

Women in Global Health

Sigrun Møgedal Oslo 13.3.2019 This presentation was given at a meeting of the «Women in Global Health – Norway» Oslo meeting March 13th 2019 at Tøyen Hovedgård, as a backdrop for discussing issues and interests in the network and how to take it forward.



The presentation makes reference to three articles from the Lancet to illustrate how gender diversity is both an opportunity and a challenge in Global health

The Lancet, Feb 09, 2019, Volume 393, Number 10171

Betron et al Time for gender-transformative change in the health workforce www.thelancet.com/journals/lancet/article/PIISO140-6736(19)30208-9/fulltext

Irwin Lessons from Sweden's feminist foreign policy for global health www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30209-0/fulltext

Shannon et al Gender equality in science, medicine, and global health: where are we at and why does it matter? www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33135-0/fulltext

GLOBAL HEALTH is about reaching the health targets for SDG 3:

- 3.1 reduce global maternal mortality ratio
- 3.2 reduce deaths of new-borns and children under 5 years
- 3.3 end AIDS, tuberculosis, malaria and neglected tropical diseases
- 3.4 reduce premature mortality from non-communicable diseases
- 3.5 prevention and treatment of substance abuse,
- 3.6 halve global deaths and injuries from road traffic accidents.
- 3.7 access to sexual and reproductive health-care services,
- 3.8 achieve universal health coverage,
- **3.9** reduce deaths and illnesses, hazardous chemicals and **pollution and contamination**.
- 3.a implementation of Framework Convention on Tobacco Control
- 3.b R&D vaccines and medicines + access to affordable essential medicines and vaccines, TRIPS
- 3.c increase health financing and health workforce in developing countries
- **3.d** health security national and global health risks.

While a country, such as Norway, may pick some targets for special focus, the reference point for Global Health is all of these, as part of the integrated and indivisible SDG agenda

For an effective «Women in Global Health» response, actions on SDG 3 and SDG 5 need to be linked

SDG 5: To achieve gender equality and empowerment of all women and girls

- **5.1** End all forms of **discrimination** against all women and girls everywhere
- **5.2** Eliminate all forms of **violence** against all women and girls in the public and private spheres,
- **5.3** Eliminate all **harmful practices**, child, early and forced marriage and female genital mutilation
- **5.4** Recognize and **value unpaid care and domestic work**, provision of public services, infrastructure and **social protection** policies and **shared responsibility** within the household
- **5.5** Ensure women's **full and effective participation and equal opportunities for leadership** at all levels of decision-making in political, economic and public life
- **5.6** Ensure **universal access to sexual and reproductive health and reproductive rights** as agreed Beijing Platform for Action and the outcome documents of their review conferences
- **5.A** Undertake reforms to give women **equal rights to economic resources**, as well as access to **ownership and control over land** and other forms of property
- **5.B** Enhance the **use of enabling technology**, in particular information and communications technology, to promote the empowerment of women
- **5.C** Adopt and strengthen **sound policies and enforceable legislation** for the promotion of gender equality and the empowerment of all women and girls at all levels

Focus for Global Health:

HEALTHY LIVES AND WELLBEING

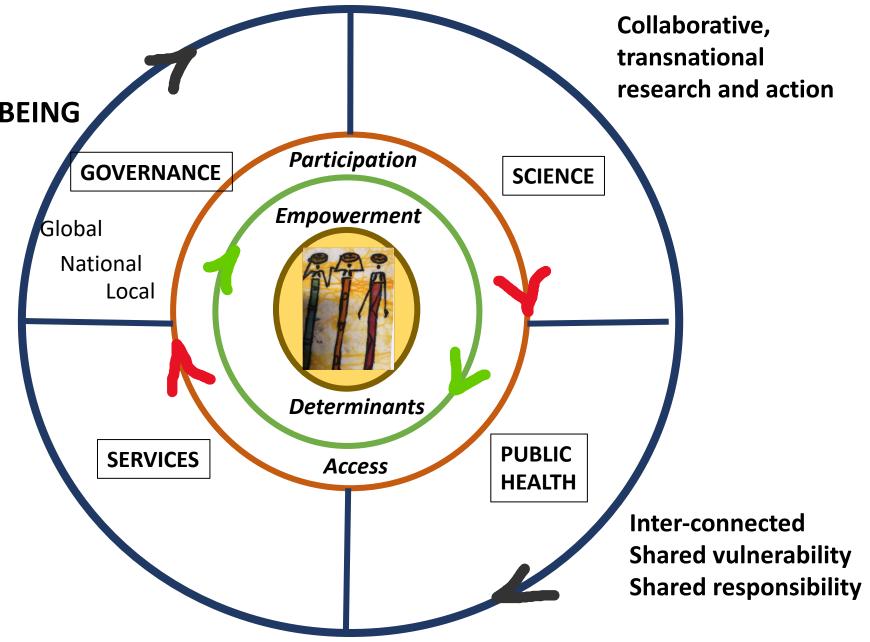
FOR PEOPLE OF ALL AGES

(SDG 3)

Women at core

The case for GENDER DIVERSITY –

Optional or Essential?



Gender transformative change Health workforce

- Opportunities for female employment
- > Gender, health workforce and decent work agendas: transformative dividend

Must address

- > Recruitment, retention
- Upward mobility
- Maternity and paternity leave
- Mentoring schemes
- Social behaviour change strategies
- Participatory dialogue, power relations
- Accountability

Absence in decision-making and leadership, all levels

GOVERNANCE

Participation

Empowerment



Determinants

What about:

What about

Integrated delivery (polio!)

Gap, R&D policy and systems

Relevance issues LMIC/LIC

Research collaboration

SCIENCE

PUBLIC

HEALTH

Medical schools

- Surveillance
- Epidemic preparedness
- Epidemic response

Discrimination **Under-compensation**

Accommodation issues

> Violence Harassment

> > **SERVICES**

Access

- What about:
- Community demand and support?
- *Working in teams?*
- *Hierarchy in the health system?*

THE NEED TO BUILD FROM BOTTOM UP

Male norms Gender bias Glass ceiling

Feminist foreign policy; global health (Sweden)

Opportunity

- Contribute to peace and development
- Priority to SRH&R
- About gender in all situations

How real?

- Practical implementation
- Contradictions (arms, migration)
- Depends on actors diplomacy, ODA
- > Risk if in-consistency at home
- > Still unequal salaries
- Watch domestic environments
- ➤ Need regular, open debates
- Not a state of being, but norm
- Need to be constantly renegotiated

GOVERNANCE Ensure finance for gender equality,including R&D

Representation & Gender balance Int. Org

Combat discrimination against women

Empowerment

Participation

Gender inequality
Remains

Ensure equitable access for men and women

Determinants

Access

PUBLIC HEALTH

Improve conditions for women

SCIENCE

Priority for SRH &R

SERVICES

Data disaggregated by gender

Watch gender vulnerabilities in crises

Note: More Focus on SDG 5 than SDG 3

Does it matter?

Gender equality (GE) – status, evidence Why does it matter?

- Mixed gains, persistent challenges
- > Still under-representation in management, leadership and governance
- > GE for human right, peace, human potential and sustainable development
- GE strong determinant of health and economic development
- GE improves productivity, innovation. decision-making, satisfaction
- Gender diverse workforce improve: access and health outcomes
- Gender differences in medical practice
- > Transformative policies not enough
- Social movements drive change
- As women got more integrated in medicine, feminist principles faded

Gender Equality Inherent political

Participation

Empowerment

Biases in governance Gendered power relations

Discrimination Transgender issues

Barriers to career progression «Invisibility». Gender pay gaps

Workforce maldistribution

Unsafe working conditions Absence of social protection

Biases in health systems

SERVICES

Biases in health research Structures and systems. STEM

> Big female/male differentials; researchers, publications international collaboration

> > Medical schools as enablers of GE?

SCIENCE

Differential exposures to disease and disability, Vulnerabilities and health risks

Access

Determinants

Insufficient standards/gender metrix

Stress and anxiety low morale & self-esteem when not GE

PUBLIC HEALTH

Note: Limited public health focus, while Public Health is central in Global Health

GOVERNANCE

Limits access, inefficiencies

A Feminizing workforce (75%)

Note: Not applied to the inter-connections between challenges and the practice of Global health

Women in Global Health: Stay on purpose!

- Hard for all to gain meaningful entry for contribution in global health – use opportunities and get exposed to different perspectives
- Stay in global health for a long haul and select themes and processes to follow, whether in research, development cooperation, public health, diplomacy, medical education etc
- Embrace system knowledge and understand power relations and interests; local to global and global to local
- Identify and build unique gender and health competence and gender sensitive methodology and approaches (participatory, inclusive)
- Expose barriers and biases that create deviations from purpose and deal with these through networking and enabling action

- Learn and build capacity together across divides (professions, organizations, north/south, govt/NGO, research and post graduate education)
- Be a corrective in what counts for power; keep focus on relevance for inclusion, access, participation and empowerment
- Understand and engage in the public health dimension of global health, regardless of own entrypoint for involvement
- Optimise gender lens and engagement in policy and systems research, together with women and men
- Use options for international exposure and collaboration, learning from and enabling partners in LMIC and LIC
- Work with and enable national institutions for shared capacity building, mentorship and knowledge exchange
- Keep an eye on the "map" of actors and interests at all levels to explore options for alignment

