dominated values, relationships, and workplace cultures that make it difficult to alter institutional policies and norms to achieve gender equality. As two accompanying Series Comments[9,10] argue, the perspectives of feminists, civil society, and social movements from the Global South must be elevated and more visible in leading the global agenda for change.

The whole of health is shaped by our approaches to gender.[7] There will be no sustainable development without gender equity. Gender needs to come of age in global health: to be firmly feminist, explicitly intersectional, and truly global.

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Gender equality and health: laying the foundations for change

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The gender equality and women's empowerment agenda is recognised in the Sustainable Development Goals (SDGs) and by various UN and government commitments before the SDGs. However, mainstream public health and public policy have yet to invest substantially in research and action to tackle gender inequalities in health. Building on the Women and Gender Equity Knowledge Network (WGEKN) report submitted to the WHO's Commission on Social Determinants of Health,[1] the new *Lancet* Series on gender equality, norms, and health[2–6] brings back to the foreground the urgency with which attention, resources, action, and accountability must be dedicated to transform gender inequalities in health. Gender inequality remains one of the most pervasive inequalities in health and one of the most insidious because it is one where backlash against progress retains legitimacy and actively contests progressive change.

The *Lancet* Series focuses primarily on gender norms, their measurement, and how they contribute to poor health outcomes. The Series reviews efforts to change gender norms through community-based participatory initiatives;[4] gender mainstreaming within organisations;[6] national laws and policies,[4] and other initiatives linked to women's collectives.[5]

Noteworthy contributions of this Series include building on WGEKN's analysis of how gender inequality, like other forms of discrimination, interacts with biology at the individual and population levels, and updating the analysis with the concept of embodiment and the field of epigenetics.[2] Additionally, the Series highlights the potential and challenges of measuring gender norms through proxy measures from existing surveys.[3] as well as the importance of women's movements, while flagging the gross underfunding and censorship of feminist groups.[6] It also flags how corporations profit from advancing gender stereotypes with negative effects on health.[6]

Reflecting on the evidence, decades of feminist activism and scholarship, particularly from the Global South, and our own experiences in research and policy, we highlight here three issues to consider in moving the agenda for gender equality and health forward.

First, we argue that to bring gender equality into the mainstream of public health, and especially in national

health priorities, conceptual clarity is essential. In addition to distinguishing between sex and gender, by focusing on the social construction of roles and norms, the Series extends gender analysis to a continuum of gender identities, including non-conforming gender minorities and LGBTQI populations. In expanding the remit of gender inequality in health, are we diluting its explanatory power by conflating it with other forms of discrimination that overlap with gender but that are distinct? Feminist theory addresses this through intersectionality, which enables us to better examine the forms of disadvantage that drive health inequities between women and men and among individuals with non-conforming gender identities and sexual orientations. Rather than a cataloguing of identities and populations, a focus on intersecting forms of power, privilege, and positionality brings into sharper focus the need to change the drivers of disadvantage and their policy levers.[7–9] LGBTQI and men's health demand public health attention in their own right. Lumping these different populations and forms of discrimination under gender inequality alone can lead to continued misrecognition, false equivalence, and ineffective action.

Second, we argue for a more visible and central focus on how power acts as a determinant of health.[10] Intersectionality entails revealing power relations and politicising the injustices that are disproportionately experienced by some groups versus others. Labelling gender discrimination, sexism, and patriarchy as gender systems neutralises their political underpinnings. By comparison, racial inequalities are understood to be the result of racism, not race systems or racial norms and stereotypes alone. Prioritising gender norms as the glue underpinning gender systems depoliticises the nature of the injustices that disproportionately affect women. Norms are only one aspect of how gender inequalities are replicated and entrenched. Norms reflect and interact with other social and structural aspects of gender inequality.[1,4] The reification of gender norms as a magic bullet that will singularly transform gender power relations does a disservice to millions of women navigating extreme forms of oppression daily. Women in humanitarian settings or poor minority women with no secure transport or economic means face daily violations to their humanity. Women in many parts of the world face challenges in being safe, accessing credit, securing land titles, having justice systems not abuse them, and in accessing health-care services that respect them because their rights are not protected, not just because of non-conforming gender identities, being too feminine, or being responsible for caregiving and domestic roles. Moreover, gender norms themselves are influenced by and reflected in structural factors including labour markets, legislation, macroeconomic and sectoral polices, political shifts, and the increasing nature of corporate influence (ie, commercial determinants).[11] Hence, addressing policies and programmes that respond to the other structural aspects of gender inequality is equally important.

Finally, reflecting on the nature of partnerships that need to be built, the voices of feminists from civil society, academia, and policy circles from the Global South must be more visible in leading the agenda for change on gender equality and health. We note that the first and senior authors of all the Series papers and the Steering Committee of the Series are from institutions in the Global North. Given the geopolitical context in which the agenda for gender equality is either neglected or facing backlash, it is crucial that gender equality in health is not perceived as a northern agenda. A key part of accountability is reflexivity about one's own positionality in advancing a political agenda. The legitimacy of the agenda for equity is premised on the practice of solidarity with front-line communities that lead and sustain change on the ground.

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Doing gender better: can the UN step up?

Gender inequality and gender norms impede progress on the global goal to achieve health for all. *The Lancet*'s 2019 theme issue on advancing women in science, medicine, and global health and now its new Series on gender equality, norms, and health[1–5] provide updated evidence on the pervasiveness of gender inequities, unequal power dynamics, and other intersecting factors within society that often leave women disempowered, disenfranchised, and vulnerable. In their Series paper, Geeta Rao Gupta and colleagues[5] remind us that the barriers to progress are primarily political, which gives the UN a distinct role to advocate for political commitment, ensure accountability to international instruments, and enable gender transformative implementation with the right tools, resources, and evidence.

There have been promising initiatives from the UN, including their gender mainstreaming tool kits, manuals, handbooks, and checklists.[6] These have attempted to operationalise the complexity of gender power relations into measurable programmatic interventions. Some of these have ambitiously tried to move from addressing gender to including composite issues of equity and human rights frameworks.[7]

From an organisational perspective, the UN system-wide action plan on gender equality and women's empowerment (UN SWAP), led by UN Women, aims to jointly establish processes and implement effective approaches to address gender inequality. UN SWAP and its updated version UN SWAP 2.0 highlight the importance of gender parity, particularly in senior leadership roles across UN agencies.[8] There is also a stronger focus on internal accountability and tangible measures to incentivise changes in workplace behaviour and in programming.[9]

However, challenges persist. At the level of programmes, there are gaps in data for meaningful analysis of the effectiveness of gender mainstreaming and gender transformative approaches. A further challenge is the difficulty of ensuring that gender mainstreaming programmes are sustained.[10,11] Analyses suggest that while specific activities are successfully implemented with the range of available toolkits and training programmes, these changes are not sustained beyond individual gender champions or specific programmes. Reasons suggested for this problem include that recipients of programming do not see the gender transformation reflected in the implementing agencies.[10] Responsibility for gender mainstreaming is often assigned to staff who are the gender focal points but who do not have the authority to enable change within their own agencies.

More importantly, the UN, as an institution, has not been immune from entrenched abuses of power and cultures of bullying and sexual harassment in the workplace.[12] These act as disincentives for women to remain in the UN or to aspire to satisfying careers.[12,13] In a large, albeit limited, response survey of staff across the UN system, 41% of respondents who identified as female had experienced sexual harassment in the past 2 years.[14] Recent consultations undertaken by the United Nations University International Institute for Global Health suggest that despite an increase in women in senior leadership positions, the improvement in parity alone will not necessarily achieve the broader outcomes expected of gender equality if the appointees are disempowered or inadequately resourced to fulfil the obligations of the office.

Stephen Chernin/Stringer

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