

A proposal for a coalition to address gender and women's health in Canada

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From the Directors of the British Columbia Centre of Excellence for Women's Health, the Prairie Women's Health Centre of Excellence and the Atlantic Centre of Excellence for Women's Health

During the past 15 years, the Canadian Women's Health Network (CWHN), the Centres of Excellence for Women's Health (CEWHs), and the Working Groups of the Women's Health Contribution Program – Women and Health Protection (WHP) and Women and Health Care Reform (WHCR) – have worked to improve understanding of women's health in Canada and internationally. These efforts have borne fruit in many ways. Now, more than ever before, attention is being paid to the role of sex and gender in health – among policy makers and researchers as well as in communities – and there is greater awareness of the health status and needs of diverse groups of women and girls. Collaboration between our organizations has been critical to these successes, enabling us to gather, synthesize, and share knowledge about women's health across sectors and regions.

While we have accomplished a great deal, we recognize that more needs to be done: we still have much to learn about the health and needs of sub-populations of women and girls and we need more time to reach out to all women and girls in Canada. Unfortunately, the future of this work is uncertain, as cuts to programs and funding threaten our ability to rise to the on-going challenge of contributing to knowledge and raising awareness about the health of women and girls.

We believe that our prospects for the future – both immediate and long term – will be better if we act now to strengthen and formalize relationships among our respective organizations. By aligning the expertise and capacity of our organizations we can establish ourselves as the premier Canadian focal point for information, capacity development, engagement, training, knowledge, resources and evaluation on issues related to gender and women's health. An integrated coalition might, for example, create a virtual centre for learning and training in sex- and gender-based analysis (SGBA), an area of formidable expertise among our organizations.

We also believe that a coalition would benefit each of our organizations by enabling us to coordinate our activities, thereby avoiding duplication and overlap while fostering efficiencies of time, energy and resources. For example, we might integrate existing databases of evidence and research with established platforms for knowledge

translation and exchange in order to increase the reach of knowledge about the health of women and girls and enhance the credibility and influence of the coalition and its member organizations. Similarly, by working together we could diversify our sources of support, both in-kind and financial, moving the coalition towards a more sustainable future.

Forming a coalition will take time and energy, but the rewards may be substantial. Therefore, we would like to open a dialogue to explore the feasibility and potential of establishing a new coalition involving CWHN, the Centres of Excellence, and the Working Groups.