

COMMUNITY PAPER

Feminist global health policy at a glance: Perspectives, Pathways and Germany's Role

An introductory guide from the Community

A Community Paper of the Global Health Hub Germany Feminist Policy Subgroup of the Community on Global Women's Health

In a nutshell:

Feminist global health policy (FGHP) aims to achieve health equity and better health outcomes for everyone. It places human rights at the centre and shifts power to marginalised groups historically excluded from decision-making in health policy. Feminist approaches are inherently intersectional, inclusive, decolonial, and grounded in global solidarity. Rooted in equity, they dismantle intersecting forms of discrimination and uphold democratic values.

Implementing a feminist global health policy is a holistic endeavour that requires:

- Meaningful participation and inclusion
- Strong alliances and solidarity
- Structural transformation
- Sustainable investment and genuine action

For a healthier and fairer world, Germany should recognise its responsibility as part of the global community to promote the implementation of feminist principles in global health policy.

About the authors

The community paper reflects the discussion of a webinar organized by the Feminist Policy Subgroup of the Global Women's Health Community. Special acknowledgment is extended to Lisa Hoffmann, Elizabeth Kayanga and Ellen Kuhlmann, whose valuable contributions and perspectives during the webinar have informed this paper. Written contributions were made by: Hannah Eger (lead author), Feminist Policy Subgroup of the Global Women's Health Community.

Background: Intertwined and Structural: Inequities in Global Health

Worldwide, discrimination and disadvantage against women, gender minorities and marginalised groups persist. The resulting **inequity** also affects health systems and outcomes, leading to **avoidable health disparities**. Health inequities are multifactorial and complex. Therefore, holistic approaches recognising the structural causes are required to establish equity. This paper begins by presenting examples of inequities to showcase their extent and interconnectedness, and to underline the relevance of feminist alternatives.

Research confirms that gendered inequities in research, treatment, delivery and investment exist.^{1,2} For instance, women were excluded for decades from clinical trials due to assumptions

that hormonal cycles and risk of pregnancy would “distort” results. As a result, medication was tested almost exclusively on men yet prescribed to everyone. This gender bias persists today, with many of those drugs still in use – which can lead to incorrect dosages or adverse effects.^{3,4} Recent political backsliding has aggravated the gender-health-gap. In early 2025, shortly after the inauguration of Donald Trump as President of the United States, the U.S. Food and Drug Administration (FDA) removed key content related to diversity, equity, and inclusion from its official website. This act and similar subsequent orders present a clear signal of retreat from inclusive health research and policymaking,

¹ Heise, L., Greene, M. E., Oppen, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Darmstadt, G. L., Greene, M. E., Hawkes, S., Henry, S., Heymann, J., Klugman, J., Levine, R., Raj, A., & Rao Gupta, G. (2019). Gender inequality and restrictive gender norms: framing the challenges to health. *The Lancet*, 393(10189), 2440–2454.

² Heidari, S., Babor, T.F., De Castro, P. *et al.* Sex and Gender Equity in Research: rationale for the SAGER

guidelines and recommended use.

<https://rdcu.be/d7n9p>

³ Benjeaa, Y., & Geysels, Y. (2020). Gender bias in the clinical evaluation of effectiveness in therapies. *Applied Clinical Trials*, 29(12), 30–33.

⁴ Caroline Criado Perez. *Invisible Women: Data Bias in a World Designed for Men*. New York, NY: Abrams Press, 2019.

undermining decades of progress in improving equitable healthcare access.⁵

Although women contribute significantly to functioning health systems worldwide by accounting for about 70 % of the global health and care workforce, these same health **services do not adequately serve their needs**⁶: Globally, sexual and reproductive health (SRH) services are severely underfunded.⁷ Even if adequately financed, the health system itself is not exempt from discrimination either, which leads individuals to forego necessary care and hence reduces their access to and use of health services.^{8,9,10}

Intertwined forms of discrimination, e.g. sexism and racism, exacerbate these health inequities.^{10,11} Access can be further restricted in various ways, e.g. physically for people with disabilities, as well as by stigma due to prevailing negative attitudes for example towards sex workers, queer people or people whose weight deviates from an alleged norm.

Health disparities affecting women and marginalised groups are further exacerbated by the dominating biomedical lens in global health that tends to neglect the social determinants of health (SDOH). For instance, during the COVID-19 pandemic countries did comparatively well in protecting basic biomedical services but failed to **adequately consider the living conditions and social reality of people** as well as to continue SRH services. The pandemic highlighted that laws and policies are crucial, but not sufficient, to uphold gender equality in a pandemic – **real implementation and the will to achieve genuine social change** are essential.¹²

Current crises and conflicts manifest and exacerbate existing inequities, leading to widening health gaps and disparities, which often disproportionately burden women and marginalised populations. These structural inequities are deeply embedded in societies and health systems. They are created and manifested by **power asymmetries** and intersecting forms of oppression and privilege, such as those

⁵ <https://www.reuters.com/business/healthcare-pharmaceuticals/us-fda-drops-web-pages-improving-clinical-trial-diversity-2025-01-24/>

⁶ Women in Global Health. Policy Brief: The State of Women and Leadership in Global Health: The XX Paradox. Women in Global Health; 2023.

⁷ WHO (2020). Universal health coverage for sexual and reproductive health. Evidence brief. Geneva: World Health Organization. <https://iris.who.int/bitstream/handle/10665/331113/WHO-SRH-20.1-eng.pdf?ua=1>

⁸ Rivenbark, J.G., Ichou, M. Discrimination in healthcare as a barrier to care: experiences of socially disadvantaged populations in France from a nationally representative survey. *BMC Public Health* 20, 31 (2020).

<https://doi.org/10.1186/s12889-019-8124-z>

⁹ Hamed, S., Bradby, H., Ahlberg, B.M. et al. Racism in healthcare: a scoping review. *BMC Public Health*

22, 988 (2022). <https://doi.org/10.1186/s12889-022-13122-y>

¹⁰ Deutsches Zentrum für Integrations- und Migrationsforschung (DeZIM) (2023): Rassismus und seine Symptome. Bericht des Nationalen Diskriminierungs- und Rassismusmonitors. Berlin

¹¹ Zemouri C, Nait Kassi A, Arrazola de Oñate W, et al Exploring discrimination and racism in healthcare: a qualitative phenomenology study of Dutch persons with migration backgrounds *BMJ Open* 2024;**14**:e082481. doi: 10.1136/bmjopen-2023-082481

¹² Kuhlmann E, Lotta G, Fernandez M, Herten-Crabb A, Mac Fehr L, Maple J-L, Paina L, Wenham C and Willis K (2023) SDG5 "Gender Equality" and the COVID-19 pandemic: A rapid assessment of health system responses in selected upper-middle and high-income countries. *Front. Public Health* 11:1078008. doi: 10.3389/fpubh.2023.1078008

resulting from patriarchy, coloniality and capitalism. Feminist approaches focus on these underlying causes of inequities, **aiming to improve everyone's health and contribute to the achievement of the Sustainable Development Goals (SDGs).**

In light of the recent developments, including an undeniable strong backlash against gender equity and progressive, democratic and feminist movements almost worldwide, the **Feminist Policy Subgroup of the Global Women's Health Community invited high-level speakers to a webinar in November 2024** to discuss the concept and implications of feminist global health policy. Key take-aways are presented here.

Feminist global health policy: The attempt to capture a dynamic concept

Feminist global health policy (FGHP) is not a fixed term with an unchangeable definition. To adequately reflect the complexity of our world, a certain degree of flexibility and adaptability is required. However, to avoid dilution of FGHP, **fundamental components were identified as essential.** In this regard, the term "feminism" is purposively used and perceived as important, since it encompasses a holistic understanding of power and inequity beyond single aspects such as gender, sexual and reproductive health and rights (SRHR), or women's health. Furthermore, the term serves to acknowledge and continue previous

fight and gains of the feminist movements.

With **human rights and democratic values** at its centre, feminist approaches constitute a stronghold against anti-democratic, authoritarian attacks that are on the rise globally. Consequently, health is understood as a human right and not a mere privilege. Feminist global health policy strives for **health equity** by adopting **gender-responsive, inclusive and equitable approaches** to global health – embodying the promise of "Leave no one behind". Genuine feminist approaches are **inherently decolonial, anti-racist and celebrate diversity.** Feminism builds on the principles of non-discrimination, equal opportunities, participation, transparency, empowerment and accountability. The recognition of **intertwined power structures and resulting discrimination** as well as the aim to dismantle them form the foundation of feminist action. Feminism is inextricably linked to the concept of **intersectionality**, by combating all forms of discrimination and recognising their interrelatedness. Inequities can only be tackled by addressing the root causes and structures, including the continuous patriarchal and colonial infiltration of the global health system and world order more broadly.

Taking these persisting structures into account, genuine transformation requires a **holistic approach.** Feminist global health policy must consider the SDOH and facilitate policy and legal change in conjunction with social norm change. To change such systems and structures, **power must be shared:**

Following the principles of equality and democracy, people in all their diversity must be included in – and ideally lead - decision-making processes that impact their lives and health. The domination of and ruling over “others” implies a colonial, anti-feminist mindset and must be avoided.

Reflecting on existing feminist approaches to policy, it is crucial that **actions align with the theory** behind feminist global health policy to be truly meaningful. In particular in white, global north settings, the **risk of dilution and co-optation** of feminism is one of the biggest challenges. Transformation requires activism as well as mindfulness of one’s actions. In this respect, feminist action should always include an internal perspective, i.e.

Expectations towards Germany

To foster global solidarity, **Germany** should work towards enhancing and maintaining **feminist alliances**. Only a strong community can advance feminist approaches to global health and oppose dilution of feminist goals in multilateral settings. Germany should **prioritise and embrace feminist policies** for more equitable health services and hence improved health outcomes. This entails external as well as internal action. Former German Federal Minister for Economic Cooperation and Development, Svenja Schulze, started this process through a feminist development policy. With Reem Alabali-Radovan now taking office, it remains to be seen whether this agenda will be continued – the coalition agreement of the new government does not once

consider and reflect on the individual and organisational role and positionality and **start with changes from within**.

Feminist global health policy further encompasses a **global dimension**: A global approach that transcends national borders and silos is decisive. Regarding the anti-feminist movement that threatens women’s and minority rights worldwide, **global solidarity** that unites feminists is critical. International alliances, including grassroots civil society organisations, are of utmost importance and should be encouraged. Cooperation is an inherent component of feminism; hence feminist global health policy must value partnerships.

mention the word “feminist”. However, her prior political engagement, particularly as the Federal Government Commissioner for Anti-Racism, leaves hope for the continuation of feminist approaches to development cooperation.

Health is a cross-cutting issue that requires holistic measures through a **whole-of-government approach**. It is paramount that Germany reflects on and implements the **lessons learned** of previous feminist policies, such as feminist foreign and development policy to avoid tokenism: Feminism is not a label – it requires genuine action. This **action must be demand-driven** and guided by people with lived experience. Taking into account an intersectional, decolonial approach, German

policymakers should **practice self-reflexivity and avoid imposing** interventions. Hence, **participation and meaningful inclusion** should form the basis. True implementation of feminist principles in global health is dependent on **sufficient and adequate investment**. Germany is in considerable

demand to play a major role here, not least because feminist interventions are closely linked to upholding democratic values. In particular feminist grassroots organisations should be **systematically funded**, allowing for sustainable and predictable planning.

About the Global Health Hub Germany

The Global Health Hub Germany offers all individuals and institutions active in the field of global health the opportunity to connect in an independent network across eight different stakeholder groups: International organisations, youth, politics, foundations, think tanks, business, science and civil society. The members of the Hub work together on current issues of global health. The interdisciplinary exchange generates themes, issues and solutions that the Hub brings to policymakers to support informed policy-making and advance global health. Founded in 2019, the Hub now has around 1,500 members. For more information: www.globalhealthhub.de

About the Hub Communities

The Hub Communities are working groups led by the members of the Global Health Hub Germany themselves. They meet regularly to exchange ideas, share expertise and work together on global health issues. If you would like to join a Hub Community or learn about their work, contact Katrin Würfel, Head of Community Management: Katrin.wuerfel@globalhealthhub.de

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