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POLICY BRIEF

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Embedding Gender Equity in G20 Health Systems: From Commitments to Continuity for Resilience and Justice

Key Messages

The Opportunity: The G20 has made strong declarations on gender equity in health, including through ministerial commitments and the establishment of a Women's Empowerment Working Group. Institutionalising equity within health governance is essential for lasting impact. Funding women's health is pivotal to ensuring sustained economic growth across G20 countries.

The Challenge: Progress remains fragile, vulnerable to political cycles, shifts in funding, and changes in leadership. Without institutionalised safeguards, gains risk being temporary, rather than transformative.

The Solution: Institutionalise gender equity in G20 health systems by embedding sex- and gender-based analysis (SGBA+), guaranteeing universal access to sexual and reproductive health and rights (SRHR), integrating women's mental health into universal health care (UHC), and ensuring equity in digital and environmental health.

The Call: Embedding equity as a permanent principle will enable the G20 to safeguard progress, enhance outcomes, strengthen resilience, and maximise returns on health investments – benefiting all communities and future generations, while advancing the shared commitment to Sustainable Development Goal 3 on universal health coverage.

Introduction/ Statement of the Aim of the Policy Brief

Health equity is both a moral imperative and a social and economic necessity. This brief calls for systemic reforms to embed gender equity as a permanent principle within the health systems of G20 member countries. Building on foundations laid by the W20, it advocates a shift from episodic advocacy towards durable institutional resilience.

The Policy Context

Over recent presidencies, the W20 has laid important foundations for advancing gender and health equity. Italy (2021) promoted gender medicine; Indonesia (2022) emphasised adolescent SRHR; India (2023) integrated gender into research and development; and Brazil (2024) bolstered data equity. These examples reflect steady advocacy progress. Yet recommendations often stall at the point of implementation. Without mandates, accountability mechanisms, and institutional reforms within G20 member country health systems, progress remains fragile and uneven.[1,2]

Institutionalising gender-responsive budgeting remains a significant challenge.The IMF Gender Budgeting Index reveals that although all G20 countries have gender-focused fiscal policies, essential tools, such as monitoring, evaluation, auditing, and impact assessments, are underdeveloped and often treated as peripheral "add-ons" rather than core components of budgeting processes.[1] Similarly, a systematic review of health-related SDG implementation found that most countries fund these goals through existing plans, without dedicated financing or evaluation structures.[2] With women comprising nearly 70% of the global health workforce, gender considerations must be systematically embedded in budgeting and response mechanisms.[3]

No country is currently on track to meet all 17 Sustainable Development Goals (SDGs) by 2030, with the greatest delays in health, climate action, and inequality.[4] These challenges are deeply interconnected and require integrated, multisectoral responses, rather than fragmented approaches, to achieve meaningful progress.

SRHR illustrates this fragility. Scholars have documented coordinated, transnational efforts to undermine SRHR legitimacy at global forums.[5]These threats have been compounded by the reinstatement of the Mexico City Policy in January 2025, which disrupted access to contraception and related services across sub-Saharan Africa.[6] Although maternal mortality declined by 34% between 2000 and 2020, much of this progress has stalled, or reversed. Nearly half of women of reproductive age still lack the autonomy to decide if or when to become pregnant.[4]

Broader gendered health inequities extend beyond SRHR. Perinatal and maternal mental health challenges remain widespread, underdiagnosed, and untreated, particularly in low- and middle-income countries (LMICs).

In South Africa, untreated perinatal mental health problems cost an estimated R49.3 billion per annual birth cohort, placing a significant burden on mothers, children, and the wider economy[7]. In digital health, AI tools trained predominantly on male or White datasets show lower diagnostic accuracy for women and people of colour, further exacerbating inequities.[8] Climate and environmental risks also disproportionately affect women, with exposure to heat and pollution linked to maternal complications and preterm births.[9]

> *These intersecting challenges underscore the urgency of moving beyond episodic advocacy. Durable reforms that institutionalise gender equity across the health systems of G20 member country health systems are essential to safeguard progress, strengthen resilience, and deliver sustainable outcomes for women and girls.*

The Research Evidence

Evidence demonstrates that embedding gender equity within health systems leads to measurable improvements in outcomes and resilience. Integrating sex- and gender-based analysis (SGBA+) improves diagnostic accuracy, reduces adverse drug reactions, and enhances treatment effectiveness. Yet SGBA+ is still inconsistently applied in clinical research and regulatory systems, limiting its potential impact.[10]

Sexual and reproductive health is central to advancing gender equality and social development. Each year, an estimated 12 million girls are married before the age of 18, many of whom face early pregnancies that increase the risks of maternal mortality, obstetric complications, and school dropout.[11] Adolescent pregnancies continue to drive maternal and neonatal morbidity and mortality in LMICs, while young women remain disproportionately affected by HIV and other sexually transmitted infections.[12] Ensuring access to contraception and reproductive health services saves lives, reduces maternal mortality, and enables girls and women to remain at school and participate fully in the workforce, while also strengthening intergenerational wellbeing.[12] Access to safe water, sanitation, and hygiene (WASH) further enhances menstrual and maternal health, with inclusive WASH interventions delivering clear equity and health benefits.[13]

Mental health is another neglected yet critical dimension. Perinatal and maternal mental health challenges are widespread, but remain critically underdiagnosed and undertreated, particularly in LMICs. Knapp and Wong[7] highlight that untreated mental health conditions impose substantial and rising economic costs, while investment in perinatal and early-life interventions yields strong returns. Global modelling reinforces this case: without action, the economic cost of mental disorders is projected to reach US$6 trillion annually by 2030, yet every US$1 invested in treatment yields a US$4 return[14]. Untreated conditions also contribute to intergenerational disadvantage, perpetuating cycles of poor health, reduced educational attainment, and poverty. Strengthening women's mental health is therefore vital, not only for individual wellbeing, but also for building resilient health systems and advancing gender equity.

The economic case for action is equally compelling. Closing the global women's health gap could generate up to US$1 trillion annually by 2040.[15] These gains are driven by increased workforce participation, higher productivity, and reduced disease burden. Beyond direct savings to health systems, investment in women's health contributes to household income, educational attainment, and social development. For governments, prioritising women's health offers a pathway to economic resilience and accelerated progress on gender equity and Sustainable Development Goals.

At the same time, digital health and artificial intelligence hold significant promise for expanding access and efficiency. However, they risk reinforcing inequities if designed without attention to gender. Research shows that AI tools trained on imbalanced datasets perform less accurately for underrepresented groups, including women.[8] This raises concerns about delayed or inaccurate diagnoses and may exacerbate existing health disparities. To ensure these technologies strengthen rather than undermine women's health, action is needed to prioritise inclusive datasets, equity-focused design, and regulatory frameworks that safeguard fairness.

Environmental risks compound existing inequities. Exposure to air pollution and extreme heat is strongly associated with adverse birth outcomes, including preterm birth, low birth weight, and stillbirth.[2] Women in under-resourced regions are particularly vulnerable due to unequal exposure and limited access to protective health services.

These harms extend beyond immediate health impacts, contributing to higher healthcare costs, reduced workforce participation, and long-term disadvantage. Without gender-responsive climate adaptation, the risks will intensify as climate change accelerates. Investing in women-centred environmental health policies can avert escalating costs, strengthen community resilience, and safeguard the health of future generations.

Taken together, the evidence demonstrates that embedding gender equity across health systems is not only essential for advancing universal health coverage and achieving the Sustainable Development Goals, but also a powerful catalyst for economic growth, resilience, and justice.

The gender Equity Divided: How Investment Pays Off

Conclusion

Gender equity is essential for building resilient, effective, and fair health systems. Applying a gender lens across innovation, financing, and service delivery, particularly in digital health, climate adaptation, WASH, and mental health, is vital to achieving universal health coverage and the Sustainable Development Goals. The evidence is clear: investing in women's health delivers economic returns, strengthens communities, and safeguards future generations. The G20 now has both the opportunity, and the responsibility, to move from declarations to robust reforms, embedding gender equity as a permanent principle of global health governance.

Recommendations

The W20 Health Equity Task Team recommends four priority actions for the G20 to embed gender equity in health systems:

1. **Institutionalise gender-responsive health systems.** Mandate sex- and gender-based analysis (SGBA+) in all health policies and innovations, supported by disaggregated data, inclusive research, and equity standards for AI and digital health.
2. **Guarantee universal access to SRHR.** Eliminate legal, financial, and social barriers to contraception, maternal care, menstrual hygiene, and HIV/STI prevention, – prioritising access for adolescents, rural women, women with disabilities, and migrants.
3. **Prioritise the mental health of women and girls.** Integrate community-based, trauma-informed services into universal health coverage, tackling root causes, such as gender-based violence, poverty, stigma, and unpaid care work.
4. **Harness innovation and standardise data.** Embed gender equity into digital health, and climate adaptation, and establish a unified G20 reporting framework to strengthen accountability, financing, and evidence-based policy-making.

> *Together, these actions will equip the G20 to deliver gender-transformative health outcomes at scale, build resilience to climate and crisis, and advance global health justice.*

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Endnotes

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