How Gender Barriers Hinder Effective Implementation for the One Health Approach

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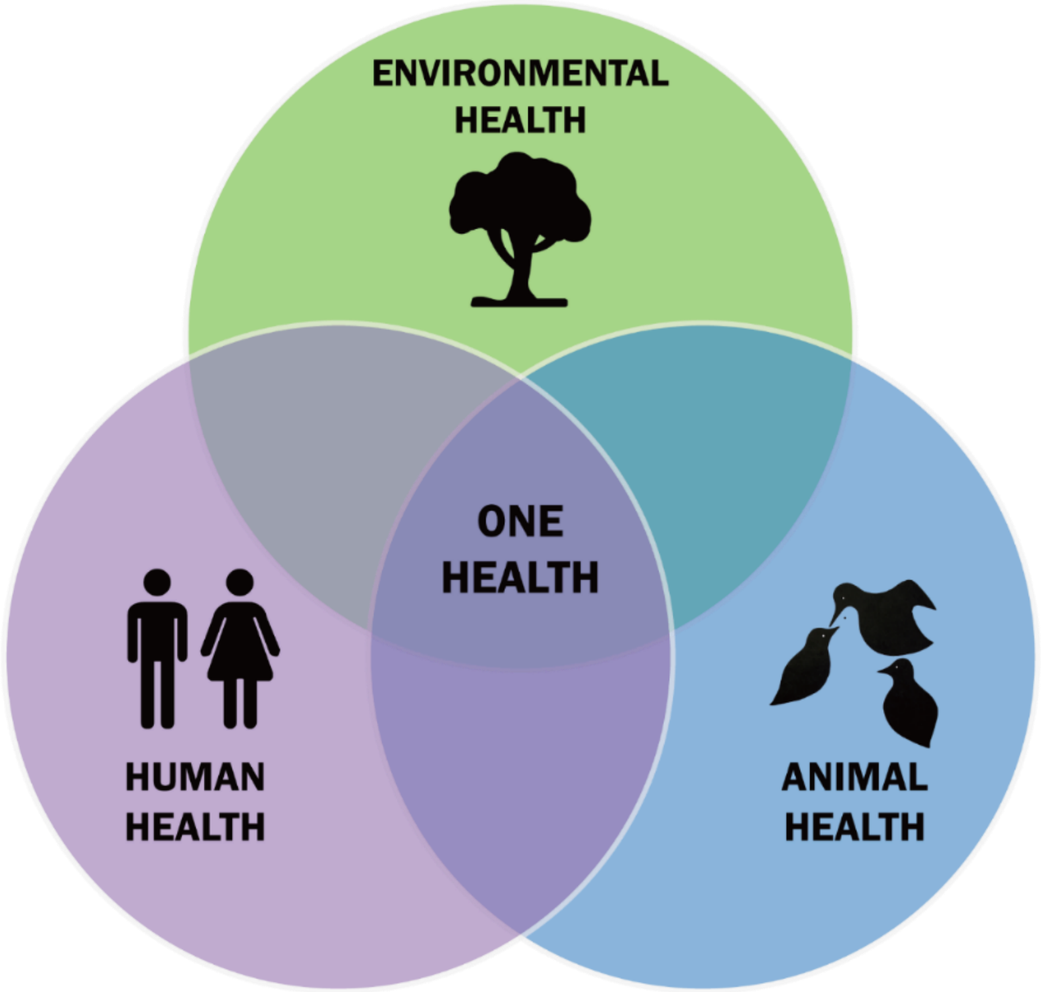
Why Gender Matters in One Health



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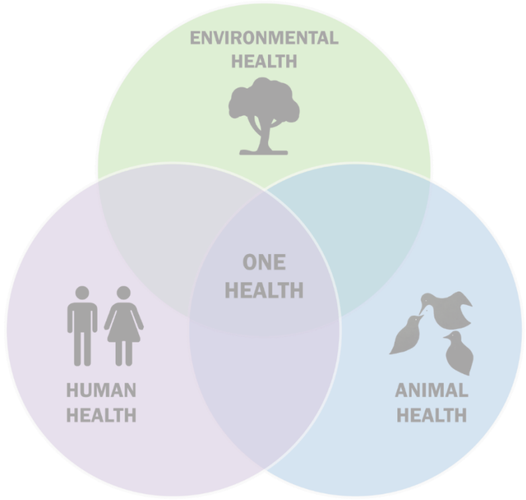
Why Gender Matters in One Health

- Frontline health workers (nurses, midwives, community health workers)
- Primary caregivers for children, elderly, and the sick
- Teachers and health educators
- Traditional healers, birth attendants, herbalists
- Public health professionals, epidemiologists, laboratory staff
- Managers of household hygiene, sanitation, and food safety practices
- …



- Water collectors and managers
- Household waste management
- Fuelwood collection, charcoal preparation
- Crop cultivation (small-scale farming, gardening)
- Seed selection and food storage
- Foraging for wild plants, fruits, mushrooms, herbs
- Forest use and stewardship (collecting medicinal plants, honey, fodder)
- Fishing and fish processing
- Community leaders in natural resource user groups
- Managers of household energy (cooking fuels, stove use)
- Environmental clean-up and community sanitation campaigns
- ….

- Smallholder farmers
- Daily livestock care
- Poultry keepers and traders in live bird markets
- Egg collection, incubation, and backyard flock management
- Informal animal health workers Dairy processors (milking, butter, cheese, yoghurt production)
- Household-level vaccination support
- Handlers of animal waste/by-products for fertilizer or fuel
- Traders in small livestock, poultry, hides, and by-products
- Informal butchers, market sellers, and food preparers (e.g. bushmeat, fish)
- Female veterinarians and para-vets (underrepresented in leadership)
- …

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Gender Barriers in One Health

Missing Voices in Leadership and Policy

- Women constitute a large proportion of health workers globally but occupy far fewer leadership roles

→ Women underrepresented in OH governance, specialized professional associations and scientific leadership

→ Lack of gender-sensitive perspectives in planning and risk communication

Drivers of underrepresentation

- Implicit bias and gendered stereotypes (leadership traits often coded as “masculine”)
- Fewer opportunities for early promotion into supervisory roles reduces pipeline (“broken rung” phenomenon)
- Organizational cultures, lack of mentorship, limited exposure to decision-making
- Work–life conflicts, family responsibilities, mobility constraints

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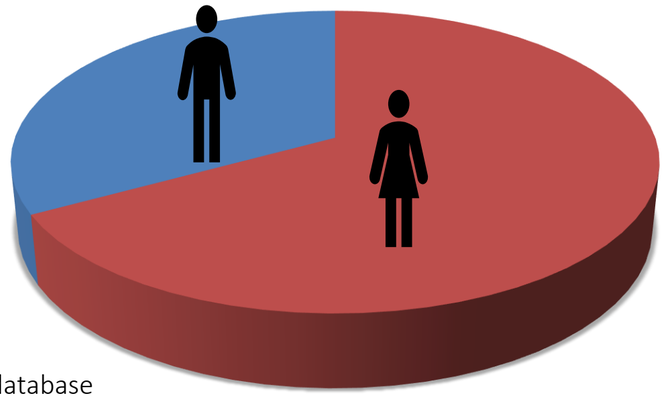
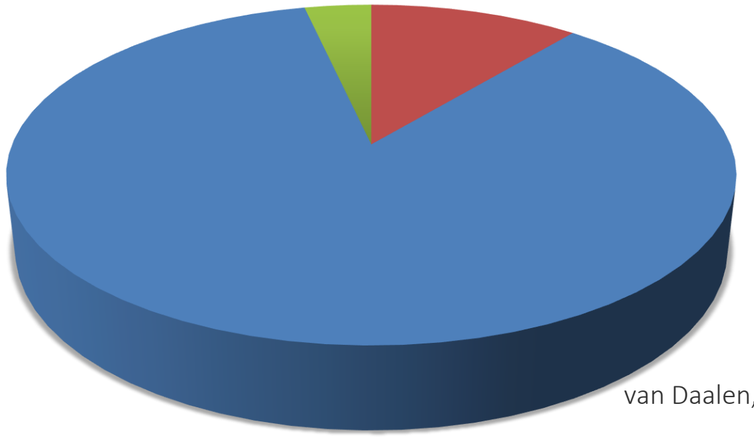
Missing Voices in Leadership and Policy

Health and Social Care Workforce



WHO Health Care Workforce database

COVID-19 decision-making and expert task forces



van Daalen, 2020, BMJ Global Health

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Gender Barriers in One Health

Barriers in Participation and Professional Growth

- Disparities remain in education, health outcomes, employment, and participation
- COVID-19 pandemic and climate change have aggravated inequalities
- Many projects include gender “components” lacking depth, integration, or sustainability
- Gender results are not consistently measured or reported

→ Emphasis has been more on counting women participation than on capturing transformative outcomes, gender relations, or changes in power

→ Baseline sex-disaggregated data are often missing

→ Qualitative measures and social norms change are weakly captured

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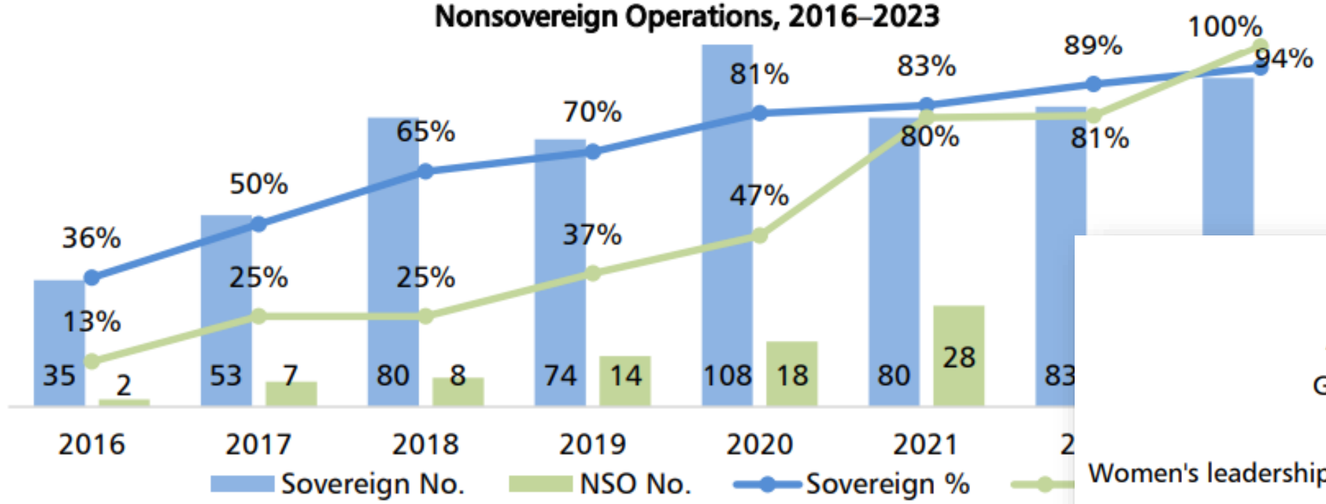
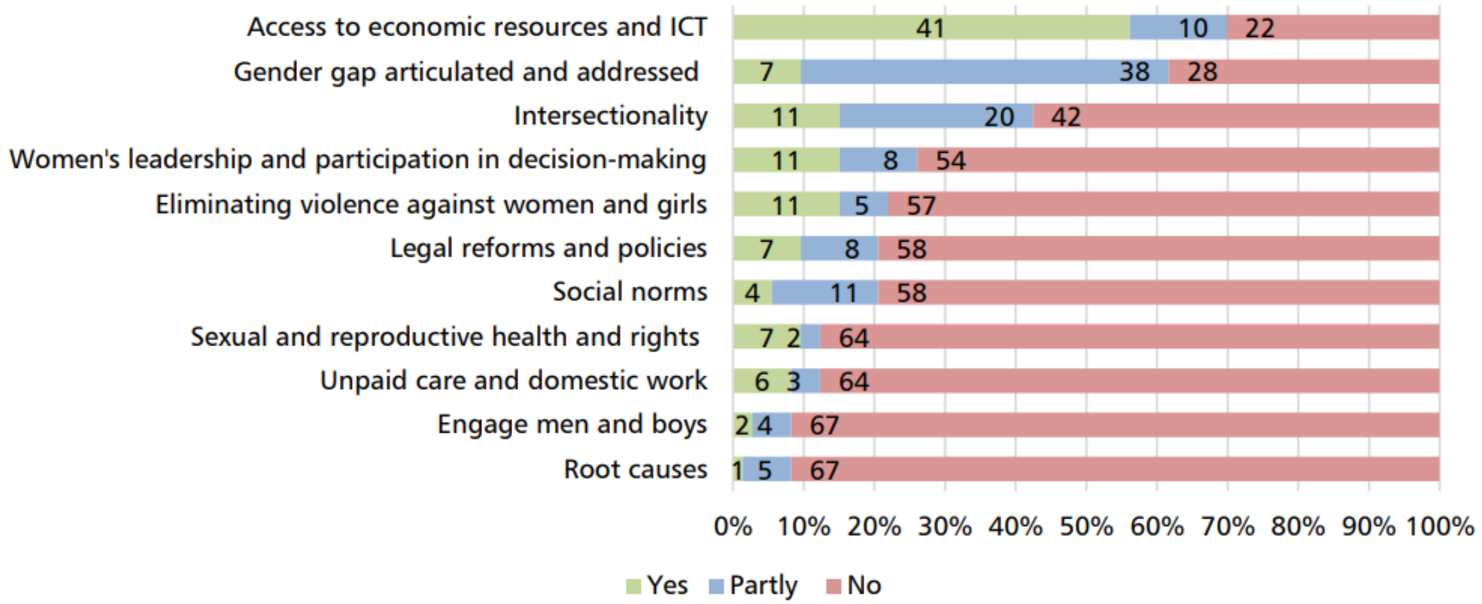
Barriers in Participation and Professional Growth

Figure 1: Trend in Gender Equity Theme, Effective Gender Mainstreaming Sovereign and Nonsovereign Operations, 2016–2023



No. = number, NSO = nonsovereign operations.
Source: Asian Development Bank (Independent Evaluation Department).

Figure A3.1: Integration of Transformative Elements in Gender Equity Theme Projects



ICT = information and communication technology.
Source: Asian Development Bank (Independent Evaluation Department).

ADB gender report, 2024

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Gender Barriers in One Health

Gendered Roles and Restricted Mobility

- High exposure in daily labor (poultry, caregiving, water, food preparation)
- Low visibility in formal systems (surveillance, veterinary networks, outbreak committees)
- Cultural restrictions (mobility limits, stigma, “unsuitable” for fieldwork)

→ Cultural norms limit women's mobility and participation in formal systems (e.g., outbreak response, training workshops)
→ Critical knowledge missed, heightened risk borne by women

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Gendered Roles and Restricted Mobility

In avian influenza responses in Vietnam, women responsible for poultry were excluded from vet networks (EU Commission 2008)

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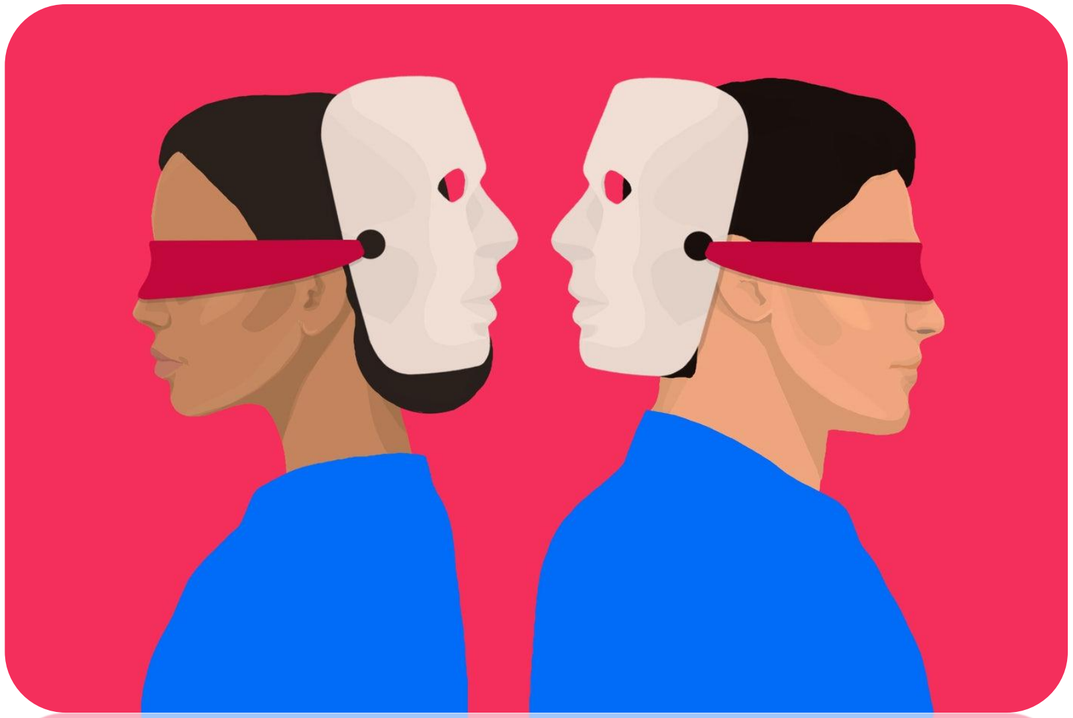
Gender-Blind One Health Fails Everyone

Consequences

- Missed surveillance signals
- Reduced uptake of interventions
- Inequitable distribution of risks
- Weaker governance and policy blind spots
- Economic and development costs



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Framework for Action

Building Gender-Responsive One Health

- **Leadership & Governance:** Ensure women's meaningful participation in decision-making bodies, task forces, and OH governance platforms
- **Access to Training & Funding:** Remove structural barriers limiting women's access to training, scholarships, grants, and extension services
- **Recognition of Informal Roles:** Value and integrate women's informal contributions in surveillance, caregiving, and household-level biosecurity
- **Data, Metrics & Accountability:** Collect and analyze sex- and gender-disaggregated data across OH systems.

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