



Policy Analysis of the UK's

International Women and Girls Strategy 2023- 2030

A policy analysis and report
by Students for Global
Health UK.

STUDENTS
FOR
GL+BAL
HEALTH

UK

Authors

Students for Global Health (SfGH UK) is a student-led organisation and registered charity dedicated to achieving a fair and just world where health equity is a reality for all.

Our Mission is to empower a network of students to drive tangible social and political change through education, advocacy, and community action at local, national, and global levels.

Each year, we convene a National Working Group composed of members from across the UK. These full-time students and youth advocates are upskilled to work collectively and across disciplines to produce high-impact policy research. This paper was authored by the 2025/26 Women's Health National Working Group:

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Foreword

My name is Leckhna, and I am the current National Director for Students for Global Health UK. It is my honour to write this foreword to our report on the FCDO's International Women's and Girls Strategy (IWGS), written by our Rosie and Chloe, our Policy and Advocacy Directors, and their dedicated National Working Group.

I am writing this on the 8th of March 2026 - International Women's Day. I look around me, read the news and speak to friends and colleagues. The global atmosphere is a harrowing place at the moment, and the core Sustainable Development Goal of Leaving No-one Behind, feels like a distant reality. Everywhere, the rights of women, girls and other marginalised communities continue to be curtailed. Access to health and education remains inequitable, and the purposeful exclusion of these individuals from social and scientific research leaves them vulnerable to poorer outcomes.

The consistent work of our Directors, and their National Working Group could not come at a more crucial time. In this report, they analyse the IWGS, exploring why its framing is architecturally flawed, which communities are systematically excluded from the strategy and why it must take a more in-depth analysis of the current threats facing our societies.

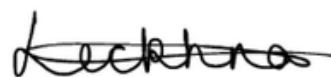
SfGH UK is a student-led network, formed of a national committee of dedicated student volunteers and 23 branches at universities across England, Scotland and Wales.

For the last 30 years, we have been at the forefront of uniting students to advocate for, and speak out in favour of health equity and social injustice. We also act as the UK representative organisation for the International Federation of Medical Students' Associations (IFMSA). Through local activities, national and international conferences, and regular capacity building initiatives, we strive to educate our members of the importance of global health, its nuances and ethical dilemmas, and empower them to act as students, future healthcare professionals and citizens of our global community.

I would like to extend my heartfelt gratitude to Rosie, Chloe, Mai, Niamh, Sandra, Adiba, Charlotte, Grace K, Grace J and Rithika for all the time and passion you have driven into this report, and I would also like to thank you, for taking the time to read it. We hope to leave you with a better understanding of what needs to be done, and a desire to continue advocating for this change.

My best wishes, and hopes for a better world soon,

Leckhna Paras Chajed



8th March 2026

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Abbreviations

Abbreviation	Definition
ASEAN	Association of Southeast Asian Nations
DMPA-SC	Depot Medroxyprogesterone Acetate – Subcutaneous (Self-Injectable Contraception)
FCDO	Foreign, Commonwealth and Development Office
GBV	Gender-Based Violence
IWGS	International Women and Girls Strategy (2023-2030)
LMICs	Low- and Middle-Income Countries
NCDs	Non-Communicable Diseases
ODA	Official Development Assistance
OECD DAC	Organisation for Economic Co-operation and Development Development Assistance Committee
PEP	Post-Exposure Prophylaxis (for HIV)
PrEP	Pre-Exposure Prophylaxis (for HIV)
SDG	Sustainable Development Goal
SfGH	Students for Global Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TFGBV	Technology-Facilitated Gender-Based Violence

Abbreviation	Definition
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WROs	Women's Rights Organisations

Executive Summary

The UK's Foreign, Commonwealth and Development Office (FCDO) International Women and Girls Strategy (IWGS), launched in 2023, is the cornerstone of the UK's global commitment to gender equality. This report by Students for Global Health UK (SfGH UK) evaluates the Strategy, three years into its mandate, recognising its clear vision but finding that its efficacy is undermined by structural weaknesses, scope limitations, and profound accountability failures amidst geopolitical backsliding and constrained resources. The present moment offers a critical juncture to implement fundamental reforms.

Our analysis revealed four critical deficits undermining the Strategy's effectiveness. Firstly, the strategy is architecturally flawed. Its use of Global North framing and an individualistic empowerment model fails to mandate co-creation and avoids tackling the structural systems that truly limit women's autonomy. Secondly, there is a lack of accountability as progress tracking is fundamentally inadequate, relying on dispersed outputs rather than outcomes linked to specific time intervals (time-series outcomes). Thirdly, an Inclusion Deficit is evident as the IWGS overlooks key marginalised groups, including Indigenous women and women with disabilities, thereby failing the core Sustainable Development Goal of "leaving no one behind"¹. Finally, critical contemporary threats are absent or narrowly framed; including comprehensive, rights-based Sexual and Reproductive Health (SRH),

Technology-Facilitated GBV (TFGBV), Non-Communicable Diseases (NCDs), and the gender-climate nexus. To secure resilience and equitable outcomes, the FCDO must commit to four strategic reforms:

- Reforming policy architecture and partnership to mandate decolonial practice and a shift towards co-creation.
- Strengthening accountability and transparency by enforcing fixed annual reporting and launching a centralised, public IWGS data portal using time-series data disaggregated by age, disability, and geography.
- Mandating intersectionality and equitable inclusion by explicitly naming marginalised groups and supporting them through necessary resources and legal reforms.
- Modernising the scope of the strategy to future-proof it in response to growing, currently overlooked, and rapidly developing threats to women and girls globally.

This paper combines a review of accountability and implementation gaps within the IWGS with an equity-focused analysis of who and what is missing from its scope. It then interrogates how power, language, and governance within the Strategy shape these omissions, before offering actionable recommendations to strengthen transparency, inclusion, and shared decision-making for the remainder of the Strategy's mandate.

Introduction

In 2023, the UK's Foreign, Commonwealth and Development Office (FCDO) launched the International Women and Girls Strategy 2023-2030 (IWGS)². The Strategy represents a fundamental commitment by the UK to advance gender equality globally. Its approach centers on the three Es: educating girls, empowering women and girls, and ending gender-based violence (GBV). The IWGS is positioned as a cornerstone of the UK's international development and diplomacy. It aims to champion the rights, safety, economic participation, and bodily autonomy of women and girls, particularly in fragile, conflict-affected, and resource-limited settings.

The IWGS aligns with international frameworks, including Sustainable Development Goals (SDGs) 3, 4 and 5³, and previous UK commitments to sexual and reproductive health and rights (SRHR) and girls' education⁴⁻⁵. However, since its publication in 2023, profound political and geopolitical shifts have taken place that necessitate a critical reassessment of its continued relevance and implementation. The recent global landscape is

characterised by a significant backsliding in gender rights, evidenced by the proliferation of discriminatory laws, the shrinking of civic space, intensified SRHR restrictions and a rise in digital and political violence⁶⁻⁷. These setbacks are compounded by substantial cuts to international development funding, including the reduction in UK Official Development Assistance (ODA) and funding realignments by other major donors such as USAID⁸⁻⁹.

With a new UK Labour government and two years since the Strategy's launch, the present moment is a critical juncture to evaluate the IWGS. This period offers an opportunity not only to track progress, but also to ensure the Strategy is fit for purpose in the face of evolving crises and constrained resources. A renewed approach must strengthen implementation, enhance monitoring, promote shared decision-making, and prioritise equity in partnerships. This paper assesses the extent to which the IWGS currently meets these aims and identifies what must change for the remainder of the Strategy period.

Our Approach

Students for Global Health (SfGH), a national youth-led organisation comprising students and advocates across the UK, undertook this policy analysis to offer a constructive, yet rigorous, critique of the IWGS. Our working group brings experience from youth advocacy, global health policy, and feminist advocacy, bringing a perspective grounded in lived experience, systems thinking and global health equity.

Our analysis is driven by **three core objectives**:

1. To assess the Strategy's current implementation and accountability mechanisms, including the extent to which progress can be meaningfully tracked against its stated goals.
2. To identify structural gaps in the IWGS, examining who and what is missing from its scope and the implications of these omissions for equity and impact.
3. To interrogate how the IWGS language, framing and underlying power dynamics reflect wider debates in decolonising global health, and to consider how alternative feminist and decolonial approaches could strengthen the Strategy.

Through this critique, we aim to offer concrete proposals for a more resilient, inclusive and future-proof IWGS.

This report is structured into three core analytical sections. We begin by examining progress and accountability under the IWGS, identifying where indicators are absent, outcomes are unclear or reporting mechanisms are insufficient. We then assess gaps in the Strategy's scope, organised around who is missing and what is missing, and outline the case for their inclusion. Building on these findings, we interrogate the Strategy's underlying power dynamics and framing, arguing for an evolution from a traditional development-led model towards an approach grounded in global health equity, shared governance and feminist foreign policy principles. The report concludes with actionable recommendations to strengthen the IWGS for the remainder of its mandate.

1. Tracking Progress and Accountability

This section examines whether the IWGS can currently be monitored and evaluated against its own commitments, and where existing accountability mechanisms fall short. A structured desk review analysis was undertaken to systematically assess the stated commitments, indicators, and publicly available progress information within the IGWS. Where quantitative descriptors are presented (e.g., proportions of indicators identified as one-off, projected, or time series), these reflect the authors' independent analysis of the strategy's content.

1.1 Limited visibility of progress across three E's and Goals

Under Section 3 (3 E's) and Section 4 (Goals), the IWGS sets out its priority areas and intended actions to achieve meaningful change for women and girls globally. Here, we set out to assess the visibility of progress information and track the extent to which the intended goals had been fulfilled. We found that progress tracking is limited by scarcity of information, scattering across individual outlets, an inability to track change over time and the absence of the promised biennial report of progress. This lack of transparency limits accountability and highlights significant structural weakness - change must be made to meet international standards. To monitor fulfilment of the IWGS pledges, a centralised,

up-to-date reporting system is required.

1.2 Why it is difficult to track progress

1.2.1 Lack of a monitoring framework

Across Section 3 and 4, released progress data is dispersed across multiple outlets, inconsistent, and rarely designed to track change over time. In section 3, of approximately 45 cited statistics, 51% are one-off prevalence figures, 22% are projections, and only 9% are time-series indicators. A further 9% reflect self-reported programme outputs. While the strategy highlights isolated long-term changes - such as reductions in girls out-of-school or the expansion of self-injectable contraception (DMPA-SC) - these do not form part of a systematic monitoring framework. Without annual data, progress cannot be measured, nor can effectiveness of interventions be judged. IWGS progress requires time-series indicators (a consistent variable measured by the same method at multiple points in time), such that interventions can be adapted and improved, and allow the identification of emerging risks or unintended consequences.

Section 4 faces similar constraints regarding transparency. Although some actions are identifiable (e.g., the Wilton

Park series, Equality Fund partnership, online violence funding, the Association of South East Asian Nations (ASEAN roundtable), this data has been found across individual outlets including press releases, parliamentary questions, and stakeholder communications, making progress difficult to monitor. Whilst the release of completion data and funding commitments provide a basic record of outputs, they are insufficient to demonstrate whether meaningful change has been achieved. Even amongst its publicised and reported actions, there is missing information. For example, there is no publicly available information regarding distribution of Equality Fund resources, nor a record of beneficiaries. The ASEAN roundtable is documented as a diplomatic engagement – but there is no accessible record of decided actions or commitments. These few examples highlight that individual activities have visibly been completed, but are not supplemented by information which could assess progress or impact.

Ultimately, outputs (activities completed, money spent) have been reported, but not outcomes (measurable changes in people’s lives). In addition to quantitative

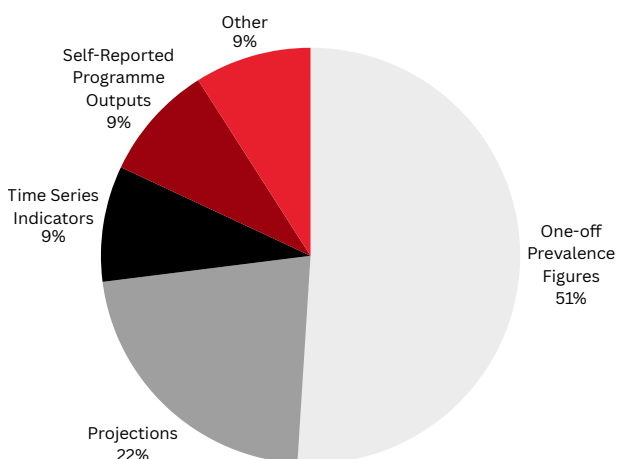


Figure 1 - Evidence Type Distribution in IWGS Reporting.

output reporting, qualitative data is required for beneficiaries and NGOs to fully understand the performance of programmes, to see if intended effects are being achieved, and understand how programmes can be adjusted to maximise impact. For the IWGS to uphold transparency, accountability, and deliver sustained impacts, it must complement activity-based reporting with mechanisms for learning and adaptation.

1.2.2 Absence of the Biennial Progress report

The IWGS commits to the publication of a biennial report as its self-monitoring accountability tool, to provide updates on the progress made to its goals and priority areas. Whilst the first instalment was due by December 2025 to meet the Strategy’s own deadline, this has not yet been released - meaning it has failed to meet its only structured accountability and performance-tracking mechanism. Crucially, without this report, Parliament cannot scrutinise delivery of the strategy and assess spending outcomes, thus removing democratic oversight of ODA investments, and gender equality initiatives.

1.2.3 Accountability concerns

International standards and frameworks exist to monitor and appraise the progress of development strategies and funding programmes, including the OECD DAC criteria, UN Women transparency principles, or standard FCDO practice¹⁰⁻¹². These require the following: measurable indicators for all commitments; regular and publicly available progress data; disaggregated

data (by gender, age, disability, geography) to ensure equitable progress; clear timelines and independent verification. The IWGS meets none of these standards. Thus, there is not only a major accountability gap, but a breach of international standards which would allow the public, Parliament, and beneficiaries to track whether the strategy is delivering meaningfully to its pledges.

1.3 Recommendations to improve progress monitoring

1. To improve progress monitoring across IWGS goals and priority areas, we have developed suggestions in alignment with international monitoring standards:
2. Implement a reporting cycle:
 - a. Confirmation must be provided on the release of the first instalment of the promised biennial report.
 - b. Mandate a fixed annual reporting date.
 - c. A short mid-year progress report should be considered, to improve transparency and to allow tracking of change over time and up-to-date reporting
3. Develop a centralised, measurable results framework:
 - a. Outputs should be tracked in a results framework, aligned with indicators used by national statistics systems and multilateral organisations:
 - i. For each commitment under the 3E's – this must include baselines, annual milestones, and outcome-level indicators
 - b. Outcomes should also be tracked qualitatively, with feedback data from beneficiaries and NGOs

allowing for tailored improvement to the existing programmes, maximising benefits for participants and engaging stakeholders in all parts of the process.

- Publish a transparent, publicly-available IWGS Data Portal:
- The public, Parliament, partners and beneficiaries should have ready access to IWGS progress data as a mechanism of transparency and accountability
- A single public portal should consolidate IWGS performance data, financial information and measurable progress indicators. This should include:
 - A standard reporting template across country offices and programmes to ensure consistency
 - ii. Data that is disaggregated by gender, age, disability, and geography.

In practice, these steps will transform the IWGS from a collection of ambitions into a monitorable, accountable strategy, fulfilling the FCDO responsibility for transparent and accountable reporting. In doing so, progress and change can be tracked such that adaptability and learning can be implemented in an evidence-driven manner, to allow the IWGS to deliver sustained, meaningful change over time.

2. Gaps and Omissions

The limitations in monitoring and accountability outlined above raise a critical question: even if progress under the IWGS were fully visible, who and what would that progress be measured for? Beyond challenges in reporting, the Strategy contains substantive gaps in both scope and inclusion.

This section draws on a rapid desk review of the IWGS, wider evidence, and the authors' experiences to identify who and what is missing from the current Strategy. We focus on omissions that are large in scale, central to delivering the three Es and accountability, and amenable to policy change. For each gap, we outline the scale and impact, why the omission matters for the success of the Strategy, and what meaningful inclusion would look like.

We begin by examining population groups who are insufficiently recognised or excluded within the IWGS (“Who’s missing?”), before turning to key thematic areas that remain under-addressed (“What’s missing?”).

2.1 Who’s Missing?

While the IWGS commits to advancing the rights of “women and girls in all their diversity”, this commitment is unevenly operationalised. Certain groups face distinctive, intersectional forms of marginalisation that are either insufficiently acknowledged or entirely absent from the Strategy. The groups discussed below are not intended to be exhaustive, but illustrative of structural omissions that limit the IWGS’s equity, effectiveness and accountability across the life course and across contexts.

2.1.1 Older women

The IWGS frames “women and girls” largely through childhood, adolescence, pregnancy and entry into the labour market. This life-stage framing means that older women are neglected, despite rapidly ageing populations in many partner countries and in the UK¹³. In 2024, an estimated 1.2 billion people were aged 60 and over, constituting approximately 12% of the world’s population, and women are projected to make up a growing majority of older age groups over coming decades¹⁴⁻¹⁵. The Strategy briefly notes the importance of economic security “during working lives and into old age”, but it does not treat later life as a distinct rights and risk context in its guiding principles or delivery approach.

Older women face distinct health and social challenges that are not captured by a focus on education-to-work transitions alone. They experience higher rates of non-communicable disease and disability, alongside gendered health needs linked to menopause and later-life morbidity¹⁵. Globally, older women dedicate substantial time to unpaid care and domestic work: older women aged 65 and over perform nearly twice as much care work as men of the same age¹⁶. Economies, communities and families depend heavily on this paid and unpaid work, yet gender norms and inequalities - intersecting with poverty, public health issues and human rights abuses - push many older women into work that ultimately harms their wellbeing¹⁷.

Older age is also a context in which gendered poverty and violence can

intensify. Across contexts, women experience higher levels of relative poverty than men, and the gap is often widest in older age¹⁸. Evidence suggests violence and abuse against older women are under-recognised and under-measured, contributing to the invisibility of later-life GBV in policy and safeguarding responses - including neglect, coercive control and financial exploitation in domestic or care settings¹⁹⁻²⁰. These patterns can undermine delivery of the three Es: they shape learning across generations through care burdens and household poverty; weaken empowerment through economic insecurity and ill health; and limit efforts to end GBV when abuse in later life is not named, measured or designed for.

A stronger IWGS would treat later life as a specific policy and programme context - not only a financial endpoint. This would include building later-life safeguarding and access into GBV responses, strengthening social protection and legal protections against exploitation, and ensuring health programming reflects older women's needs (including NCD care, disability inclusion and menopause-related health). When policy focuses mainly on women of reproductive age, it reproduces the intersection of sexism and ageism - implicitly valuing women for fertility and labour-market participation rather than rights and dignity across the life course.

2.1.2 Widows across the life course

Widowhood is a widespread and often overlooked driver of gendered inequality. There are over 258 million widows worldwide²¹, yet widows are not mentioned anywhere in the IWGS, leaving no basis for ensuring their distinct risks

are reflected in programme design, partnership approaches, or monitoring. In many contexts, widowhood is associated with abrupt changes in social status and economic security, compounded by legal and social norms that restrict autonomy and participation.

Structural barriers contribute directly to exclusion and poverty. In multiple countries, widows do not have equal inheritance rights, cannot legally be recognised as heads of household, or face restrictions that limit economic participation, translating to severe economic precarity and a substantial proportion living in extreme poverty²². Widowhood should therefore be understood not as an individual circumstance, but as a systemic pathway into marginalisation across the life course.

Widows may also face targeted forms of violence and harmful practices that undermine safety and autonomy, including forced marriage (including levirate) and practices described as “widow cleansing”, with refusal risking stigma or ostracisation²³. These harms are not confined to a single region, and evidence suggests widowhood is associated with broader long-term health and wellbeing impacts, including loneliness and reduced functioning in some settings²⁴. These risks are not confined to any one region: in the UK, 23% of single older women live in poverty (a group that overlaps heavily with widows), compared with 13% of pensioner couples (Age UK, 2024), underscoring the importance of avoiding a framing that externalises gendered harm as only occurring “elsewhere”²⁵.

This omission matters because it leaves widows' legal, economic and protection needs structurally easy to miss in

programming and measurement. The IWGS should explicitly treat widowhood as a driver of exclusion by supporting reforms and protections around inheritance, property and family law, improving access to legal aid, and ensuring safeguarding and GBV programming cover widow-specific harms, harmful practices and stigma-driven exclusion.

2.1.3 Women with disabilities

Disability is often imagined narrowly as a physical impairment, but the term also encompasses sensory, psychosocial, intellectual and multiple impairments, with exclusion shaped as much by social, economic, and environmental barriers as by impairment itself. Globally, around one in five women has a disability (approximately 20% of the female population), and in many low- and middle-income countries women make up the majority of people with disabilities. Women with disabilities are significantly more likely to live in poverty and to experience violence, with estimates suggesting the risk of intimate partner violence is two to four times higher than for women without disabilities²⁶.

Although the IWGS references disability in several places - including in relation to girls' education, violence prevention, and support for women's rights organisations - it does not set out a consistent approach to disability inclusion across programme delivery. In practice, exclusion is compounded by barriers at every stage of seeking support: from police stations and courts that are physically inaccessible, to shelters without step-free access or sign-language interpretation²⁷. Exclusion also extends into health systems; women with disabilities have lower rates of breast and

cervical cancer screening and may be denied or discouraged from using sexual and reproductive health services because of stereotypes that they are asexual, incapable of motherhood, or unable to make decisions about their own bodies²⁶. In conflict and displacement settings, these risks and barriers can intensify further, including heightened vulnerability to exploitation and trafficking²⁷.

This matters for the IWGS's effectiveness because disability affects outcomes across all three Es. Education is undermined when girls with disabilities are excluded from school buildings, materials or assistive devices; empowerment is constrained when discriminatory labour markets, social protection systems and civic spaces restrict economic independence and political voice; and efforts to end GBV are weakened when prevention and response services are physically, communicatively, or financially inaccessible. To strengthen delivery, the IWGS should move from recognition to routine implementation by embedding accessibility and disability-rights standards in programme design and budgeting, resourcing organisations of women with disabilities to co-produce priorities and hold implementers to account, and ensuring disability-disaggregated monitoring is consistently applied across pillars.

2.1.4 Indigenous women

The IWGS's commitment to advancing the rights of "women and girls in all their diversity" risks overlooking Indigenous women when it relies on broad references to "diverse" or "marginalised" groups without naming Indigenous communities explicitly. This matters at scale: Indigenous peoples constitute a substantial proportion of the global

population across thousands of distinct groups, and Indigenous women sit at the intersection of gendered inequality, racialisation, and ongoing colonial power structures that shape access to land, services and political voice²⁸. When the Strategy does not explicitly recognise Indigenous women, it becomes harder to ensure that programmes, monitoring and partnerships reach those most likely to be excluded in practice.

Across contexts, evidence consistently describes Indigenous women as experiencing disproportionate levels of poverty, violence, land insecurity and health inequalities, alongside barriers to education, digital access and participation in decision-making²⁹. These patterns are not niche or context-specific: they are structural, rooted in colonial dispossession and discrimination, and they cut directly across the IWGS's three Es. Exclusion from education and digital participation undermines learning; barriers to land, livelihoods and civic voice undermine empowerment; and heightened exposure to violence - including in climate- and conflict-affected settings - undermines efforts to end GBV³⁰.

Indigenous women are not mentioned anywhere in the IWGS, meaning the Strategy provides no basis for ensuring they are reached in programme design, partnership models, or monitoring. As a result, case studies and interventions risk defaulting to majority-oriented, urban or Western models that do not address issues that are often central to Indigenous women's rights and safety, including land rights, natural resources, customary governance, environmental justice and communal livelihoods.

Meaningful inclusion would require the IWGS to explicitly recognise Indigenous women as a distinct priority group within "women and girls in all their diversity" rather than assuming they are covered by generic diversity language. It would also require routine, safe and appropriate data disaggregation; long-term, flexible funding that enables Indigenous women's organisations to co-design programmes and hold implementers to account; and partnership standards that embed culturally grounded, context-specific approaches across education, health, economic empowerment and GBV prevention. This would strengthen the IWGS's equity and accountability, and better align its rhetoric of inclusion with delivery in practice.

2.1.5 Migrant and refugee women

Migrant and refugee women and girls are a large population who face distinctive, compounding risks of violence, exploitation and exclusion across the displacement journey³¹. Loss or insecurity of legal status, including lack of documentation and limited access to safe routes, can create a predictable pathway into vulnerability: increased exposure to trafficking and exploitation, alongside barriers to education, sexual and reproductive health services, safe work and protection³². Unaccompanied and separated girls are at particularly high risk of sexual and gender-based violence on routes and in camps, yet their needs are often not met through child- and gender-responsive systems³³.

The IWGS recognises that displacement and migration can heighten risks of violence and exploitation, but it treats migration primarily as part of the wider context of instability rather than as a basis

for targeted inclusion. It contains no reference to refugees and does not set out how migrant, refugee, asylum-seeking or stateless women and girls will be identified within programming, reached through partnerships, or tracked through monitoring. This matters because, without explicit attention to migration-related barriers, delivery of all three Es can become uneven in practice: education is disrupted, empowerment is restricted by lack of documentation and access to SRHR, and women and girls face heightened risks of violence, trafficking and exploitation across migration routes - making it unsafe to seek protection or justice.

The Strategy could strengthen inclusion by setting out practical mechanisms that reflect the realities of displacement: supporting programmes that address barriers linked to immigration status (including documentation support and safe access to SRHR information and services); strengthening protection and safeguarding across the whole migration journey (in transit, at borders, in camps and in reception settings); and ensuring continuity of education and care where women and girls are mobile or living in unstable accommodation. It should also back the co-design of SRHR, GBV and economic-empowerment programmes with migrant- and refugee-led women's and youth organisations, alongside sustained and flexible funding for organisations supporting displaced women and girls, enabling long-term, effective interventions that improve safety, rights and opportunities.

2.1.6 Transgender and non-binary people

Transgender and non-binary people are a globally distributed population who face high levels of violence, poor mental

health, and exclusion from education, work, healthcare and social protection³⁴⁻³⁶. In many settings, marginalisation can be cumulative: discrimination in families and communities is reinforced by institutional barriers, including identity documentation and service eligibility rules that assume a fixed gender binary, and by wider political rhetoric that legitimises harassment and abuse³⁴.

The IWGS makes four references to "LGBT+ people", including noting heightened risks when women and girls are marginalised in multiple ways and citing high rates of violence against LGBT+ people in some regions. However, it never names transgender or non-binary people, and it does not set out how LGBT+ inclusion will be defined, safeguarded, or monitored in practice. As a result, "LGBT+" functions more as a general descriptor of vulnerability than as a basis for programme design.

This matters for delivery of all three Es. Education is undermined when trans and gender-diverse young people are bullied, excluded, or forced out of school³⁷. Empowerment is weakened when discrimination and lack of safe access to services block pathways to decent work, SRHR and mental-health support. Ending GBV is compromised when hate-motivated violence and coercion linked to gender identity or expression are not explicitly recognised in safeguarding, referral pathways, and protection work - particularly in crisis and humanitarian contexts, where risks can be heightened and services harder to access safely³⁸.

The IWGS references "LGBT+ people" as a group at heightened risk of violence, but

it never names transgender or non-binary people, nor explains what inclusion means in practice. Without that clarity, delivery is left to ad-hoc interpretation - for example, whether education programmes address bullying linked to gender identity/expression, whether GBV programming recognises trans-specific forms of hate-motivated violence, and whether services relying on identity documentation unintentionally exclude those without legal gender recognition.

2.2 What's Missing?

Beyond population groups that are insufficiently recognised within the IWGS, there are also critical thematic omissions that limit the Strategy's ability to deliver on its stated goals. These gaps cut across the life course and intersect multiple pillars of the Strategy, including education, empowerment and the prevention of gender-based violence. The issues outlined below are not exhaustive, but represent areas where the absence

of explicit recognition, resourcing or accountability substantially weakens the equity and effectiveness of the IWGS.

2.2.1 Technology facilitated GBV

Technology-facilitated gender-based violence (TFGBV) is “an act of violence perpetrated against a person on the basis of gender that is committed, assisted, aggravated or amplified” through the internet and digital technologies³⁹. While the IWGS acknowledges online GBV as a threat to women’s lives, wellbeing, freedom and development, it does not set out how inclusive digital spaces will be created in practice, or what role the FCDO expects technology companies and implementing partners to play in prevention, mitigation and accountability.

TFGBV affects women and girls across contexts, with heightened risks for young women and girls, women facing intersecting discrimination, and women in public or political life. British women of

	Defined as a target group?	Mentioned?	Dedicated programmes?	Monitoring?
Older women	Red	Green	Red	Red
Widows	Red	Red	Red	Red
Women with disabilities	Green	Green	Green	Orange
Indigenous women	Red	(Via 'minority ethnic groups')	Red	Red
Migrant and refugee women	Red	Green	Red	Red
Transgender and nonbinary people	Red	(Via 'LGBT+')	Red	Red

Figure #. Inclusion, Targeting, and Monitoring of Marginalised Groups within the IWGS.

colour parliamentarians received 30% more online abuse than White women, and 42% of women politicians in the African Union report having received threats of abduction, beating and rape⁴⁰. Emerging harms are also rapidly evolving: 91% of pornographic AI-generated deepfakes depict women, and prevalence data suggest substantial levels of online violence, including 28% of women in sub-Saharan Africa and over 50% of adult women in Eastern Europe and Central Asia⁴¹⁻⁴².

Despite the Strategy's commitments to women's political, social and economic empowerment, TFGBV can directly undermine delivery of all three Es. It pushes women and girls out of digital learning spaces, drives women out of jobs and public life, and reinforces a continuum of GBV where abuse is normalised online and can escalate offline. UN Women identifies three emerging challenges shaping this landscape: the normalisation and increased visibility of misogynistic content, the rapid expansion of AI-enabled abuse, and growing backlash against women's rights⁴³. The IWGS briefly mentions online GBV, but without treating TFGBV as a strategic priority, the Strategy risks leaving a major and rapidly expanding driver of exclusion and violence insufficiently addressed.

2.2.2 Sexual and reproductive health equity

Sexual and reproductive health is a profound area of global inequity, yet it is notably under-specified in the IWGS, reflecting a failure to treat bodily autonomy and reproductive justice as core components of gender equality. Three gaps are particularly significant: abortion care, pregnancy loss, and HIV

and other sexually transmitted infections (STIs).

Globally, 45% of all abortions are unsafe, contributing to an estimated 4.7–13.2% of maternal deaths, almost entirely in low- and middle-income countries⁴⁴⁻⁴⁵. While abortion is recognised as a routine part of healthcare, the Strategy does not address key structural drivers of unsafe abortion including criminalisation, stigma, cost barriers, and lack of access to quality post-abortion care. Without explicit attention to these drivers, “access” risks being framed as a service-delivery problem rather than an issue of rights, law, and health-system design.

Pregnancy loss is also extremely common, affecting around 15% of known pregnancies, and approximately 2 million stillbirths occur annually⁴⁶⁻⁴⁷. The Strategy's silence can reinforce a “successful birth only” narrative that erases the experiences of millions of women and girls and overlooks the need for evidence-based clinical care, bereavement support, and longer-term psychosocial follow-up. Where ethnicity-disaggregated data are available, disparities are clear: Black women experience higher rates of miscarriage, stillbirth, and maternal death⁴⁸. The absence of pregnancy loss from the IWGS limits the Strategy's ability to address these avoidable harms and inequities across maternal health.

HIV and STIs are mentioned in the Strategy but framed narrowly, despite their centrality to sexual health and to gendered patterns of risk and access. In sub-Saharan Africa, adolescent girls and young women account for 77% of new HIV

infections among 15–24-year-olds⁴⁹. Globally, women in key populations - including sex workers, transgender women and women who use drugs - face higher HIV risk alongside persistently lower access to prevention and treatment⁵⁰. The Strategy does not set out how it will address practical prevention access (including PrEP/PEP and harm-reduction services designed around women's needs), rights constraints (including criminalisation of HIV exposure, sex work and drug use), or the long-term health needs of women living with HIV, including the growing population of women over 50.

2.2.3 Menstrual health and menopause

Menstrual health is barely mentioned in the IWGS, despite an estimated 1.8 billion people menstruating each month⁵¹. Many girls experience their first period without adequate information, preparation or support⁵². Where the Strategy discusses health and empowerment, it tends to foreground pregnancy and childbirth, leaving routine life-course realities - menstruation and later menopause - largely outside its framing of “women and girls in all their diversity”. This narrow framing mirrors long-standing disparities in research funding and data collection within sexual and reproductive health, where areas such as menstrual and menopausal health remain comparatively neglected. The resulting evidence gaps limit accountability and perpetuate inequities in both policy prioritisation and health outcomes.

This matters because barriers to menstrual health have direct, material consequences. Period poverty - shaped by lack of affordable products, safe

hygiene facilities, waste management and accurate education - contributes to physical, mental and social harms and reflects wider gender inequality⁵³. Stigma and limited knowledge can delay help-seeking for menstrual disorders, contributing to avoidable pain and untreated conditions⁵⁴. Globally, 75% of young women report menstrual complications, with documented impacts on school attendance, work participation and future prospects - cutting across the IWGS's education and empowerment aims⁵⁵. Where sanitation and privacy are inadequate, people may be forced to change pads less frequently, increasing infection risk and worsening sexual and reproductive health outcomes⁵⁶. In some settings, lack of affordable products has been linked to transactional sex for pads, increasing exposure to sexual violence, STIs and unintended pregnancy, and contributing to school dropout⁵⁷⁻⁵⁹.

The IWGS's limited attention to menstruation is mirrored by its silence on menopause. Menopause is a common life-stage transition and, as life expectancy rises, more women will spend a substantial proportion of life post-menopause. Symptoms can be significant, and longer-term risks include cardiovascular disease and osteoporosis-related morbidity; yet information, supportive healthcare and workplace accommodations remain uneven, and stigma can delay support-seeking⁶⁰. Without clearer attention to menstrual health and menopause, delivery risks being uneven in practice - particularly for adolescents, women in poverty, and those facing compounding barriers such as disability or displacement.

2.2.4 Mental health and trauma

Mental health is largely treated in the IWGS as a secondary consequence of crisis or violence, rather than as a core women's health and rights issue shaped by poverty, discrimination and unequal power. Yet women experience common mental disorders (including anxiety and depression) more frequently than men, with the gap often widest among younger women⁶¹. Exposure to gendered violence and trauma is a major driver: many women in contact with services report histories of abuse, and following traumatic events women are around twice as likely as men to develop PTSD, often linked to interpersonal violence⁶². Mental distress is also concentrated among women facing intersecting inequalities - including poverty, racism, disability, criminalisation and insecure migration status - who are often least able to access safe, appropriate support⁶³.

This matters because mental ill health directly undermines delivery of the three Es. Depression, anxiety and trauma symptoms reduce concentration, attendance and progression in education, particularly for girls and young women⁶⁴. Poorly supported mental ill health also limits women's ability to work, care for dependents, and participate fully in community and political life⁶⁵, weakening "empowerment" outcomes even where training or economic programmes exist. In the context of ending GBV, responses often prioritise immediate safety while under-resourcing longer-term, trauma-informed support - leaving survivors to absorb significant psychological and social costs without sustained care.

A stronger IWGS would treat women's mental health and trauma as a strategic priority linked explicitly to violence,

discrimination and economic insecurity, rather than only appearing in humanitarian or crisis framing. In practice, this means embedding gender- and trauma-informed psychosocial support across GBV, SRHR, humanitarian and NCD programming, including safe referral pathways and community-based support. It also means resourcing specialist and survivor-led organisations (particularly those led by marginalised women and gender-diverse people) to co-design services and strengthen accountability, alongside better monitoring through sex- and age-disaggregated mental health indicators and workforce training for health, education and justice systems.

2.2.5 Chronic disease (NCDs)

Non-communicable diseases (NCDs) - including cardiovascular disease, cancers, diabetes and chronic respiratory disease - are the leading cause of death for women globally⁶⁶. However, the IWGS does not reflect this reality in how it frames women's health, offering limited acknowledgement of how it will address or support women affected by chronic disease across the life course.

Across contexts, many women face a "triple burden" of infectious disease, reproductive and maternal conditions, and NCDs. Metabolic risk factors and poorly managed chronic disease (including diabetes and hypertension) increase the risk of pregnancy complications and contribute to maternal morbidity and mortality, especially where access to prevention and treatment is uneven⁶⁷. In many low- and middle-income settings, women also face structural barriers to NCD prevention, early diagnosis, treatment and palliative care, including lower access to healthcare and limited control over household finances and

health decisions. NCDs are further gendered in how they are recognised and treated: women’s cardiovascular symptoms are often described as “atypical” relative to men, contributing to under-diagnosis and delayed care⁶⁸.

Chronic disease also intersects with unpaid care and economic insecurity. Women disproportionately provide care for relatives living with chronic illness, which can create an invisible but significant burden of unpaid work and “time poverty” - reducing opportunities for rest, education, civic participation and decent paid work - and contributing to burnout⁶⁹.

The limited attention to NCDs matters for the success of the IWGS because it reinforces a narrow framing of women’s health as primarily reproductive and maternal. This weakens delivery of the three Es in practice: chronic illness can disrupt girls’ education through repeated absence and dropout; it can constrain empowerment by increasing household costs and limiting women’s ability to work and participate in public life; and it can heighten vulnerability to stress, food insecurity and sometimes violence, while remaining poorly integrated into GBV, mental health and social protection responses. Without clearer attention to NCDs as a driver of inequality - including through pregnancy-related risk, disability and financial hardship - the Strategy risks falling short on its “leave no one behind” ambitions across the life course.

To strengthen delivery, the IWGS should treat NCD prevention and care as a core women’s health and equity issue across the life course, with specific attention to

gendered barriers to diagnosis, treatment and long-term support, and to how chronic disease interacts with maternal health risks and unpaid care burdens.

2.2.6 Climate and health

The IWGS recognises climate change as a major driver of global instability and notes its links to crisis, displacement and safeguarding. It also commits to integrating gender and social inclusion into climate finance, and to supporting women and girls as leaders in locally led adaptation and a just transition. However, climate is often addressed only as background context, rather than as a distinct priority with clearly defined commitments to safeguard women’s health, safety, and economic security as climate impacts grow more severe.

This matters because climate shocks do not fall evenly. Across settings, climate-related disruption can increase unpaid care burdens, reduce access to healthcare (including sexual and reproductive health services), and heighten risks of violence and exploitation when women and girls are displaced or livelihoods collapse⁷⁰. In practice, this can undermine all three Es: girls’ learning is interrupted when households face crisis and care responsibilities rise; women’s economic empowerment is constrained when climate-sensitive livelihoods become less viable and adaptation resources are not accessible; and efforts to end GBV are weakened when prevention and protection systems do not anticipate climate-linked displacement, insecurity and household stressors.

A stronger IWGS would go beyond naming climate and set out what gender-

responsive climate and health action looks like in practice. This includes clearer delivery expectations for maintaining access to essential services during climate shocks (especially SRHR and maternal health), embedding GBV risk mitigation and safeguarding as standard within climate and humanitarian responses, and making explicit how women and girls will be supported to

shape adaptation priorities and just-transition planning at community and national levels (rather than being treated only as beneficiaries). It would also clarify how learning from existing FCDO climate and women's economic empowerment initiatives will translate into consistent minimum practice across programming, rather than remaining confined to case studies.

3. Rethinking Development and Shifting Power

The monitoring gaps, population omissions and thematic absences outlined above are not accidental. They reflect deeper questions about how the IWGS understands “development”, whose knowledge and priorities are centred, and how power is shared between the UK and its partners. This section analyses those underlying dynamics in order to explain why gaps persist and to inform the kind of structural changes that would make the Strategy more equitable and effective.

3.1 Why power and language matter for the IWGS

Coloniality refers to power structures that outlasted formal empires, including the dominance of Eurocentric institutions and knowledge in global systems⁷¹. These hierarchies continue to shape international development and global health. As Indigenous scholars have argued, the extraction and appropriation of knowledge - central to historical colonialism - still underpins many contemporary development practices, including those that claim to promote gender equality⁷².

Decolonialism is the deliberate removal of these colonial logics from institutions, policies, and everyday practices⁷³. This is increasingly urgent in the current aid architecture. While donors, including the

UK Government, use the language of “partnership” and “local leadership”, real decision-making power and resources remain largely concentrated in the Global North. New actors such as private foundations, public-private partnerships, and digital data systems can reinforce Northern priorities and sideline local and Indigenous knowledge. Without a decolonial approach, aid risks reproducing old hierarchies in new forms.

The UK has deep colonial roots which have shaped contemporary global political and economic systems. Financial institutions in the Global North, including the UK, have historically benefited from colonialism and the transatlantic slave trade. The UK Government already incorporates some decolonial principles into its development work⁷⁴. As a major bilateral donor, the FCDO therefore has a particular responsibility to reflect on its influence and embed decolonial practice in its policy frameworks to avoid reinforcing historic inequalities.

This moment also aligns with a global turn toward feminist foreign policy, adopted by countries such as Sweden, Canada, Mexico, and France⁷⁵⁻⁷⁶. For the IWGS, this means moving beyond gender mainstreaming or symbolic “gender language” towards genuine structural change. In practice, that requires shifting

from a donor-recipient model to one rooted in solidarity and shared power, where priorities, evidence and solutions are co-defined with those most affected by gendered harm.

The following subsections examine how the current IWGS language and framing fall short of these ambitions, and how they risk reproducing rather than dismantling existing power imbalances.

3.2 How the current IWGS reproduces power imbalances

The current IWGS reproduces historic international power imbalances through its language and framing, reflecting a predominantly Eurocentric lens in its articulation of priorities and leadership. In this section, we examine how the Strategy describes the UK's role, how it positions itself in relation to partner countries, and how different standards of partnership are applied. These patterns help explain why gaps in inclusion and accountability persist.

3.2.1 British exceptionalism

The IWGS often presents “development” as contingent on UK intervention. Phrases such as “where the UK is best placed to add value” and “demonstrated its place in leading global efforts” imply that global progress on gender equality depends on British initiative and guidance. The narrative largely sidelines the agency of partner nations and institutions.

The Strategy frequently references “our values” of democracy, openness, and gender equality as though these values are uniquely British or best exemplified by the UK. This framing reinforces a sense of Western moral superiority and, at times, echoes the “civilising mission” rationale used to justify colonial projects, implying

that other societies (the “uncivilised”) need enlightenment via British knowledge (the “civilised”).

A more equitable approach would avoid implying that British interpretations of these values are more ‘right’ or fully realised than in partner nations. Instead, the IWGS should emphasise shared commitments to gender equality and democracy, and highlight how these values are advanced through joint efforts rather than UK leadership alone.

3.2.2 Othering and lack of domestic reflection

The IWGS frequently frames gender inequality as a problem that exists elsewhere, while positioning the UK as a source of solutions, leadership, and moral authority. This framing risks obscuring the fact that gender inequality persists within the UK itself, and simplifies the complex, interconnected nature of gendered harm across contexts.

The strategy's foreword places particular emphasis on crises in countries such as Iran and Ukraine, situating gendered oppression firmly “over there” in conflict or authoritarian settings. While these contexts undeniably warrant international attention and solidarity, the absence of parallel reflection on gender inequality within the UK creates a geopolitical distance that implicitly absolves Western democracies from confronting their own domestic challenges, including GBV, reproductive justice, racism, and the gendered impacts of austerity.

This pattern is also evident in how specific issues are discussed. For example, abortion is framed as a global concern, yet the Strategy does not meaningfully link international commitments to ongoing

domestic debates and barriers around reproductive rights and access within the UK. By separating global advocacy from domestic realities, the IWGS misses opportunities to acknowledge shared struggles, mutual learning, and policy coherence across contexts.

A more equitable and credible approach would recognise gender inequality as a global issue with local manifestations, including within donor countries themselves. Explicitly acknowledging domestic challenges would enable the IWGS to move beyond a donor-recipient framing and support models of reciprocal learning, where partners collaborate on shared objectives both within the UK and internationally.

3.2.3 UK ownership of global progress and goals

Even when addressing universal objectives such as the Sustainable Development Goals, the strategy tends to describe progress in terms of UK achievement or leadership.

The IWGS refers to “the UK commitment to end preventable deaths of mothers, babies and children,” even though this is a global, shared Sustainable Development Goal (SDG 3.1-3.2) rather than a UK-specific commitment. This language shifts collective global progress into the frame of British policy success. By framing global goals as UK achievements, the Strategy neglects to acknowledge that the UK is one actor among many collaborating for collective progress and risks recentring donor prestige. It also downplays the role of partner governments, women’s rights organisations and multilateral agencies, and reinforces a donor-recipient hierarchy

where progress is implicitly attributed to UK intervention.

The Strategy’s credibility could be improved by framing these goals in terms of shared international commitments and by highlighting UK collaboration with global partners, rather than implying ownership of outcomes. Positioning the UK as one contributor among many would better reflect how change actually happens, and align the IWGS with its stated principles of partnership and equity.

3.2.4 Selective collaboration and partnership standards

Partnerships in the IWGS are described differently depending on geography. Engagements with other Global North actors (for example, the Free Trade Agreements with Australia and New Zealand) are depicted as reciprocal and mutually beneficial, with knowledge sharing going both ways (“enable us to work together”, “facilitate cooperation”, “sharing of gender-focused trade data”). By contrast, partnerships with Global South countries are often framed as hierarchical or as the UK providing solutions to the partner country. A broader Global North perspective also shapes the strategy. Women and girls in the Global South are frequently portrayed as passive recipients of UK-led interventions rather than as leaders of meaningful change. For example, the IWGS notes that “the UK is committed to supporting sexual and reproductive health rights in Sierra Leone” and describes how “1,284 midwives... were subsequently deployed in Ministry of Health and Sanitation health facilities”, without explaining how local women’s organisations, communities or health

workers shaped these efforts or shared in decision-making. References to “exposure to our values” in scholarship programmes and diplomatic missions further reproduce a civilising discourse that positions knowledge and norms as flowing from North to South.

The British international investment in Bangladesh, for example, is framed around the UK generating jobs (“help to create over 1000 jobs”) and implies that improvement flows from the UK to Bangladesh (“support improved working conditions”). The use of “supporting Bangladesh’s development ambitions” implies that the UK is required to enable development in Bangladesh, rather than recognising the country’s own expertise and leadership.

Applying different standards of partnership depending on geography reinforces global hierarchies and undermines commitments to equality and mutual respect. A decolonial approach would instead emphasise reciprocity and recognise that partnerships with countries like Bangladesh also offer opportunities for shared learning and knowledge transfer. The UK should avoid framing itself as the provider of solutions to countries in the Global South.

3.3 Beyond rhetoric: principles for a more equitable IWGS

In this section we consider how the IWGS could move beyond rhetorical commitments by drawing on feminist and decolonial principles, and explore alternative frameworks that may strengthen future policy design.

3.3.1 Avoiding genderwashing: aligning language and practice

Language change can signal a

commitment to broader, structural change, but on its own, it is not enough to dismantle colonial systems and hierarchies. If underlying power relations remain untouched, new terminology risks becoming performative - presenting reform while leaving existing structures intact. Meaningful change depends less on what institutions say and more on what they redistribute: who benefits from new language, who decides when it is used, and whether resources, authorship and governance have shifted to reflect the stated commitments.

The IWGS’s framing of UK-led initiatives as inherently feminist risks falling into what scholars call “genderwashing” - using the language of gender equality to legitimise interventions that ultimately leave power structures unchanged⁷⁷. This happens when programmes emphasise women’s rights but continue to rely on colonial or hierarchical development practices. Feminist language is applied to existing initiatives without altering decision-making processes, funding arrangements, or accountability mechanisms, and without addressing the systemic drivers of gendered harm.

A genuinely feminist strategy must therefore prioritise practical transformation of power imbalances. For the IWGS, this means ensuring that changes in language are matched by concrete shifts in who sets priorities, who controls resources and who is accountable for outcomes. The Strategy should aim to move decision-making power and goal-setting responsibilities to those most affected by gendered harm, and demonstrate that feminist rhetoric is accompanied by measurable reforms rather than surface-level commitments designed to make the UK appear progressive.

At present, the IWGS also defines “empowerment” in a narrow, individualised way, focusing mainly on education, skills training, entrepreneurship and labour-market participation. While these are important, they are presented as final goals rather than as part of a wider struggle for collective and structural change. Without attention to how patriarchy, capitalism, racism, ableism and neo-colonial aid systems shape women’s lives, the barriers women face risk being framed as individual shortcomings rather than the result of entrenched social, legal and economic structures. A feminist, decolonial approach to empowerment would therefore foreground collective organising and structural reforms - such as changes to inheritance laws, regulation of global supply chains, recognition of care work and stronger social protection systems - alongside individual opportunities. Crucially, it would also recognise that empowerment is not a universal or externally defined endpoint, but a context-specific process shaped by how individuals and communities themselves understand dignity, autonomy, and justice. Supporting empowerment therefore requires enabling women and girls to define and pursue change on their own terms, rather than prescribing a singular model of economic participation as the primary pathway to liberation.

3.3.2 Intersectionality as a core design principle

Intersectionality, first articulated by Kimberle Crenshaw, highlights how gender, race, class, sexuality, disability, and other factors combine to create distinct forms of marginalisation⁷⁸. The IWGS largely treats “women and girls” as a homogenous group, and makes only

limited reference to those whose experiences cut across multiple axes of inequality.

The gaps identified in earlier sections - including the limited attention to widows, women with disabilities, Indigenous women, migrant and refugee women, gender-diverse people and women living with HIV - illustrate the consequences of this omission. Without an explicit intersectional framework, these groups appear as “add-ons” rather than as central to the Strategy’s design, data collection and accountability mechanisms. The absence of meaningful discussion of HIV, despite women’s heightened vulnerability and recent UK funding cuts, further signals a misalignment between rhetoric on “leaving no one behind” and actual priorities.

Embedding intersectionality as a core design principle would require a vertical equity approach: recognising that some groups experience deeper and different forms of disadvantage, and structuring policy, funding and monitoring accordingly. In practice, this would involve disaggregated data (including by disability, migration status, ethnicity and gender identity), targeted indicators, and co-designed interventions with those at the sharpest intersections of harm - for example in climate-affected, Indigenous and rural communities - whose knowledge and leadership should be treated as integral to policymaking rather than token additions.

3.3.3 Representation without power: co-production & shared decision-making

Although the IWGS references engagement with survivors, civil society, and partner governments, these groups are typically described as being

“consulted” rather than as co-authors of policy. The Strategy also claims to “embolden and amplify” grassroots women’s rights organisations, but does not name any, nor specify how they will be selected, resourced or involved in decision-making. This suggests that “engagement” may remain largely consultative, rather than sharing real power over priorities and outcomes.

It is unclear whether this involvement translates into meaningful influence over agenda-setting, programme design, implementation and evaluation, or whether it functions largely as a symbolic add-on to pre-determined agendas. Without clearer mechanisms for power-sharing, the risk is that “lived experience inclusion” reproduces the very hierarchies it is intended to challenge.

To move beyond tokenistic inclusion, future strategies need to embed mechanisms through which partners can make sustained contributions to the shaping of goals and outcomes. In practice, this could include co-production processes, shared agenda-setting and participatory budgeting mechanisms, alongside clear commitments about how input from women’s rights organisations, community leaders and people with lived experience will influence final decisions.

Such approaches would strengthen the legitimacy of “lived experience inclusion” and help ensure that initiatives do not reproduce the power imbalances they are intended to address.

3.3.4 Goal of our recommendations

The goal of our recommendations is to ensure that the International Women and Girls Strategy moves away from a narrative that centres UK leadership and expertise, towards an approach rooted in equitable partnership, shared ownership, and meaningful inclusion of local women’s rights actors.

We recognise that this requires a shift not only in tone, but in practice. This would involve continued engagement with current partners, alongside increased inclusion of local women’s rights organisations, community leaders and regional partners in informing programme design and contributing to evidence and evaluation. To avoid performative change, the language and framing recommendations we make in the following section should be embedded within genuine reforms in participation and funding. Revising how we speak should accompany revising who speaks, who decides, and who benefits.

This is not a call to discontinue existing partnerships of programmes, but to build on existing relationships while incorporating locally defined priorities more deeply within programme design. In doing so, the Strategy’s future direction can support more sustainable, equitable and locally grounded outcomes, while maintaining continuity of programmes that are already operating successfully.

4. Recommendations

The following recommendations are derived from our comprehensive policy analysis, designed to ensure the IWGS is resilient, inclusive, and fit to address evolving geopolitical realities and systemic gender inequalities. Our overarching goal is to facilitate a fundamental shift in the Strategy's approach; to move away from a narrative centring UK leadership and expertise towards equitable partnership, shared ownership, and meaningful participation of local actors. To secure the UK's commitment to gender equality globally, a renewed focus is required across four critical areas: reforming policy architecture and partnership, strengthening accountability and transparency, mandating intersectionality and equitable inclusion, and modernising the strategic scope.

4.1 Policy Architecture and Partnership

The efficacy of the IWGS hinges on moving beyond traditional aid paradigms towards a framework of genuine partnership, co-creation, and power-sharing. The current framing risks reinforcing Global North/South hierarchies which limits the strategy's effectiveness. A structural evolution is required to embed decolonial practice and ensure that the policy targets systemic inequalities. This shift necessitates an internal commitment to examining the UK's historical role as colonisers and adopting reciprocal language and practices that allow local partners to shape policy decisions. Furthermore, the strategy must transition from promoting individual capacity-building towards driving collective and structural change, such as advocating for reforms to land tenure, inheritance laws, and the global regulation of supply chains.

Recommendations: Policy Architecture and Partnership

- **Internal Decolonial Practice:** FCDO must establish an internal policy and commitment to an examination of decolonial practice within the department.
- **Language and Framing:** Adopt inclusive language in policy documents in line with a shift in framing from aid to a reciprocal and equitable relationship.
- **Partnership Consistency:** Ensure the use of consistent language around partnership across all regions and a commitment to working more collaboratively with countries mentioned in case studies.
- **Co-Creation Mandate:** Consult with local organisations, not just UK experts, and ensure consulted individuals can shape decisions.

- **Structural Focus:** The strategy must address redistributive and structural reforms, including changes to inheritance laws, regulation of global supply chains, fair recognition of care work, and stronger social protection systems.
- **Vertical Equity:** Commitment to vertical equity-based solutions, where resources are allocated to those who will most benefit from them, with their local priorities in mind.
- **Mutual Learning:** Include an acknowledgment of domestic challenges and instances where the UK has learnt, and continues to learn, from other nations, promoting a reciprocal exchange of knowledge.

4.2 Strengthening Accountability and Transparency

The current IWGS lacks a robust, centralised monitoring framework which jeopardises its transparency, democratic scrutiny, and capacity for evidence-driven learning. To meet international standards for development funding accountability the strategy must transition from

reporting isolated outputs to measuring sustained outcomes through time-series indicators. Immediate action is required to fulfil the promise of a biennial report, and a public-facing data infrastructure is essential to allow Parliament, beneficiaries, and the public to track progress against every commitment.

Recommendations: Strengthening accountability and transparency

- **Biennial Report:** Confirmation must be provided on the release of the first instalment of the promised biennial report (due December 2025).
- **Fixed Reporting Cycle:** A fixed reporting plan is needed, which should be supplemented by an informal biannual progress report for improved transparency.
- **Measurable Results Framework:** Develop a centralised results framework aligned with national statistics systems, including baselines, annual milestones, and outcome-level indicators for all commitments under the 3Es and goals.
- **Qualitative Outcomes:** Outcomes must also be tracked qualitatively, with feedback data collected directly from beneficiaries and NGOs.

- **Public Data Portal:** Publish a transparent, publicly-available IWGS Data Portal to consolidate performance data, financial information, and measurable progress indicators.
- **Disaggregated Data:** The Data Portal must include data that is rigorously disaggregated by gender, age, disability, and geography to ensure equitable progress is tracked.

4.3 Mandating Intersectionality and Equitable Inclusion

While the IWGS acknowledges intersecting inequality, its operational scope fails to address groups facing compounding marginalisation, rendering its intersectional lens descriptive rather than proactive. To uphold the core pledge of leaving no one behind, the

strategy must explicitly name, design programmes for, and track outcomes for traditionally overlooked groups. This requires moving beyond generic references to "diversity" by mandating representation, allocating ring-fenced funding, and ensuring programmatic accessibility.

Recommendations: Mandating intersectionality and equitable inclusion

- **Explicit Naming of Marginalised Groups:** Go beyond generic references to 'diversity' and explicitly name marginalised groups.
- **Legal Reform Support:** Support reforms to land, inheritance and family law to address structural barriers faced by certain groups.
- **Indigenous Representation:** Mandate the representation of Indigenous women in governance, steering, and monitoring structures.
- **Co-design & Ring-fencing:** Support codesigned programmes for certain groups and allocate ring-fenced, long-term funding for them.
- **Intersectional Design:** The strategy must outline how interventions will themselves be intersectional in design and implementation.
- **Disability Inclusion:** The FCDO must explicitly commit to the social model of disability and include extra considerations, resources, and explicit commitments for Disability Rights and accessibility in implementation.
- **Programme Inclusion:** Ensure that GBV, SRHR, and mental health programmes explicitly include a range of women.

4.4 Scope Expansion

The IWGS's limited scope currently overlooks several profound and rapidly escalating threats to women and girls globally. To future-proof the strategy, the strategy must be updated to address the

explosion of digital threats. Additionally, the increasing impact of the gender-climate nexus and the growing burden of NCDs and mental health across the life course must be formally integrated as strategic priorities.

Recommendations: Scope Expansion

- **TFGBV Strategy:** Detail how inclusive digital spaces will be created and the role that engaging with technology companies would play to combat TFGBV.
- **Holistic Menstrual Equity:** Commit to a holistic approach to tackle the multifaceted nature of period poverty, addressing products, facilities, waste management, and education.
- **Abortion Care:** Commitments to decriminalisation, funding rights-based abortion and post-abortion care, supporting self-managed medical abortion and telemedicine, and addressing the cost, stigma and supply-chain constraints.
- **Pregnancy Loss:** Integrate high-quality miscarriage and stillbirth care into maternal-health services, ensure bereavement and psychosocial support, and strengthen data and audits on pregnancy loss.
- **HIV and STIs:** Expand community-led approaches led by women, and integrate HIV services with SRHR, GBV, maternal health and NCD care across the life course.
- **Non-communicable diseases:** NCDs must be included as a pillar, recognising their significant and growing impact on women's morbidity and mortality.
- **Climate Nexus:** Gender and climate must be included as a cross-cutting theme, addressing the disproportionate climate burden on women's livelihoods and safety.

Conclusion

The IWGS was launched as the UK's flagship commitment to advance gender equality globally through the three Es: educating girls, empowering women and girls, and ending gender-based violence. Two years on, our review suggests the Strategy is at risk of falling short not because its aims are wrong, but because its current architecture makes delivery difficult to evidence, uneven in practice, and hard to hold to account. Without a clearer results framework and public reporting pathway, progress cannot be meaningfully tracked against the Strategy's own commitments, limiting democratic scrutiny and weakening the UK's credibility as a gender equality actor.

Even if progress were fully visible, the Strategy's current scope still raises a second core challenge: who and what the IWGS is designed to deliver for. Across both "Who's missing?" and "What's missing?", we identify omissions that are large in scale, central to the three Es, and amenable to policy change. These gaps risk narrowing the practical meaning of "women and girls in all their diversity" and leaving some of the most marginalised people — and some of the most pressing contemporary threats - outside programme design, partnership approaches, and safeguarding.

These weaknesses are not accidental or purely technical. They reflect deeper questions about how the Strategy understands development, whose expertise is centred, and how power is shared between the UK and partners.

Our analysis of language and framing shows recurring patterns that can reproduce Global North/South hierarchies, position progress as UK-led, and treat "inclusion" as consultation rather than shared agenda-setting and accountability. Where feminist rhetoric is not matched by shifts in decision-making power, resourcing, and governance, there is a risk of "genderwashing" - signalling equity while leaving underlying structures unchanged.

This matters because the context the IWGS was designed for has shifted rapidly. Gender rights backsliding, constrained ODA resources, and emerging harms - including digital violence and shrinking civic space - mean that business-as-usual delivery is unlikely to meet the Strategy's ambition. The present moment is therefore a practical inflection point: as the UK looks ahead to the next phase of its approach to women and girls, there is an opportunity to take stock of what has and hasn't worked, and to set clearer, more accountable standards for what comes next - so that commitments translate into measurable improvements in people's lives.

Taken together, our findings point to a simple conclusion: for the IWGS to remain credible and effective, it must become more monitorable, more equitable in scope, and more honest about power. That means moving from dispersed outputs towards trackable outcomes; from broad commitments to clear minimum standards for inclusion and safeguarding; and from partnership

rhetoric to models that share agenda-setting, resources, and accountability with women's rights organisations and local actors. This is not a call to abandon existing programmes or partnerships, but to strengthen the UK's ability to deliver

sustained, locally grounded outcomes - and to ensure that future strategy and implementation align with stated principles of equity, partnership, and impact.

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