancer care; and our mission, which is to use law to prevent cancer and ensure access to care. The focus of this submission is international gender equality priorities in the context of prevention and control of cancer and noncommunicable diseases (NCDs), which are the world's largest cause of death and ill health. Advancing gender equality cannot be fully achieved without addressing existing gender inequalities in health and the NCD burden.

We adopt a comprehensive and inclusive definition of gender equality, recognising the equal rights and opportunities of all individuals, regardless of their gender identity or expression. The submission discusses NCDs and gender equality predominantly in relation to women, but we acknowledge and affirm that a gender equality strategy must address disparities for all genders.

Noncommunicable diseases

NCDs, which include cancer, cardiovascular diseases, chronic respiratory diseases and diabetes, kill 41 million people each year, equivalent to 74% of all deaths globally.¹ The burden of disease has a gendered element: two out of every three women die from an NCD.² NCDs disproportionately affect low- and middle-income countries, with more than three-quarters of all NCD deaths occurring in these countries.³ NCDs are a contributing factor in impoverishment, reduced productivity and increased healthcare costs to individuals and government.⁴ NCDs are increasing, which results in an increasing burden on countries with inadequate health systems, already under pressure as a result of the COVID-19 pandemic. This also risks a corresponding increase in global insecurity and instability⁵ and represents a serious challenge to international development, humanitarian action, trade and security.

Women and cancer

Gender inequality has a negative impact on women's health and healthcare access.⁶

Despite significant advances in cancer research and treatment, disparities in cancer care persist for all women—including cisgender, transgender, and gender diverse women⁷ arising from structural and individual barriers to cancer prevention, treatment and screening. While men are at higher risk of developing most of the common cancers that occur in both sexes,⁸ more women die from cancers specific to women (i.e., breast, cervical, and uterine cancers) than men.⁹ Yet some of these cancers are preventable, and treatable if detected early (such as cervical cancer).

Women's exposure to modifiable cancer risk factors are influenced by gender

Globally, women are significantly more likely to be obese than men, with lower rates of physical activity attributed to gender norms around mobility, concerns about women's safety in public spaces, and lack of access to safe spaces to exercise or travel actively.¹⁰ While smoking rates in men are declining, rates are increasing in women, in part due to targeted gender marketing to women.¹¹

Women are economically disadvantaged, and vulnerable to healthcare costs

The majority of the world's poor are women, who are least able to allocate funds for NCD treatment.¹² Cancer diagnosis, treatment and care impose high financial toxicity on cancer patients in low- and middle-income countries.¹³ Women in insecure, unpaid, and casual work may not be able to meet treatment and associated costs, or access benefits, such as personal leave to attend appointments. Women without financial autonomy are likely to be reliant on men for treatment and transport costs.

Gender norms and stereotypes create barriers for women seeking cancer treatment

Gendered expectations about domestic work and child-care limit women's freedom to engage in routine cancer screening and preventive health activities.¹⁴ Studies on access to cervical cancer prevention and treatment cite barriers for women that include: male dominated health workforce and limited options for screening by a female physician, contributing to embarrassment and shyness;¹⁵ low levels of female literacy; lack of autonomy over decision making; lack of knowledge about disease and screening;¹⁶ and financial barriers.¹⁷ There are also additional and intersecting barriers for LGBTIQ+ women, indigenous and First Nations women; adolescent and young women; women with disabilities; and women from culturally and linguistically diverse backgrounds in high and low- and middle-income countries including: lower levels of family support¹⁸; privacy, fear, pain or discomfort; culturally inappropriate health services; and lack of access to appropriate transportation.¹⁹

Women carry a disproportionate share of caring responsibilities for cancer and other NCDs

Globally, unpaid work is unequally distributed between women and men, with women undertaking at least two and a half times more unpaid work than men.²⁰ In Australia, women spend 64.4% of their average weekly working time on unpaid care work, compared to 36.1% for men.²¹ Cancer is one of the ten most common health conditions in receipt of informal, unpaid care giving.²² Almost all (>90%) of people with cancer have at least one informal carer: a family member or friend supporting them with care over the course of their illness, treatment, and through to end of life.²³ As women age, they may also face the challenge of living with an NCD while also caring for someone with an NCD.²⁴

1. What are international gender equality priorities?

Economic empowerment of women: advancing Universal Health Coverage

Globally, women are paid less than men, are less likely to participate in the labour market than men, and more likely to be in insecure or casual employment.²⁵ This means they are more vulnerable to out-of-pocket health care costs and financial toxicity because of cancer care. Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them without financial hardship.²⁶ Advancing UHC is critical to ensuring women's economic empowerment in healthcare and reducing financial barriers to cancer prevention and treatment.

Invest in women in leadership

In 2022, the global share of women in business and political leadership roles was 31%.²⁷ In health, only 25% of senior health leadership positions were held by women, despite being 90% of the frontline health workforce and 70% of the overall global health workforce.²⁸ Investing in women in leadership is crucial for addressing this gender gap, ensuring equal opportunity for women, and reducing the gender pay gap. More women and gender diverse people in leadership positions can lead to improved decisions about women's health as well as laws, policies, and health care services that are more sensitive to the needs of women and gender diverse people.

Challenge harmful gender norms in law, health and politics

Discriminatory gender norms and stereotypes persist in law, health and political systems. Health systems reinforce traditional gender roles and neglect gender inequalities, and women have less authority and perceived value as health workers than men.²⁹ Legal and political systems promote traditionally male-coded values, skills and traits and assign women inferior status and rights. If left unaddressed, harmful and restrictive gender norms result in gender bias in cancer research, dismissive attitudes towards women's health concerns, limited access to healthcare, devaluation of women's labour, and misaligned healthcare policy and funding.

Recognise unpaid care and domestic work

Gender norms that restrict women to domestic settings and assign them the role of carer, without financial compensation, either prevent women from entering the job market—and exacerbate women's poverty; or, if they do work, forces women to accept low-waged, informal and insecure work.³⁰ The International Labour Organisation estimates the value of unpaid care and domestic work to be 10 and 39 per cent of the Gross Domestic Product, meaning it can contribute more to the economy than manufacturing, commerce or transportation sectors.³¹ Health systems also rely significantly on unpaid care work by women: Women in Global Health estimates that there are more than 6 million women worldwide who work unpaid or underpaid in the health sector.³²

Support the implementation of women's rights instruments, including the right to health

Gender inequality obstructs women's rights, including to autonomy, equality and non-discrimination and the right to health and healthcare access. Numerous international human rights treaties affirm the principles of non-discrimination and equality, and impose obligations to reduce gender inequality, including in healthcare; principally, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of Discrimination against Women (CEDAW).

International human rights treaties can mobilise and support state action and foster political commitments to reducing gender inequality and realising the right to health. As one of the eight nations involved in drafting the Universal Declaration on Human Rights and given its ratification of almost all other international human rights instruments, the Australian government must continue to champion and act as a role model on implementing human rights, including women's rights.

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

Achieving gender equality requires action at international, regional and national levels, and multisectoral coordination in governments and civil society.

Law and policy reform

Law and policy can be effective at promoting gender equality. For example, laws can implement and enshrine international human rights, such as the right to be free from discrimination, or the right to health. Laws can establish social protections that address gender disparities, such as protection from workplace discrimination, or expanding entitlements to personal, sick or carers leave. Laws can require gender balance in cancer research and clinical trials. And it is well established that laws are highly effective at regulating risk factors for cancer, including laws that regulate gendered marketing of tobacco, or laws that create safe physical spaces for women.

Capacity building

Capacity building, in the form of support for governments, civil society and communities to develop and strengthen their skills and resources, is essential to address gender inequality. Governments should be supported to develop and implement legal and regulatory frameworks to address challenges to gender

equality, such as NCDs, and civil society and communities can be empowered to participate in legal and policy decision making processes, and advocate for effective action on NCDs.

Support for international initiatives

A wide range of international agreements and initiatives have gender equality as a key obligation, commencing with the UN Charter of 1945, and subsequent international human rights treaties (principally the CEDAW), as well as international commitments made under the Sustainable Development Goals (including the 2019 Political Declaration on universal health coverage)³³, and regional commitments. Global initiatives for NCD prevention and control likewise include goals and targets to address the gender disparities, such as the WHO Framework Convention on Tobacco Control which calls on Parties to consider the need to take measures to address gender-specific risks when developing tobacco control strategies; and the 2018 Political Declaration on NCDs which includes a commitment for states to address the ‘specific health needs of children, women, older persons, persons with disabilities and others who are more vulnerable to non-communicable diseases’.³⁴

International initiatives, whether legally binding treaties, or non-binding political commitments, are valuable in supporting legal and normative frameworks for change, can provide guidance and support to address gender inequality, and can be used to encourage government accountability.

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

Australia can likewise play a significant role in supporting efforts to achieve gender equality through support for capacity building programmes; strengthening domestic laws and implementation of international agreements; and demonstrating international leadership on gender equality.

Capacity building

The McCabe Centre’s capacity building and knowledge sharing programmes, which focus on the role of law in cancer and NCD prevention and control, demonstrate the value of capacity building and the opportunity to apply a similar approach to supporting gender equality initiatives internationally.

Our training programs for Indo-Pacific government lawyers, supported by DFAT’s Aid for Trade program, led to the adoption of laws to address NCDs in 23 countries; litigation victories in seven countries; and the development of a network of more than 350 alumni in 80 countries equipped to support work on law and NCDs. Of these, we have supported at least 187 women to strengthen their public health legal leadership skills. We have worked with 16 of 21 countries worldwide that have successfully adopted tobacco plain packaging, including Thailand, Myanmar and Singapore.

The success of this work has relied in part on developing highly skilled champions for NCDs within partner governments and providing ongoing support for them to progress their own law and policy priorities within government, through the roles of our Regional Managers who are based in the region, are well-connected with key stakeholders and have experience implementing law and policy reforms locally. An essential component of this work—and capacity building in general—is recognising the importance of local knowledge, being informed by local experts and supporting locally-led, grassroots initiatives. This allows for customization of knowledge-and-skill-sharing to meet the unique needs of the community; creates ownership of initiatives and has a greater chance of leading to long-term change. DFAT and the Australian government can support gender equality through capacity building initiatives, that likewise develop champions for gender equality internationally.

Strengthen Australia’s laws

Australia has a broad anti-discrimination legal framework, and laws and policies to promote and support gender equality. Many of these laws can be strengthened, and new laws developed and implemented to address gender disparities particularly in health and cancer care. Additionally, while Australia has ratified key

international treaties affirming women's rights, these are unenforceable until incorporated into domestic law. Australia should take steps to incorporate these– the current Inquiry into Australia's human rights framework presents an opportunity to consider how a new Human Rights Framework could be strengthened to support gender equality, including the full implementation of the CEDAW.

Demonstrate leadership on gender equality

Australia is a world leader in cancer research, prevention and treatment, as the first country to introduce tobacco plain packaging, and with the highest five-year survival rates for some cancers.³⁵ Australia is on track to be the first country to eliminate cervical cancer as a public health problem, potentially as early as 2030. Australia's leadership in these areas have encouraged other countries to introduce tobacco control laws, and to devote resources to cancer, prevention, screening and treatment. The World Economic Forum's Gender Gap Report 2023 ranked Australia 26th in the world for gender equality, up from 43rd in 2022, which means Australia is well-placed to advocate for other countries to implement and enforce women's rights and gender equality.

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

Principles to consider when developing an international gender equality strategy include:

Evidence based: the role of evidence in law and policymaking is critical, and a strategy should be informed by the best available evidence on initiatives to advance gender equality and should include commitments to support and build the evidence base for gender equality laws and policies. A comprehensive evidence-based approach requires targets to measure progress and a robust monitoring and evaluation process.

Grounded in human rights: a strategy should support obligations made under international human rights instruments, particularly the CEDAW. A strategy should account for the diverse experiences and needs of women and girls, including marginalised and vulnerable groups, as well as take an intersectional approach to better understand the lived experiences of women and girls with multiple and often overlapping systems of discrimination or disadvantage.

Resourcing for long term and sustainable programmes: like reducing the impact of NCDs, achieving gender equality will require sustained and long-term commitment and resourcing.

Multisectoral coordination: recognising that gender equality engages different sectors and initiatives, coordination across complementary and related strategies will be essential to ensure a coherent approach, including synergies with Australia's International Development Policy, Southeast Asia Economic Strategy, First Nations approach to foreign policy, International Disability Equity and Rights Strategy, Humanitarian Strategy and human rights engagement strategy for LGBTQIA+ equality and inclusion.

We would be happy to provide further information or to participate in further activities relating to this important discussion. Please do not hesitate to contact us.

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