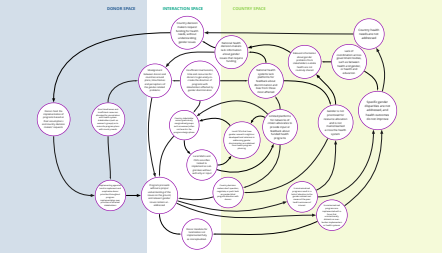
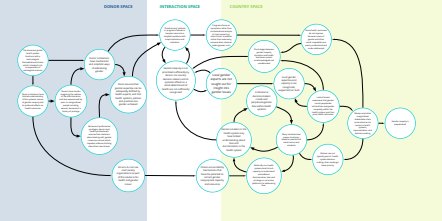
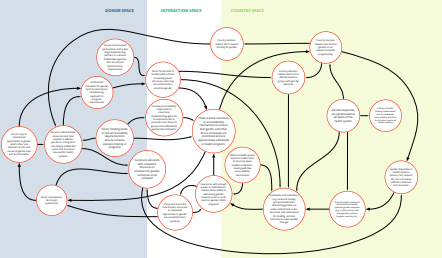
1 | Insufficient input, feedback, and leadership from groups most affected by gender bias and discrimination render programs less effective



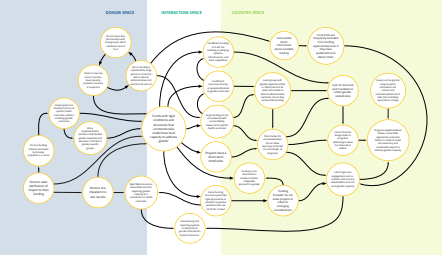
2 | Decision-maker privilege creates blind spots and inhibits capacity to address gender and health inequities



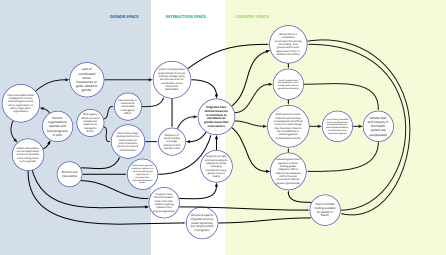
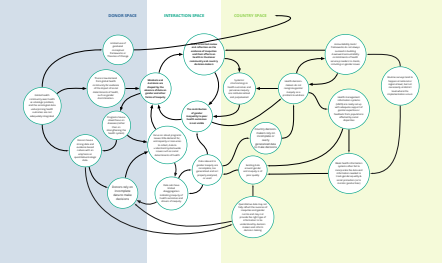
3 | An imbalance in power dynamics contributes to insufficient allocation of resources for and attention to gender priorities in health programming



4 | Donor health funding approaches, conditions, and requirements pose limitations to addressing gender inequities effectively



5 | Fragmented programming contributes to a lack of coordinated and systematic attention to the root causes of gender inequities



6 | Vicious cycles in data bias contribute to insufficient understanding of and attention to gender inequities