Understanding and mitigating real-time differential gendered effects of the COVID-19 outbreak

The impact of disease on individuals and communities is not homogenous, with women disproportionately infected and affected. However, public health efforts to effectively contain an outbreak, and mitigate its secondary impacts, remain hindered by a lack of real-time gender analysis. Gender analysis considers how women and men experience health crises and responses differently based on biological factors, social roles and power inequities. Gender inequities have been highlighted in past outbreaks, but the few analyses have been undertaken post-crisis without being able to offer real-time evidence to strengthen the public health response. COVID-19 appears to reproduce this gendered neglect: with no systematic gender-analysis of the outbreak by global health institutions or governments in affected countries (or in those preparing for the outbreak). *Rather than waiting for a lessons-learned review to establish these gaps, we are undertaking a real-time, multi-faceted gender analysis of preparedness and response mechanisms, providing immediate evidence to inform public health responses.*

While recent (incomplete) data demonstrates similar case incidence between sexes, there appear to be major sex differences with regards to mortality potentially due to gendered difference. As it has been suggested that a large number of early infections were among health workers, and recent data from the State Council Information Office in China suggest that over 90% of healthcare workers in Wuhan are women, and at a global level this is approximately 70%, it is unclear the extent to which the neglect of women's needs may affect the impact of disease among health workers. There is an urgent need to synthesize accurate sex-disaggregated data on all cases to understand how sex/gender interact with other variables to affect incidence and mortality, as well as the secondary effects of control measures. The closure of schools across the world likely has a differential effect on women, who provide the majority of childcare; travel restrictions impact employment, one example might be for foreign domestic and care workers who travel from low income to high income settings in search of work; and quarantine can have negative externalities if women and men's differential physical, cultural, security and sanitary needs are not recognized. Further, health emergencies distort local health agendas, with most local capacity and resources diverted to service the immediate needs of the outbreak, impacting routine service provision including those in maternal care and sexual and reproductive health. Furthermore, despite the WHO Executive Board recognizing the need to include women in decision-making, there remains a lack of women's representation in key COVID-19 policy spaces, such as in the United States Taskforce on COVID-19. Without awareness and analysis of these dynamics, responses cannot accurately mitigate the effects of the outbreak. *This project enhances efforts to mitigate the social and economic impacts of the outbreak and inform operational responses through the development of practical tools to generate awareness of, and address, gender inequities in real-time.*

The project will:
- map and analyse sex disaggregated data on COVID-19 infections and mortality to provide evidence to inform public health responses, decision-making and planning; Current sex-disaggregated data for the COVID-19 outbreak are not comprehensive. Through targeted searches, special requests to governments, open data platforms and academic institutions, we will synthesize all available sex-disaggregated data into one platform.

- document and analyse gender impacts of the outbreak in order to strengthen understanding of the impact of COVID-19 on individuals and communities through chatroom and social media analysis and interviews with those infected and affected. We anticipate this will include healthcare workers, foreign domestic workers, pregnant women, carers and those affected in other ways.
- conduct gender-based analysis of policy responses in order to improve national and global responses through policy analysis within multiple stages of preparedness and response activity amid governments, international organisations and non-governmental organisations. This will be triangulated with elite interviews with decision-makers at national and global levels.
- produce knowledge translation resources, including a gender matrix and toolkit, to improve policy and public health responses to COVID-19. **The COVID-19 Gender Matrix** will be a living, online tool presenting gender analysis questions and data as it is gathered and serving as a template to measure gender indicators, if and where the outbreak may spread. The **COVID-19 Gender Toolkit** will promote immediate gender mainstreamed actions within policy development, preparedness and response activities.

Research for this project will be conducted in China, Hong Kong, United Kingdom and Canada.

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