

The Centre for Sex and Gender Equity in Health and Medicine – Guiding Principles

1. **The Centre represents the health needs of every person:** The Centre strives to facilitate advances in health and medical knowledge **for all people** by promoting the routine consideration of sex and gender in all health and medical research and healthcare delivery. Sex and gender are basic building blocks of personalised healthcare. Every person stands to benefit from the consideration of sex and gender in health and medical research and practice.
2. **An equity-centred approach:** The Centre strives to improve **health equity** by prioritising the reduction of knowledge gaps about the health of **understudied** sex and gender groups. For many health conditions, these understudied groups include women, intersex, trans, and gender-diverse people. However, for some health conditions, knowledge is lacking about cis-gender men. The Centre will call attention to, and invest in correcting, these inequities.
3. **We are diagnosis-agnostic:** The Centre has no *a priori* allegiance to any specific health condition. Our strategic priorities are selected on a range of factors, including where evidence shows large sex or gender biases in knowledge or research practices; where population burden is greatest, and where the Centre’s resources and expertise can be used to benefit the greatest number of people.
4. **The Centre promotes flexibility in how sex and gender are operationalised.** Gender is a socially and culturally constructed construct that has evolved, and will continue to evolve, over time. Likewise, there are differing positions within the scientific community regarding how sex as a biological variable is best operationalised. How these variables are best operationalised in health and medical research and healthcare should be driven by an evidence-based analysis of the specific issue being investigated or addressed (see guiding principle no. 5).
5. **The Centre posits that there is no singular “right” method to incorporate sex and gender considerations in health and medical research.** The most appropriate method will differ according to the problem being solved, the context in which the question is being asked, and relevant intersectional factors (e.g., age, sexuality, race) at play. The Centre strives to build the competencies of individual Australian researchers and health providers, and the places within which they work, in **the process** of considering the influence of sex and gender in their fields of expertise, so that they can develop appropriate methods in turn.

6. **The Centre supports leadership of Aboriginal and Torres Strait Islander perspectives on sex and gender.** The Centre acknowledges that sex- and gender-research and healthcare is often conducted from a Euro-centric position. However, to benefit the health of Aboriginal and Torres Strait Islander Peoples, Indigenous positions, which have existed for millennia, and resist cultural or linguistic translation, must be incorporated into sex- and gender-informed work in these areas.

7. **The Centre recognises the importance of meaningful involvement of those affected by health and medical research and practice.** We benefit from engagement with communities and consumers across the Centre’s initiatives and decision-making processes, and strive to support and enable communities and consumers to further build their capacity to influence sex and gender equity initiatives beyond the Centre.

8. **Investing in our future leaders:** The Centre prioritises the advancement of early and mid-career researchers and healthcare professionals in all its activities – the future of sex- and gender-informed research and healthcare is in their hands, and we accept the responsibility to support them to create a more equitable and healthier future for all.

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