Strengthening capacity for multidisciplinary research for effective delivery of interventions –

ADP project and implementation research in Africa: an entry point for considering gender dimensions

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• ADP
• IR within ADP
• Why does gender matter for IR and for ADP?
• Conclusions
The Access and Delivery Partnership (ADP) supports countries to strengthen the policies, human capacities, systems and regulations needed to ensure that medicines, vaccines and diagnostics ultimately reach the people who need them.
The value chain of access and delivery

- New health technologies
- Regulatory approval
- Selection and prioritization
- Public procurement
- Distribution and storage
- Service delivery
- Patients

Enabling policy and regulatory framework
Cost-effective pricing and procurement
Implementation and delivery research

Robust regulatory control system
Health technology assessment
Supply chain management
Pharmacovigilance
Implementation research

• Addressing issues / barriers / challenges identified by programmes
• Context specific
• Dynamic and stakeholders engaged

• Improving delivery of interventions
• Improving programme implementation effectiveness
RELEVANCE OF IR

✓ Highlights the importance of conducting IR in real-world settings, attention to context, and being mindful of the needs of the audience for whom the research is intended.

✓ Research for implementation should be done in and with the communities (influenced by gender dynamics and other contextual factors that tend to influence implementation and that often change over time)

✓ IR can address or explore various aspects of implementation, including the factors affecting implementation (e.g. poverty, geographical remoteness, or traditional beliefs), the processes of implementation themselves, and the outcomes, or end-products of the implementation under study.

✓ helps understand health inequities
Sex constitutes the biological or chromosomal attributes that separate males, females and intersex people (Allotey and Gyapong, 2005; Morgan, George, et al., 2016).

Sex is assigned at birth and may differ from a person’s gender identity.

Gender is defined as “the socially constructed roles, behaviours, activities, attributes and opportunities that any society considers appropriate for men and women, boys and girls and people with non-binary identities” (WHO, 2018).

Gender is often relational and frequently varies through spaces, contexts and time (ibid; Connell and Messerschmidt, 2005; Connell, 2012)
Sex and age data disaggregation can trigger deeper reflection, further research and effective action

New HIV infections in sub-Saharan Africa, by age and sex, 2013

Source: UNAIDS 2013 estimates.


https://www.measureevaluation.org/resources/publications/fs-17-205f
Gender, sex and their intersections with other social stratifiers and environmental determinants of health shape peoples’ vulnerabilities to and experience of infectious diseases, as well as their ability to access related health care and treatment.

Modified Intersectional Gender Analysis Wheel. Extracted from TDR Toolkit: Incorporating intersectional gender analysis into research on infectious diseases of poverty (forthcoming)
**RELEVANCE – WHY UNDERSTANDING GENDER & INTERSECTION MATTER?**

- Important for inclusive and responsive infectious disease programmes and **access and delivery** of interventions

- Essential in prevention and control efforts of infectious diseases of poverty and can be crucial at multiple points along the IR process (Tannenbaum C, 2016):
  - Programmes may operate differently within and across sexes, age, gender identities and other social stratifiers (e.g. ethnicity, geographical location…) under different circumstances and contexts.
  - Research should inform implementation strategies to avoid ignoring gender-related dynamics that influence if and how an implementation strategy works.
IR, sex and gender – The experience with Yaws

- IR – Research to **identify and overcome bottlenecks** against the effective access and delivery of new health technologies.
- Conducted under real life conditions with gender dynamics in context.
  - **Failure to consider sex and gender may**
    - neglect an important determinant of knowledge use,
    - reduce the effectiveness of implementation intervention,
    - inadvertently reinforce gender stereotypes,
    - possibly create or increase gender and health inequities in access to care and health outcomes

Payne (2009), Tannenbaum et al., (2016)
So you can start disaggregating your data by sex and age...and go beyond...

Ensure sex and age disaggregated data within your projects and plans in terms of :-

- data collection
- project beneficiaries
- Both (depending on the nature of the project).
So what does an intersectional lens add in this ADP context?

- Supports **equity analysis**
  - *Deepens* our understanding by better reflecting complex programme realities;
  - Helps identify those who may otherwise be missed
  - Helps identify the structural drivers of inequity
- Attention to multi-level **power relations** and the processes by which power and inequity are reproduced (Hankivsky and Cormier 2011; Davy 2011)
- Emphasizes **social and distributive justice**
- **Promotes equitable ACCESS to and DELIVERY of interventions**
(TOWARDS gender transformative) Access and Delivery of new Health Technologies (cross cutting) in LMICs

**Intersectional gender analysis:** The process of analyzing how gender power relations intersect with other social stratifiers to affect people’s lives, create differences in needs and experiences, and how policies, services, and programs can help to address these differences.  
(TDR Toolkit on Intersectional Gender Analysis for Research on Infectious Diseases of Poverty)
Some sex and gender-related questions for implementation research IN ADP CONTEXT

• (How) does the intervention “increase or decrease” gender inequities in socio-economic status, cultural or ethnic groups, and political contexts?
• Does the intervention work differently for sub-groups of men, women and other non-binary people, and if so, why/how?
• How do gender relations influence the outcome of the intervention?
• How does consideration of sex, gender and diversity affect the assessing of barriers and supports to uptake of evidence-informed practice, programs, policies?
• How do prevailing gender norms or gender roles serve as barriers or enablers to the uptake of evidence-informed practices, programs, policies?
• Are there unintended impacts of the intervention that exacerbate or diminish gender and/or health inequities? Why?
Multidisciplinary teams, with social scientists that have expertise and experience in gender research are essential to conduct a detailed gender analysis.
Sex and gender should always be considered in implementation research.

Failing to integrate sex and gender may

• neglect an important determinant of knowledge use,
• reduce the effectiveness of implementation intervention,
• inadvertently reinforce gender stereotypes,
• possibly create or increase gender and health inequities in access to care and health outcomes, including in Access and Delivery of new Health Technologies
CONCLUSION

1. Reflect on your work / team,
2. Evaluate your capacity for gender analysis