ashm

Gender Equality, Disability and Social Inclusion Strategic Plan 2024-2026

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Acknowledgment of Country

ASHM acknowledges the Traditional Owners of Country across the various lands on which our staff live and work. We recognise their continuing connection to land, water and community and we pay our respects to Elders past and present. ASHM acknowledges Sovereignty in this country has never been ceded. It always was and always will be, Aboriginal land.

Who we are

Our purpose

Supporting the health workforce optimise person-centred care.

Our vision

The virtual elimination of HIV and BBVs and securing the sexual and reproductive wellbeing of our diverse communities.

Our mission

To provide sector leadership and enable change through facilitation, direct action, capacity building, advocacy and health systems strengthening.

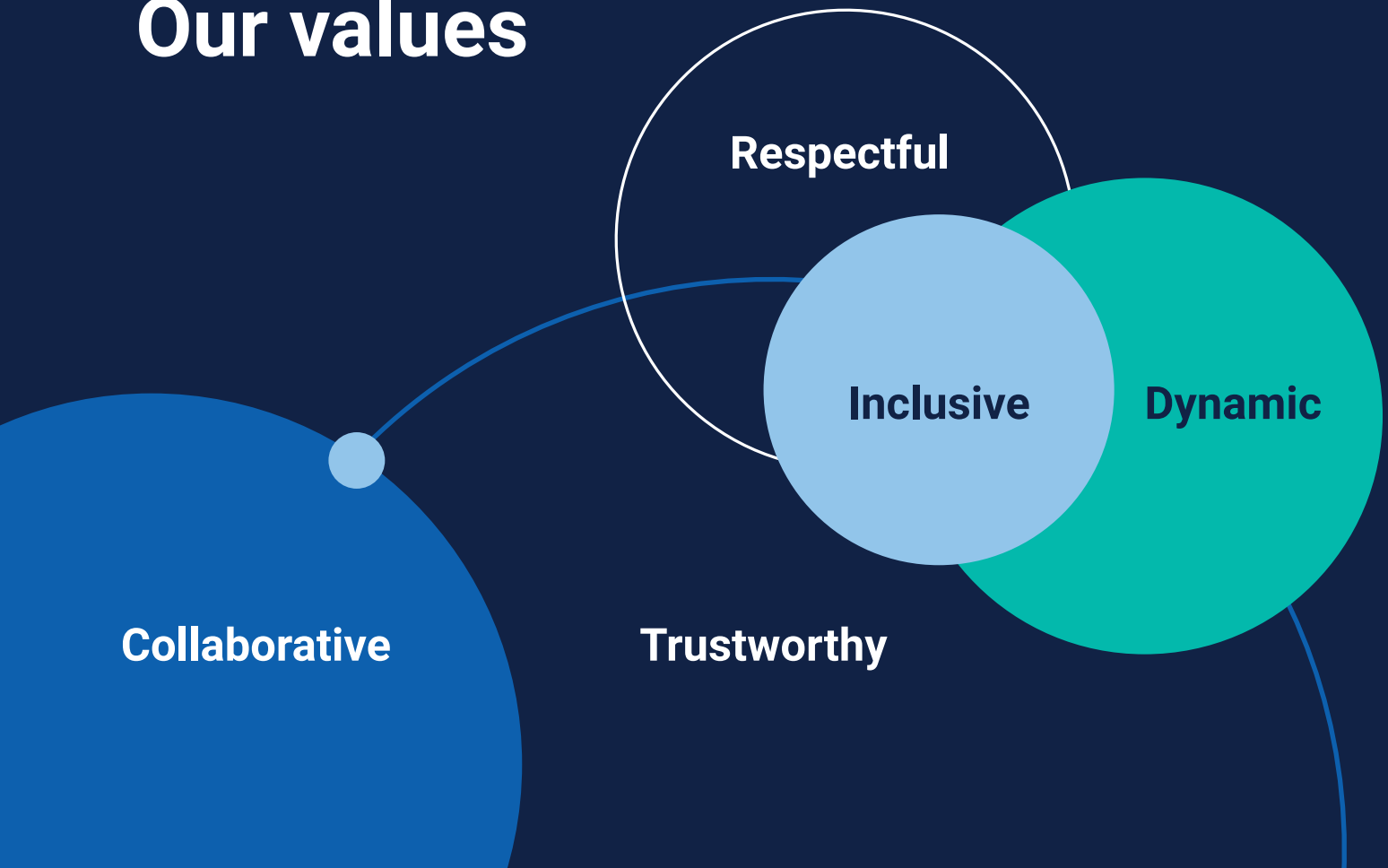
About ASHM

ASHM is a peak professional body representing healthcare professionals working in HIV, BBVs, and sexual and reproductive health. We partner without prejudice, working collaboratively to develop workforce capacity and strengthen health systems to uphold the dignity and rights of people facing stigma and barriers to care.

An independent community of practice, ASHM is a trusted organisation and accredited charity that develops resources and guidelines, delivers training, runs conferences, and advocates passionately for the needs of our members and communities.

Our members and supporters are health workers, community organisers, policy makers, health promoters, medical students, professionals, and specialists – all united to eliminate harm from these diseases, improve wellbeing and to protect our diverse communities.

Our values



Acronyms

BBVs: blood borne viruses

CED: Conference and Events Division

GBV: gender-based violence

GEDSI: Gender Equality, Disability, and Social Inclusion

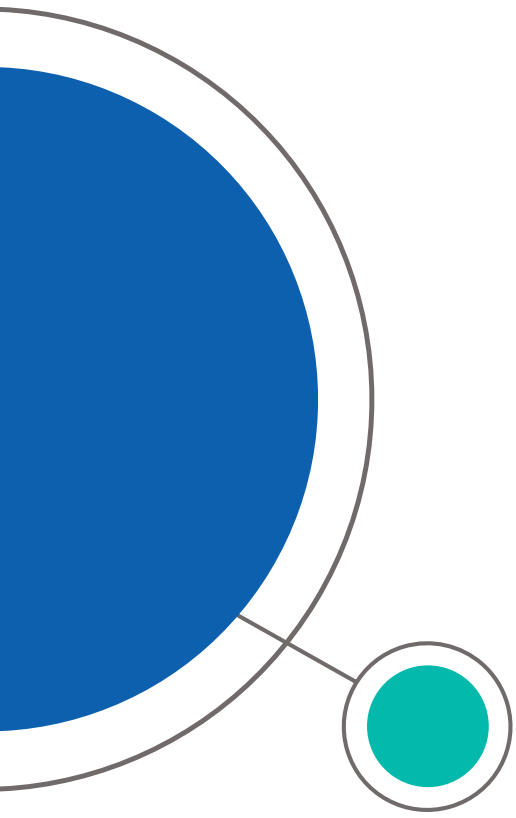
HBV: hepatitis B virus

HIV: human immunodeficiency virus

NPED: National Policy and Education Division

SRHR: sexual and reproductive health and rights

STIs: sexually transmitted infections



Key Concepts

ASHM is guided by the following definitions related to gender equality, disability inclusion and social inclusion (GEDSI).

Disability Inclusion: Disability inclusion aims to ensure that people with disabilities have equal access to opportunities, services and opportunities by removing and preventing barriers. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others[1].

GEDSI analysis: Explores differences in social norms, relations and power dynamics experienced as a result of social identities - gender, age, disability, income, education, faith, race, ethnicity, sexuality, migration status and other identities as relevant - and how these identities intersect to create diverse experiences of exclusion and marginalization.

GEDSI Mainstreaming: GEDSI mainstreaming refers to the integration GEDSI principles into all aspects of an organisation, project or programme. It entails incorporating GEDSI perspectives, needs and priorities as core components of the overall strategy and activities. This ensures that GEDSI is not treated as a separate or isolated issue but is integrated into the mainstream decision-making processes, policies and practices.

GEDSI Responsive: GEDSI responsive refers to programming which includes specific action to try and reduce gender inequalities, disability and social exclusion within communities[2].

GEDSI Targeting: GEDSI targeting addresses the unique needs and challenges of specific groups or individuals facing discrimination or exclusion. Targeting recognises that certain groups may experience more severe or specific forms of inequality and require tailored GEDSI analysis to overcome barriers[1].

GEDSI Transformative: GEDSI transformative refers to programming which is designed around a fundamental aim of addressing root causes of gender inequality, disability and social exclusion within society.

Gender: Gender is a social and cultural construct, which distinguishes a person's experience as a man, woman or non-binary person, based on constructed roles and responsibilities, traditionally within the binary of men and women. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of femininity and masculinity [3] [4].

Gender Equality: Gender equality is, first and foremost, a human right. It implies that people of all genders, classes, and races participate as equals and have equal value. They enjoy equal access to resources, freedoms and opportunities to exercise control[5].

Intersectionality: Refers to how different identities of a person exposes them to overlapping forms of discrimination.

Social Inclusion: Social inclusion is the process of improving the terms of participation in society for people who are disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, or economic or other status, through enhanced opportunities, access to resources, voice and respect for rights[6]. It is ensuring people have the resources, opportunities and capabilities to achieve their full potential in life (to learn, work, engage and have a voice).

Background

Why is gender equality, disability and social inclusion important to sexual and reproductive health and blood borne viruses?

The global prevalence and burden of blood borne viruses (BBVs) and sexually transmitted infections (STIs) is a major global health challenge. HIV, viral hepatitis and STIs account for more than 2.3 million people dying per year[7]. It is estimated there are globally 39 million people living with HIV, 296 million living with hepatitis B (HBV) and that there are more than 1 million STIs acquired every day. BBVs and STIs disproportionately affect people with marginalised identities including men who have sex with men, injection drug users, sex workers and people living with disabilities as well as those who are economically disadvantaged, refugees and those who live rurally. This is largely due to a lack of access to health services and commodities related in part to stigma and discrimination. Reports show that people living with BBVs experience psychosocial harms, financial instability and stigma and discrimination[8]. The experience of diagnosis and experience of care interact, and are often compounded by, a person's gender, sex, age, disability, race, ethnicity, indigeneity, sexuality, socio-economic background and geographical location. The impact of the burden of disease and pre-existing inequalities and structural barriers, including accessing health information and services, are key determinants of health, contributing to inequitable health outcomes between different individuals and groups[9].

Sexual and reproductive health and rights (SRHR) continue to be a public health challenge and point of contestation within families, societies, cultures and politics. The cultural and political sensitivities related to sexuality, reproductive choice and gender equality have resulted in siloed health and policy approaches [10] [11]. The United Nations Population Fund reported that 'Women and young people in general, both globally and in the Pacific countries, often face barriers that prevent them from realising their sexual and reproductive health and reproductive rights and from receiving support in the face of gender-based violence (GBV)'. Emphasising that people with disabilities face accentuated barriers to reproductive care and rights[12]. SRHR are integral to people's health and survival and have far reaching social and economic implications. Sexual and reproductive health are explicitly mentioned in two of the 2030 Agenda for Sustainable development targets; Target 3.7—under the health goal—states, "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes". Target 5.6—under the gender equality goal—aims to, "Ensure universal access to sexual and reproductive health and reproductive rights"[10].

In recent years, we have witnessed significant progress towards gender equality and reproductive rights. However, there are still millions of people around the worlds who have been left behind due to persisting forms of discrimination. Discrimination on the basis of, but not limited to, gender, ethnicity, race, sexuality and disability has prevented those with living experience from economic and political empowerment, participation in decision making and access to critical services, such as healthcare[13] [14]. Furthermore, in highly patriarchal societies, such as the Pacific, the

imbalance of power on an institutionalised and household level has resulted in high rates of gender-based violence and the exclusion of minority groups from the decision-making processes[15].

The purpose of this strategic plan is to guide ASHM's practices both within our domestic and global work to a) ensure ASHM projects, trainings and resources are accessible to all and b) to deliver programs which address discriminatory practices and harmful norms so as to improve health equity for all genders, people living with disabilities and other often marginalised populations. A GEDSI approach recognises that people's experiences, levels of inclusion and access to rights, such as healthcare is influenced by a range of interacting and intersecting factors of gender, race, age, sex and sexuality, socio-economic background, geographical location, disability status and other identities.

How does ASHM contribute to GEDSI already?

ASHM is committed to supporting gender equality, disability and social inclusion in the workplace. We recognise that staff have differing needs and therefore it is crucial that we are developing, and continuously reviewing our policies and procedures and approaches to support different needs and to create enabling working environments. ASHM has an Anti-Discrimination and Equal Employment, Disability Inclusion and Gender Equality, Domestic and Family Violence, Prevention of Sexual Exploitation, Abuse and Harassment and Lived Experience Policies. These policies guide ASHM's approach to GEDSI both within the workplace and through our programs. ASHM is committed to Reconciliation through our Innovate Reconciliation Action Plan and the continuing journey to reconciliation. The Virtues, Integrity, Culture and Ethics (VICE) Committee also plays a leading role in ensuring our culture aligns with our virtues and values.

Since ASHM was established over 30 years ago with the initial mission of ending HIV, ASHM has worked closely with community groups representing marginalised and often socially excluded populations. We follow the mantra of 'nothing about us without us' and ensure our conference committees and project advisory groups are reflective of the populations we aim to serve.

ASHM'S geographic scope

ASHM predominantly operates within Australia. ASHM's international work is predominantly in Asia and the Pacific with projects currently in Papua New Guinea, Timor-Leste and the Pacific Islands. ASHM works closely with in-country partners in the Asia and Pacific regions and takes a locally led approach to health systems and health workforce capacity strengthening to deliver quality and accessible HIV, sexual and reproductive health, and viral hepatitis services for all.

ASHM recognises the diverse cultural, social, and political context of the regions it operates in and that this intersects with the health care systems and workforces. Furthermore, we acknowledge that this presents implications for the implementation of GEDSI within our work and how we approach health workforce capacity buildings across multiple countries. Our work aligns with national and regional guidelines within the countries we work in, and our projects and programs are adapted for the local context.

How the strategy was developed

ASHM began our GEDSI Strategic Plan journey with training of all staff in GEDSI in March 2023. We sought guidance from a GEDSI specialist, Kathryn James, on areas to consider in the plan. A staff survey was conducted in September 2023 to gauge staff perception and ideas to strengthen GEDSI practices. Advice on disability inclusive programming was provided by CBM through the DFAT ANCP Disability Inclusion Clinic. ASHM also became a member of the Australian Disability and Development Consortium to gain further advice and resources, recognising disability inclusion as a weaker area for the organisation. GEDSI analysis has been conducted on focus countries for ASHM – Australia, Papua New Guinea, Timor-Leste and the Pacific Islands. There are notable differences between gender norms, definitions of disability and inclusive laws, services and practices between the countries. ASHM takes a country specific approach and relies on our in-country partners for guidance and co-implementation of activities.

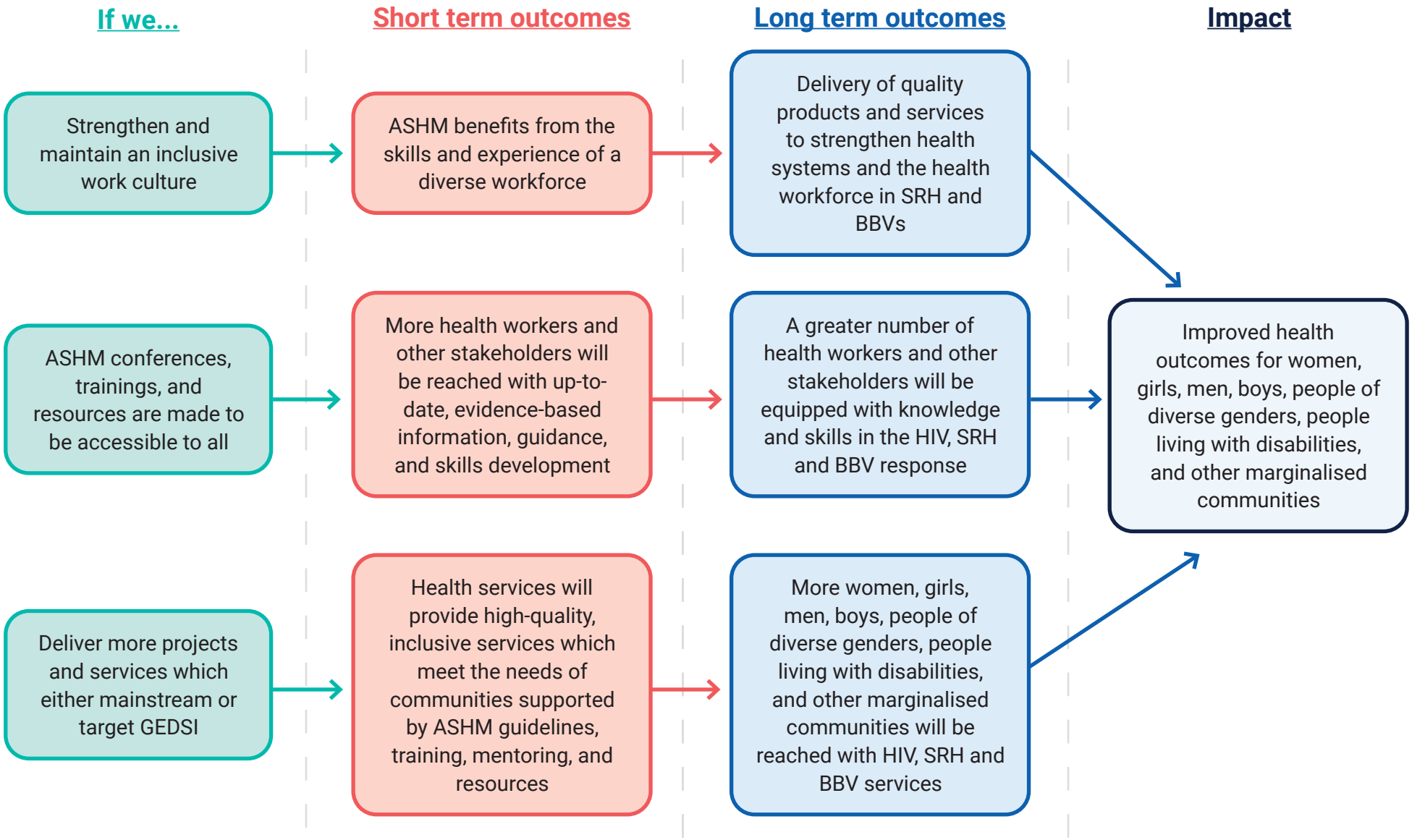
The GEDSI Strategic Plan was developed by the ASHM Senior Management Team and reviewed by the Equality Institute, National Association of People Living with HIV Australia (NAPWHA) and DFAT Disability and Gender Equality leads. Feedback was incorporated and presented to the Board, who provided endorsement in February 2024. The Director of the Global Division has been appointed the GEDSI Lead and oversees the development and implementation of the Strategic Plan 2024 – 2026. Support in developing the strategic plan has been provided by ASHM Senior Project Officer, Skye O'Halloran.

How will the strategy be implemented and monitored?

This is the first ASHM GEDSI Strategic Plan and is a live document open to review and amendment as ASHM continues the journey of strengthening our inclusion practices and influence. The Strategic Plan is owned by the whole of ASHM, and all staff are responsible for its implementation. The Strategic Plan is accompanied by an annual implementation plan which will be implemented and monitored by an internal cross organisational GEDSI committee who meet quarterly.

The Theory of Change underpinning the Strategic Plan, strategic pillars, objectives and key results areas are set out below. The key result areas align with relevant indicators in the ASHM Organisational Strategic Plan 2023 – 2026 which enables streaming of monitoring and evaluation.

ASHM GEDSI theory of change



PILLAR 1

Inclusive work culture

OBJECTIVES

1. **An inclusive and supportive environment for all ASHM staff.**
2. **An organisation which celebrates and embeds diversity within our culture and practices.**

ASHM thrives as an organisation when our staffing is diverse. We recognise that differing life experiences, backgrounds, cultures, genders and identities brings opportunities for innovation, perspectives and understanding within the sexual and reproductive, HIV and BBVs sector across differing contexts. We also recognise the importance of providing opportunities and support to staff to fully engage as a member of ASHM and pride ourselves on creating an inclusive culture. ASHM has a set of internal committees to promote culture and inclusivity, these are: Reconciliation Action Plan Committee, VICE Committee and the Social Club. We monitor staff engagement and satisfaction through annual staff surveys and periodic pulse surveys and take steps to improve based on the results. We offer learning and development opportunities in GEDSI including the development of a GEDSI Hub where staff can access GEDSI resources. When recruiting, ASHM recruits through agencies which attract employees from a diverse pool. ASHM also provides an EAP service and Psychological First Aid training. However, there is more that we can do and Pillar 1 drives this, the actions of which are determined by staff feedback, policy reviews and engaging with information on strengthening workplace culture and inclusivity.

PILLAR 2

Accessible conferences, trainings and resources

OBJECTIVES

1. **ASHM conferences, trainings, resources, and other services are accessible to all stakeholders regardless of gender, culture, and ability.**

ASHM engages with stakeholders such as health workers, policy and program coordinators, scientists and community through a variety of mediums including the ASHM website and project specific websites, ASHM newsletter, webinars and online learning, online resources and in person conferences, trainings and roundtables. It is important that ASHM services are accessible to our audiences and that people are not excluded due to culture, gender or accessibility. For example, in Papua New Guinea where women tend to undertake the brunt of child rearing and caring roles, we work with our partners to plan activities around these commitments to ensure women can partake.

Pillar 2 focuses on embedding approaches which enable greater accessibility to ASHM services. This includes reviewing our digital products to improve access for people who live with visual or hearing impairment, asking stakeholders if they experience accessibility issues and providing solutions.

PILLAR 3

GEDSI responsive and targeted programming

OBJECTIVES

1. **ASHM's projects support the health system and workforce to provide person-centred sexual and reproductive health and BBV services.**
2. **ASHM projects contribute to reducing stigma and discrimination and harmful social norms towards women, girls, men, boys, people of diverse genders, people living with disability and other marginalised key populations.**
3. **The voices of women, men, people of diverse genders and sexual orientations, people living with disabilities, different cultural backgrounds and other key populations are well represented within ASHM conferences, trainings, guidelines, advocacy and other services.**

Working with community is crucial to ensure sexual and reproductive, HIV and BBV health care is person-centred and reaches those who need it. In ASHM's domestic and global work we collaborate with community groups through project design and implementation, conference committees, speaker opportunities, co-training development and delivery, and advisory committees. Stigma and discrimination is a key barrier to women, girls, men, boys, people of diverse genders, people living with disability, injection drug users, sex workers and young people receiving health care and undertaking health promoting actions.

Pillar 3 focuses on the delivery of projects and services to address the specific needs of at risk or marginalised populations. It also focuses on strengthening our efforts to undertake a GEDSI sense through out projects and activities to address underlying social norms and practices which lead to exclusion of specific populations.

GEDSI strategic plan results framework

The following results framework sets out the actions ASHM will undertake to strengthen our GEDSI promoting practices. The framework applies to all our work including in Australia, Asia and the Pacific adapting to the differing country contexts we are working in.

Pillar 1: Inclusive Work Culture

Objective	Activity	Responsibility	Result	Monitoring
1. An inclusive and supportive environment for all ASHM staff.	Policies and practices promoting inclusion, equality and diversity remain up to date and are implemented across the organisation.	Senior management	Strong internal controls system in place with clear policies and procedures to promote gender equality, disability and social inclusion.	Periodic policy audit
	Implementation of recommendations independent body conducts a staff engagement and satisfaction survey An inclusive and supportive environment is created through equal employment opportunities, parental leave, non-discrimination, flexibility working arrangements and an adaptable environment to enable staff to fully engage at ASHM.	Senior management and Human Resources	Staff express high levels of satisfaction and engagement in their roles at ASHM and are actively engaged in the organisation.	Annual staff satisfaction survey conducted by an external body.

Objective	Activity	Responsibility	Result	Monitoring
2. An organisation which celebrates and embeds diversity within our culture and practices.	ASHM undertakes inclusive employment practices that ensure applications represent the diversity of our community. Events and professional development opportunities for staff which promote, educate about and celebrate cultural awareness, inclusion and diversity.	Human Resources	Applications represent the diversity of our community. Staff are equipped with the skills and knowledge to undertake practices with cultural sensitivity and through an inclusivity lens.	Staff training records on Employment Hero. Record of events for staff which educate, promote and celebrate cultural awareness, inclusion and diversity e.g through VICE, the Social Club, RAP committee and Brown Bag sessions. Staff feedback portal. Annual review of recruitment and employment practices.

Pillar 2: Accessible Conferences, Trainings and Resources

Objective	Activity	Responsibility	Result	Monitoring
1. ASHM conferences, trainings, resources, and other services are accessible to all stakeholders regardless of gender, race, and ability.	Undertake measures to make ASHM website, webinars, trainings and resources more accessible for people with visual/and or hearing impairment.	Product development and IT team, NPED and Global Division	Improvements made to the accessibility of the ASHM website for people living with a visual and/or hearing impairment.	Progress tracking in GEDSI committee quarterly meetings. User feedback survey
	Integrate a question regarding accessibility needs of participants into conference and training registrations and take steps to adapt the environment/training etc to enable greater accessibility.	CED, NPED, Global Division, Product team, communications team.	100% of requests for adjustments to be made are responded to.	Request and response tracking to take place in GEDSI committee quarterly meetings.

Pillar 3: GEDSI Responsive and Targeted Programming

Objective	Activity	Responsibility	Result	Monitoring
1. ASHM's projects support the health system and workforce to provide person-centred sexual and reproductive health and BBV services.	ASHM projects are developed and implemented through a GEDSI lens either through mainstreaming GEDSI approaches such as integrating training for health workers on disability inclusion or undertaking projects targeted at improving health care and outcomes for specific populations such as women, men who have sex with men, transgender people, people living with disabilities, people living with HIV etc. Engagement with organisations representing community is essential in the project design, delivery and monitoring to ensure the needs of the community are understood and met.	Global Division and NPED	Gender transformative approaches, disability and social inclusion practices are embedded within our trainings, education and activities.	Progress tracking in GEDSI committee quarterly meetings. Training pre and post-tests.

Objective	Activity	Responsibility	Result	Monitoring
2. ASHM projects contribute to reducing stigma and discrimination and harmful social norms towards women, girls, men, boys, people of diverse genders, people living with disability and other marginalised key populations.	ASHM undertakes activities which address underlying harmful social norms which promote stigma and discrimination, particularly in health services.	Global Division and NPED.	Person centre care, trauma informed practices, and anti-stigma and-discrimination embedded training and education and activities.	Stigma and discrimination self-assessment questions embedded into activity results surveys and evaluation surveys.
3. The voices of Women, men, people of diverse genders and sexual orientations, people living with disabilities, different cultural backgrounds and other key populations are well represented within ASHM conferences, trainings, guidelines, advocacy and other services.	Conference, training, guideline and resource development committees include representation from community groups. ASHM actively partners with stakeholders from community groups in project design, delivery and monitoring.	CED, NPED, Global Division, Product team, Communications team.	The voice and needs of community is adequately heard and represented to drive appropriate person centred care.	Progress tracking in GEDSI committee quarterly meetings. Partnership health checks and user engagement surveys.

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Further information and enquiries
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