

Policy Brief: Sex, Gender and Health

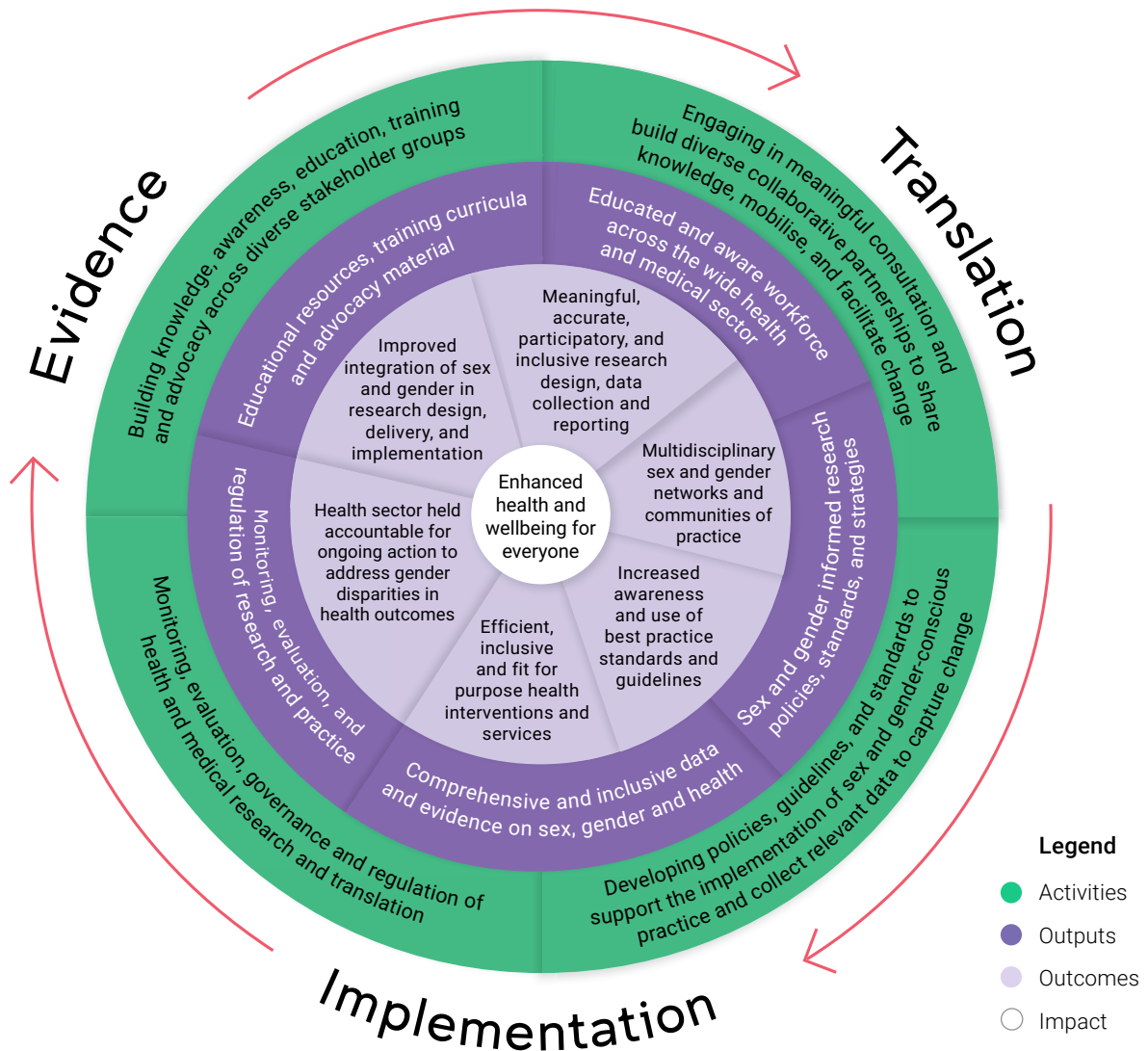
A Theory of Change for addressing sex and gender bias, invisibility and exclusion in health and medical research, policy, and practice

The Issue

Sex and gender bias, invisibility and exclusion has been shown to exist throughout health and medical research, policy and practice¹. Some organisations have attempted to address this through actions such as the creation of research funding and publishing guidelines or educational curricula². However, there is a lack of coordination of these activities across the pipeline of evidence generation, translation and implementation, hampering progress in the realisation of sector-wide change and tangible improvement in terms of more equitable health outcomes³. Further, societal understanding of sex and gender is evolving, and current application of these concepts still excludes and marginalises many populations⁴.

The Theory of Change

The Theory of Change presented here was developed in consultation with a diverse group of multi-disciplinary stakeholders representing health and medical research, policy, and practice organisations in Australia. The Theory of Change aims to identify pathways to meaningfully address sex and gender bias, invisibility, and exclusion in health and medical research, policy, and practice, thus providing a scaffold for change across the entire sector. The Theory of Change schematic is presented below and outlines pathways to impact by defining the relationship between key activities, outputs, and outcomes towards the collective achievement of true impact: enhanced health and wellbeing for all.



Barriers



Lack of awareness



Lack of accountability



Lack of education



Lack of a willingness to disrupt the status quo

Facilitators



Leadership



Willingness to engage



Accountability



Acceptance of the need for change

Summary of Key Messages

1. **Problems** with sex and gender bias, invisibility and exclusion in health and medical research, policy and practice contribute to disparities in health outcomes for different populations, with women, transgender and gender-diverse people and people with variations of sex characteristics particularly impacted.
2. Coordinated, sector-wide **activities** are needed across the evidence, translation and implementation pipeline to address these issues, beginning with developing shared understanding of sex and gender concepts, informed by consultation with diverse communities.
3. There is need for **outputs** and **outcomes** of these activities to be monitored and to feed back into future actions, to ensure activities are having the desired outcomes, to allow evolution with changing best practice and to ensure accountability in the sector.
4. Leadership is needed within the sector to **facilitate** change and overcome **barriers**.
5. Change across the sector can **impact** research, knowledge, policy, practice and care, leading to enhanced health and wellbeing for everyone.

Appendix

Authors

This Theory of Change was produced by Laura Downey, Laura Hallam and Thomas Gadsden of the George Institute for Global Health, in collaboration with the Sex and Gender in Health and Medical Research Australia Group. Sex and Gender Policies in Health and Medical Research Sydney: Australian Human Rights Institute, 2021. sexandgenderhealthpolicy.org.au.

Graphic design by Deborah Bordeos.

Glossary

Elements of the Theory of Change:

Element	Definition
Problems	The issue(s) that the program of work aims to address
Activities	Actions or interventions needed to address the problems
Outputs	Products of the activities
Outcomes	Envisaged changed or developments during or after the program of work
Impacts	Long-term goals of the program of work

For a glossary of other relevant terms regarding sex, gender and policy please visit:

sexandgenderhealthpolicy.org.au/glossary.

References

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