



**Women's Health Victoria Submission to CEDAW Shadow Report  
Issues Sheet**

March 2009

**One-line summary of issue:** ACHIEVING GENDER EQUALITY FOR HEALTH

**Which human right contained in an article of CEDAW does this issue relate to? (refer to Convention text or Australian Government Report):**

CEDAW Article 12: Health

Australian Government Report Part 10: Article 12

**Explanation (why is this issue important; what is the problem with government laws or policies in this area; how could things be improved?):**

In order to achieve meaningful and lasting improvements to health outcomes for women in Australia, Women's Health Victoria believes that a much stronger commitment to gender equality is required across all departments and levels of government in Australia. An undertaking by the government to address the social, economic and environmental determinants of health, and particularly the relationship between gender and health, could have a significant effect on health outcomes for women in Australia. This could be achieved through the implementation of a gender equity approach, which is informed by themes of equality, fairness and participation and ensures that services are effectively targeted. A gendered policy framework would enable the development of policies that take account of and are responsive to gender and section 35 of the Concluding Comments of the CEDAW Committee in 2006 specifically calls for the 'integration of a gender perspective'. Such a framework is underpinned by the understanding that all policies have an impact on men and women, that they affect men and women differently and that men and women are heterogeneous groups of and within themselves. It would involve the use of gendered data, which provides a much more accurate and meaningful picture of the issues facing women and men, as well as gender impact assessments and gender awareness raising. This would lead to a better understanding of what policies are most effective, thereby creating better health outcomes for both women and men.

Currently, there is not widespread use of gendered data by federal, state or local governments in Australia, which means that a robust assessment and evaluation of the

impact of policies and programs cannot take place. Questions that consider whether a policy is responsive to gender, how a policy impacts differently on men and women and whether a policy will make a measurable difference to women's experiences are not asked. Strategies, policies and guidelines that incorporate a gender equity approach are an important step in achieving gender equality in health.

**Please provide any illustrative examples, if relevant or available (eg informed by case work you have done or seen):**

The Gender Equality Scheme implemented by the UK National Health Service in 2007 provides an excellent example of how a gender equity approach can address health inequities on a systemic level. In 2006 in the UK, a Gender Equality Duty on all public authorities to promote gender equality and eliminate sex discrimination was established by amendments to the Sex Discrimination Act 1975. Public authorities in the UK must now have regard to gender equality in the areas of policy design and development, delivery of services and employment. This has required the garnering of gendered data in order to obtain an accurate picture of the way policies affect women. Penalties exist for non-compliance in the form of compliance notices issued by the Commission for Equality and Human Rights, which are enforceable by the courts.

*Creating a Gender Equality Scheme: a practical guide for the NHS* is a useful reference point and example of how the scheme can work within health services. It is available at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_066068](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_066068). The Scheme addresses how policies impact on gender equality and considers the gender pay gap, recruitment and employment, as well as the services provided to members of the public. Such a system, if adopted by the Australian government, would have huge benefits for the health of Australians, as services can be targeted to better meet the distinct needs of men and women.

A gendered approach to policy development has also been adopted by Health Canada. This uses gender-based analysis as a framework for the design and analysis of policies and programs within that government department. More information is available at <http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique-eng.php>. Using a tool such as this on a federal level in Australia would provide a formal mechanism to acknowledge the significance of gender as a determinant of health and help to create more successful policy outcomes for women.

**Comments on how this issue relates to the 2008 Australian Government Report, if relevant (please include page or paragraph references):**

The Australian Government Report correctly identifies that more effort is needed in relation to specific disadvantaged groups including Indigenous women, rural and remote women, migrant women, women with disabilities and older women (section 10.1). However all women are affected by gender-based health inequality and a gender equity approach would address this on a system-wide basis.

The Federal Government is currently consulting on a National Women's Health Policy (section 10.3) which is predicated on an understanding of gender as a determinant of health and has a focus on prevention. This is a positive development for women, however the final structure and scope of the document is not yet clear. It is important that such a policy allows for a formal tool through which gender-based analysis of policies and programs can take place.

Statewide strategies include the Women's Health and Wellbeing Strategy in Victoria and the use of the Gender and Diversity Lens (see section 10.5 of the Australian Government Report). However, without engagement and championing by the highest levels of government, these strategies may not attain the widespread usage across different government departments that would be necessary to ensure lasting change to women's health. Yet such policies provide the opportunity to acknowledge and address the social determinants of health, including gender.