



Gender Equity in Eye Health:

How do IAPB Members fare?

Authors Louisa Syrett¹ and Jacqueline Ramke² on behalf of the IAPB Gender Equity Working Group

Affiliations 1. The Fred Hollows Foundation 2. The University of Auckland and The International Centre for Eye Health

WHY DO THIS?

- Women and girls experience vision loss disproportionately.
- Organisations that value diversity and promote equity are more likely to prioritise achieving equitable health outcomes and will have better health outcomes for all.
- The IAPB Gender Equity Working Group has 22 organisational members located across the globe – this survey is part of our efforts to promote gender equity in eye health.

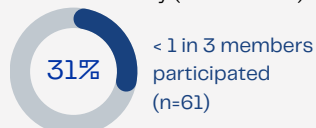
OUR QUESTION

To what extent do IAPB members consider gender equity in their:

- leadership
- policy; and,
- practice?

WHAT WE DID

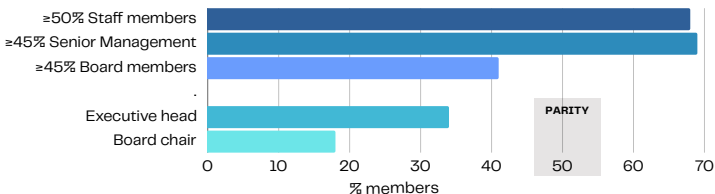
- Invited all IAPB members
- Sensitisation and 3 reminders
- December 2024
- Online survey (<10 minutes)



WHAT WE FOUND

Leadership

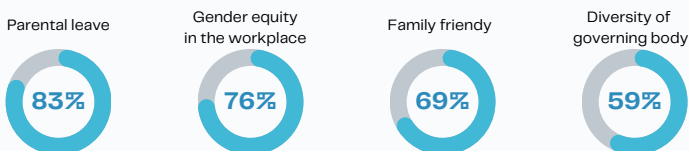
INVOLVEMENT OF WOMEN



We have a glass ceiling – women are the majority of staff and senior management in most IAPB members, but fewer have gender parity in board members, executive head or board chair.

Policies

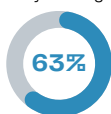
HAVE POLICY ON:



Availability of policies to promote gender equity was inconsistent – All members had at least 1 policy, and **44%** of members had all 4 policies.

Practice

Routinely disaggregate data by sex or gender



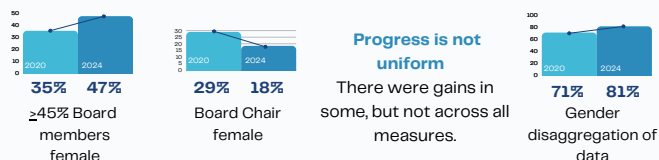
> 1 in 3 members are without basic practices – this risks perpetuating gender disparities and compromising effectiveness.

Have made a public commitment to gender equity



Progress is patchy

Among members completing the survey in 2020 and 2024:



"We will never stop here." A powerful pledge from one of the 15 women health professionals who completed the Australia Awards Fellowship Women in Health Leadership - Mekong Region program in 2024. Photographer: Reynald Ramirez; Copyright The Fred Hollows Foundation

WHAT DOES THIS MEAN?

- The response rate suggests **gender equity is not a priority** for most IAPB members.
- While **some organisations are excelling** in their policies and practices regarding gender equity, **others still have considerable progress to make**.
- A glass ceiling exists that **hinders women's advancement** into leadership roles.
- **Change is needed now** to drive the sector towards innovation and improved outcomes for all.

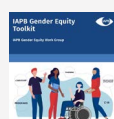
WHAT CAN YOU DO?

- **DATA:** Count Every Woman! **Disaggregate your data** by sex and beyond. Know the numbers, drive change!
- **POLICY:** Policy in Action! Does your organisation have a **gender equality policy**? Publish it, live it, lead with it!
- **LEADERSHIP:** Women at the Table! Diverse decision making leads to **better health outcomes for ALL**. Increase women in leadership roles.
- **BE DELIBERATE:** Walk the talk!

JOIN US IN OUR PURSUIT OF GENDER EQUITY IN EYE HEALTH!

Find out more

Access our resources in the **IAPB Gender Equity Toolkit**



Read the **Gender Issue** of Community Eye Health Journal



Explore the **Women Leaders** in Eye Health Group



Get in touch IAPB Gender Equity Work Group Secretariat: lsyrett@hollows.org

GENDER EQUITY IN EYE HEALTH: HOW DID IAPB MEMBERS FARE?



Results narrative 2025

IAPB Gender Equity Work Group

Curated by work group members, Louisa Syrett and Jacqui Ramke

In line with efforts to advance gender equity in eye health, an online survey among IAPB member organisations was conducted in December 2024, building on surveys previously published in 2021, 2022 and 2023. Thank you to the 66 Members who responded, which allowed the following reflections on our current landscape.

1. Survey Context and Participation

- **Survey engagement:** Despite an increase in the number of IAPB Members in the two years since the last survey, the participation in the survey has remained static, indicating a missed opportunity for broader engagement.
- **Organisational type:** For the first time, we categorised respondents by organisational type, revealing that the majority represented Civil Society, followed by hospital and clinical services, with a small number of training/academic institutions.

2. Key Results and Analysis Policies and Practice

- Our simplified questions to public commitments to gender equity highlighted that 59% of respondents have made statements or commitments in their key corporate documents (35% include all genders in their declarations, while 24% focus exclusively on women and girls).
 - This suggests a concerning trend compared to previous results: the sector's acknowledgment of gender equity has stagnated, with 40% of respondents lacking any commitment to gender equity or equality in key corporate documents.
- Additionally, when asked if their organisation defines gender in alignment with global norms, almost 1 in 5 (19%) do not use common definitions at all.
 - This underscores the important role of the Gender Equity Member Engagement Group (GEMEG) in raising awareness and offering support.
- Meanwhile, 76% of organisations reported having a workplace policy on gender equality—a significant improvement compared to previous years.
 - However, the fact that 24% still lack such policies is alarming.
 - Among those with policies, 15% do not include provisions against discrimination based on gender identity.
 - Furthermore, it was noted that very few organisations with gender equality or equity policies choose to publish these online, which is now considered best-practice for many types of organisations.
- Data disaggregation by sex:
 - 63% of responding organisations routinely disaggregate their data by sex or gender which is less than previous years.
 - However, among the sub-set of 17 organisations that did the survey in 2020 and again in 2024, there was an increase of 10% (from 71% to 81%), showing positive change is occurring.

Eye health work force:

- For the first time, we assessed the gender composition of the eye health workforce under senior management level, discovering that approximately two-thirds are female – which is roughly in line with the 2019 WHO report that found that 70% of the global health workforce is made up of women.
- While the gender split on boards is creeping towards parity, we see a glass ceiling when it comes to decision making power, with less women in leadership roles; women hold only 36% of Executive Head roles and just 18% of Board Chair roles.

3. Conclusion and Call to Action

Overall, these findings illustrate that while progress has been made in some areas, and some organisations are well-positioned, significant gaps remain in the commitment to gender equity within the eye health sector. There is a clear need for many Members to enhance organisational policies and practices to foster a more inclusive and equitable environment. Furthermore, the glass ceiling in eye health remains, with women rarely making it into decision-making seats. Fortunately, several steps can be taken to realise gender equity in eye health, some of which are shared below. In addition, the Gender Equity Member Engagement Group will use these results to identify the most effective ways to support Members wanting to strengthen their approach to promoting gender equity.

- **Data: Count every woman**

Achieving gender equity in health requires a comprehensive understanding of existing disparities. This necessitates the routine collection and analysis of health data disaggregated by sex, age, and other relevant social determinants (e.g., income, geography, ethnicity). Without such granularity, gaps remain overlooked, and interventions risk being ineffective or exclusionary.

- **Policy: Turn Commitment into Action**

While the existence of gender equality policies signals commitment, their true value lies in implementation. Organisations must ensure that such policies are operationalised across institutional functions and supported by accountability mechanisms; willingness to make them publicly available may further demonstrate accountability.

- **Leadership: Advancing women's representation in Decision Making**

Evidence shows that diverse leadership enhances responsiveness and inclusivity in health systems. Increasing the participation of women—particularly those from historically marginalised communities—in decision-making structures is essential for equitable policy development and improved health outcomes.

- **Be Deliberate: Walk the Talk**

Progress on gender equity cannot be incidental. It requires intentional, sustained action, including the use of measurable targets, regular monitoring, and robust accountability frameworks. Symbolic gestures must be replaced by systemic change.

For more information please visit:

[Gender Equity Toolkit - The International Agency for the Prevention of Blindness](#)

If you are interested in becoming a Gender Equity Work Group Member, please contact the GEWG Secretariat Louisa Syrett (lsyrett@hollows.org)

