

Evidence of Impact: Case Study 5

# Enhancing Gender Integration at Scale in Health: Promising Practices from Africa and Asia

UN Photo/Eskinder Debebe



## Challenge

The paucity of practice-based evidence from diverse contexts hinders efforts to drive innovation, implementation, and expansion of gender integrated health programmes.

## Actions

Crowdsourced a list of health programmes as potential case studies for successful gender integration.

Co-developed in-depth case studies identifying and analysing key elements for gender integration in government health programmes across Africa, Southeast Asia and South Asia.

Facilitated national multi-stakeholder policy dialogues to advance evidence-informed gender responsive policies and health programmes.

## Result Snapshot

Showcased transferable lessons for what works at scale to successfully integrate gender into government health programmes spanning policy, systems, institutional, and community levels.

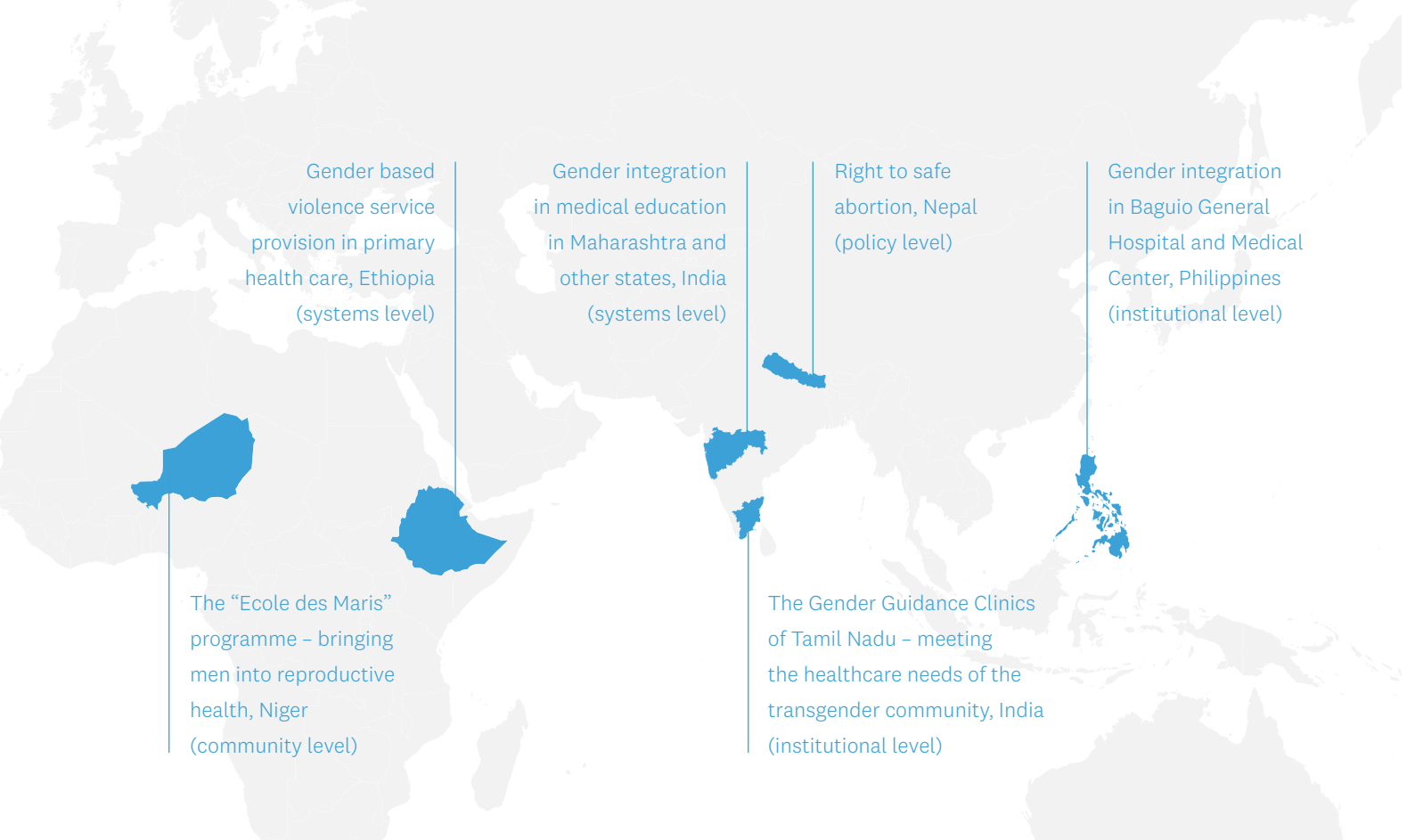
Established equitable ways of working through co-ownership, building south-south partnerships, thereby enhancing the quality, reach and credibility of findings.

## Moving Forward

Based on the lessons from the partnerships, project, and policy dialogues UNU-IIGH and partners will continue to drive evidence-based policy and programme changes to advance gender equality in health.

## Challenge

Calls to strengthen health systems and 'build back better' for improved health and gender equality outcomes requires robust country leadership and governance. Limited practice-based evidence, however, hampers the successful integration of gender and equity considerations, impacting the quality, achievements, and uptake of government health programmes, further entrenching gender inequalities and health inequities. Moreover, the seismic impact of the 2020 Covid-19 pandemic eroded trust in governance and exposed the fragility of health, economic, and social systems, while exposing the disproportionate impact on structurally disadvantaged people



Gender based violence service provision in primary health care, Ethiopia (systems level)

Gender integration in medical education in Maharashtra and other states, India (systems level)

Right to safe abortion, Nepal (policy level)

Gender integration in Baguio General Hospital and Medical Center, Philippines (institutional level)

The “Ecole des Maris” programme – bringing men into reproductive health, Niger (community level)

The Gender Guidance Clinics of Tamil Nadu – meeting the healthcare needs of the transgender community, India (institutional level)

– particularly women and girls. Confronting these challenges requires intentional reorientation and investment in evidence-based strategies to address gender-based health disparities rooted in inequitable power dynamics.

Despite global commitments and available guidelines for gender integration, a substantial gap remains between intent, investment, discourse, and action. Specifically, evidence tends to focus on the technical aspects of “what to do” to integrate gender but lacks practical insights on “how to do it” – particularly on how diverse stakeholders interpret and adapt programmes across various health systems contexts. Consequently, gender integration in health is often poorly understood, lacks sufficient investment and buy-in from stakeholders, or is often treated as an afterthought. Further, successful gender-integrated health programmes – typically community-based and led by non-governmental organizations (NGOs) – are time bound, with limited reach and resources preventing scaled delivery and sustainability. To advance health for all, it is crucial to leverage existing practice and knowledge of how to successfully sustain and integrate gender and intersectional perspectives into government health programmes across diverse contexts

### Actions

**UNU-IIGH with partners from the University of Western Cape’s School of Public Health (SOPH) in South Africa and the Public Health Foundation of India (PHFI) through its Ramalingaswami Centre on Equity and Social Determinants of Health, co-produced the ‘Regional Promising Practices’ (RPP) project focused on highlighting what works, where, for whom and why in government health programmes to drive the scale and sustainability of successful gender integration in Africa and Asia.**

The RPP members convened regularly to collectively shape the project, enable adaptability and share lessons to inform decision-making that appropriately reflected the diverse contexts. As a first step, the RPP team launched an open call to crowd source a list of health programmes and policies from different regions for potential inclusion as case studies based on the following criteria: (1) involved at least one government body at the national or subnational level in programme design, implementation, or monitoring and evaluation, (2) addressed a health issue, (3) responded to the needs of specific gender groups by addressing power inequalities or harmful gender



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norms, and (4) were active for a minimum of 3 years. The RPP members reviewed the list of submissions and consulted with regional advisory groups to select relevant programmes that met the criteria and could be included as final case studies for further data collection and analysis. Building on collective and individual expertise and thought leadership, the RPP team members from each institute completed in-depth research for selected cases in collaboration with local actors within their respective regions. National policy dialogues were held with key stakeholders to gain insight into the programme context, share findings, and identify opportunities to improve current and future programmes. Lastly, a joint workshop was held with all RPP partners to collectively cross-analyse the case studies and consolidate the findings to distil the key elements that drive successful gender integration in government health programmes.

## Results

The findings from the RPP project and policy dialogues were derived from the evidence and the dynamic process of co-creation. Engaging with diverse actors through participatory approaches ensured rigorous examination and contextualization of the findings by synthesising multiple perspectives on challenges and real-world solutions to advance gender integration in government health programmes. Key results include:

- ✓ [Curated region-specific catalogues](#) spotlighting 51 diverse health programmes across Africa, South Asia, and Southeast Asia, providing a snapshot of gender integration within various health initiatives, ranging from sexual reproduction and health to gender mainstreaming in public hospitals. [These examples](#) capture the essence of current practices and advancements in the Global South.
- ✓ Identified the essential factors driving successful gender integration from six government health programmes in Ethiopia, Niger, India, Nepal and the Philippines, providing transferable lessons applicable to enhancing the sustainability and scalability of gender integration in health programmes spanning policy, systems, institutional, and community levels. [See the case study summary](#) reports for further details.
- ✓ Catalysed the formation of the [African Regional Community of Practice \(CoP\)](#) aimed at centring African evidence, expertise, initiatives and thought leadership to strengthen regional understanding, collective action and policy-relevant knowledge production for gender and health.
- ✓ Strengthened meaningful South-South partnerships and collective ownership by leveraging local expertise and creating spaces for dialogue among diverse actors working in gender and health.

## Moving forward

UNU-IIGH and partners will continue to build and advocate for evidence-based policy and programme changes, by:

- ✓ **Amplifying awareness and advocacy** by disseminating and socializing the evidence through various channels to reach a broad audience with the power and potential to advance gender and health equity.
- ✓ **Expanding and strengthening partnerships** by creating more opportunities to engage in open dialogue with diverse actors to define strategic goals for collective action.
- ✓ **Catalysing the uptake and implementation of evidence-based practices for impact** by strengthening the capacity of local, regional and international actors to effectively translate the available evidence into action.

These strategic approaches provide a blueprint to prioritize investment and drive evidence-based policy changes for current and future health programmes, thereby enhancing scale, sustainability, and promoting gender equality in health.

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