

## Health Security Initiative Guidance Note

### Supporting gender equality through DFAT health security investments

The purpose of this note is to provide guidance to partners funded through the Health Security Initiative (HSI) on how to address gender in the design, implementation and monitoring and evaluation (M&E) of their projects. It also provides guidance for DFAT's bilateral health security investments.

Effectively addressing the needs of women and girls is a cross-cutting priority for Australia's development program, as outlined by DFAT's [Gender equality and women's empowerment strategy](#). DFAT's new development strategy, [Partnerships for Recovery: Australia's COVID-19 Development Response \(2020\)](#), further states that women are at greater risk of exposure to the infectious diseases due to their disproportionate role in the health system and as carers. Gender is an important factor that affects health risks, behaviours, access to services, and health outcomes.<sup>1</sup> Gender-informed responses to health security threats lead to better understanding of transmission patterns, and more effective outbreak preparedness, prevention and control.

#### GENDER AND HEALTH SECURITY

- Disease outbreaks affect women, men, girls, boys and people with non-binary gender identities differently due to their differing status and roles in society, uneven access to health services and the various socio-economic barriers they experience.
- Pre-existing inequalities are often exacerbated in times of crisis and limit access to the resources and services that women and girls need to be resilient and recover.
- Health programming for women is more effective when it is led by women, and when it addresses the broader determinants of health and underlying power imbalances (holistic). This is particularly true for those who experience intersecting and compounding marginalisation, including women with disabilities, of indigenous status, or non-binary or transgender.
- The absorption of health resources by an emergency response can also disrupt access to maternal and reproductive health services. Experiences from Ebola and Zika have demonstrated rises in maternal morbidity and mortality, unwanted pregnancies and unsafe abortions.

Recognising the importance of gender in exposure and vulnerability to infectious disease, HSI investments are required to undertake gender analysis at the design stage, identify risks to gender equality, implement relevant strategies to promote gender equality, collect and report sex-disaggregated data and outcomes related to gender equality; and encourage in-country partner organisations to treat gender equality as a priority.

---

<sup>1</sup> Davies SE and Bennett B (2016) A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies, *International Affairs* 92(5): 1041–1060.

## Gender analysis

The first step in identifying how an investment can best address gender in/equality is through gender analysis at the design stage. Retrofitting gender equality considerations is difficult—it is always better to ensure a project design is informed by gender analysis from the earliest stages. Gender analysis is a methodology for collecting information about gender in/equality in any given context. It asks what role gender inequalities play in the problem the intervention is trying to address, and how will the intervention affect these. It is important to understand the socio-economic, cultural and other factors that explain why gender inequality persists in a particular context; recognising how different groups may experience or benefit from a particular intervention; and, anticipating and avoiding negative impacts of different actions and approaches on gender relations.

There are various methods and frameworks to guide the completion of a gender analysis. The method utilised by DFAT is the Gender Analysis Framework tool developed by [Rao and Kelleher](#). [Care International](#) have some good resources for conducting a gender analysis. The findings of a gender analysis provide the basis for identifying the entry points and strategies for promoting gender equality, and indicators for monitoring progress.

A gender analysis can improve outcomes of health security investments by identifying and informing appropriate responses to, for example:

- The influence of social determinants and gendered norms and divisions of labour on infectious disease transmission and outcomes;
- Gender-specific barriers to prevention, diagnosis and treatment;
- The need to consider social, cultural and normative influences in community health surveillance, public messaging, and information campaigns;
- Gendered preferences for media, existing knowledge and available resources, and implications for risk communication;
- Gendered differences in health-seeking behaviours and health service utilisation. For example, a person's past experiences, and treatment by health staff, and experiences of domestic, family and other types of gender-based violence will shape their willingness and ability to access services; and,
- Consequences of emergencies on women and potential for greater economic hardship and violence against women.

An example of a gender analysis in the context of avian influenza is at Annex A.

## Checklist for gender-sensitive health security investments

This checklist identifies opportunities and risk mitigation steps for gender-sensitive HSI activities and should be adapted to your project's context.

KEY ISSUES	Examples of approaches
<p>Embed collection, analysis and dissemination of sex-disaggregated/gender data in health information systems, and in drugs and diagnostic research, and use this evidence to inform decision-making</p>	<ul style="list-style-type: none"> <li>• Where feasible, use existing surveys, census, health facility and other relevant data sources to locate evidence about sex, age, disability, pregnancy status, socio-economic status and other demographic variables.</li> <li>• Request that partners develop and implement Standard Operating Procedures that disaggregate research and impact data by sex, age, disability and other demographic factors. Ensure consideration of gender sensitive data sampling and collection methods, and the keeping of disaggregated data throughout systems to allow for gender analysis at different levels. At a global level, there is still a huge data gap in terms of sex-disaggregated information; <u>only 37% of the global COVID-19 cases as of July 2020 had data available for the sex of the patients</u>, though this has since improved.</li> <li>• Where there are significant data gaps, budget for targeted research to complement national household level health and demographic surveys to identify the health needs and access of specific groups, such as women with disability, pregnant women, adolescent women and girls.</li> <li>• Ensure that women and girls, including pregnant women, are included appropriately in research, such as in relation to product development and delivery.</li> <li>• Ensure that gender-related health research findings are shared and disseminated for policy and decision-making, and calibrate programs accordingly. For example, use sex-disaggregated data to justify the development of drugs and diagnostics which safely target disease processes for men and women, and particularly for pregnant and lactating women.</li> </ul>
<p>Ensure that health security investments are informed by gender data and by analysis of barriers and opportunities of women and men of diverse backgrounds</p>	<ul style="list-style-type: none"> <li>• Design infection prevention and control strategies so that they respond to sex and gender differences in needs, behaviours, perceptions and compliance, including biological determinants (e.g. pregnancy) and social determinants (e.g. gender based violence).</li> <li>• Address barriers to women's meaningful participation in infection prevention and control, vector control, and surveillance activities. For example, if there should be at least two women on field teams to counter risks to personal safety, or if female indoor residual spraying operators require safe and private washing facilities, or if there are gender norms that might prohibit women from undertaking particular activities such as mosquito sampling at night.</li> <li>• Consider the risk of human rights violations such as increased gender based violence or repressive approaches if women and other under-represented groups are not participating meaningfully in planning and implementation of community-based engagement and surveillance strategies and activities</li> <li>• Monitor for unintended consequences of HSI activities on women and men, recognising that the needs, constraints, roles and responsibilities of women and men create different risks and that communication and mitigation strategies must take these differences into account.</li> </ul>

KEY ISSUES	Examples of approaches
Consider gender equality in interventions to strengthen organisations, including human resource management and capacity building	<ul style="list-style-type: none"> <li>Review organisational policies, and build in activities – or require partners – to ensure equal opportunities for the professional development and career advancement of women working to avert infectious disease threats, for example, through adequate human resources policies on sexual harassment and maternity protection, through mentorship or return to work pathways, and through availability of appropriate equipment, including in laboratories and emergency operations centres.</li> <li>Design and implement training on gender equality, and integrate this training into existing training curricula and accreditation requirements in workforce development programs, led by people with gender expertise. This could be achieved by mainstreaming gender equality into an existing training program, and/or delivering a targeted, stand-alone course or module on gender. Gender equality training may consider gendered impacts of infectious disease outbreaks, as well as gendered power dynamics and capacity to effect behaviour change in health security, for example.</li> </ul>
Consult and actively engage with women and women’s organisations throughout the program and/or research cycle	<ul style="list-style-type: none"> <li>Consult with women’s organisations during the design, implementation, monitoring and evaluation of HSI activities, and ensure that community consultations are accessible to and inclusive of women of diverse backgrounds.</li> <li>Include specific activities to achieve gender balance in decision-making and policy making, which can improve effectiveness of surveillance, detection, and prevention. This includes advocating for increased diversity and gender-balanced leadership as an essential requirement in key committees and organisations, in developing pandemic preparedness and responses. When women have less decision-making power than men, their needs during a disease outbreak are less likely to be met.<sup>2</sup> Women’s representation in pandemic planning and response is currently insufficient, which is showing in national COVID-19 responses.<sup>3</sup></li> </ul>

## Monitoring and reporting

Activities to promote gender equality and women’s empowerment in HSI programs need to be monitored and reported as part of regular progress reporting to the Centre for Health Security. The biannual and annual progress report template for HSI partners asks partners to report, as relevant, on the following questions:

- How has the program contributed to greater gender equality and women’s empowerment? Provide evidence of this contribution.
- Has a gender analysis been undertaken and how have gender equality considerations have been integrated into program activities?
- Provide an update on the program’s progress in effectively implementing strategies to promote gender equality and women's empowerment.
- Does the M&E system collect sex-disaggregated data and data on changes to gender equality?

The Performance Assessment Framework (PAF) for the HSI identifies gender-related indicators for reporting at the project/program and whole-of-initiative level. Examples of output and outcome indicators that may be incorporated and adapted are provided in the table below. Periodic reflection and lessons learnt workshops conducted by programs could consider the results reported against the gender equality indicators and how these could be improved. The [better evaluation toolkit](#) is also an excellent resource with gender equality results and indicators.

<sup>2</sup> Van Daalen KR, Bajnoczki C, Chowdhury M, et al *Symptoms of a broken system: the gender gaps in COVID-19 decision-making* BMJ Global Health 2020;5:e003549.

<sup>3</sup>Ibid, based on analysis of 115 expert and decision-making COVID-19 task forces from 87 countries: 85.2% of identified national task forces contain mostly men, only 11.4% contain predominantly women and a mere 3.5% exhibit gender parity. Similarly, 81.2% (n=65) of these task forces were headed by men. Women from low- and middle-income countries make up just five per cent of leaders at global health organisations while more than 70% of CEOs and health board chairs worldwide are men (<https://www.womeningh.org/about>).

## Example gender equality indicators

KEY ISSUE	Output indicators	Outcome indicators
Improved availability and access to data disaggregated by sex, disability and age	<ul style="list-style-type: none"> <li>• Evidence of improved partner country capacity to collect, analyse and use sex disaggregated data and data on gender equality, that could be used to plan for disease outbreaks</li> <li>• Evidence that risk assessments adequately consider gender differences</li> <li>• Evidence of women's access to new medicines, diagnostics, vaccines and vector control technologies</li> <li>• Evidence of the consideration of the needs of both women and men in improvements in medical supply chains.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of changes in policies, systems, strategies, guidelines, procedures, road maps or practice plans for infectious disease threats that are informed by gender data and gender analysis</li> <li>• Vaccine coverage disaggregated by gender and gender balanced</li> <li>• Improved knowledge and evidence on the impact of taking gender-based differences into account in infectious disease threats preparedness and response.</li> </ul>
Gender data and analysis used to inform interventions	<ul style="list-style-type: none"> <li>• Evidence that decisions over which new products to develop are informed by evidence and considerations of the needs of both women and men</li> <li>• Evidence that strengthening infection prevention and control includes considerations of the needs of women and men</li> <li>• Evidence that strengthening vector control activities includes consideration of the exposure, vulnerability and impacts on both women and men</li> <li>• Evidence of improved capacity of surveillance systems to collect and disaggregate data by gender and to equally assess the needs of women and men.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of continued learning and evidence gathering around what works to avoid exacerbating gender inequalities and increase effectiveness in health security interventions</li> <li>• Evidence that HSI interventions such as product development, infection prevention and control activities, pathology services, emergency response plans and processes, are informed by and responsive to the needs of women from diverse backgrounds, and deliver equitable results for women.</li> </ul>
Integration of gender equality in organisational strengthening and HR interventions	<ul style="list-style-type: none"> <li>• Evidence of improved (implementation of) organisational policies by partners to promote gender equality in the workplace amongst partners</li> <li>• Number and percentage of women and men who participate in gender equality training/capacity strengthening activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved gender balance in partner organisations at all levels.</li> </ul>
Engagement and consultations with women's organisations, and women's leadership and participation in decision-making	<ul style="list-style-type: none"> <li>• Evidence of CHS creating an enabling environment for women to participate in decision-making processes on health security in the Indo-Pacific</li> <li>• Evidence of meaningful participation and representation of women in leadership and decision-making roles.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of participation and representation of women in leadership and decision-making roles in partnerships and collaborations</li> <li>• Evidence of balanced and active participation of women and men in the development of policies, systems, strategies, guidelines, procedures, road maps or practice plans for infectious disease threats.</li> </ul>

# HIGHLY PATHOGENIC AVIAN INFLUENZA AND GENDER

Outbreaks of highly pathogenic avian influenza (HPAI) have different impacts on men and women.

## MEN

More involved in **large-scale commercial** poultry farming

Commercial farms have better biosecurity: lower risk of HPAI outbreaks



Better access to **information and training** about HPAI



## WOMEN

More involved in **small scale poultry farming**

Women and children more exposed to HPAI outbreaks

Female workers at live bird markets are at higher risk of HPAI



-  Limited access to **extension advice** on biosecurity practices at small-scale farms
-  Limited **training** in occupational health and safety at live bird markets
-  Underrepresented in decision-making **committees** at district, regional and government levels
-  May delay seeking treatment because of **cultural norms** affecting time use, access to resources and workload



Incidence and severity of disease differs between men and women in some, but not all, countries

## SOLUTIONS

-  Involve both men and women in **early detection**
-  **Include** women in decision-making for preventing and responding to HPAI outbreaks
-  Make sure everyone has **access** to immunisation and prompt treatment, especially at-risk groups
-  Improve **biosecurity practices** at commercial farms, small-scale farms and live bird markets