Where gender inequities exist, health inequity persists. Inequitable gender dynamics influence who seeks care, who accesses care, and the quality of care they receive. Gender-related beliefs, discrimination, and access to resources influence who occupies leadership roles and the development of care innovations like medical products, clinical guidelines, and testing protocols.

PATH creates gender equity in health by addressing the needs of women, men, and individuals of all gender identities and expressions, as well as analyzing gender-related barriers to health, implementing gender-equitable solutions, advancing gender-responsive innovations, and monitoring progress toward equity.

Creating innovative, gender-responsive health solutions

We develop and promote health innovations that take many forms, from medical technologies and medicines to innovative service delivery approaches and data systems. When developing these health solutions, it is critical to consider the gendered aspects that influence the design, testing, and launch of products and services.

Connecting transgender women to HIV testing options in Vietnam

Globally and in Vietnam, transgender women are often at increased risk of HIV infection and face significant levels of discrimination that affect many parts of their lives, including access to housing, employment opportunities, and high-quality health care. PATH and partners’ Healthy Markets project, funded by the US Agency for International Development (USAID), supported trans-competent HIV and health services, including nonjudgmental and confidential community-based HIV testing, hormone use and level counseling, mental health counseling, and pre-exposure prophylaxis services that were delivered by transgender women and allies at specialized, gender-affirming clinics.

The project also harnessed the positive power of social media to create the Co Nang Goi Cam (Be Me. Be Sexy!) Facebook community, which was led by transgender women and reached more than 20,000 followers. The platform created an open space for those in the community to connect and exchange lifestyle tips and HIV prevention and care–related information, interspersed with other popular topics to keep interest and engagement levels high.

As part of PATH’s support to the Uganda Ministry of Health in developing the gender-inclusive and gender-responsive Advocacy and Demand Generation Handbook to Support the Deployment and Increased Uptake of the COVID-19 Vaccine in Uganda, we held sessions with stakeholders, including parliamentarians, to inform the handbook’s messaging. Photo: PATH/Deogratias Agaba.

Putting reproductive choice in women’s hands

In many countries, a woman can face multiple barriers to family planning options, such as difficulties reaching health facilities on a regular basis, incomplete understanding of contraceptives, and gender norms that restrict her reproductive choice.

For decades, PATH has championed the development and delivery of subcutaneous DMPA, or DMPA-SC, a lower-dose, easy-to-use injectable contraceptive that protects against pregnancy for three months and is widely available in more than 20 countries. This is especially helpful for women and adolescent girls who do not live near a health facility or who fear stigma or social rejection if they are seen at a family planning clinic.

Putting this product directly in women’s hands opens contraceptive access and choice because it allows users to
inject themselves in a private location at their convenience. It is particularly effective for reaching younger women, new users of contraceptive methods, and covert users.

**Advancing gender-responsive primary health care programs**

Building on our work strengthening primary health care systems, PATH analyzes data to identify gender-based barriers to health and designs programs to ensure all individuals—regardless of sex, gender identity, or gender expression—can access health innovations and services.

We combat harmful gender norms by using gender-transformative approaches in HIV programs; increasing men’s use of health services; integrating gender into tuberculosis prevention, diagnosis, and treatment programs; examining the gender dimensions of nutrition and immunization programs; and promoting gender-responsive health systems for malaria control.

**Using gender-transformative strategies for HIV prevention**

In western Kenya, a PATH-led consortium partners with the government of Kenya to implement the USAID-funded Nuru Ya Mtoto project, which safeguards the rights and welfare of children and adolescents impacted by HIV and AIDS. By the end of 2021, the project had reached nearly 45,000 adolescent girls and young women (AGYW) across three subcounties with interventions designed to promote adoption of HIV prevention behaviors and service uptake. This includes implementation of the evidence-based, gender-transformative approaches of the Start, Awareness, Support and Action (SASA!) program, which works with young women, their partners, and community members to critically assess inequitable gender norms that significantly contribute to AGYW’s risk for HIV infection and gender-based violence (GBV). Project teams also collaborate with policymakers and national and subnational gender technical working groups to address gender barriers, use data for decision-making, and tailor interventions to support AGYW facing all forms of violence.

**Advancing gender-responsive immunization programming**

PATH is committed to dismantling gender-related barriers to immunization equity. As coauthors of the Equity Reference Group for Immunization discussion paper, *A Gender Lens to Advance Equity in Immunization*, PATH collaborated with partners to develop actionable recommendations for gender-responsive demand- and supply-side interventions at national and subnational levels. This foundational analysis helped to inform Gavi, the Vaccine Alliance’s updated gender policy (2020) and has guided our approach to immunization advocacy. PATH is also a member of the Gavi Civil Society Organization Steering Committee, as part of the Gender Equity in Immunization Alliance, which catalyzes action-oriented learning and collaboration across donors, United Nations agencies, and civil society, with the aim of addressing gender-related barriers to immunization services.

In Uganda, PATH supported the Ministry of Health and other partners to develop the gender-responsive *Advocacy and Demand Generation Handbook to Support the Deployment and Increased Uptake of the COVID-19 Vaccine in Uganda*. Through social listening exercises and regional and national workshops with faith and cultural leaders, parliamentarians, and other political and technical decision-makers, PATH and partners identified gender-related vaccine deployment and adoption issues. The team used the data to develop recommendations like identifying women influencers from different sectors to promote immunization, encouraging collaboration with the Uganda Women Parliamentary Association to advance gender-responsive budgeting for immunization, and including gender and human rights issues in immunization-related public messaging approaches to respond to COVID-19 vaccine deployment challenges.

**Reducing gender inequities in malaria programming**

PATH and partners are implementing the *Malaria Control and Elimination Partnership in Africa* (MACEPA) project with the goal of eliminating malaria in the Democratic Republic of the Congo, Ethiopia, Senegal, and Zambia. This multiyear initiative enhances access to, as well as uptake and impact of, malaria interventions. It includes a focus on gender inequities in the health workforce, differences in malaria risk factors based on sex and age, and differences in access to, and uptake of, interventions based on sex and age. Gender-intentional data collection and analysis are foundational to the approach. This involves advocacy for sex- and age-disaggregated malaria data at the subnational and national
levels, and analysis to inform gender-responsive national malaria prevention and treatment interventions.

**Advocating for gender equity in public health policy**

PATH has adopted an explicit approach to gender integration in our policy and advocacy work by incorporating gender throughout our advocacy theory of change, promoting gender considerations in advocacy strategies, and supporting partners to address gender inequities in health policies. Gender-responsive advocacy and policy are critical levers in catalyzing health equity.

**Developing gender-responsive approaches to health policy**

PATH is bringing a gender-intentional focus to our advocacy tools and approaches. This means providing decision-makers with recommendations that address gender gaps in immunization, primary health care, reproductive health, maternal and child health, and research and development policies; elevating women decision-makers, advocates, and influencers in advocacy and communication strategies; and integrating gender considerations into trainings and learning materials for health policy advocates.

PATH has incorporated a gender lens into our ten-part policy advocacy eLearning curriculum to support individual advocates and organizational partners to design and implement gender-intentional policy advocacy strategies. This approach elevates gender considerations in the identification of policy advocacy issues and the engagement of decision-makers while also supporting civil society organizations and coalition governance structures to be gender balanced and to promote gender equity as part of health policy advocacy.

**Supporting Myanmar’s national sexual and reproductive health and rights policy and strategic action plan**

From 2016-2020, PATH partnered with the Maternal and Reproductive Health Division of the Myanmar’s Ministry of Health and Sports and in-country civil society organizations to implement a two-phase program to strengthen the sexual and reproductive health and rights (SRHR) policy environment. The initial Strengthening the Realization of National Guidelines, Policies, and Plans (STRONG) project, which was funded by UNFPA, and the follow-on STRONG+ project, which was funded by the Access to Health Fund, both advanced a vision for expanding the coverage of SRHR services, promoting quality of care, and urging reform of laws, policies, and practices that impede access to essential health care.

Under SRHR STRONG+, PATH and the Maternal and Reproductive Health Division convened a broad, multisectoral stakeholder group to participate in the policymaking process, which led to the country’s first-ever National Sexual and Reproductive Health and Rights Policy. An important part of the policy is the explicit emphasis on gender equity in health and mainstreaming gender-responsive approaches throughout the health system. The policy also focuses specifically on strengthening health services for GBV survivors of all sexes, gender identities, and expressions.

As part of SRHR STRONG+, PATH and partners trained health sector leaders, program implementers, and health care providers to take this work forward.

**Increasing gender-equitable access to resources and knowledge**

Everyone has the right to knowledge, resources, and innovations that help them optimize their own health. PATH finds ways to accelerate this using gender-responsive and gender-transformative programmatic approaches.

**Realizing reproductive rights through increased health knowledge in Uganda**

In Uganda, PATH conducted research on barriers to contraceptive use in Mayuge District and used findings to create the Reproductive Health Literacy and Empowerment Curriculum for use by community groups. Based on the key message that knowledge is fundamental to sexual and reproductive rights, the ten-part curriculum included sessions that expanded participants’ knowledge of reproductive health and family planning and dispelled misconceptions that prevent many women and couples from using hormonal contraceptives.

In collaboration with the Jinja Area Communities Federation, PATH partnered with community groups to use the curriculum, which also contained modules that addressed...
inequitable gender norms, couples’ communication skills, and decision-making. Results of this activity showed increases in participants’ knowledge of reproductive anatomy and hormonal mechanisms and improvements in couples’ communication about contraceptive use. Results also showed decreases in misconceptions regarding contraception and less support for inequitable gender norms related to family planning.

Implementing HIV prevention and economic growth programs in Kenya

Since 2016, PATH has partnered with government stakeholders and community-based organizations in western Kenya to implement the USAID-funded Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program, which keeps AGYW HIV-free through services that protect their health, promote educational opportunities, and provide economic support.

After AGYW finish the DREAMS program, even if they have participated in financial capability and entrepreneurship training, many young women still lack the networks, opportunities, and capital needed to become financially stable and overcome the structural economic barriers that contribute to increased HIV risk among this population. Through the privately funded Chak a Chaka’ project, PATH supported more than 1,200 young women’s journeys toward economic empowerment and sustained health service access. To date, hundreds of young women have returned to school, joined vocational training, or started new businesses with support from Chak a Chaka.

Strengthening gender-based violence services

PATH’s work on GBV spans over 20 years, and the continuity of our experience is the foundation for our work today. We bring government partners and communities together to achieve evidence-based GBV prevention and response impact at scale, and to reach individuals in challenging environments.

Expanding gender-based violence program results

PATH has partnered with Kenya’s Ministry of Health and other stakeholders to expand HIV prevention, testing, and treatment services in western Kenya for decades; the integration of GBV services has long been foundational to our approach. Through the USAID-funded Afya Ziwani program (2017 to 2021), PATH partnered closely with the Ministry of Health, county governments, and other stakeholders to address GBV through evidence-based prevention approaches, case identification, and a minimum package of services—including clinical care, referral for psychosocial support, legal counseling, and police services—for GBV survivors. Within a two-year period, these services reached more than 13,500 individuals, including women, men, and children across all age groups.

PATH continues to strengthen GBV services at scale through the USAID Nuru Ya Mtoto project, which advances gender equity and strengthens GBV prevention and response to improve access to, demand for, and use of high-quality HIV and social services. The project has sensitized hundreds of community leaders, service providers, and AGYW peer leaders on appropriate first-line support for GBV survivors, based on the LIVES (Listen, Inquire, Validate, Enhance safety and Support) approach, and health care workers at project-supported health facilities have provided 11,261 GBV survivors with post-GBV clinical services based on national guidelines.

Supporting local partnerships and community-based approaches to gender-based violence in Myanmar

Health services for the survivors of GBV are often least available when and where they are needed the most. In 2021, under the challenging circumstances of the COVID-19 pandemic and the military coup in Myanmar, PATH and a local women’s network called Thone Pan Hla collaborated to increase awareness about GBV-related challenges within migrant communities in peri-urban areas of Yangon. The project, funded by the World Health Organization, helped connect GBV survivors to health and social support services while also fostering collaboration with local and international partners to facilitate access to updated information and high-quality services for SRHR. It played a crucial role in helping 6,760 individuals in their communities to recognize GBV and seek support when needed. The project also supported women migrants in crisis situations by providing shelter, food, and transport to services and safety.

1 “Chak a chaka” is a popular Luo phrase encouraging people to start whatever endeavor they are thinking of doing despite limited resources.