

Gender and Inclusion Conference 2027

CALL FOR PAPERS

Gender and Access to Health: Barriers and Policy Responses

Health is a fundamental human right, yet inequalities in access, quality, and outcomes continue to disproportionately affect women, transgender persons, and gender minorities. These disparities are shaped not only by biological differences but also by deeply entrenched social, cultural, and economic structures. Factors such as technology, legal frameworks, reproductive rights, climate change, and health financing intersect with gender in complex ways, influencing health systems, services, and policies worldwide.

In many contexts, women and gender minorities face systemic barriers to healthcare—ranging from affordability and infrastructure gaps to discriminatory laws and socio-cultural norms. Climate change intensifies these vulnerabilities, particularly in low-resource settings, while advancements in health technology offer both opportunities and risks. The need for intersectional approaches to health policy has never been more urgent, demanding collaboration between researchers, policymakers, practitioners, and communities.

Sub-Themes: Contributions are invited on, but not limited to, the following topics:

1. Technology and Digital Health

The integration of technology into healthcare—through telemedicine, mobile health apps, wearable devices, and AI—has transformed the way health services are accessed and delivered. However, the benefits of these advancements are not equally shared, with women, gender minorities, and those in rural or low-income settings often left behind. This theme invites papers that explore both the potential and pitfalls of health technology in addressing gender gaps, and how digital innovation can be made truly inclusive.

Key Questions:

- Are digital tools helping women and gender minorities, or making gaps bigger?
- Is health tech designed without bias?
- How can we make sure everyone can use these tools equally?

2. Health Financing and Budgeting

How health budgets are designed, allocated, and implemented has a direct impact on who gets care and who does not. Gender-blind financing can deepen existing inequities, leaving women and gender minorities without adequate services. This sub-theme focuses on gender-responsive budgeting, equitable health insurance coverage, and sustainable financing models that prioritise marginalised groups.

Key Questions:

- Do public health budgets meet the needs of women and gender minorities?
- Who can afford health insurance, and who is left out?
- What funding models make healthcare fairer?

3. Legal and Policy Frameworks in Health

Laws and policies determine the accessibility, quality, and equity of healthcare. Yet, many legal systems fail to adequately protect the health rights of women, transgender people, and other gender minorities. This theme seeks papers that examine gaps in legal protections, analyse existing frameworks, and propose rights-based reforms that ensure equitable health access for all.

Key Questions:

- Do our laws protect everyone's right to healthcare?
- Are reproductive rights and bodily autonomy fully safeguarded?
- What legal changes have worked in other countries?

4. Reproductive and Menstrual Health

Reproductive and menstrual health are fundamental to overall well-being, yet they remain surrounded by stigma, misinformation, and inadequate policy support. This sub-theme welcomes studies on menstrual health management, access to contraceptives, maternal care, and the intersection of reproductive health with education, work, and gender equity.

Key Questions:

- How do stigma and taboos stop people from getting care?
- Are services affordable and available for all?
- What innovations or policies can close the gaps?

5. Gender, Health, and Climate Change

Climate change is not gender neutral. Extreme weather events, rising temperatures, and environmental degradation affect health outcomes differently for women and gender minorities. This sub-theme invites contributions examining how climate change worsens existing health inequities, and how gender-sensitive climate and health policies can mitigate these impacts.

Key Questions:

- How are floods, heatwaves, or disasters affecting women and gender minorities' access to healthcare?
- What can health systems do to prepare for climate-related risks?
- How do we ensure climate policies consider gendered health needs?

6. Politics of Gender and Health

Health is deeply political—shaped by who holds power, whose needs are prioritised, and which voices are heard in policymaking. Political will, governance structures, and advocacy movements all influence health access and equity. This sub-theme seeks papers exploring how political decisions, representation, and public discourse impact gendered health outcomes.

Key Questions:

- How do political priorities affect healthcare for women and minorities?
- Are marginalised groups represented in health policy decisions?
- How do elections, governance, and lobbying influence health equity?

Submission Guidelines for Extended Abstracts

We kindly request that you submit an extended abstract of approximately 1500 words. The abstract should include a brief introduction to the research topic, clearly articulated research questions, the methodology employed, and—if available—any initial findings or insights.

- Name of author(s)/presenter(s)
- Affiliation
- Email id and phone number
- Title of the paper
- Abstract Word limit: 1500 words
- Font style: Cambria
- Font size: 12
- At least 4 keywords
- Abstracts should be sent in MS Word File

Tentative Timeline

Activity	Revised Timeline
Call for Extended Abstracts	22 October 2026
Final Date for Extended Abstract Submissions	22 November 2026
Internal Review and Confirmation of Abstracts	23 November–4 December 2026
First Round of Abstract Presentations (Internal Team)	7–11 December 2026
Notification of Selected Abstracts	14–15 December 2026
Version 1: First Draft Paper Submission	12 March 2027
Internal Review of Version 1 (10 working days)	15–26 March 2027
First Round of Paper Presentations (Internal Team)	29 March–2 April 2027
Version 2: Revised Paper Submission	19 May 2027
Internal Review of Version 2 (10 working days)	20 May–2 June 2027
Second Round of Paper Presentations	3–4 and 7–9 June 2027
Final Paper Submission	6 July 2027