1. PURPOSE AND SCOPE

The Royal Australasian College of Surgeons (RACS) is committed to promoting gender equality as an important aspect of its international development work through the Global Health Program. RACS believes in providing equal opportunities and participation for men, women and people who identify as neither male nor female, and understands that equality is both a human right, and a driver of sustainable development.

This policy provides a framework for defining and promoting gender equality in the context of the RACS Global Health Program. It is an integral part of RACS Global Health’s commitment and accountability to the local partners and communities across the Asia-Pacific region that it works with, and supports.

RACS Global Health recognises that gender inequality is a major driver of poverty and marginalisation around the world, and that the different opportunities and expectations for women and men, girls and boys affect every dimension of life, including health.

2. SCOPE

All people associated that contribute to the RACS Global Program have a responsibility to promote and implement gender equality in all aspects of programming and other Global Health-related initiatives.

This policy applies to all people who contribute to RACS Global Health programs and activities, including:

- Council Members;
- staff;
- volunteers;
- consultants; and
- program partners.

3. DEFINITIONS

Gender:

Refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. While sex and its associated biological functions are programmed genetically, gender roles and power relations and the power relations they reflect are a social construct – they vary across cultures and through time, and thus are likely to change (MWIA, 2002).

Gender Equality:

Refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female.
Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men. Gender equality is not a women’s issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development (UNWomen).

**Gender Discrimination:**

Gender discrimination is the different treatment of an individual based on their gender.

**Gender Transformative Programming:**

A gender-transformative program or policy addresses the causes of gender-based health inequities by including ways to transform harmful gender norms, roles and relations. The objective of such programs is often to promote gender equality and foster progressive changes in power relationships between women and men (Level 5 of the WHO Gender-Responsive Assessment Scale).\(^1\)

**Gender Equity Approach:**

A gender equity approach recognises that women and men have different needs, preferences and interests and that equality of outcomes may necessitate different treatment of men and women to ensure equality of opportunity. It requires considering the realities of women’s and men’s lives (WHO).

**Gender Analysis:**

Gender analysis is a critical examination of how differences in gender roles, activities, needs, opportunities and rights/entitlements affect men, women, girls and boys in certain situation or contexts. Gender analysis examines the relationships between females and males and their access to and control of resources and the constraints they face relative to each other. A gender analysis should be integrated into all sector assessments or situational analyses to ensure that gender-based injustices and inequalities are not exacerbated by interventions, and that where possible, greater equality and justice in gender relations are promoted (UNWOMEN).

**Gender Mainstreaming:**

Gender mainstreaming is a set of context-specific, strategic approaches as well as technical and institutional processes adopted to achieve the goal of gender equality. Gender mainstreaming involves working through a checklist of different components and putting practical actions in place to achieve them. It requires organisations to make an honest assessment of the areas where they are performing well and where they need to do better. This includes in areas such as: leadership, culture, capacity, accountability and programs (UNWOMEN).

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\(^1\) All definitions in Glossary of Terms come from three sources – UNWomen Gender Equality Glossary website; WHO Gender website and the Medical Women’s International Association’s Training Manual for Gender Mainstreaming in Health
Gender-Specific:
A gender-specific program or policy considers women’s and men’s specific needs and intentionally targets and benefits a specific group of women or men to achieve certain policy or program goals or meet certain needs. Such policies often make it easier for women and men to fulfil duties that are ascribed to them based on their gender roles, but do not address underlying causes of gender differences (Level 4 of the WHO Gender-Responsive Assessment Scale).

4. CONTEXT
Gender influences the experience of health care for everyone, affecting affordability, access to and use of services and products, and interactions with healthcare providers. Gender affects risk-taking and health-seeking behaviours, exposure to health risks, and vulnerability to diseases (WHO, 2020). Women and girls have equal rights as men and boys to benefit from quality health services and achieve the best possible level of health. Yet women and girls often face barriers to accessing health information and services due to economic dependence, patriarchal structures and a greater share of domestic roles and responsibilities. Women often have limited influence over resources within their household or society, while having greater need for services, such as reproductive health care.

A recent review of the evidence in The Lancet (Shannon, 2019) summarised the ways that gender inequality translates into health risk through:

- discriminatory values, norms, beliefs, and practices;
- differential exposures and susceptibilities to disease, disability and injuries;
- biases in health systems; and
- biases in health research (Sen, 2007).

5. LEGISLATIVE FRAMEWORK AND STANDARDS
RACS is committed to the following international and Australian goals, industry standards, and legislation, in relation to its Global Health Program:

(a) The Sustainability Development Goals: Goal 5: Achieve gender equality and empower all women and girls; and Goal 3: Ensure healthy lives and promote wellbeing for all at all ages;

(b) The Australian Council for International Development (ACFID) Code of Conduct, and specifically Commitment 2.3: We promote gender equality and equity;

(c) The Australian Government Department of Foreign Affairs and Trade ‘Gender Equality and Women’s Empowerment Strategy, 2016’. RACS Global Health activities are aligned with this strategy;

(d) The Universal Declaration of Human Rights; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979; and the Beijing Platform of Action, 1995;

(e) The following Australia legislation:

- Workplace Gender Equality Act 2012 (Act)
- Federal Sex Discrimination Act (1984), Australia;
6. POLICY COMMITMENTS TO GENDER EQUALITY IN RACS GLOBAL HEALTH PROGRAM

RACS Global Health will;

(a) ensure that the programs aspects of the Global Health Strategic Plan, Country Strategic Papers and program policies reflect the organisation’s understanding of and commitment to addressing gender inequality that keeps women and girls from having equitable access to health services;

(b) ensure that a gender analysis is undertaken for all programs/projects. This analysis is needed to identify the different risks, barriers and strategies for responding to boys’ and girls’ and men and women’s vulnerability and exclusion;

(c) ensure adequate time, budget and human resources are allocated to supporting staff to understand the importance of gender equity and effective approaches for building the power of girls and women in Global Health programs and projects;

(d) design programs/projects that reflect the ‘twin-track’ inclusive principles, enabling both gender-specific projects and the mainstreaming of gender considerations, in response to the gender analysis and local needs. This includes mandatory collection of gender disaggregated data;

(e) support staff and volunteers to collect and analyse data with gender equality programming tools that are integrated into RACS Global Health existing processes (e.g. gender analysis tool, gender specific/mainstreamed activities, gender indicators and gender equality outcomes);

(f) build networks with local civil society organisations and international NGOs that have demonstrated experience in transformative gender programming. Explore new partners’ attitudes to, and volunteers experience with, gender programming and document this in partner assessments and partnership ‘health checks’ for accountability and consistency with RACS programming approach; and.

(g) require Global Health volunteers and staff to have a high level of awareness of gender issues. Volunteers and staff are required to increase their ability to recognise and respond to gender discrimination, to use gender analysis in reporting on program outcomes, and to ensure that program activity planning is gender-sensitive and effective.

7. ASSOCIATED DOCUMENTS

Child Safeguarding Policy
Complaints Handling Policy
Disability Inclusiveness Policy
Partnership Engagement Policy
Prevention of Sexual Exploitation, Abuse and Harassment Policy
Whistleblower Policy
RACS Workforce Conduct Policy
RACS Code of Conduct