



CENTRE FOR
GENDER & SEXUAL
HEALTH EQUITY

STRATEGIC PLAN *2021-2026*



EXECUTIVE SUMMARY

CGSHE'S STRATEGIC EVOLUTION

Drawing on more than a decade of cutting-edge research and policy work in gender and sexual health equity in Canada and globally, the Centre for Gender and Sexual Health Equity (CGSHE) was formally established as an independent academic centre in September 2018. CGSHE is a University of British Columbia (UBC) and Simon Fraser University (SFU) academic centre housed at Providence Health Research Institute (PHCRI), consisting of over 30 faculty members and over 100 CGSHE-affiliated trainees, research and operations staff.

Over the last decade, CGSHE has provided expert evidence to local and national governments, Ministry of Justice, House of Commons, the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), and global policy bodies like the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Refugee Agency (UNHCR) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). In 2019, CGSHE received funding from the federal Ministry of Women and Gender Equality (WAGE, formerly Status of Women Canada) to advance a mandate on research and evidence-based policy, and practice responses to gender equity and gender-based violence through an intersectional feminist lens among women and LGBTQ/2S people.

Amidst growing calls to action in Canada and across the globe, there is a critical opportunity to ensure that rigorous research on gender equity and sexual health drives local, national, and global policies and practice. Gender equity and sexual health transcend borders as urgent local and global health and human rights priorities that require community, intersectoral, intersectional, and global policy approaches.

CGSHE's vision and mandate is local to global. We work with colleagues and partner organizations globally across women's health, LGBTQ/2S health, and sexual and reproductive health and justice. Our visions of gender equity and feminism are intersectional and inclusive of LGBTQ/2S, Black, Indigenous and other racialized people, im/migrant populations, and populations disproportionately criminalized and surveilled (sex workers, parents in poverty, women living with HIV, precariously housed). As such, our work privileges the voices and lived experiences of people historically and politically pushed to the margins of sexual and reproductive health and justice in diverse global settings. Our strategic plan reflects our commitment to ongoing reflexivity in research and ensuring we advocate for equity, diversity and inclusion (EDI) and moving towards anti-oppressive approaches in research, policy and practice within and outside our work. We have explicitly built a senior leadership team to reflect this commitment and to ensure we are positioned to move the goals and priorities of the strategic plan forward. CGSHE is committed to research that contributes to Indigenous reconciliation through conducting research that is framed within the context of the United Nations Declaration of the Rights of Indigenous People (UNDRIP) and directly responsive to the Truth and Reconciliation (TRC) Calls to Action, the MMIWG Calls to Justice, and *In Plain Sight: Systemic Racism in the BC Health Care System*.

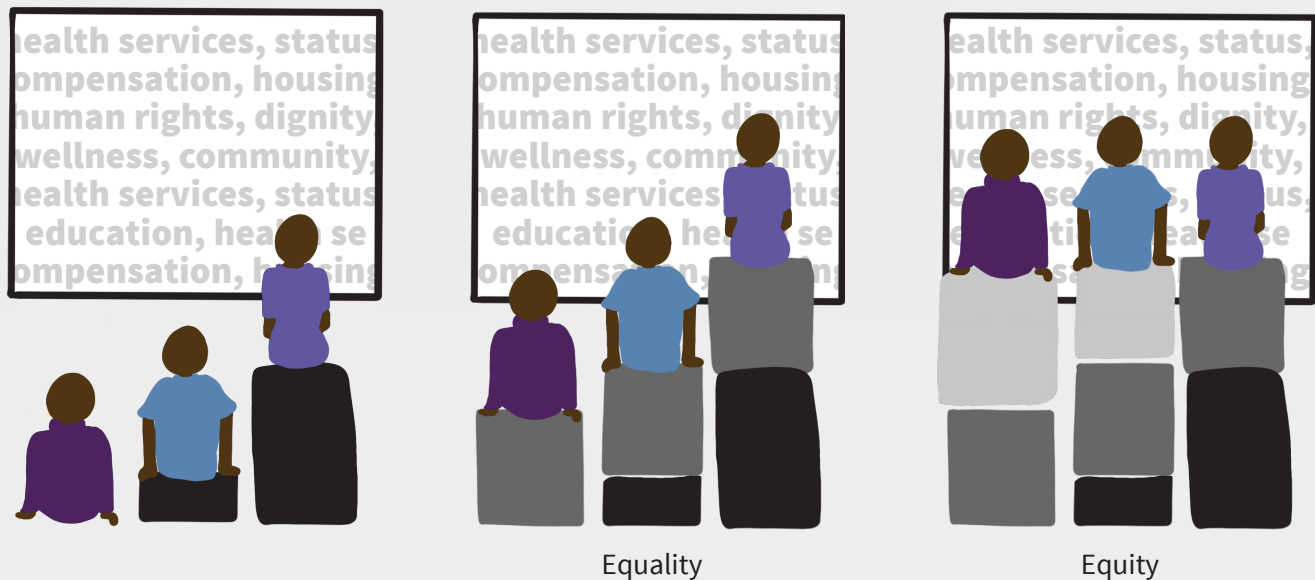
Our 2021-2026 Strategic Plan was developed through extensive consultations and planning with a broad range of academic, community, policy, and clinical stakeholders and leadership. In September/ October 2019, we held a strategic planning retreat facilitated by Sam Bradd of Drawing Change (and illustrator, Tiare Jung) with academic, community, clinical and policy researchers to review and refine our organizational identity and mandate, and set strategic planning priorities and directions for the next five years.

References: 'In Plain Sight': Systemic Racism in BC Health Care System

1 The term 'im/migrants' is used to include the diversity of refugee, immigrant, and migrant people born in other countries, inclusive of long-term and recent arrivals, refugees, asylum seekers, economic, and undocumented im/migrants (IOM, 2019).

OUR STRATEGIC PRIORITIES

To achieve our mission to provide leadership in advancing gender equity and sexual health for all, CGSHE is dedicated to taking action around a set of strategic priorities across research, policy and practice spheres over the next five years. As an academic centre of UBC and SFU housed at PHCRI, our policy and practice spheres show our commitment to ensuring that evidence directly translates into evidence-based policy and practice.



ALIGNMENT WITH UBC, SFU & PHCRI STRATEGIC PLANS

Our plan directly aligns with the strategic plans and equity, diversity and inclusion commitments of our host organizations, UBC, SFU and PHCRI. It also aligns with UNDRIP, TRC and MMIWG and the UBC, SFU and PHCRI strategic priorities of interdisciplinary and collaborative clusters, patient-oriented care, social justice, knowledge translation, partnership and experiential learning.

- [UBC Strategic Plan](#)
- [UBC Faculty of Medicine Strategic Plan](#)
- [UBC Equity Office Inclusion Action Plan](#)
- [UBC Indigenous Strategic Plan](#)
- [SFU Strategic Research Plan](#)
- [SFU Faculty of Health Sciences Academic Plan](#)

MISSION

To provide leadership in advancing gender equity and sexual health for all in BC, Canada and globally through rigorous community-engaged research that meets the highest scientific and ethical standards; evidence-based policy development and advocacy; and fostering the implementation of innovative, patient-centred clinical and community practices through guidelines and education.

VISION

To achieve gender equity and sexual health for all by driving collaborative and cutting-edge research, evidence-based policy, and clinical/community practice in BC, Canada and globally.

VALUES

The following core values underly all aspects of the Centre for Gender & Sexual Health Equity. Our core values underpin our strategic priorities across research, policy and practice realms.

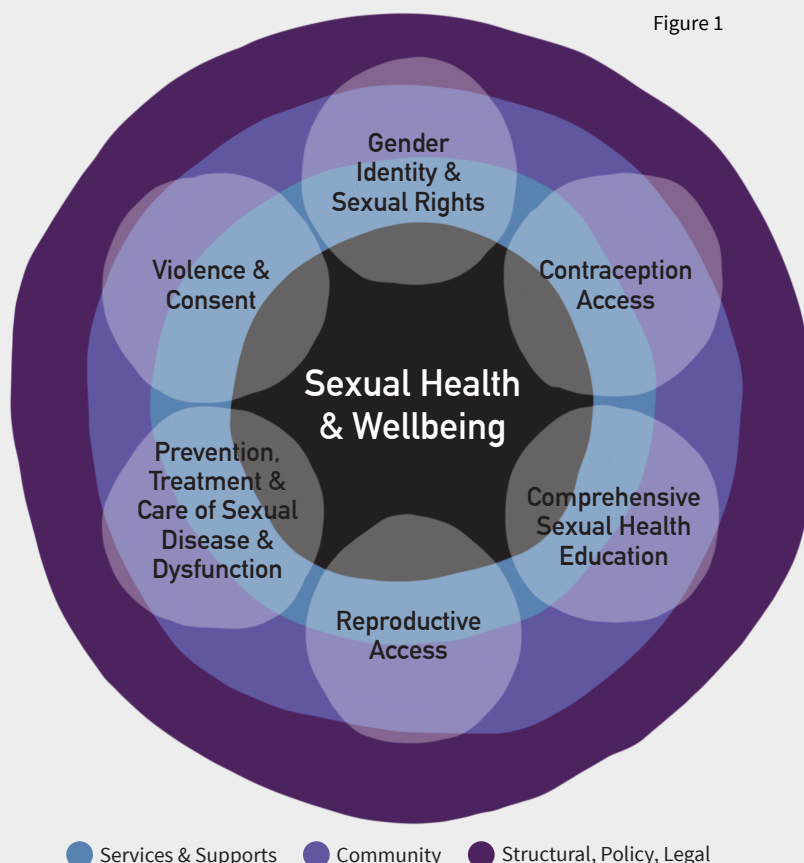
- Advocacy and Action
- Anti-Oppression and Indigenous Reconciliation
- Gender and Sexual Diversity and Rights
- Innovation
- Intersectional Feminism
- Partnership and Co-Creation of Knowledge
- Reproductive Justice



GENDER EQU^{AL}ITY & SEXUAL HEALTH FOR ALL

Figure 1

Gender equity and sexual health are increasingly recognized as critical global health, medicine and human rights priorities at the forefront of achieving gender equality and meeting the international human rights commitments and global targets of the 2030 Sustainable Development Goals and Universal Health Coverage (UHC). As of September 2019, UHC has been endorsed by United Nations General Assembly resolution (A.67/81), including explicit mention of sexual and reproductive health and rights. There have been a number of calls for national and global frameworks in gender equity and sexual health over the last decade. In 2019, recognizing the urgency of addressing sexual health, the BC Ministry of Health launched an Expert Advisory to draft the first ever BC Sexual Health Framework.



In 2020, the global COVID-19 pandemic further amplified structural, social, and legal disparities in gender and sexual health equity across and within communities. As such, there is an urgent need for a gender and sexual health approach that centres human rights, reproductive justice, and intersectional feminist approaches. Gender-based violence, discrimination based on gender identity and sexual expression, sexually transmitted infections, and lack of access to contraception and reproductive care remain alarmingly high in Canada and globally, and are markers of a range of deeper inequities from structural and legal to community and service delivery levels (Fig. 1). Sexual health inequities are associated with social and economic disadvantages over the lifespan, including lower income, reduced lifetime educational achievement, and increased reliance on social support programs, with disproportionate disparities among youth, women in poverty, LGBTQ/2S, Indigenous, Black, and other racialized persons, im/migrant communities, and populations disproportionately criminalized and surveilled (women living with HIV, sex workers, parents in poverty).

² "Accelerate Progress – Sexual and Reproductive Health and Rights for All: Report of the Guttmacher-Lancet Commission", *Lancet*, 2018. Hawke, S. "Sexual Health: A post-2015 Palimpsest in Global Health?", *Lancet*, 2014, Vol 2.; World Health Organization, 2002; Centre for Disease Control Global Advisory for Sexual Health and Well-Being 2005: <https://www.cdc.gov/sexualhealth/Default.html>

³ Ivankovich, et al. "Considerations for National Public Health Leadership in Advancing Public Health", *Public Health*, 20131; Global Advisory Board of Sexual Health and Wellbeing: (GAS) <https://www.gab-shw.org>

⁴ Hall, Samari, et al., "Centring Sexual and Reproductive Health and Justice in the Global COVID-19 Response", *Lancet*, 2020. Vol, 395.

RESEARCH PRIORITIES



1 Be a leading academic centre driving gender and sexual health equity research agendas in BC, Canada and globally.

HOW WE WILL DO THIS:

WHAT PROGRESS LOOKS LIKE:

Break down silos in gender equity and sexual health research.

- Increase network of gender equity and sexual health equity researchers across disciplines and institutions;
- Increase dialogues across disciplines and faculties/departments/schools;
- Increase intersectoral dialogue and partnerships.

Increase the profile and visibility of research/researchers in gender and sexual health equity across BC, Canada and globally.

- Increase representation of CGSHE and its researchers/research in gender equity and sexual health research spaces/events;
- Increase media/social media coverage of researchers/research (e.g., profiles/publications of team, social media campaigns);
- Increase media training and engagement by faculty;
- Increase number of meetings by researchers with decision makers and thought leaders.

Increase partnerships and profile of integrated knowledge translation and exchange with diverse stakeholders to build gender and sexual health equity-oriented research agendas.

- Increase number and diversity of research partnerships across disciplines and sectors;
- Grow the number and diversity of community organizations who use/reference CGSHE research in advocacy/programming.

Prioritize non-conventional academic metrics.

- Profile CGSHE research and iKTE models by, with, and for communities within (e.g., universities) and outside academic venues;
- Increase CGSHE presence on advisories, task forces and leadership roles within university, research funders/organizations and other relevant agencies to shift conventional academic metrics;
- Grow number and visibility of non-conventional outputs used and shared by CGSHE researchers/research (e.g., infographics; arts-based tools; social media campaigns).

RESEARCH PRIORITIES

2 Be a catalyst in bringing together interdisciplinary and cross-sectoral researchers and trainees to transform the landscape of gender and sexual health equity research.

HOW WE WILL DO THIS:

WHAT PROGRESS LOOKS LIKE:

Lead research consortia and build an interdisciplinary, cross-sectoral network of researchers in gender and sexual health equity.

- Grow number of faculty members and collaborators;
- Increase faculty and trainee engagement across disciplines.

Host or co-organize research events and symposia at the local, provincial and global levels.

- Expand reach (number of attendees, cross- disciplines, intersectoral collaborators) of our monthly academic rounds (CGSHE Speaker Series);
- Increase number of events hosted;
- Increase number of organizations and stakeholders engaged;
- Increase number of universities and departments engaged.

Expand an inclusive, cutting- edge research education platform and graduate trainee opportunities at CGSHE.

- Appoint a CGSHE Research Education lead;
- Expand trainee and mentorship and training opportunities to develop the network skills, and experience of CGSHE-affiliated trainees;
- Grow equity, diversity and inclusion (EDI) within research education to expand opportunities for women, BIPOC and LGBTQ/2S trainees, as well as trainees with diverse lived experiences;
- Increase number of trainees specialized in anti-oppressive, equity-oriented gender and sexual health research and knowledge mobilization.

Host visiting scholars, increase graduate trainee opportunities, and expand an inclusive, cutting- edge research education platform.

- Increase number of visiting scholars hosted across diverse areas and fields of gender and sexual health research.

Participate in events that catalyze gender and sexual health equity research.

- Increase number of roundtables, networking, and other research action events hosted or co-hosted by CGSHE;
- Increase number and diversity of stakeholders engaged in CGSHE research events.

RESEARCH PRIORITIES

3 Advocate for and beyond equity, inclusion and diversity toward anti-oppressive approaches to research by, with, and for communities.

HOW WE WILL DO THIS:

WHAT PROGRESS LOOKS LIKE:

Ensure strategic development and advocacy for and beyond EDI in our leadership, research structures, and broader academic realm.

- Increase strategic growth of leadership, hiring, and retention of women, BIPOC, LGBTQ/2S researchers across leadership and training roles (“walking the talk”);
- Increase representation and support for faculty in EDI work within our host institutions;
- Ensure research education, practice and policy events and planning reflect and amplify EDI and anti-oppressive practices;
- Grow the Indigenous Cultural Safety and Humility Committee (ICSC) at CGSHE;
- Ensure ICS, EDI and anti-oppression training and foci are an essential component of research and training, both within and beyond CGSHE;
- Raise funds to increase research training opportunities for women, BIPOC and LGBTQ/2S trainees and diverse lived experience (e.g., fellowships);
- Ensure research and iKTE reflect best practices for data reporting disaggregated by race, ethnicity, gender, sexual orientation and “The Grandmother Perspective”.

Centre Indigenous research with community.

- Raise funds to establish a chair/academic leadership position in Indigenous Research;
- Establish an Indigenous-Led Research/iKTE Hub for research by, with, and for Indigenous researchers and communities;
- Create and co-develop an Indigenous Data Governance Strategy to ensure research is accountable to OCAP (Ownership, Control, Access, Possession) principles, reciprocity in research, and decolonizing research methods and practices;
- Foster and support research teams and partnerships on community-driven research that is directly responsive to international and national calls to action and justice for Indigenous peoples’ health and develop recommendations for achieving health equity for Indigenous peoples, with a particular focus on Indigenous women and Two-Spirit wellness.

Centre feminist intersectional approaches to women’s health research.

- Grow gender equity and thought leaders in feminist intersectional approaches to women’s sexual health;
- Increase number of faculty, trainees and research projects applying a feminist intersectional lens to women’s sexual health;
- Develop trainings/modules for feminist intersectionality, gender equity and research that challenges the binary;
- Host research symposia that highlight feminist intersectional approaches to women’s sexual health research.

Centre LGBTQ/2S health research.

- Raise funds to establish a chair/academic leadership position in LGBTQ/2S sexual health research;
- Facilitate an LGBTQ/2S sexual health research hub/network by, with and for LGBTQ/2S researchers;
- Increase training/modules in gender and sexual diversity and inclusion within research and research teams;
- Raise funds to support resources for a LGBTQ/2S sexual health research hub.

5 Disaggregated Demographic Data in BC: The Grandmother Perspective, BC Human Rights Commission.

POLICY PRIORITIES

Host a robust evidence-based policy program to advance gender equity and sexual health for all.

- Raise funds to hire a policy academic lead;
- Develop strategic intersectoral partnerships to grow policy training opportunities for graduate trainees/ faculty;
- Host visiting policy fellows both within and outside academia.

Be a leader in developing and informing evidence-based policy and best practices.

- Generate evidence-based policy guidelines/ best practices by, with, and for communities;
- Grow policy evaluation research arm at CGSHE.

Foster collaborative policy development for all.

- Sit at the table;
- Create space for intersectoral dialogue;
- Develop "go-to" expertise of gender equity and sexual researchers in policy spaces.



PRACTICE PRIORITIES

Foster gender equity and sexual health competency-building throughout the health system.

- Conduct a curriculum audit;
- Conduct a sexual and reproductive health services audit;
- Generate and inform guidelines, best practices and frameworks from a patient-centred and equity-based perspective.

Be a leader in developing and informing evidence-based policy and best practices.

- Create training and clinical practice opportunities across a range of clinical practice (including medicine, nursing, social work);
- Create a consultation service in clinical practice within and outside hospital systems.



Illustrations were recreated based on the Drawing Change illustrations created during the CGSHE Strategic Plan Session

KEY TERMS

Gender Equity is the process for achieving gender equality, recognizing that not all women and LGBTQ/2S people have equal access. Gender equity is about ensuring fairness in the distribution of opportunities and resources. Gender equality (equal access) is not possible without gender equity.

Intersectional Feminism is a lens for understanding how people's overlapping identities—including race, gender, class, ethnicity and sexual orientation—impact and amplify the way they experience oppression and discrimination. The concept was first coined by Professor Kimberlé Crenshaw, a Black academic scholar, three decades ago and is increasingly recognized as a critical approach to achieving gender equity.

Reproductive Justice is defined as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” and first termed by SisterSong Women of Colour in the United States. Reproductive justice focuses on access rather than rights, asserting that legal rights alone do not mean people have access, due to socio-structural factors, and emerged in response to low-income women, LGBTQ/2S people, migrant and BIPOC people feeling isolated from reproductive health movements.

Sexual Health is broadly defined by the World Health Organization as “a state of physical, emotional, mental, and social well-being in relation to sexuality across the life span; not merely the absence of disease or dysfunction.”

Sexual health is an intrinsic element of human health that may include individual and relational experiences of sexual pleasure and sexuality.

The First Nations Health Authority *Sexual Wellbeing Learning Model* is based on four Indigenous values that align with sexual health and well-being:

- Protecting communities
- Healthy relationships
- Identity (gender identity, expression)
- Adulthood and rite of passage.

Sexual health is a positive, equitable, and respectful approach to sexuality, relationships, and reproduction that is free of coercion, fear, discrimination, stigma, shame, and violence.

Sexual health includes the ability to understand the benefits, risks, and responsibilities of sexual behaviour; the prevention and care of disease and other adverse outcomes; and the possibility of fulfilling sexual relationships.

Sexual health is impacted by socioeconomic, political, legal, and cultural contexts—including laws, policies, human rights, racial and gender justice—that support healthy outcomes for individuals, families, and their communities.

For sexual health to be attained and maintained, the gender equity and sexual rights of all persons must be respected, protected and fulfilled.



CENTRE FOR
**GENDER & SEXUAL
HEALTH EQUITY**

Centre for Gender & Sexual Health Equity
Mailing address: c/o St. Paul's Hospital, 1081 Burrard St., Vancouver, BC V6Z 1Y6
1190 Hornby St., Vancouver (Main Office) | 647 E. Hastings St., Vancouver (Community Research Clinic)
Unceded Traditional Territories of
xʷməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish) & Səlilwətaɣ (Tsleil-Waututh) Nations
info@cgshe.ubc.ca • www.cgshe.ca • @CGSHEquity