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POLICY BRIEF

Gender-Responsive Health Policy in Kenya: Assessing Progress and Priorities Across Disease Areas

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Key messages:

- There is a clear need for **enhanced actors' collaboration, leveraging policy environment, generating more awareness on concepts and issues, collecting and analyzing data on critical indicators, and resource allocation** to support integration of gender to ensure equitable health outcomes for all genders in Kenya.
- Effective collective action requires **overcoming institutional barriers and fostering a supportive environment for gender mainstreaming** in policy development processes.

Background

Like many other countries, Kenya faces unique gendered health issues. There has been a growing recognition of the importance of gender considerations in health policies, particularly in conditions where gender-specific health disparities are common. While there is irrefutable existing evidence on gender specific health challenges, the extent to which policies incorporate gender considerations in their agenda setting, formulation, and implementation processes is under researched and remains a critical area of inquiry. Understanding the extent of gender considerations in development of policies targeting health areas is essential for ensuring equitable health outcomes.

Methods

As part of a larger research initiative exploring the relationship between gender, health policy and health outcomes, a study was convened by GH5050, APHRC and ICRW.

The study focused on five health areas, namely COVID-19, Tuberculosis (TB), HIV, and Non-Communicable Diseases.

These disease areas were chosen due to their significance and the documented variations in their impact on women and men.

Initially, a policy content analysis, using the World Health Organization's gender responsive assessment scale (GRAS), was conducted to evaluate select policy documents. This involved systematically examining the language used, explicit incorporation of gender-related factors, and the overall consideration of sex-specific health disparities within the policies. To complement this, key informant interviews (KIIs) were also conducted with policymakers involved in formulating various health policies, on factors influencing policies' gender responsiveness or lack thereof using the Shiffman and Smith framework.

Results

The emerging themes were analyzed covering four domain areas:



1.1. Actor Influence and Priority

This refers to the capacity of individuals, groups, or organizations to shape gendered health-related policies and the level of importance they assign to this issue. The degree of cohesion within the policy community significantly impacted the gender responsiveness of policy documents addressing HIV, TB, NCDs, and COVID-19. Strong unity among stakeholders seeking to address these diseases facilitated productive dialogue, knowledge sharing, and consensus-building on gender-responsive strategies. This collaborative approach ensured that diverse gender perspectives were thoroughly considered during policy development, resulting in more inclusive policies.

Issue leadership also emerged as a significant factor influencing gender responsiveness across these policy documents. Effective leaders (institutions or individuals), recognized for their ability to raise awareness, mobilize resources, and garner community support, played a pivotal role. They championed gender equality, advocated for gender-responsive strategies, and secured resources for implementation. Their influence encouraged community involvement and ensured the integration of gender considerations into policy frameworks, ultimately driving the creation of more inclusive and equitable health policies.

Guiding institutions mandated to lead on various issues, were also found to significantly impact gender responsiveness in policy. Effective guiding institutions provided leadership and direction in addressing gender disparities within health policy realms.

Their proactive engagement ensured the integration of gender-responsive approaches into policy frameworks, promoting inclusivity and equity.

Additionally, the critical role of civil society in mobilizing and shaping the gender responsiveness of policy was also noted. Strong mobilization efforts led by grassroots organizations effectively brought attention to gender considerations in policy formulation. By actively engaging with International and national political authorities, these grassroots efforts helped prioritize gender-responsive approaches and fostered collaboration toward effectively addressing gender disparities in health policies.

1.2. Power of ideas

This encompasses how individuals and organizations perceive concepts, issues or problems concerning gendered health. This includes narratives used and beliefs and values that shape attitudes towards it. The study in Kenya revealed the existence of confusion between gender, LGBTQ issues, and feminism that continue to hamper gender consideration in HIV, TB, NCDs, and COVID-19 policy. This confusion, stemming from limited acceptance of LGBTQ rights, led to challenges in addressing gender disparities effectively. The lack of a clear distinction between these concepts both within policy community and outside policy community, lead to lack of consensus on the distinct needs of different genders within policy frameworks. This impedes the development of inclusive health policies. Overcoming this confusion is crucial for advancing gender-responsive approaches and addressing health disparities comprehensively in Kenya.

Additionally, it was found that societal perceptions and cultural norms significantly influence the gender responsiveness of policy. Prevailing stereotypes and misconceptions may overshadow gender issues, especially where human rights and ideals are not widely accepted. Addressing these external perceptions is essential for fostering gender-responsive policy development and ensuring that health policies effectively cater to the diverse needs of all genders.

1.3. Policy environment

Policy environment refers to conditions and circumstances such as prevailing ideologies at national and international level, institution structures and public opinions, political climate that affect success of gendered health policy outcomes. During favorable periods such as increased attention and funding from the global community, there is an opportunity to prioritize gender-responsive approaches within policy frameworks. This is seen in policies that were developed in the wake of universal health coverage (UHC) discourse and attention among other windows. However, the extent to which gender considerations are integrated depends on the level of awareness and commitment within the policy community. Leveraging policy windows effectively can enhance gender responsiveness and contribute to more inclusive and equitable health policies in Kenya.

The study found that the global governance structure, indicating the degree to which norms and institutions provide a platform for effective collective action, influenced the gender responsiveness of HIV, TB, NCDs, and COVID-19 policy documents.

Specifically, the implementation of the two-thirds gender rule in the Kenyan constitution, that states, “the electoral system shall comply with the principle that not more than two-thirds of the members of elective public bodies shall be of the same gender,”^[1] has served as a notable example. While global governance structures advocate for gender equality norms, the effectiveness of implementation at the national level varies. In Kenya, the two-thirds gender rule highlights the commitment to gender equality in political representation, yet challenges in its full implementation persist. Despite global advocacy for gender-responsive policies, effective collective action requires overcoming institutional barriers and fostering a supportive environment for gender mainstreaming in policy development processes.



[1] Constitution of Kenya 2010, Article 81

1.4. Issue characteristics

Issue characteristics as the inherent qualities of a certain problem that influence its salience and tractability during policy making process. The study identified credible indicators as clear and measurable metrics that can trace the severity and progress of gender-responsive approaches in HIV, TB, NCDs, and COVID-19 policies. These indicators are essential for monitoring and evaluating the effectiveness of gender-responsive interventions.

Severity, as indicated by the size of the burden relative to other health issues (e.g., mortality rates), serves as a crucial benchmark for prioritizing gender considerations in policy development. Understanding the magnitude of the problem allows policymakers to allocate resources and focus efforts where they are most needed, ensuring a targeted - response to gender-related health challenges.

Effective interventions, on the other hand, are characterized by clear explanations, cost-effectiveness, evidence-based approaches, ease of implementation, and affordability. Policies that propose interventions meeting these criteria are more likely to achieve desired outcomes and address gender disparities effectively. By incorporating these indicators into policy frameworks, policymakers can ensure that gender-responsive strategies are not only impactful but also sustainable in addressing health disparities and promoting gender equality.

Among the reviewed policies, some emphasized the importance of collecting gender-related metrics and data to effectively address gender-related issues. It demonstrated that while some gender-related metrics are routinely gathered, there are notable gaps, such as data on gender-based violence, which are inconsistently included in data collection efforts. Other analyses found gaps in data availability and gender disaggregation. Gender was not a primary focus in some discussions since gender-specific data in epidemiological modeling were limited. The funding gap for gender work also demonstrates resource disparities, urging the need for equitable prioritization.





Recommendations

It is vital to prioritize robust multisectoral participation and advocacy, as seen in policies like KASFII, to enhance gender responsiveness.

Policies with limited financial support, and those lacking involvement of positively gender-biased actors, may benefit from increased stakeholder engagement across sectors to better address gender concerns.

Policies could benefit from a proactive approach in understanding and addressing gender dynamics, mirroring the progress seen in KASFII. Building on lessons from the HIV policy development, future policies should prioritize comprehensive strategies that consider sociocultural factors to enhance gender responsiveness in public health initiatives.

Despite constitutional provisions like the Two-Thirds Gender Rule, ensuring women's participation in key committees remains a challenge. To enhance gender responsiveness in healthcare initiatives, there is a need for more comprehensive measures to address disparities in resource allocation that can only be achieved through deliberate involvement of key stakeholders.

While policy environments like the SDGs and UHC have influenced gender responsiveness in some areas, **further efforts are required to ensure their integration and sustainability across all healthcare policies and programs.**

Call to action

There is a clear need for enhanced actors' collaboration, leveraging policy environment, generating more awareness on concepts and issues, collecting and analyzing data on critical indicators, and resource allocation to support integration of gender for equitable health outcomes in Kenya.

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