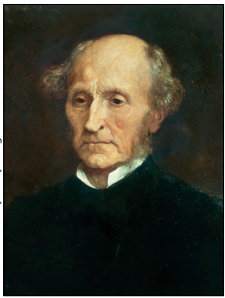


Offline: Gender equality—the neglected SDG for health



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“Wives should have the same rights and should receive the protection of law in the same manner as all other persons...the defenders of established injustice do not avail themselves of the plea of liberty but stand forth openly as the champions of power.” John Stuart Mill’s 1859 essay, *On Liberty*, may not be the *cri de coeur* those working for gender equality today would hope for in a post-2015 world. But Mill’s link between liberty, the rights of women, and universal education was one of the first and most striking modern statements advocating greater gender empowerment (at least by a man). Gender is a big subject in the Sustainable Development Goals (SDGs), but one that is easily overlooked (and has been overlooked) by a health community understandably fixated on the immensely broad remit of SDG-3, ensuring healthy lives and promoting wellbeing for all at all ages. But SDG-5—the goal committing countries to achieve gender equality and empower all women and girls—is the neglected SDG for health. It’s worth reminding ourselves about the substance of SDG-5. There are six targets. First, to end all forms of discrimination against all women and girls everywhere. Second, to eliminate all forms of violence against women and girls, including trafficking and sexual and other types of exploitation. Third, to eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation. Fourth, to recognise and value unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family. Fifth, to ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic, and public life. And finally, to ensure universal access to sexual and reproductive health and reproductive rights. These are worthy ambitions. How will they be achieved?

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The “means of implementation” in the SDGs give three (rather vague) routes to fulfilment. One is to undertake reforms to give women equal rights to economic resources (including access to control over land, property, financial services, inheritance, and natural resources). But exactly what kind of reforms? Another is to enhance the use of “enabling technology”,

meaning information and communication technologies. But how? One more is to put in place laws and policies to promote gender equality and the empowerment of women and girls. Better, perhaps, but laws are one thing, their enforcement another. The language used by the UN can chill the blood. The SDG goals and targets sometimes feel like utopian statements concocted by remote bureaucrats. But, to be fair to those remote bureaucrats, important progress has been made. USAID’s Population Reference Bureau published its latest estimates on health and development this year with a special emphasis on women’s empowerment. The PRB reported that rates of early marriage were falling, especially for those under 15 years. In Bangladesh, for example, the percentage of women married by the age of 15 years fell from 47% in 1993–94 to 29% in 2011. Family planning needs are increasingly being met. The percentage of demand satisfied for modern methods of family planning rose in Nigeria from 13% in 1990 to 31% in 2014; in Egypt from 64% in 1992 to 80% in 2014. The financial inclusion of women is expanding: in India, from 26% in 2011 to 42% in 2014. And the proportion of women who make decisions about their own health is rising: in Zambia, from 42% in 2001–02 to 74% in 2013–14.

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So what more can be done, both to accelerate progress across a large group of lagging countries and to integrate gender equality into the mainstream of health, where it will increasingly belong? One opportunity is Women Deliver, created by advocate and campaigner Jill Sheffield, which began as a conference on maternal health in 2007. It is now a global advocacy organisation dedicated to gender equity and women’s empowerment. The next meeting of Women Deliver is in Copenhagen (May 16–19, 2016). It will come just before the World Health Assembly and will be the first important international development conference of the SDG era. The health community must lift its eyes above SDG-3. Our aspirations for health will surely fail unless we make Mill’s “defenders of established injustice” our new adversaries. Copenhagen in May, 2016, will be the place to begin.

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Women Deliver