



# Submission to the Department of Foreign Affairs and Trade

New International Gender Equality Strategy

September 2023

## Contents

<b>Introduction</b>	<b>2</b>
<b>Bridging the leadership gap</b>	<b>2</b>
<b>Localization and partnership</b>	<b>3</b>
<b>Women-centred services</b>	<b>4</b>
<b>Bridge the evidence gap</b>	<b>4</b>
<b>About Vision 2020 Australia</b>	<b>5</b>

## Introduction

Vision 2020 Australia welcomes the opportunity to contribute to Australia's new International Gender Equality Strategy. Women and girls continue to experience a disproportionate burden of sight loss, especially in low- and middle-income settings. This gender divide is expected to get worse without significant intervention and it will hamper progress towards achieving the Sustainable Development Goals. Prioritizing gender equality in development efforts – including in the health sector – will lead to stronger, more secure, and inclusive countries. This can be achieved through:

1. Bridging the leadership gap – Empowering women in health leadership and planning leads to stronger systems and fairer outcomes. This should include building a legal foundation for equality in the workplace, addressing social norms and stereotypes, addressing workplace systems and culture, and enabling women who are the majority in the health and social care workforce to lead.
2. Localization and partnership – To achieve gender equity in eye health and development, we need to empower women in low- to middle-income areas through genuine and meaningful two-way engagement, and by providing more funding and influence while boosting support for local women-focused civil society organisations.
3. Providing women-centred services –Integrate services (and systems) to ensure eye health programs reach women who are otherwise likely to be excluded, and devise monitoring plans that specifically evaluate gender parity outcomes.
4. Bridging the evidence gap – Accelerate efforts to gather more data and publish more evidence to better substantiate the causes and impact of gender inequity in eye health services.

## Bridging the leadership gap

Although women make up 70% of the health workforce, they hold only 25% of senior roles. We know that under-representation of women in decision making positions limits the acceptability of services for women, further exacerbating the gap in access and uptake of services. Indeed, greater participation of women in the workforce and in leadership positions means a stronger economy and greater health outcomes for everyone.

A recent WHO report<sup>1</sup> highlights the need for women to have a say in shaping health systems. Inclusion of women's perspectives is essential in planning, policymaking, and programming to strengthen health systems and address gender disparities. Action is needed from the public policy level all the way to individual level to enable women to enter leadership in the health and social care sector. In particular the following action is needed to provide optimal conditions for women to enter leadership in the health and social care sectors:

1. Building a legal foundation for equality in the workplace. This should include engaging government and sector leaders to support women's leadership through policies and funding. Advocating for gender equity with partner governments to remove systemic barriers to women and girls accessing eye health services.
2. Addressing social norms and stereotypes. This should include engaging girls in science, technology, engineering, and maths (STEM), targeted campaigns to attract underrepresented groups, and addressing gender equity, conscious and unconscious bias, and stereotypes in curricula and training programmes for health and social care workers.
3. Addressing workplace systems and culture. This should include implementing organizational changes like parental leave and flexible work arrangements, fostering peer networks for advocacy and knowledge-sharing, targets, and quotas to achieve gender parity in leadership, and visible and accountable senior leadership.
4. Developing formal and informal networks for women's leadership development, providing individual support through leadership training and mentorship, and developing peer support mechanisms such as professional networks outside or inside work.

## Localization and partnership

Achieving gender equity in the eye health sector and in the development sector more broadly requires shifting more funding, influence, and decision making power to women in low- and middle-income settings. The role of local, national, and regional actors must be maximised and significantly scaling up international support for local women-focused civil society organizations (CSOs) must be central to this effort. This can be achieved through:

- Funding for local women's organizations – More tailored, accessible, and sustainable funding opportunities designed for women-focused CSOs, which enable them to meet

---

<sup>1</sup> World Health Organization. Closing the leadership gap: gender equity and leadership in the global health and care workforce. Policy action paper, June 2021. Licence: CC BY-NC-SA 3.0 IGO.

health needs in their communities and drive transformative gains in gender equality.

- Meaningful engagement – More opportunities for women-focused CSOs to actively participate in and contribute to local, regional, and global decision-making forums that affect their work and lives.
- Coordination and partnerships – Stronger collaboration between international actors and women-focused CSOs to prevent outsourcing or duplication of their efforts.
- Capacity sharing – More strategic investments in capacity strengthening and -sharing opportunities for women-focused CSOs, aligned with their learning priorities.
- Accountability – A more concerted effort to ensure women-focused CSOs can provide feedback for programs designed for their communities.

## **Women-centred services**

Of the 1.1 billion people who need eye care, 55% are women and most live in low- and middle-income settings. Although longer life expectancy contribute to this, the greater burden of eye health problems among women in low- and middle-income settings is often due to women not having the same access to services and assistive products as men. It is crucial to ensure that eye health services are provided in a way that is accessible to women and girls. Women-centred services should include:

- Empowering women to actively engage with the healthcare system and with healthcare decisions through health literacy.
- Reorienting the model of care to prioritise primary and community care services, so that care is accessible to women both physically and financially.
- Taking a life course approach so that eye care services are managed and delivered to assure a continuum of promotive, preventive, treatment, and rehabilitative interventions against the spectrum of eye conditions according to women's changing needs throughout the life course.
- Applying an intersectionality lens to help identify and address inequities in eye health by considering various factors like race, class, gender, and identities that impact people's experiences differently.
- The provision of safe services that are flexible, friendly, and non-threatening.

## **Bridge the evidence gap**

We need to accelerate our efforts to gather more data and publish more evidence to better substantiate the causes and impact of gender inequity in eye health services. There is also very

limited evidence of successful strategies to address gender inequity in the peer-reviewed literature. This must be addressed as a priority through:

- Continuing 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 monitor progress towards gender equality.
- Generating evidence on effective strategies to address gender inequity in eye health.
- Building the capacity of local stakeholders to collect and meaningfully engage with evidence relating to “what works” to address gender inequity in eye health and monitor progress towards gender equality.

## **About Vision 2020 Australia**

Vision 2020 Australia is the national peak body for the eye health and vision care sector. Working with and representing almost 50 member organisations, we focus on supporting policy and funding changes to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

Our members span a wide range of areas and engage in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance, and community support. This means that the work we do in developing sector-supported policy and advice brings a diverse range of expertise and perspectives to bear, and that the perspectives and experiences of both service users and service providers are at the heart of our work.

Avoidable blindness and vision loss in Australia, and our region, can be prevented and treated by working in partnership across government, non-government, private and community sectors. People of all ages who are blind or vision impaired will benefit from these partnerships, with improved access to services that support their independence and community participation.

For further information about this submission, please contact Vision 2020 Australia via email, [policy@vision2020australia.org.au](mailto:policy@vision2020australia.org.au)