



Women in Global Health

Sigrun Møgedal

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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/PIIS0140-6736\(19\)30208-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(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](http://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](http://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

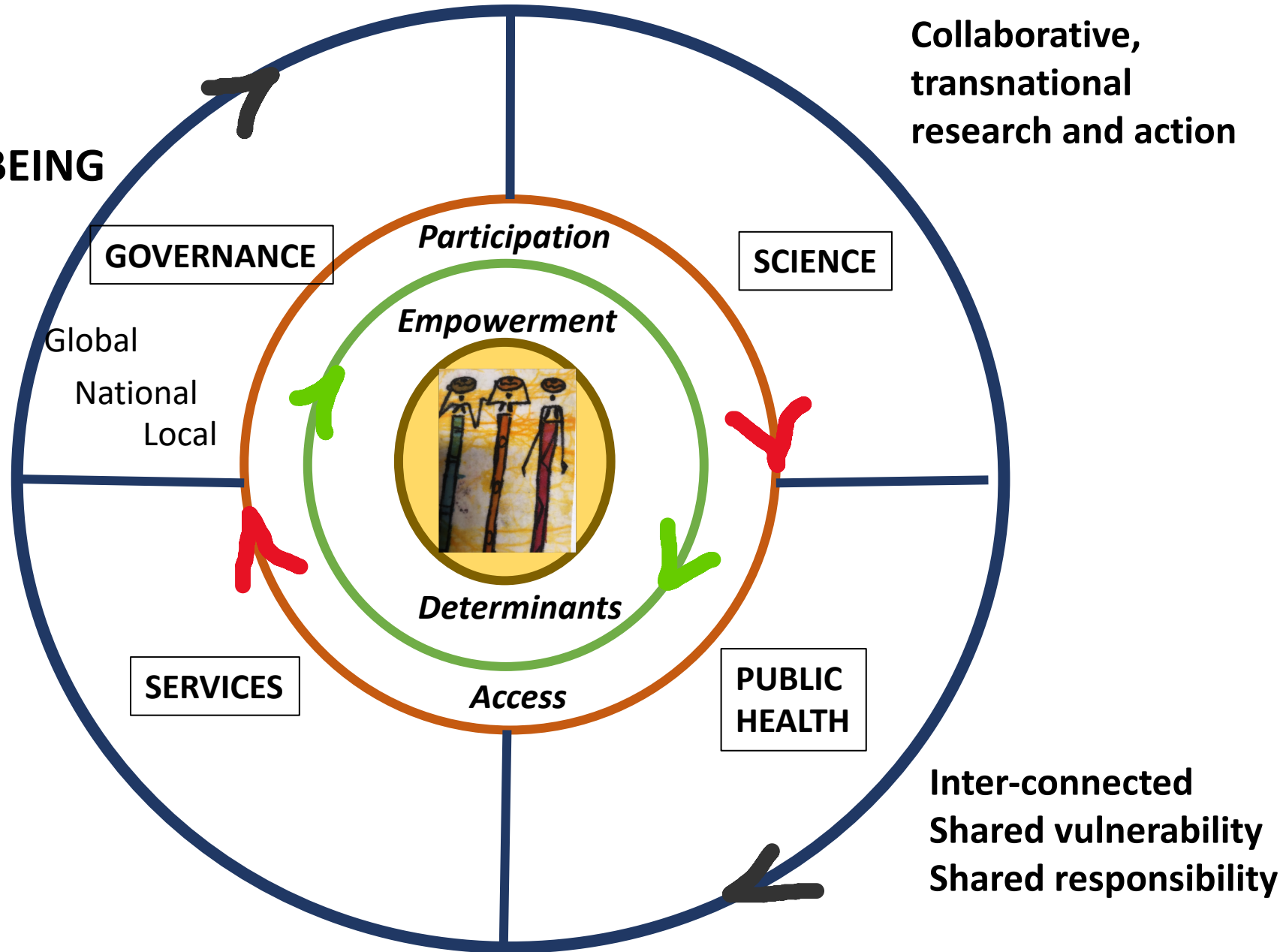
5.B Enhance the **use of enabling technology**, in particular information and communications technology, to promote the empowerment of women

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?***

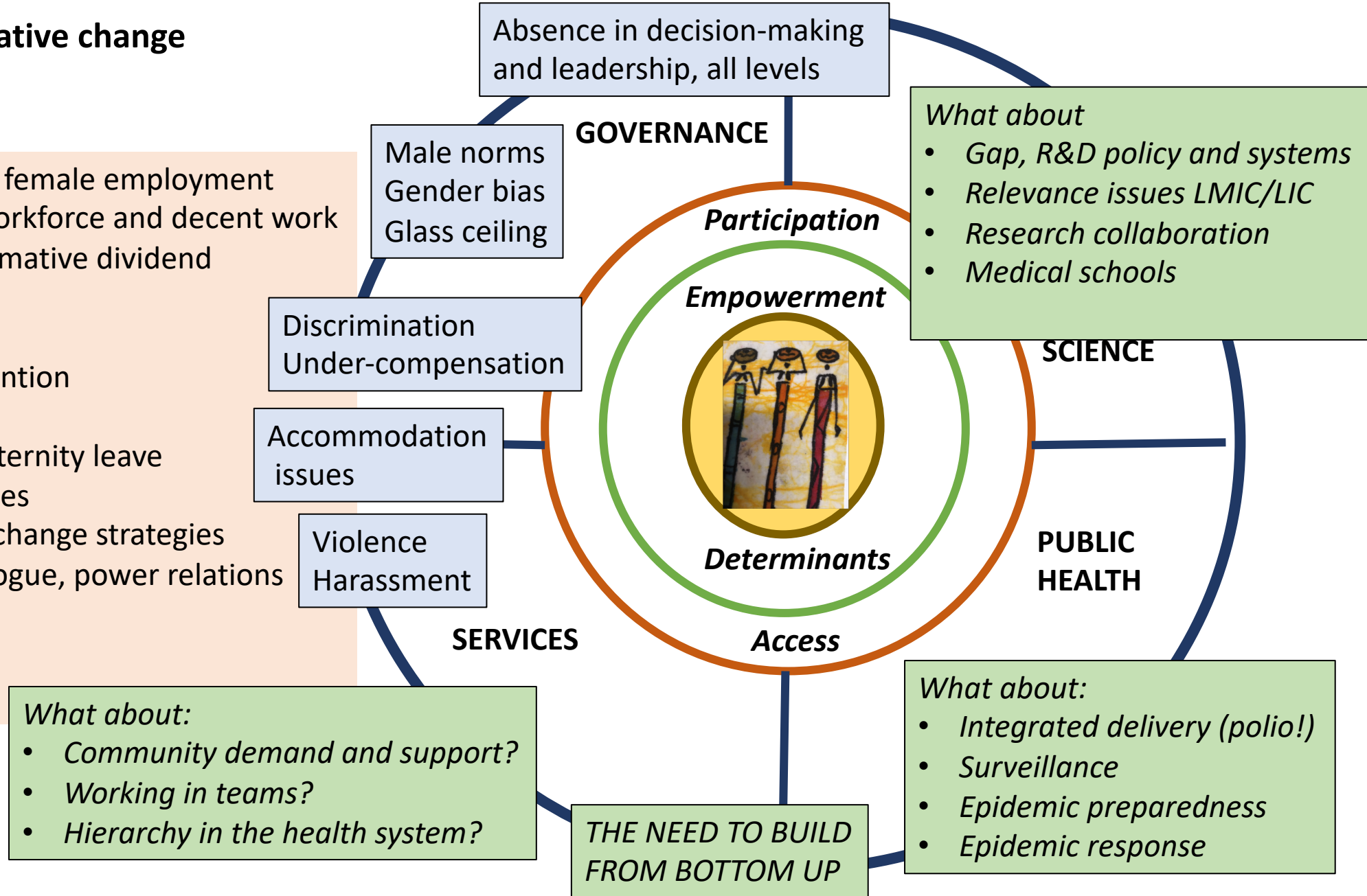


Gender transformative change Health workforce

- 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



Feminist foreign policy; global health (Sweden)

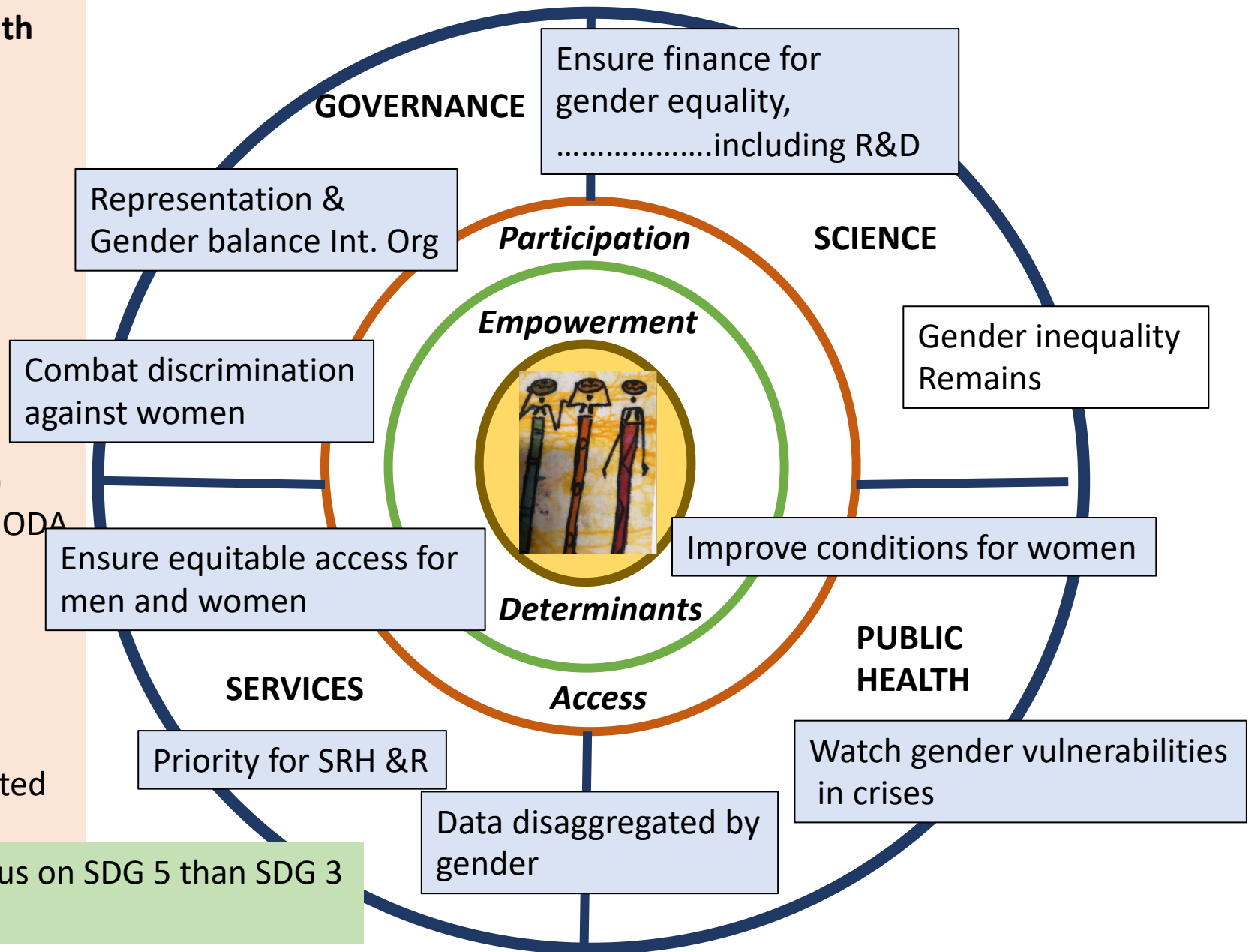
Opportunity

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

How real?

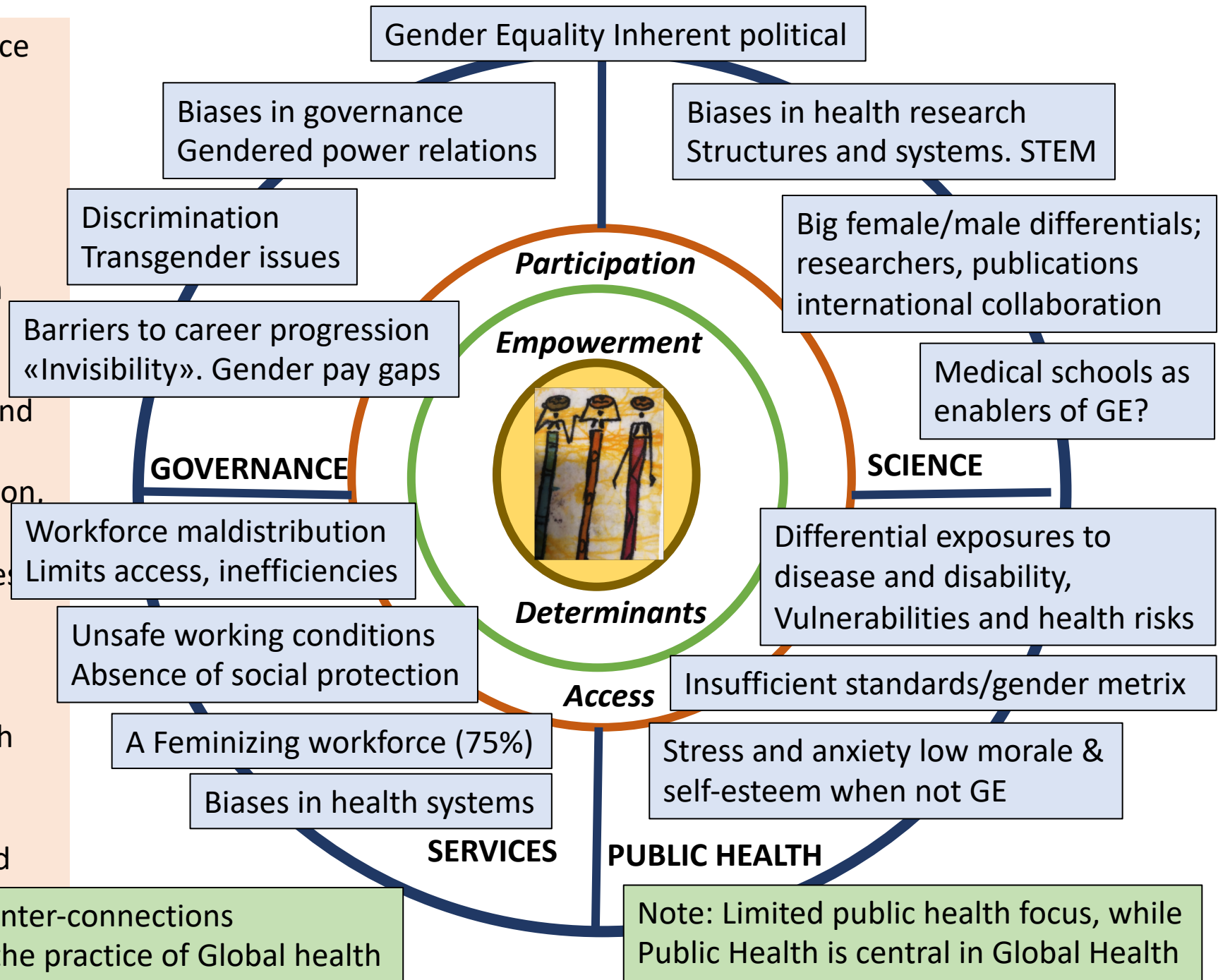
- Practical implementation
- Contradictions (arms, migration)
- Depends on actors – diplomacy, ODA
- Risk if in-consistency at home
- Still unequal salaries
- Watch domestic environments
- Need regular, open debates
- Not a state of being, but norm
- Need to be constantly renegotiated

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 improves 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



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 entry-point 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

Focus for Global Health:

**HEALTHY LIVES AND WELLBEING
FOR PEOPLE OF ALL AGES
(SDG 3)**

Women at core

**CONCLUSION:
GENDER DIVERSITY**

- *essential for global health*
- *a matter of numbers and visibility*
- *but also a matter of approach*

