Policy Brief: 
**Sex, Gender and Health**

A Theory of Change for addressing sex and gender bias, invisibility and exclusion in health and medical research, policy, and practice

**The Issue**
Sex and gender bias, invisibility and exclusion has been shown to exist throughout health and medical research, policy and practice. Some organisations have attempted to address this through actions such as the creation of research funding and publishing guidelines or educational curricula. However, there is a lack of coordination of these activities across the pipeline of evidence generation, translation and implementation, hampering progress in the realisation of sector-wide change and tangible improvement in terms of more equitable health outcomes. Further, societal understanding of sex and gender is evolving, and current application of these concepts still excludes and marginalises many populations.

**The Theory of Change**
The Theory of Change presented here was developed in consultation with a diverse group of multi-disciplinary stakeholders representing health and medical research, policy, and practice organisations in Australia. The Theory of Change aims to identify pathways to meaningfully address sex and gender bias, invisibility, and exclusion in health and medical research, policy, and practice, thus providing a scaffold for change across the entire sector. The Theory of Change schematic is presented below and outlines pathways to impact by defining the relationship between key activities, outputs, and outcomes towards the collective achievement of true impact: enhanced health and wellbeing for all.
Summary of Key Messages

1. **Problems** with sex and gender bias, invisibility and exclusion in health and medical research, policy and practice contribute to disparities in health outcomes for different populations, with women, transgender and gender-diverse people and people with variations of sex characteristics particularly impacted.

2. Coordinated, sector-wide **activities** are needed across the evidence, translation and implementation pipeline to address these issues, beginning with developing shared understanding of sex and gender concepts, informed by consultation with diverse communities.

3. There is need for **outputs** and **outcomes** of these activities to be monitored and to feed back into future actions, to ensure activities are having the desired outcomes, to allow evolution with changing best practice and to ensure accountability in the sector.

4. Leadership is needed within the sector to **facilitate** change and overcome **barriers**.

5. Change across the sector can **impact** research, knowledge, policy, practice and care, leading to enhanced health and wellbeing for everyone.

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**Appendix**

**Authors**

This Theory of Change was produced by Laura Downey, Laura Hallam and Thomas Gadsden of the George Institute for Global Health, in collaboration with the Sex and Gender in Health and Medical Research Australia Group. Sex and Gender Policies in Health and Medical Research Sydney: Australian Human Rights Institute, 2021. [sexandgenderhealthpolicy.org.au](http://sexandgenderhealthpolicy.org.au).

Graphic design by Deborah Bordeos.

**Glossary**

Elements of the Theory of Change:

<table>
<thead>
<tr>
<th>Element</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems</td>
<td>The issue(s) that the program of work aims to address</td>
</tr>
<tr>
<td>Activities</td>
<td>Actions or interventions needed to address the problems</td>
</tr>
<tr>
<td>Outputs</td>
<td>Products of the activities</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Envisaged changed or developments during or after the program of work</td>
</tr>
<tr>
<td>Impacts</td>
<td>Long-term goals of the program of work</td>
</tr>
</tbody>
</table>

For a glossary of other relevant terms regarding sex, gender and policy please visit: [sexandgenderhealthpolicy.org.au/glossary](http://sexandgenderhealthpolicy.org.au/glossary).

**References**


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