Future Health Systems
Innovations for equity

Key Message Brief
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Galvanising gender analysis and practice in health systems

Reflections from Research in Gender and Ethics: Building Stronger Health Systems (RinGs)

Gender analysis is an important component of health systems research (HSR) as it reveals how power relations create inequalities in health system needs, experiences, and outcomes among women, men, and people of other genders. Various challenges must be overcome to successfully mainstream gender into health systems practice and research.

BHARGAV SHANDILYA

Community Health Worker and stories of Urban Poor, Bangalore, India.

Key messages

1. Gender analysis reveals how power relations create inequalities in health system needs, experiences, and outcomes among women, men, and people of other genders.
2. The incorporation of gender analysis into health systems research is vital if it is to contribute to the UK Department for International Development's (DFID) goal of 'leaving no one behind'; all DFID funded research should include it.
3. Some challenges to mainstreaming gender in health systems research (HSR) include: understanding the relevance of gender analysis, assuming that a focus on women and girls is the same as addressing gender, reluctance to recognise power and privilege within HSR, and poor incentives to incorporate gender analysis into HSR.
4. Challenges to working on gender within HSR can be addressed through: validating gender analysis within HSR, clarifying what gender analysis is within HSR, challenging power and privilege within HSR, and nurturing enabling environments for incorporating gender analysis into HSR.
5. Researchers in DFID supported Research Programme Consortia reported that RinGs efforts to promote and support gender analysis led to: a better understanding of gender analysis, increased use or consideration of gender analysis in HSR, and support for more gendered health systems practice.

Introduction

The incorporation of gender analysis into health systems research is vital if it is to contribute to the UK Department for International Development's (DFID) goal of 'leaving no one behind'; all DFID funded research should include it. Within health systems, gender affects such things as: the health workforce (e.g. whether informal care provided at home is recognised and supported; whether recruitment, retention and anti-discrimination policies are gendered); health financing (e.g. the extent that financial protection is available to different categories of people, differential effects of out-of-pocket expenditure); service delivery (e.g. what services are offered and to who they are offered); and governance (e.g. representation of women and men in planning and oversight of all areas of health care) (see Sen et al., 2007; George, 2008; Percival et al., 2014).

Despite the importance of incorporating gender analysis into existing research programmes, it is not without its challenges. This brief outlines some of these challenges, along with ways in which Research in Gender and Ethics (RinGs): Building Stronger Health Systems has responded to them. RinGs is a cross research programme consortium (RPC) bringing together three health systems RPCs – Future Health Systems, ReBUILD, and RESYST – to better understand gendered dynamics in health systems and to galvanise gender analysis in HSR.

Galvanising gender analysis in health systems research: responding to challenges

Challenge: questioning the relevance of gender analysis within health systems research

Gender analysis is at times considered relatively abstract and difficult to engage with. Furthermore, some health systems researchers question the relevance of gender analysis in relation to their particular area of interest or expertise, despite recognising the importance of thinking about equity outcomes more broadly. Researchers may, for example, not think that their health systems topic is affected by gender relations, and/or fail to see how gender relations affects their area of research.

Response: validating gender analysis within health systems research

To demonstrate the relevance and validate gender analysis within health systems research, RinGs has:

- used a gender analysis framework to map gender analysis questions against each WHO health system building block (service delivery, human resources, health financing, leadership/ governance, information and research, and medical products/technologies) (see Morgan et al., 2016);

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▲ Women of Many Generations (pictured in front of posters displaying information on gender-based violence and related services), Centro de Investigación, Educación y Servicios (CIES), El Alto, Bolivia.

- sought out allies and stakeholders across health systems topics and invited them to co-develop materials and activities that outline the importance of gender analysis across varied mainstream health systems topics, giving them an opportunity and ownership to apply gender analysis in their own contexts. Materials and activities included policy briefs on mHealth and gender and universal health coverage and gender, and webinars on gender and health systems financing and gender and community health workers;
- provided inputs to support gender mainstreaming into global and national health system policy processes. Examples include: the WHO Global Strategy on Human Resources for Health: Workforce 2030, and Country Cooperation Strategies.

Challenge: assuming that a focus on women and girls or maternal and reproductive health is the same as addressing gender

Health systems researchers at times equate gender with only women and girls and/or maternal and reproductive health. While a focus on women and girls or maternal and reproductive health is important, it does not necessarily address the determinants of gender inequality that perpetuate women and girl's vulnerability and marginalisation. It also underestimates ingrained power relations and men's roles in perpetuating these inequalities. In addition, the binary nature of much international development also means that people who define their gender as neither man nor women are often excluded (Hawkins et al., 2014).

Response: clarifying what gender analysis is within health systems research

To clarify and strengthen gender analysis, RinGs:

- developed products and capacity building materials which not only clarify how socially constructed power relations and gender norms that exist between and among men, women, and other genders can lead to vastly different health system needs, experiences, and outcomes, but also explain how gender analysis

can be incorporated into HSR. Products include a journal article (see Morgan et al., 2016) and a webinar on how to do gender analysis in health systems research;

- explained the contribution of intersectionality in understanding how gender intersects with other social stratifiers, such as race, age, class, ethnicity, (dis)ability, and sexuality to give people different degrees of power and privilege, leading to different experiences of marginalisation, vulnerability, and inequity through a journal article (see Larsen et al., 2016) highlighting key resources applying intersectionality in health systems research.
- engages with those working on how power relations influence masculinities and the corresponding effects on gender equality, and women's and men's health;
- uses a definition of gender which includes people of other genders to encourage reflection on conventional constructions of the gender binary.

Challenge: reluctance of health systems researchers to recognise their own power and privilege

Any work on gender requires stakeholders to assess, and often challenge and adapt, strongly held patriarchal norms and beliefs that are a product of the societies and cultures they are part of. While reflecting on their own personal values and privilege and rejecting dominant patriarchal norms can lead to new ways of seeing the world, progress towards social justice, and improved outcomes, it can also be uncomfortable and provoke negative backlash and criticism. Work in this area is therefore inherently political, and can be unpopular and contested in many settings, requiring shifts in power relations, institutional arrangements, and norms, which some find difficult or inconvenient.

Response: challenging power and privilege within health systems research

In order to challenge power and privilege within health systems research, RinGs:

- initiates discussions around power and privilege within the institutions and processes of health systems research and how this shapes entry into the professional world of research, professional advancement, support and recognition for work, and recognition and respect of non-research commitments (such as caring and domestic work). For example, RinGs is hosting an interactive discussion at the Fourth Global Symposium on Health Systems Research in November 2016 titled "Power and prejudice: How does inequity play out in the institutions and processes of health systems research?";
- uses unconventional and fun ways to communicate messages, such as through memes, twitter chats, and a photo competition on gender, ethics, and health systems to elicit interest in new ways of seeing gender analysis and engage people in otherwise uncomfortable discussions around unrecognised power and privilege;
- actively uses feminist leadership techniques (see Batliwala and Friedman, 2014) within our management structure, which advocates for open communication, non-hierarchical mentoring, collaboration, participatory and transformatory approaches, and the recognition and impact of power within leadership structures;
- argues for ethical reflection within health systems research, which explores power and privilege in the process of health systems research. Such reflection not only looks at methodological challenges within health systems research, but also at issues related to social injustice, and challenges researchers to think about how their own positionality shapes the research process.

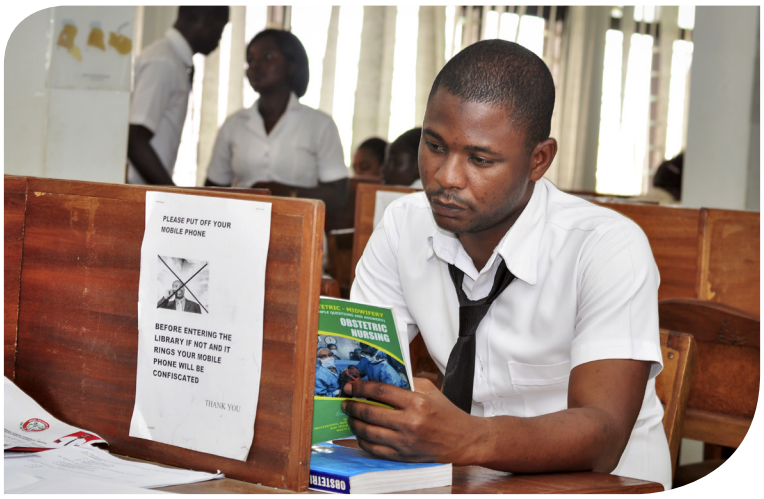
Challenge: poor incentives to incorporate gender analysis into health systems research

There are often poor institutional incentives, including limited additional financial resources, to prioritise gender-related work and encourage health systems researchers to incorporate gender analysis into their research, due to many of the reasons outlined above.

Response: nurturing enabling environments for gender analysis into health systems research

In order to nurture enabling environments for gender analysis into HSR, RinGs:

- networks across multiple organisations within the RPCs to create a buzz and community to advocate for the importance of gender analysis within HSR and produce collaborative resources, such as academic papers, policy briefs, guidance documents, blogs, and webinars;
- provides support to young and motivated researchers to pursue gender analysis in Africa and Asia. By



▼ Student studying obstetric nursing at the Garden City University College in Ghana.

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funding research on gender and health systems we are not only creating new knowledge, but also a network of qualified 'emerging gender champions', who we hope will champion gender analysis throughout their careers and in their interactions with organisations and peers;

- supports gender mainstreaming within a number of global partnerships and agencies, such as the World Health Organization, the IDRC, and Health Systems Global. For example, RinGs dialogued with Health System Global to support a gender, rights, and equity theme within the Fourth Global Symposium on Health Systems Research in November 2016.

Evidence from DFID supported Research Programme Consortia

In order to evaluate RinGs' efforts to galavanise gender analysis within health systems research and practice, a survey was conducted within each RinGs affiliated RPC. Evidence showed that RinGs efforts to promote and support gender analysis led to: a better understanding of gender analysis, increased use or consideration of gender analysis in HSR, and support for more gendered health systems practice.

Evidence of galvanising gender analysis within health systems research and practice

"[I am] much more likely to take gender into consideration in my work and encourage others. Even the most basic application of gender-differentiated analyses isn't difficult to plan for and conduct." – Female respondent

"Interacting with RinGs, I have different perspectives in terms of bringing gender concept into my project" – Female respondent

"[RinGs has] made me more aware of the importance of disaggregation of data for analysis" – Male respondent

"[RinGs has] encouraged me to critically look at data with a gender lens" – Male respondent

Conclusion: where do we go from here?

Overall RinGs is demonstrating the importance of gender analysis in improving the health of the most marginalised within resource-limited settings, while raising the profile of gender analysis within HSR by bringing together a large network of researchers supportive of gender analysis as an integral part of strengthening health systems within these contexts. The incorporation of gender analysis into health systems research is vital if it is to contribute to DFID's goal of 'leaving no one behind'. While challenges are encountered, they can be overcome through continued dialogue, collaboration, and enabling environments to galvanise gender analysis within health systems research and practice.

CREDITS

This Key Message Brief was prepared by **Rosemary Morgan**, **Kate Hawkins**, **Asha George**, **Sally Theobald**, **Sassy Molyneux**, and **Linda Waldman**. It is part of a series compiled by Future Health Systems Consortium.

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Contact RinGs

For more information contact RinGs.RPC@gmail.com or visit our website at http://resyst.lshtm.ac.uk/rings

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futurehealthsystems@gmail.com
@futurehealthsys
www.facebook.com/futurehealthsys
www.futurehealthsystems.org

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Future Health Systems is a research consortium working to improve access, affordability and quality of health services for the poor. We are a partnership of leading research institutes from across the globe, including: Johns Hopkins Bloomberg School of Public Health; China National Health Development Research Center; International Centre for Diarrhoeal Disease Research, Bangladesh; Institute of Development Studies, UK; Indian Institute of Health Management & Research; and Makerere University School of Public Health, Uganda.