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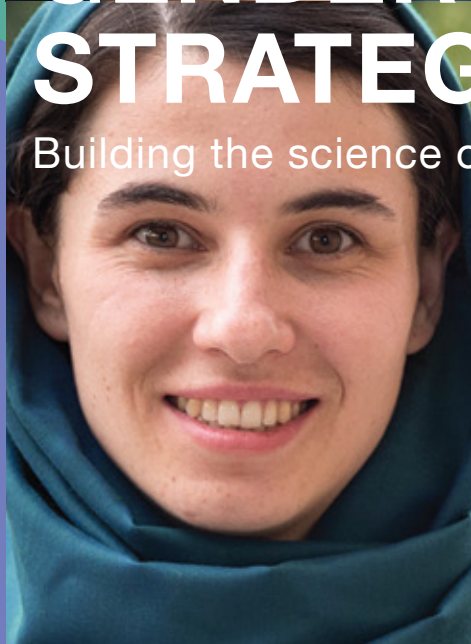
For research on
diseases of poverty

UNICEF • UNDP • World Bank • WHO



TDR INTERSECTIONAL GENDER RESEARCH STRATEGY

Building the science of solutions **FOR ALL**



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TDR Intersectional Gender Research Strategy: building the science of solutions for all

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TDR VISION

The health and well-being of people burdened by infectious diseases of poverty is improved through research and innovation.

TDR MISSION

To support effective and innovative global health research, through strengthening the research capacity of disease-affected countries, and promoting the translation of evidence into interventions that reduce the burden of infectious diseases and build resilience in the most vulnerable populations.





WHY DOES TDR NEED AN INTERSECTIONAL GENDER RESEARCH STRATEGY?

To help achieve universal health coverage and the Sustainable Development Goals

Great progress has been made towards combatting infectious diseases of poverty, most notably through large-scale and coordinated disease control programmes. However, considerable public health challenges remain, ranging from global environmental challenges to gender and intersecting inequalities that have an impact on health conditions associated with infectious diseases in low- and middle-income countries (LMICs). Gender norms, roles and relations influence people's susceptibility to different health conditions, their access to and uptake of health services, and the health outcomes they experience throughout the life-course.

Sex and gender are key drivers of health outcomes, including through delivery and access to health products and services for the prevention and control of infectious diseases. TDR recognizes this and aims

to ensure that research programmes adequately and appropriately address sex and gender and their intersections with other drivers of inequalities and ill-health. This is an important approach to take across the entire research process from agenda-setting through communication, stakeholder engagement, uptake and implementation of interventions.

This intersectional gender research strategy also contributes to the 2030 Agenda for Sustainable Development and acknowledges interactions between the gender- and health-related targets. Gender equality is a critical milestone to realizing progress across all Sustainable Development Goals, and both Goals 3 and 5 influence health equality outcomes. This strategy is intended to be a living document, periodically reviewed and updated.

“

It is important that all research that takes a gender lens explores how gender inequity is shaped by and interacts with other forms of inequity so that all women, men, girls, boys, and people with non-binary identities are adequately treated within our research and interventions.

Mahendra Shrestha, Chief of Health Coordination Division,
Ministry of Health and Population, Government of Nepal





To ensure inclusive and comprehensive approaches to research

TDR recognizes that it is important to be sensitive to different identities that do not necessarily fit into binary male or female sex categories. In addition, there is a need to address deeper inequalities rooted in traditionally assigned roles, norms and other gender intersecting factors that shape inequalities, including age, ethnicity, class, income level, geography, (dis)ability and sexual orientation. The intersection of

gender with other social variables occurs within a context of connected systems and structures of power to generate or influence differences in health outcomes and access to services (**Figure 1**). Multiple forms of discrimination and/or privilege in the context of global capitalism are to be analysed and understood to address unequal access to health care and to combat infectious diseases.

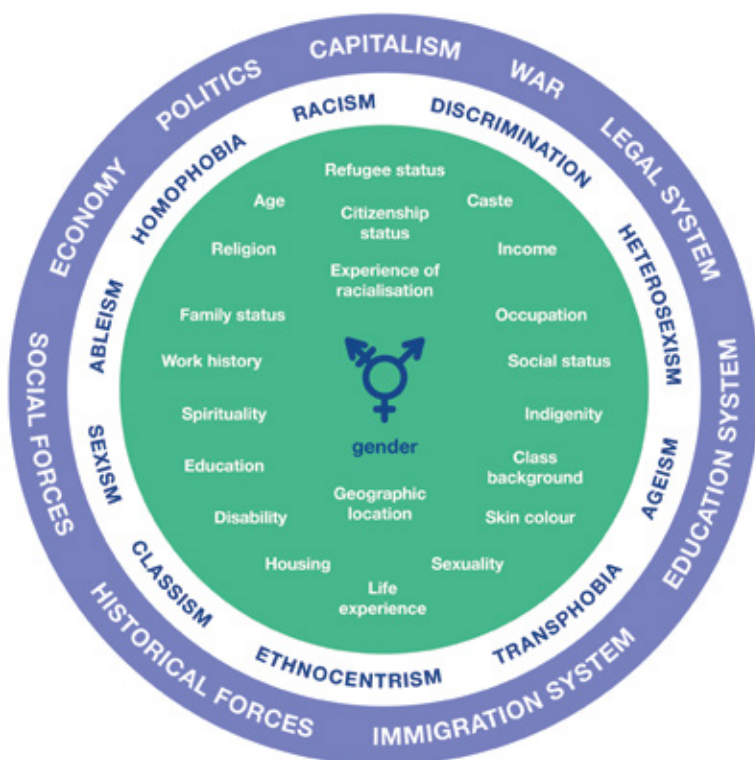


Figure 1: Represents how gender intersects with other social and economic characteristics within the intersectionality wheel, emphasizing gender as the main entry point into intersectional gender analysis. (Source: Modified Intersectional Gender Analysis Wheel, TDR Toolkit: Incorporating intersectional gender analysis into research on infectious diseases of poverty, forthcoming. Adapted from "Simpson, J. (2009). *Everyone Belongs: A toolkit for applying intersectionality* (1st ed.). Ottawa: Canadian Research Institute for the Advancement of Women (CRIAOW). p. 5.

Understanding the intersections of gender with other social stratifiers is therefore critical to design effective health interventions to prevent and control infectious diseases.

KEY PRINCIPLES GUIDING THE STRATEGY

Equality, Diversity and Inclusivity (EDI) are key principles that are embedded in the organizational culture and in all three core areas of TDR's work (Research for implementation, Research capacity strengthening, and Global engagement). These include:



Inclusive, diverse engagement with stakeholders who can make changes happen at all levels, from funders to communities.



Ensuring research findings are made available to a wide range of audiences to improve allocation of resources that will improve health outcomes for all.



Ensuring key principles are reflected in appropriate benchmarks and timeframes for achieving gender equality mainstreaming goals.



By generating evidence about different health experiences of men, women and people with non-binary identities we are better able to inform policies, and develop services and programmes to address health needs. An intersectional gender lens enables us to better understand how to develop effective implementation strategies to prevent and control infectious diseases for everyone.

John Reeder, TDR Director





HOW WILL WE IMPLEMENT THE STRATEGY?

An intersectional gender lens is important for inclusive and responsive infectious disease research programmes and efforts towards “leaving no one behind”. TDR supports and promotes an intersectional gender approach to research, ultimately focusing on the impact of gender dynamics and interconnected inequalities for the prevention and control of infectious diseases of poverty. More specifically, we will focus on the following core areas:

Build research capacities on intersectional gender analysis in research on infectious diseases.

TDR supports efforts to make intersectional gender analysis a more regular part of research. This includes not only funding research but increasing research capacity, including in implementation research, through training, producing new guidance materials and promoting the institutionalization of gender-based analysis training courses in academic institutions in low- and middle-income countries. These research capacity strengthening efforts are critical to contribute to improved knowledge and understanding of key implementation factors.

Support intersectional gender analysis in research for implementation, to generate new evidence and knowledge on the intersections of gender and other social stratifiers or variables that influence the way implementation strategies work. Several factors associated with the socioeconomic and cultural context, which change over time, may influence and impact the delivery of a health intervention. This

evidence informs the implementation of available and efficacious gender responsive health interventions to prevent and control infectious diseases of poverty.

Generate evidence on gender intersecting inequalities in access to health services and those that influence differentials in vulnerability to, and the impact of, health conditions associated with infectious diseases in low- and middle-income countries. This evidence contributes to informing the design of gender transformative health interventions (**Figure 2**).

Promote an inclusive infectious disease research agenda that recognizes the health needs of women, girls, men, boys and people in all their diversity, including those with non-binary identities. This agenda explores whether health and/or disease experiences (including vulnerability and exposure to and experience of disease, health-related decision-making, health-seeking behavior, responses to treatment, discrimination and unequal access to health care) may differ as a result of inequities.

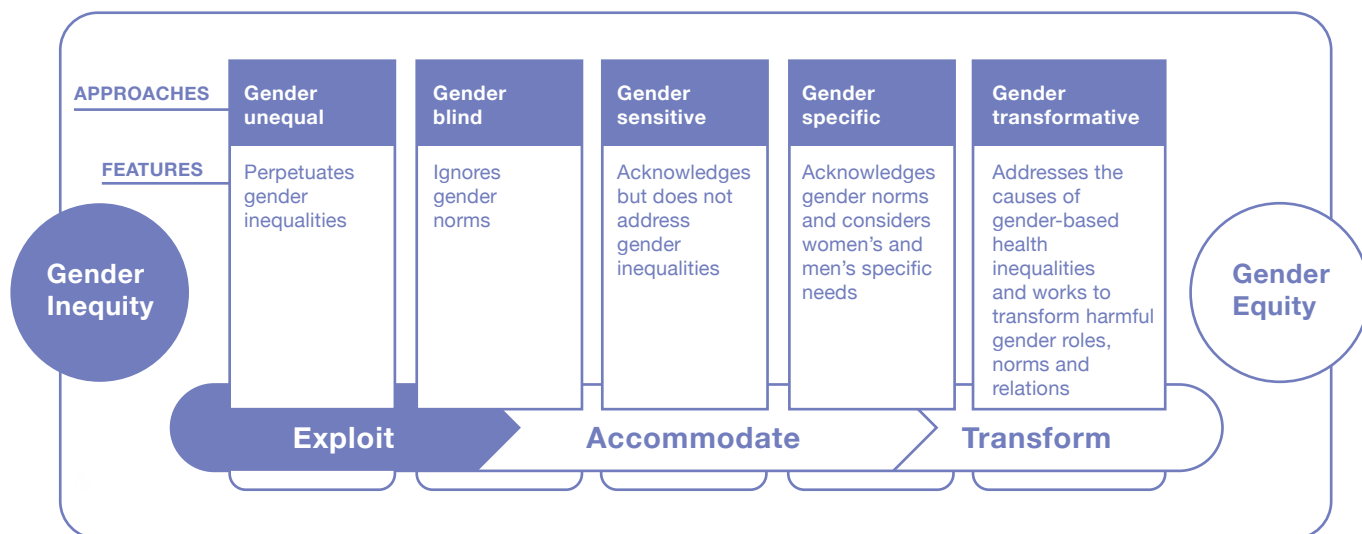


Figure 2: A continuum of approaches for integrating sex and gender. Reproduced with permission from: Lorraine Greaves, Ann Pederson, Nancy Poole (Eds). *Making It Better: Gender Transformative Health Promotion*. Canadian Scholar's Press/Women's Press. 2014.



WHAT IS INTERSECTIONAL GENDER ANALYSIS IN INFECTIOUS DISEASE RESEARCH?

Intersectional gender analysis in research is the process of analysing how gender power relations intersect with other social variables to affect people's lives, create differences in needs and experiences, and how policies, services and programmes can help to address these differences. Due to the documented importance of the relationship between gender, vulnerability and infectious diseases of poverty, TDR prioritizes gender as an entry point into a deeper intersectional analysis. This analysis explores how and why other sources of inequality interact with gender in a given context. Understanding how gender intersects with other axes of inequality is essential in prevention and control efforts of infectious diseases in LMICs and can be essential at various points along the implementation research and practice process.

HOW DOES INTERSECTIONAL GENDER ANALYSIS SUPPORT TDR'S FOCUS ON RESEARCH FOR IMPLEMENTATION?

Intersectional gender analysis is in line with the TDR Strategy 2018-2023 and is critical for identifying research priorities and guiding research efforts in the following ways:

- Establishing varying health needs and challenges, impacts and opportunities of various groups in their context.
- Supporting interventions tailored to the needs of specific groups and/or individuals.
- Facilitating researchers and implementers in decision-making and programme implementation that promotes gender equality and health equity.





TDR'S UNIQUE VALUE

Building on more than 40 years of experience, TDR works with its network of researchers and public health practitioners in low- and middle-income countries to ensure that scientific evidence can be translated into safe, effective, equitable and accessible health solutions for populations suffering from infectious diseases of poverty.

This new gender and intersectionality strategy will help generate gender-responsive evidence for improving health and well-being for all. It also aims to strengthen and inform gender transformative research practice and policy. This strategy consolidates the key milestones and activities around gender and intersectionality in the context of infectious diseases of poverty within all TDR programmes and supports WHO's 13th General Programme of Work.

Because...



TDR has a long history of building research capacity in low- and middle-income countries to tackle infectious diseases of poverty.



TDR has pioneered the role of communities and community health workers in delivering health interventions in low- and middle-income countries.



TDR has a history of supporting research on the impact of gender dynamics and inequalities to control infectious diseases of poverty.



There is a growing body of evidence on gender and intersectionality, but applications to prevention and control of infectious diseases remain relatively limited.

Therefore...







TDR is uniquely positioned to provide research guidance and strengthen research capacities that incorporate an intersectional gender lens in research on infectious diseases of poverty.



TDR is uniquely positioned to support research efforts that take an intersectional approach to study and address inequalities in the prevention and control of infectious diseases.



Examples of TDR activities promoting an intersectional gender approach

 TDR ACTIVITIES:	 WITHOUT THIS APPROACH:
 <p>Generating evidence and funding research that takes an intersectional gender approach in Asian and African countries to generate new evidence on equity, gender and intersectionality related to infectious diseases of poverty.</p>	<ul style="list-style-type: none"> • We would not be understanding, addressing and designing solutions to existing and emerging challenges for health equity and gender equality in infectious disease prevention and control efforts. • We would fail to establish varying health needs and challenges, impacts and opportunities of various groups in their context. • We would fail to support the development of interventions tailored to the needs of specific groups.
 <p>Developing a training course on gender-based analysis in research on vector-borne diseases (GBA) and supporting its institutionalization in academic institutions in LMICs. For example, within the University of Ghana, the GBA online course has been integrated within existing Gender and Health courses offered at both undergraduate and postgraduate levels. The University of Witwatersrand is working to integrate modules from the GBA into a Master of Public Health course on the social determinants of health.</p>	<ul style="list-style-type: none"> • We would not be supporting researchers and implementers in decision-making and programme implementation that promotes gender equality. • We would be perpetuating gender-blind research, and research would ignore enablers and barriers to the adoption of complex behavioural health interventions to prevent and control infectious diseases.



TDR ACTIVITIES:



Producing new guidance tools and materials such as the TDR Toolkit: Incorporating intersectional gender analysis into research on infectious diseases of poverty and the existing Gender Analysis (GA) frameworks which are incorporated into this toolkit. While the TDR Toolkit is a strategic way of exploring intersectional gender analysis, there is a need to move away from the idea that integrating gender into research is only required in the social science domain. Other stakeholders and disciplines for whom this TDR Toolkit is important include biologists, clinical scientists, policy-makers, other decision-makers, communications experts and funders.



Encouraging the creation of multidisciplinary teams that involve adequate social science expertise.



Supporting equal access to career advancement in science and analysing barriers to equal access.

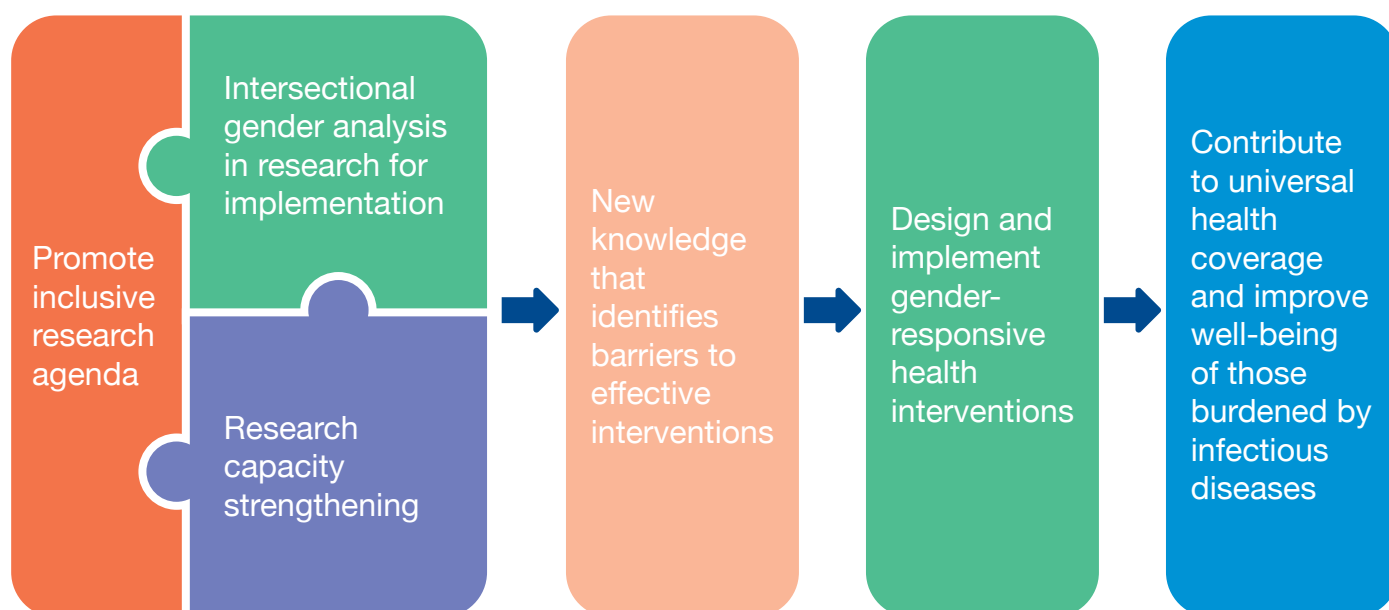


WITHOUT THIS APPROACH:

- We would fail to strengthen and inform good research practice and policy.
- Without using gender, a pervasive source of inequity, as an entry point, it may become invisible or lost within infectious disease research. Adding an intersectional lens to gender analysis allows us to look deeper into the structural drivers of inequality to understand the complexity of social status and privilege. This also allows us to explore the root causes of marginalization and vulnerability in infectious disease research, prevention and control.
- We would fail to ensure that 'no one is left behind' in the research process and that adequate gender research expertise is included.
- We would be perpetuating inequalities in access to career advancement in science.

INTERSECTIONAL GENDER RESEARCH STRATEGY

IMPACT PATHWAY: BUILDING A SCIENCE OF SOLUTIONS



Case studies

TDR supports research teams in LMICs to develop research case studies to explore how key social stratifiers intersect with gender dimensions to influence vulnerability to illness, exposure to pathogens, response to illness, treatment received, and/or discrimination and unequal access to health care. For example, TDR supports research teams in Nepal working to generate evidence on:

- a) how gender intersects with age and ethnicity in the treatment of tuberculosis (TB) patients enrolled in the National Tuberculosis Control Programme; and
- b) how gender intersects with other social stratifiers to influence perception, understanding and awareness of lymphatic filariasis (LF) among the local population in Bardiya District (Nepal).



Research team in Kathmandu District, Province 3. Courtesy of HERD International (Nepal).







Research team during pilot of TDR Toolkit for incorporating intersectional gender analysis in research on infectious diseases of poverty, in Bardiya District (Nepal). Courtesy of HERD International (Nepal).



TRACKING PROGRESS

Successful implementation of this strategy can be tracked through research outputs and capacities as outlined in the table below.

 RESEARCH OUTPUTS: AN INTERSECTIONAL GENDER LENS IS USED TO GENERATE EVIDENCE ON INFECTIOUS DISEASES OF POVERTY TO INFORM POLICY AND PRACTICE	
Stage of research process	Potential indicators
 Research design/development	<p>Increased number of research projects that use an intersectional gender lens in their conceptualisation and design</p> <p>Demonstration of diverse stakeholder consultations and partnerships (ministries, academic partners and communities, women’s organizations) in the conceptualisation and design of projects</p> <p>Increased diversity of research and research organizations</p> <p>Increased number of mixed methods research designs, ethnographic research, and social science</p> <p>Increase in requests (demand side) for gender transformative research</p>
 Data collection	<p>Data collectors reflect the diversity of the community</p>
 Data analysis	<p>Grants embed an expectation that diverse communities are involved in analysis processes</p> <p>Data is analysed in a way that disaggregates beyond sex and includes other social determinants</p>



Dissemination
and uptake

Increased number of research products beyond traditional journal publications (different types of publications that are context specific)

Increased number of findings that are directly fed back to communities in diverse ways through different channels

More diverse representation of principal investigators and lead authors





Increased number of publications and citations within gender journals

Documented evidence (qualitative or otherwise) that the research findings and/or methodology is reaching a diverse audience, or is picked up by others (case studies)

Visual representation of outputs in publications do not reinforce gender stereotypes and ideally should be gender transformative (i.e. men caring for children)



RESEARCH CAPACITIES: AN INTERSECTIONAL GENDER LENS IS USED TO GENERATE EVIDENCE ON INFECTIOUS DISEASES OF POVERTY TO INFORM POLICY AND PRACTICE

Stakeholders	Potential indicators
 <p>Researchers</p>	<p>Increased demand for gender and intersectionality in research from WHO Member States</p> <p>Increased diversity of grant and fellowship applicants not just by sex assigned at birth and gender identity but by other social characteristics such as socio-economic status, age and disability</p> <p>Reworked structure of grants and fellowships, considering the different needs and structural barriers of different groups of people, such as age, career years and full-time/part-time status</p>
 <p>Donors</p>	<p>Increased amount of funding for TDR research in general and for research that uses a gender and intersectionality lens specifically</p> <p>Increased diversity of donors interested in funding gender and intersectionality</p> <p>Increased uptake and usage by donors of TDR gender and intersectionality outputs</p>
 <p>TDR</p>	<p>Increased evidence of gender and intersectionality analysis across all research portfolios</p>
 <p>Governance</p>	<p>Governance around gender-related TDR activities embedded in existing TDR governing bodies</p>



Acknowledging our funders

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These are our top core contributors for the five past years.



Belgium



Japan





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TDR, the Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. It is co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and World Health Organization (WHO).

