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# Well-being impact, freedom of expression, censorship and Islamophobia experienced by Muslim healthcare professionals during the current Gaza genocide

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## ABSTRACT

The Israeli government has publicly expressed genocidal intent and conducted systematic attacks on civilians of Gaza and wider Palestine, following decades of illegal occupation and apartheid. Tens of thousands of Palestinian women, men and children have been killed; over 2-million people forcefully displaced and starved. The humanitarian catastrophe has been compounded by systematic destruction of healthcare facilities, schools, and places of worship. An online survey was conducted between 10th November and 5 December 2023 to assess UK healthcare professionals (HCPs) and students' experiences of censorship, Islamophobia and their well-being following the attacks on Palestinian civilians. Of the 651 respondents, >90% felt it was very important for them to be able to express their legitimate concerns regarding the genocide in Gaza; 93% felt censored. Overall, 69% experienced Islamophobia, a 37% increase between October and December 2023 (including verbal and physical abuse). Well-being was adversely impacted in 97%; only 12% felt their institution had offered culturally sensitive support. The wholesale assault on Gaza and wider occupied Palestine has had a significant adverse impact on the well-being of HCPs and students. Censorship and Islamophobia are widespread and rising. Urgent collective action is needed to tackle these intersecting issues and prevent further catastrophic consequences.

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## Background

The Israeli government has publicly expressed genocidal intent and has conducted systematic attacks on the civilian population of Gaza and wider Palestinian territories against a backdrop of decades of illegal, ongoing and expanding occupation, racial segregation and apartheid (Albanese 2024; ICJ 2024b, 2024a; Amnesty International 2024b; OHCHR 2024). The International Court of Justice (ICJ) in January 2024 noted that Israel's military operation following the 7 October 2023 attack had resulted in a large number of violent civilian deaths (Khatib, McKee, and Yusuf 2024; OCHA 2025). The first independent survey calculates between 63,600–86,800 people killed as of 5 January 2025, much higher than the 45,650 reported by the Gaza Ministry of Health for that period (Fieldhouse 2025; Spagat et al. 2025). Despite interim measures from the ICJ, the unprecedented destruction of civilian infrastructure along with forcible and repeated displacement and intentional starvation of the Palestinian population has continued (WHO 2025; Tantesh and Graham-Harrison 2025, MSF 2025a). This has led to an apocalyptic humanitarian catastrophe, even in areas designated as 'safe zones' by the Israeli military. The international community has failed to hold the perpetrators of these crimes accountable and consequently has been unable to uphold the right to life and freedom for Palestinians.

Since the period when our survey was undertaken, collective punishment and the systematic destruction of Gaza has accelerated with near-total destruction of civic infrastructure spanning schools, places of worship, and in particular, healthcare facilities (OCHA 2025). This has left the population with almost no fully functional hospitals nor clinics to access life-saving care. Repeated military attacks on civilians and medical infrastructure continue to occur, including the targeting of ambulances transporting the sick and seriously wounded and paramedics killed on duty. The capture, torture and killing of hospital-based medical personnel, and their families, has also contributed to the forced shutdown of vital, life-saving infrastructure (Khanji et al. 2025; The Lancet 2025; Mahase 2025; Niu et al. 2025; Perugini and Gordon 2024; Wispelwey et al. 2024), with profound generational consequences for the health and wellbeing of the population of Gaza. Increased violence and killing is not limited to Gaza and has been perpetrated on Palestinians in the occupied West Bank and those in the surrounding regions (OCHA 2025).

In addition to Israeli state actions which numerous experts, human rights organizations, and genocide scholars have concluded equate to genocide, clear genocidal intent has been publicly declared by several senior Israeli officials with substantial public support within Israel (Albanese 2024; Amnesty International 2024a; Human Rights Watch 2024; MSF 2025b; UNHR 2024; El-Affendi 2024; Segal 2023; Rapaport 2025). The ICJ continues its process of hearing evidence following the

case of genocide by Israel submitted by South Africa, and backed by over 70 other countries (ICJ 2024a). The ICC has also issued arrest warrants for the Israeli Prime Minister and former Defence Minister on charges including war crimes and crimes against humanity, including the deliberate starvation of civilians and directing attacks against civilian populations (ICC 2024).

These events, including the attacks by Hamas in October 2023, have not occurred in a vacuum. The Israeli state has imposed an illegal blockade of Gaza since 2007 (ICJ 2024b). Despite then-Prime Minister David Cameron describing Gaza as a 'prison camp' in 2010 (BBC 2024), the UK government has continued to provide diplomatic cover and military support for the ongoing violent occupation and dehumanization of the Palestinian people (MSF 2025b).

The assault on Gaza is likely to have wider negative impacts, including for HCPs worldwide, as witnessing the systematic targeting of civilians and health systems conflicts with their core ethical commitments, as HCPs, to preserve life and prevent suffering. Despite this, there has been a systematic process of dehumanization and efforts to silence voices standing in opposition to these live-streamed atrocities, particularly in many 'Western' countries by many mainstream media outlets and governments. This has been further compounded by ongoing complicity by media institutions, politicians and wider governmental policies (CfMM 2024, 2025; M. S. Khan and Tinua 2024; Watt and Sherwood 2010). This atmosphere of suppression is exemplified by the UK's Prevent strategy. The UK's Prevent policy is one arm of its counter-terrorism strategy, whereby health professionals are trained to have due regard in identifying individuals assumed to be 'at risk' of committing terrorism in the future. It is widely understood that the programme is selectively racialized to Muslims (Amnesty International UK 2023; Qurashi 2018).

The Prevent policy has embedded a surveillance culture restricting Muslim political expression and agency and has created a climate of fear for two decades (Qurashi 2018; Younis 2021b; Younis and Jadhav 2020). It also stifles ordinary conversation and dialogue as people are scared to express their feelings in case they are penalized in some way. This has led to self-censorship amongst Muslim communities, who fear that engagement in political activity will attract increased scrutiny and punitive, discriminatory intervention by authorities (Amnesty International UK 2023; Zin Derfoufi and Rights and Security International 2022). This effect appears especially significant for British Muslim healthcare staff and students. It is therefore important to examine the extent of censorship and its impact on the agency of Muslim healthcare workers. Particularly, as they witness the real-time destruction of the civilian population in Gaza and its healthcare infrastructure and are unable to express their sense of justice and compassion on issues of humanitarian, political and healthcare struggles.

## Aims

This study aimed to assess the impact of the ongoing genocidal actions in Gaza on the well-being of HCPs and HCP students in the UK. In addition, it explored the impact of the Gaza catastrophe on the experiences of censorship related to sharing their opinions and concerns, experience of Islamophobia, support received from their institutions and how support may be improved.

## Methods

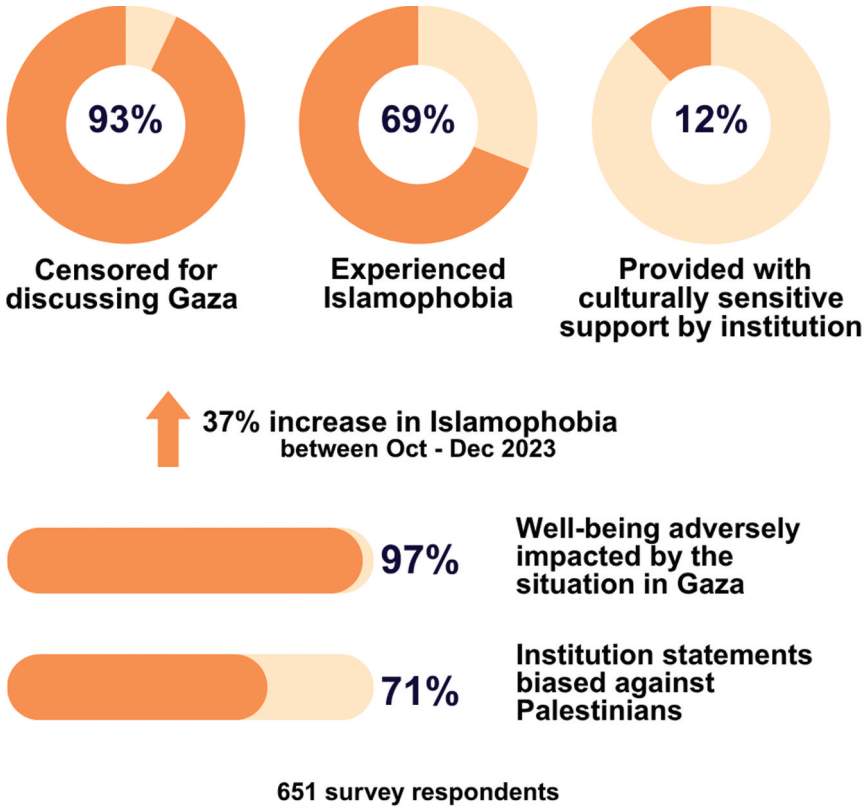
The British Islamic Medical Association (BIMA) conducted an online survey over a one-month period between 3 November 2023 and 2 December 2023 focusing on Muslim HCPs and students in the United Kingdom. The survey was developed by frontline healthcare workers in the UK. It consisted of questions relating to experiences of censorship regarding legitimate political opinion on the civilian casualties in Gaza. Given the backdrop of the Prevent strategy in the UK, potential reasons for censoring were explored. Questions on well-being included impact on psychological, spiritual, physical, and social well-being – respondents could tick more than one area of well-being impact. Their experience of Islamophobia before and since the events of October 2023 was also recorded. Respondents were asked about levels of support provided from professional institutions and if there had been a biased response to the crisis either in favour of the Palestinian population, or the Israeli state. The survey was initially disseminated to BIMA members and affiliates (“FEMHO – Federation of Ethnic Minority Healthcare Organisations”, *n.d.*), with circulation to further healthcare professionals within professional networks to maximize reach. Survey completion was voluntary, with no offer of financial or other incentive. Respondents had the opportunity to remain anonymous.

## Results

A total of 651 HCPs and students completed the survey, including doctors (35%), HCP students (35%, of whom 68% were medical students), allied health professionals (6%), dentists (4%), pharmacists (4%), and nurses (3%).

### *Freedom of expression and self-censorship*

The majority of respondents (> 90%) stated it was very important for them to be able to express their legitimate political opinion regarding the current crisis in the occupied Palestinian territories either in their workplace, place of study, on social media or with their family and friends. However, an



**Figure 1.** Summary of findings on well-being impact, censorship, Islamophobia and support experienced by Muslim healthcare professionals and healthcare students during the current Gaza genocide. Survey data from 651 UK respondents.

overwhelming majority (93%) of respondents felt censored in their ability to express legitimate views and opinions due to concerns over negative repercussions (Figure 1). The remaining 7% either did not feel censored (6%) or preferred not to answer. The most common reasons for self-censoring included government policy and statements (62%), followed by unfair scrutiny by the media (54%) or on/by social media platforms (46%), or by their institutions (46%).

The most common reasons outlined for avoiding legitimate self-expression included fear of Islamophobia (72%), detrimental impact on working relationships with colleagues (66%), concern of legal repercussions (64%), loss of job (62%), personal or family safety (50%) or negative media attention. Table 1 provides some examples of comments from survey respondents related to their experience of censorship.

Of total respondents, 64% did not express their opinion in their workplace; whereas 17% had expressed their opinion and not faced any issues, and 11%

**Table 1.** Comment examples from survey respondents on feeling censored, experiencing racism and Islamophobia and impact on well-being.

Experience of censorship
'Department in hospital emailed warning staff of HR (human resources) referral if publicly expressing opinions, be that verbal or on social media'.
'The level of support that was provided following the Ukraine War in comparison with the Palestine crisis has been alarming. For me it suggests selective activism, and support'.
'Failed to acknowledge the ripple effects of what is happening in Palestine or that Islamophobia, antisemitism and racism have increased and is affecting their staff'.
'Simply marching for peace is classed as a "hate" march. There is no safe space for our voices to be heard'.
'Constantly told we are terrorist supporters because we oppose the mass genocide of civilians and children'.
Experiences of racism and Islamophobia
'Twice, a car raced to turn a corner in a road I was already crossing . . . [once] beeping aggressively at me. I was alone and visibly identifiable as a Muslim female'.
'A patient stated loudly in front of everyone that they didn't want to be treated by someone who looked like me (I wear abaya and hijab)'.
'I've been called a terrorist, been told that all Muslim men are rapists'.
'Experiences like this really highlight the "otherness" and essentially the pervasive racism that exists in the UK'.
Impact on well-being
'I am constantly losing sleep and constantly crying and tearing up over the situation in Gaza and the lack of empathy shown by so many'.
'What particularly sticks with me is all the videos and information about medics within Gaza being targeted, the hospitals being bombed'.
'Not feeling safe to walk on the streets freely and being vilified on TV by government representatives makes me feel targeted and fearful. This has affected my mental health and is making me less productive at work'.
'I have not been eating well, and when I try to sleep I can't. The crisis is the first thing I think of when I wake up and the last thing on my mind when I sleep'.
'I am silenced and alone, fearful and more than ever heartbroken'.

had already faced issues at work (by December 2023) following the expression of their views. Within the latter group, consequences included a meeting with their supervisor (71%; 50% were informal and the remaining 21% were formal meetings). Overall, 17% had faced either disciplinary investigation/proceedings or referral to their regulatory body, such as the General Medical Council or Nursing Medical Council within that short timeframe.

### *Islamophobia*

Overall, 69% of respondents had personally experienced Islamophobia. Of those who experienced Islamophobia, 49% had faced Islamophobia before the events of October 2023 and 18% since, equating to a relative increase of 37% in just under two months. Most incidents were verbal. However, physical threats, physical abuse and vandalism were also experienced. Perpetrators included respondents' colleagues, patients and the wider public. Table 1 provides some examples of comments from survey respondents relating to their experience of Islamophobia.

### ***Adverse impact on well-being***

The current crisis in the occupied Palestinian territories had adversely impacted the well-being of 97% of the respondents by December 2023. This mostly impacted their psychological well-being (85%) but also adversely impacted their spiritual (68%), physical (48%), and social well-being (29% experienced an impact on their social relationships). [Table 1](#) provides some examples of comments from survey respondents relating to the adverse impact on their well-being.

### ***Institutional support***

Overall, 79% of respondents felt that their employer or institution had offered little or no culturally sensitive support to staff or students in relation to the crisis in the occupied Palestinian territories. Where a statement or response had been provided by the leadership team or institution, over two-thirds (71%) stated that this was biased towards the Israeli state, compared to 4% of cases where it was more supportive of the Palestinians. Only 25% felt that their institution's response was neutral.

## **Discussions**

This is the largest survey related to this topic of UK-based Muslim healthcare professionals to date, and raises serious concerns. In a short timeframe, respondents shared experiences of self-censorship of freedom of expression, adverse impact on their well-being and concerning levels of Islamophobia. Institutional support is lacking; there is a perception of bias towards Israel whilst Palestinians and those who advocate for their legal rights are unfairly treated. These results highlight significant issues which relate to the suppression of human rights activism and legitimate self-expression, along with discrimination experienced by UK-based healthcare workers.

### ***Censorship***

Censorship is used to describe both formal and informal constraints on freedom of expression. Formal constraints include those backed by institutions with defined consequences, as well as self-censorship where individuals have personally moderated or withheld expression due to perceived risks. It is important to note that these are not discrete categories, but rather on a spectrum, self-censorship is often heavily shaped or imposed by external pressures, and several participants described this anticipation of possible, sometimes disguised, consequences as having a 'chilling effect', a phenomenon described in the literature (Amnesty International UK [2023](#)).

There appears to be significant incidences of both formal and self-censorship amongst Muslim healthcare professionals and students in the UK (Heath-Kelly and Strausz 2019; Younis and Jadhav 2019, 2020). Most respondents indicated feeling censored by the government, followed by unfair scrutiny, either by the mainstream media, on social media or by their institutions. This issue has been raised previously, where individuals expressing pro-Palestine views have been subject to vexatious and disproportionate referrals, often falsely framed as antisemitism. However, these cases have frequently not withstood scrutiny when reviewed by legal teams (ELSC 2023). This has, in large part, been driven by the controversial non-legally binding IHRA definition of antisemitism, which has been criticized by one of the original authors of the definition and also by human rights organizations as being weaponized to silence legitimate academic discourse and criticism of the Israeli state (McGreal 2023; Stern 2019). Despite this, in some countries there has been government pressure to compel institutional adoption of the IHRA definition (Ullah 2023). In the UK, for example, in 2020 then Communities Secretary Robert Jenrick threatened to cut university funding if organizations did not embrace the definition (UK Parliament 2020). In the USA, there is also an attempt to equate antisemitism (discrimination of Jewish people based on religion or ethnicity) to anti-Zionism (criticism of Zionism as a political ideology – which has been described by the ICJ and previously by many human rights organizations as a fascist and racist ideological system of racial segregation and apartheid against non-Jews) (B'Tselem 2022; Harb 2023; ICJ 2024b).

A concerning number of referrals to regulatory bodies such as the UK General Medical Council has been identified (Parr 2024), appearing to indicate their systematic weaponization to intimidate and silence (Parr 2024). Institutions and regulatory bodies are themselves being intimidated and threatened with legal action or fear of reputational damage if they don't comply with external, pro-Israel political lobby groups, which in turn pressures them to take actions that may be against their own policies (ELSC 2023). Those responsible for disciplinary processes at universities and health institutions often do not possess the necessary tools or background to independently assess the merits of such allegations. In most cases, members of staff given the responsibility of judging whether a student, society or staff have made statements that are antisemitic have extremely little, or no understanding of the Israel-Palestine context (ELSC 2023).

Many mainstream media outlets have also unfairly targeted advocates for Palestinian rights, in part due to the efforts of ideologically driven political lobby groups but also due to internal and editorial bias (CfMM 2024, 2025; Jones 2025). Regulators and employers should be mindful of weaponized referrals and ensure that they have a nuanced understanding of the situation with a cultural and contextual understanding of the allegations. Political and lobby group pressures have been noted and therefore should be addressed,

to ensure regulators and institutions act independently and fairly. Vexatious, unfounded or conflated accusations are often rejected or result in no disciplinary actions (Parr 2024). However, they still carry a resource and opportunity cost for regulators, diverting attention from legitimate concerns and priorities. The investigative process is very often drawn out and causes significant undue stress and impact on physical and psychological wellbeing for professionals, students and their families (Parr 2024; Rimmer 2023). This is also likely to directly or indirectly impact their ability to provide the highest standard of care for their patients or performance during examinations.

The assault on Gaza has had, and will continue to have, far-reaching international consequences that extend beyond the immediate region, including for HCPs and citizens, regardless of their background. The escalation has undermined the previously established rules-based order and fundamentally as well as foundationally challenged longstanding principles of international humanitarian and healthcare laws (Human Rights Watch 2024; UNHR 2024; Albanese 2024, 2025). Peaceful resistance against human rights violations has been curtailed and the ability of healthcare professionals to act as political subjects has been diminished in countries that have previously portrayed themselves as champions of democratic values. Censorship and acts of self-censorship surrounding the call for ceasefire and preservation of civilian lives, have eroded the notion of legitimate freedom of expression – a core tenet of democracy. Although historic examples of censorship exist in other political or humanitarian movements, the current situation is at a global scale and suppression is ubiquitous (Tatour 2024; I. Khan 2024).

### *Islamophobia*

Islamophobia in the NHS should be a major concern due to its widespread occurrence and implications for HCPs, students, patients, and the general public. However, there has been limited effort by recent governments to address this, and instead steps have been taken to promote laws and policies that further create discrimination and disadvantage for Muslim minority communities (Qurashi 2018; Zin Derfoufi and Rights and Security International 2022). The All-Party Parliamentary Group (APPG) had agreed on a definition of Islamophobia in 2018; however, this has not been implemented by the government to date and is now being revised. Indeed, the current state of anti-racism in the NHS is fraught with inconsistencies and platitudes, especially in relation to Muslims (Younis 2021a; Younis and Jadhav 2020, 2020).

The censorship reported in this study also appears to be driven by the fear of Islamophobia and the potentially detrimental impact on career and personal safety for healthcare professionals or their families, revealing how professional, religious, and social identities intersect to influence self-censorship.

While there has been a strong emphasis on the definition and addressing of antisemitism, in contrast there does not appear to be institutional or political parity for Islamophobia or other forms of discrimination (Dearden 2022). The UK government has instead delayed addressing the real issue of Islamophobia or discrimination against Muslims, with critics asserting they have allowed a culture that enables Islamophobia with no meaningful consequences for perpetrators (Colbert 2023; Gohil 2024; Lucas 2024; Warsi 2023, 2024). This needs to be addressed urgently to ensure all types of discrimination are treated equally, that a hierarchy of discrimination based on political bias is avoided and the human rights of all citizens are protected.

Much more needs to be done to overcome institutional bias due to underlying factors such as anti-Palestinian, anti-Arab and wider forms of racism and Islamophobia. This bias is increasingly evident in the framing of event reporting by mainstream media outlets in largely Western nations (CfMM 2024, 2025; Gathara 2024; Lauterbach and Shabibi 2023), and the notable double standards of prominent politicians and states concerning Palestine in comparison to other conflicts such as Ukraine (Johnson and Ali 2024; Writers Against the War on Gaza 2024).

### *Well-being impact*

There has been a growing disconnect between government policy and both public and legal opinions over the past 20 months. The live-streaming of the human rights violations has negatively impacted the wellbeing of the public and created profound moral injury for HCPs, by confronting them with preventable suffering they are ethically and professionally bound to alleviate but powerless to stop which intensifies the urgency to speak out and take action (Holton 2024; Smith 2024). Although this has to a large degree impacted Muslims, HCPs and other professionals from other backgrounds have also been targeted when advocating for Palestinian human rights or voicing concerns about discriminatory practices perpetrated by the state of Israel, often with false accusations of antisemitism, silencing or intimidation (Lerman 2024; Shabi 2024; Ullah 2025; Wimborne-Idrissi 2024).

Understandably, those who seek an end to the atrocities, the occupation and the apartheid system are vocal against the Israeli state and its unconditional support by the USA, UK and other Western allies (Shabi 2023). The USA, especially with its political backing and arms provision, are violating international human rights law in their unconditional support of the Israeli state's genocidal action and their support for mass ethnic cleansing of the Palestinian people (Aksünger 2024; Albanese 2025; Amnesty International 2024c; Human Rights Watch 2025). Many people of all backgrounds, religions and professions have come together to call for an end to the injustice (Religions for Peace 2024). In the UK, more than 70% of the public backed a

ceasefire in November/December 2024, whereas the government continued to try and justify the actions of the Israeli state. Despite recent verbal condemnation of the actions of the Israeli government and their defence forces, and some very limited sanctions, they continue to provide military and some political support despite mounting evidence of war crimes and genocide (MAP 2024; MSF 2025b).

HCPs and students who responded to this survey felt a strong imperative to speak out and take constructive and legal action against the atrocities they are witnessing, based on the principles of compassion and health justice. The well-being of Muslim HCPs and students has been negatively affected by witnessing the unfolding of a live-steamed genocide. There does not appear to be any meaningful recognition of this or strategies by institutions to address these issues. Although general well-being offerings exist in the NHS and universities, the current political climate has engendered a mistrust that these services may not be impartial, and information shared may be misconstrued. Several respondents highlighted the disparity in how the war in Ukraine is treated compared to the situation in Gaza, which has caused further distress and further erosion of trust. Divisive government strategies, such as Prevent and its weaponization against Muslim HCPs and students, destroy the psychological safety net to discuss their legitimate concerns that enables access to institutional well-being offerings (Qurashi 2018; Zin Derfoufi and Rights and Security International 2022). Consequent implications include a diminished feeling of institutional belonging and acceptance, with adverse consequences including increased staff sickness due to physical or psychological impact, potential for reduced work performance, and reduced staff recruitment and retention.

HCPs across the globe have a long tradition of advocating for the pursuit of health equity and justice, including during the apartheid era in South Africa (Essex 2021). Silencing discussion and action to stop the humanitarian suffering, will inevitably erode trust and alienate staff who feel unfairly censored and unsupported for upholding their moral and ethical principles. To avoid staff and students feeling unsupported, silenced, and marginalized, institutions must do more to support all their staff in a consistent, relevant and compassionate way.

## Strengths and limitations

This survey has several strengths. It was designed by frontline healthcare workers and academics, as part of a multidisciplinary team who brought both lived experience and subject-matter expertise to the process. A substantial number of respondents completed the survey, reflecting a diverse range of professional roles, despite the limited time the survey remained open. The use of open-ended questions in our survey helped to address fundamental constraints of quantitative research by permitting respondents to articulate

experiences, opinions, and nuances in their own words. There are inherent limitations of survey-based research such as sampling and self-selection bias which may limit the generalizability of the results to the wider Muslim HCP and student population.

## Conclusions

The wholesale assault on Gaza and wider occupied Palestine has had a significant adverse impact on HCPs and students' legitimate freedom of expression to engage in dialogue and highlight humanitarian concerns. Censorship is widespread, well-being has been severely impacted and this has been compounded by the high and increasing prevalence of Islamophobia. The support that HCPs and students have received from their institutions has been limited or non-existent, and institutional responses have, in most cases, been perceived as being biased. Urgent collective action is needed to tackle these intersecting issues and prevent further catastrophic consequences at both systemic and individual levels.

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## Author contributions

MYK, NK, SIU, MEFR and YK drafted the survey. MYK, NG, NK, MEFR and YK drafted the manuscript. All authors provided critical input following the draft and approved the final version.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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*Peter Hopkins* is a social geographer with an international reputation for his research on race, religion, gender, and youth. Specifically, he has played a key role in the development of an international field of research focused on Muslim identities and Islamophobia. He has been involved in several significant studies that have had a direct impact on policymaking and practice.

*Tarek Younis* is a Senior Lecturer in Psychology at Middlesex University. He researches and writes on Islamophobia, racism in mental health, and the securitisation of clinical settings. He teaches on the impact of culture, religion, globalization and security policies on mental health. As a registered clinical psychologist, he primarily attends to experiences of racism, Islamophobia, and state violence in his private practice. He has authored several publications including his book called *The Muslim, State and Mind: Psychology in Times of Islamophobia*.

*Yasmin Kader* is an Academic and Research Supervisor at the University of Leeds and previously supervised research at the University of Cambridge. Her academic interests relate to promoting equity and quality in health and education, specifically, through the effective use of digital approaches for open scholarship and through leadership development programmes to address the under-representation of minority ethnic staff at senior levels. She has worked on inclusive policy development and public service improvement in local government, Whitehall, and at the United Nations, including as part of the UN's Equalities Advisory group to develop the Sustainable Development Goals.

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## Data availability statement

Data set: See [Tables 1](#) and [Figure 1](#). Other information can be made available following reasonable request to the corresponding author.

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