

COVID-19 and Global Gender Strategy: if not now, when?

#LSECOVID19

Ginette Azcona

Dr Roopa Dhatt (@roopadhatter)

Professor Sarah Hawkes

Megan O'Donnell (@modonnell1231)

Chair: Dr Clare Wenham (@clarewenham)

SHAPING
THE **POST-
COVID
WORLD**

Hosted by the Department of Health Policy

COVID-19 and Global Gender Strategy: if
not now, when?



The COVID-19 pandemic and the impact on women and girls

COVID-19 exposes and exploits pre-existing inequalities: Impact on women

Economic Impacts

Compounded economic impacts are felt by women who are generally earning less and holding insecure jobs, including dramatic decline of incomes of women in the informal sector.

Female poverty will likely increase

Health Impacts

Diversion of funds to the pandemic response is hampering women's access to sexual and reproductive health services

Poor and marginalized communities are more vulnerable to COVID-19

Unpaid Care work

COVID-19 has intensified women's unpaid care and domestic workloads

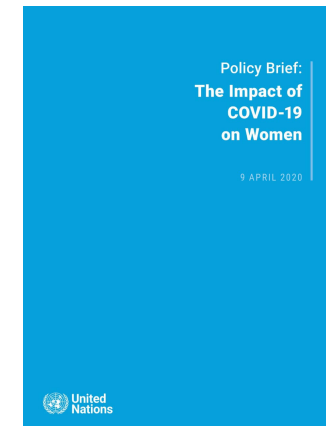
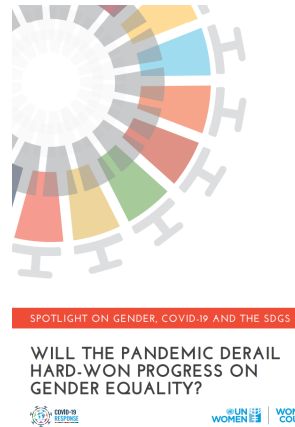
Few measures have been directed at supporting families to reconcile paid and unpaid work, including care needs

VAWG

Violence against women has intensified since the outbreak of COVID-19

Women with disabilities, who even before the pandemic were twice as likely to experience violence at the hands of partners or family members, are at increased risk

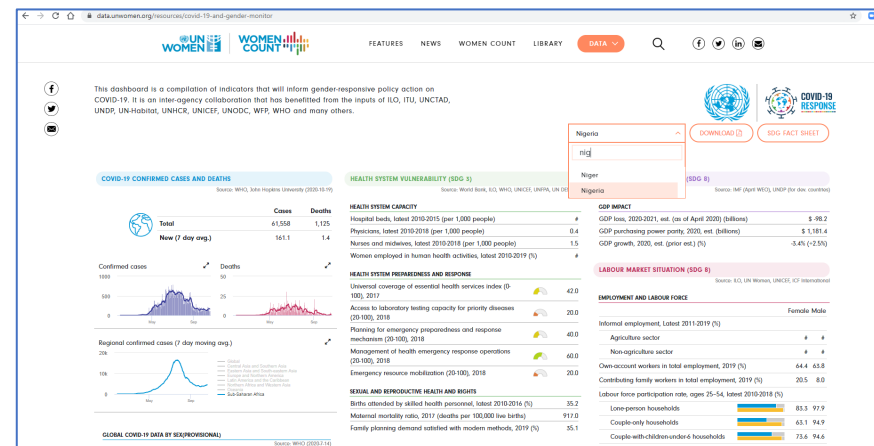
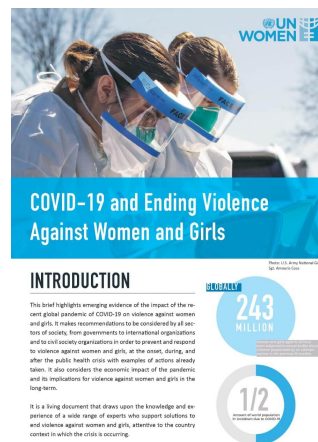
Examples of briefs and resources



To access these
materials go to:



data.unwomen.org



Immediate health effects: still a lot we don't know

COVID-19 is causing unimaginable human suffering

Globally, more than

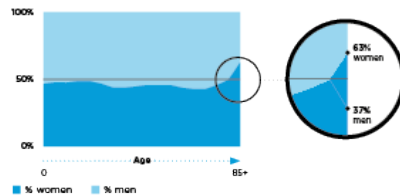
25

million people
had been infected and over

846,000

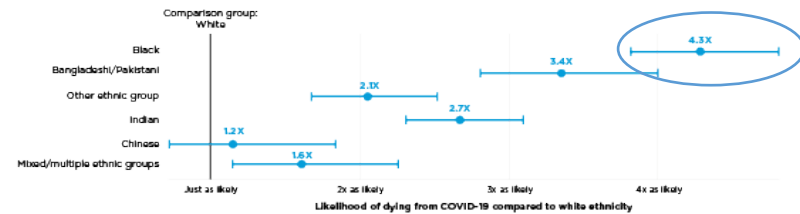
people
had died, as of August 2020.

The majority of cases are among men (53%), yet women account for more than 63% of cases in the 85+ age cohort (provisional analysis).



Marginalized groups are more likely to die from COVID-19

In the United Kingdom, Black women are 4.3 times more likely than white women to die from COVID-19.



Women's access to sexual and reproductive health care is paramount



Before the pandemic, **810 women** died from preventable causes related to pregnancy and childbirth every day.



In sub-Saharan Africa, only **60% of births** are attended by skilled health personnel.



In Brazil, the maternal death rate due to COVID-19 is **2x higher** among Black women than white women.



In Azerbaijan and Turkey, **60% of women** have had trouble accessing gynaecological and obstetric care as a result of COVID-19.

Governments need to gather more and better data

As of July 2020, only

37%

of confirmed cases
had been reported to WHO had been
disaggregated by sex and age.

Disaggregated data on COVID-19 are essential to fully understand the virus's transmission and its impacts. Insights from these data will ensure that measures in place will reach those who are highly at risk and most in need.

- Globally, more than **58 million** people have been infected and over **1.3 million** have died.
- Men are 53% of confirmed cases and limited data also shows higher mortality
- Women account for more than 63% of cases in the 85+ age cohort
- But the data is still quite incomplete, and many questions remain unanswered (e.g. deaths by sex and age)
- Poor and marginalized communities are more vulnerable to COVID-19
- Diversion of funds to the pandemic response is hampering women's access to sexual and reproductive health services

Target 3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Indicator 3.1.1

Maternal mortality ratio

Maternal mortality ratio

(Maternal deaths per 100,000 live births)

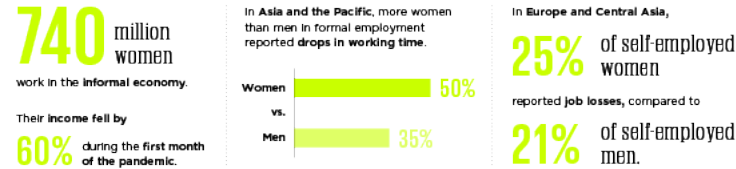
<i>Regions</i>	<i>2000</i>	<i>2005</i>	<i>2010</i>	<i>2015</i>	<i>2017</i>
World	342	296	248	219	211
Sub-Saharan Africa	878	754	635	566	542
Northern Africa and Western Asia	158	133	101	88	84
Northern Africa	244	193	145	118	112
Western Asia	81	78	58	56	55
Central and Southern Asia	375	293	220	166	151
Central Asia	49	40	30	25	24
Southern Asia	384	301	228	172	157
Eastern and South-Eastern Asia	114	100	86	73	69
Eastern Asia	56	43	35	29	28
South-Eastern Asia	214	194	171	145	137
Latin America and the Caribbean	95	90	84	76	73
Oceania	106	84	69	62	60
Australia and New Zealand	8	6	6	7	7
Oceania (exc. Australia and New Zealand)	223	180	151	135	129
Europe and Northern America	17	16	13	12	12
Europe	20	17	13	10	10
Northern America	12	13	14	17	18
Landlocked developing countries	787	666	525	435	407
Least developed countries	763	635	520	442	415

Sexual and reproductive health services must get priority

- According to preliminary data from [WHO](#), in Zimbabwe, the number of c-sections performed decreased by 42% between January and April 2020 compared with the same period in 2019. The number of live births in health facilities fell by 21%, while new clients on birth control pills dropped by 90%.
- In Burundi, initial statistics show that births with skilled attendants fell to 4,749 in April 2020 from 30,826 in April 2019.

COVID-19 has pummelled feminized labour sectors

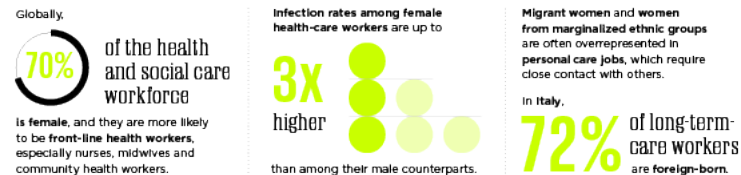
The pandemic exposes women's precarious economic security



Feminized sectors are likely to be hit the hardest



Female essential workers face elevated risks of infection



A gender-aware response to COVID-19 requires greater support and social protection for women workers, including:

- 1.** Investments in universal, gender-responsive social protection systems to support women's income security.
- 2.** Expanded access to affordable, quality childcare services to enable women to remain in or (re)enter the workforce.
- 3.** Reversal of long-standing inequalities, including unequal division of work at home, the gender pay gap and pervasive undervaluation of work done by women.

- Globally, it is estimated that women are 19% more at risk of job loss than men as a result of the crisis.

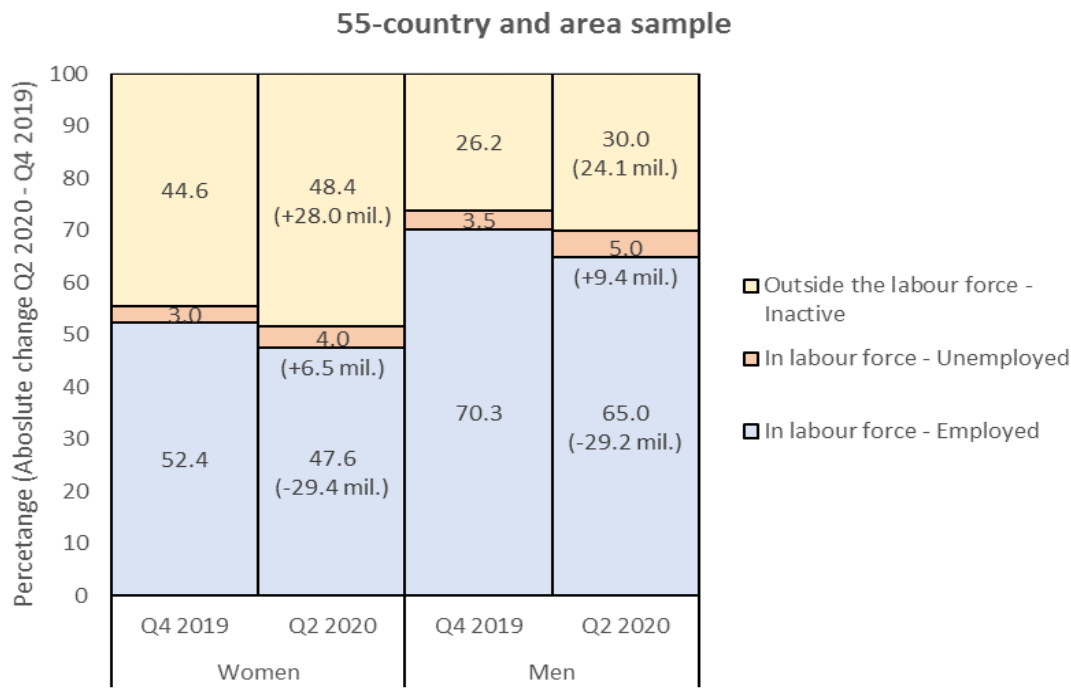
The pandemic has exposed women's precarious economic security

- In Europe and Central Asia, more women have lost their jobs or businesses as a result of COVID-19 (25 per cent of women vs. 21 per cent of men).
- Among informal economy workers significantly impacted (e.g. job loss) by the crisis, women are overrepresented in high-risk sectors: 42 per cent of women workers are working in those sectors, compared to 32 per cent of men.

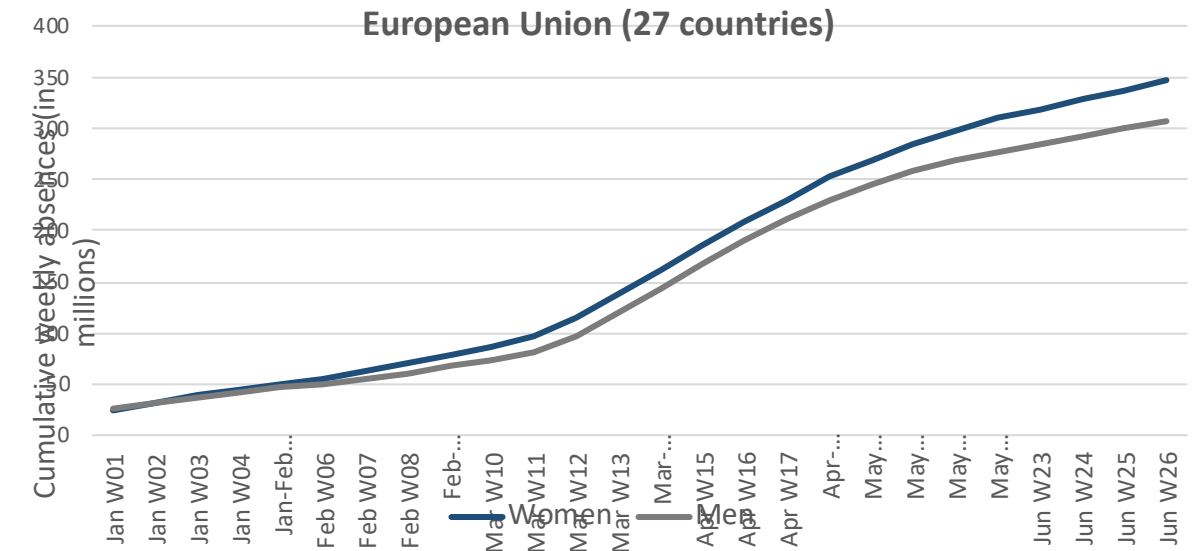
Targeted efforts are needed to protect women workers

Women's participation in labour markets is shaped by domestic and caregiving responsibilities in ways that men's is not

According to emerging data from a sample of 55 high and middle-income countries, 29.4 million women aged 25+ lost their jobs between Q4 2019 and Q2 2020.



Data from the EU showed women were more likely than men to be absent from work during the peak months of the first wave of the pandemic when schools and childcare centers closed or moved to remote/online formats

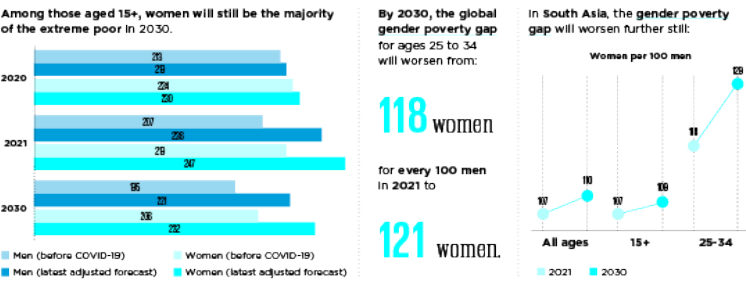


COVID-19 Will push millions more into extreme poverty

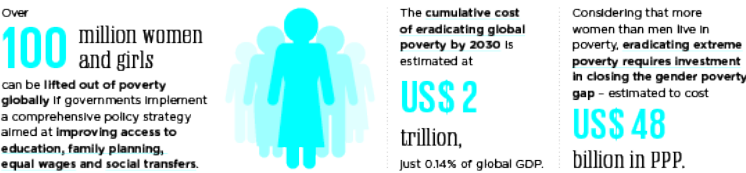
The COVID-19 crisis will likely increase female poverty



Gender poverty gaps will worsen by 2030

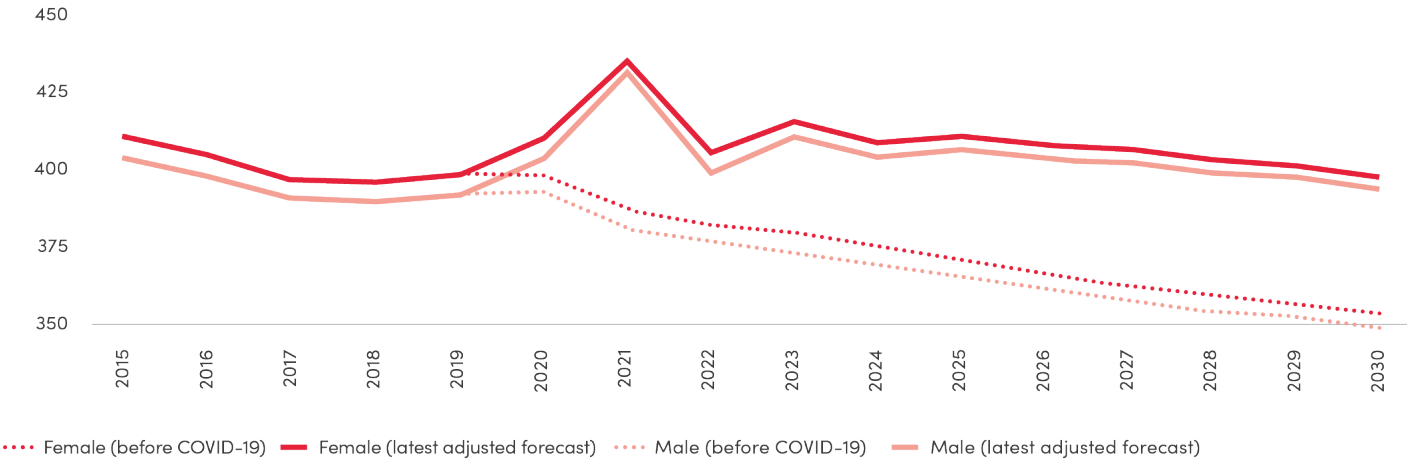


Gender-responsive policymaking is key for closing gender poverty gaps



Unless measures are taken to shield the most vulnerable, 435 million women and girls will be living on less than \$1.90 a day worldwide by 2021 – including 47 million as a result of COVID-19

Global population living below the international poverty line, by sex, 2015–2030 projection (millions)



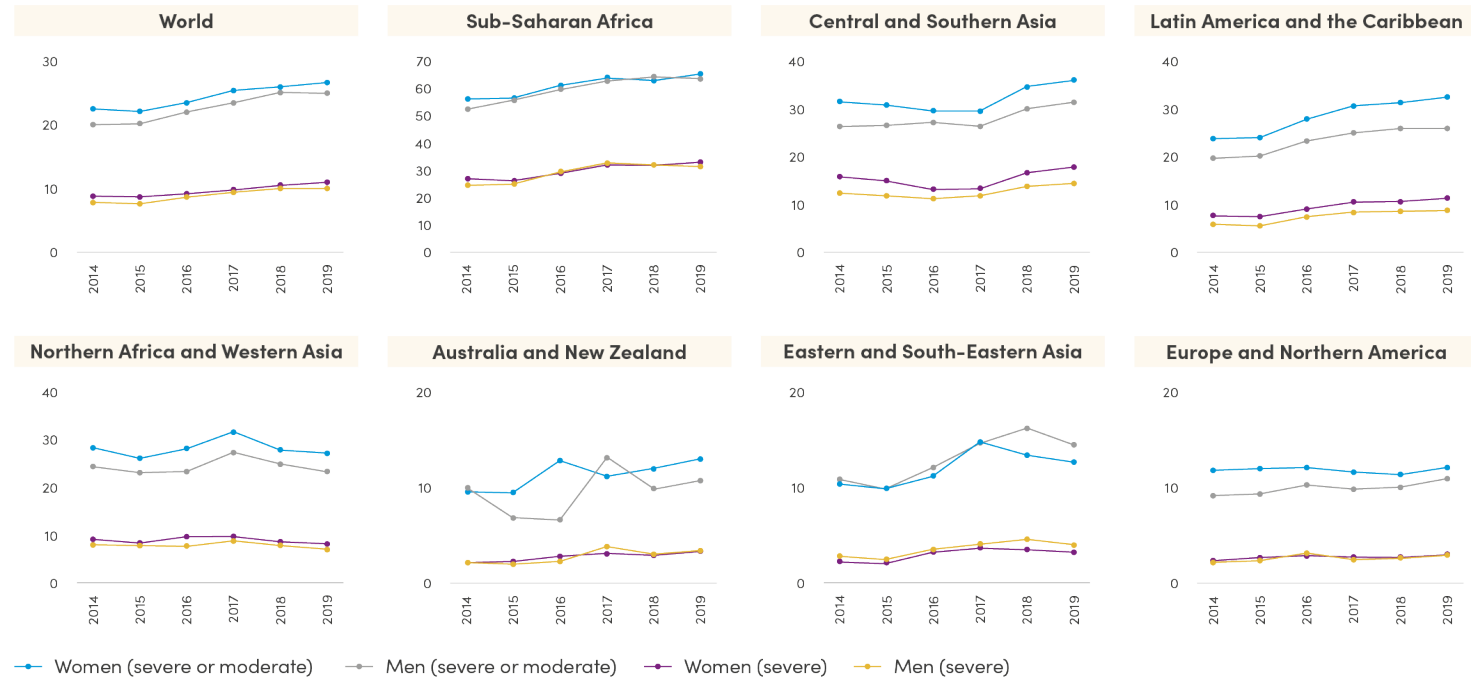
Source: UN Women, *From Insights to Action: Gender Equality in the Wake of COVID-19*, 2020.

Note: This analysis is based on a sample of 129 countries and areas accounting for 89 per cent of the global population. The latest adjusted forecasts for men and women respectively are based on the International Monetary Fund's June 2020 downward revision in global economic growth.

* The term 'gender-specific indicators' is used here and in subsequent sections of the Gender Snapshot to refer to indicators that explicitly call for disaggregation by sex and/or refer to gender equality as an underlying objective. For a full list of gender-specific indicators by Goals, see pages 21–23 of this publication.

Severe levels of food insecurity are substantially higher for women than men, and are likely to get worse during the pandemic

Proportion of the population who are moderately or severely food insecure, by sex, 2014–2019 (percentage)



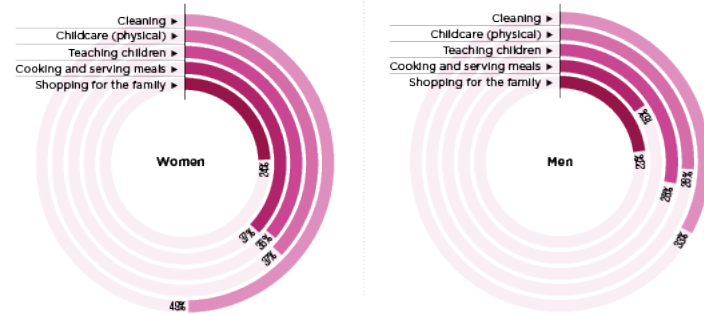
Source: Global SDG Indicators Database, 2020. Note: Estimates cover persons aged 15 and older. Due to low coverage, estimates for Oceania (excluding Australia and New Zealand) are not shown.

- At the global level, and more markedly in Northern Africa and Western Asia and in Latin America and the Caribbean, the gender gap in accessing sufficient food increased from 2018 to 2019, particularly at the moderate or severe levels.
- Women face more food insecurity than men, even when they have the same income and education levels.
- When various social and economic characteristics are controlled, statistical analyses reveal that the chances of being severely food insecure are about 27 per cent higher for women than for men at the global level.

Emerging data in critical areas: an eye on the care crisis and surge in domestic violence

The pandemic has intensified women's unpaid care and domestic workloads

Share who reported an increase in time spent, based on 22 countries in Asia and the Pacific and Europe and Central Asia:



Men are much more likely to say they do not engage in these activities than women.

While only **6%** of women say they never engaged in cleaning,

44% of men report the same.

Access to safe water, sanitation and hygiene is critical for protecting human health and reducing women's unpaid work

Women and girls are responsible for collecting water in



Globally,

4 billion
3 billion

people are deprived of safely managed sanitation and

people lack access to clean water and soap at home.

The pandemic has revealed both the importance and the fragility of care arrangements

Less than **1 in 5** of labour market and social protection measures enacted to tackle the COVID-19 crisis are gender sensitive.

Unpaid care work needs to be measured, recognized, valued and, most important, supported through diverse measures.

Policies should include expansive and inclusive social protection for unpaid caregivers and greater access to paid family and sick leave.

Domestic violence has grown globally in parallel to the virus



Violence takes many different forms

In Cuenca, Ecuador,



in urban areas have experienced some form of sexual harassment in the last 12 months.

Globally in 2019, over

1,200 incidents of violent attacks and threats

against health care workers were reported — early reports in 2020 indicate the pandemic will worsen the situation.

Cyberviolence is also all too common:

In Australia, reports of online abuse and bullying have increased by **50%** since social distancing started.

Women with disabilities are at increased risk

Women with disabilities are up to

2x more likely to experience violence from partners and family members than women without disabilities.

Experience of sexual violence is up to

10x higher for women with disabilities than women without disabilities.



Women and girls with disabilities may find it harder to report violence and abuse and access help due to the nature of disability as well as isolation and dependence on (or fear of) caregivers.

Support is urgently needed for women and girls experiencing violence during the pandemic. Governments need to:

- 1.** Make urgent and flexible funding available for women's rights organizations and recognize their role as first responders.
- 2.** Support health and social services to continue their duty of care to survivors and to remain accessible.
- 3.** Ensure that services for survivors are regarded as essential, remain open, are adequately resourced and place a high priority on police and justice responses.

Without gender-responsive policies and fiscal packages, the crisis risks derailing hard-won gains on gender equality: Urgent action is needed

- Protect women's health and well-being, including ensuring access to sexual and reproductive health services.
- Recognize, reduce and redistribute the increased burden of unpaid care and domestic work. Policies should include social protection for unpaid caregivers and greater access to paid family and sick leave.
- Address the pandemic's economic impacts and the devastation of jobs and livelihoods. Eliminate long-standing inequalities that hinder women's opportunity in the labour market, including the gender pay gap.
- Prioritize prevention and redress of violence against women and girls. Safe access to support services and emergency measures, including legal assistance and judicial remedies, must be part of the pandemic response.
- Improve gender data collection and disaggregation of data by multiple dimensions. Expand research on the gendered impacts of COVID-19, particularly on those most marginalized.
- Ensure women's equal representation in COVID-19 response planning and decision-making.

UN Women Resources on Covid-19

[The Gender Snapshot 2020](#)

[From Insights to Action: Gender Equality in the Wake of COVID-19](#)

[Will the pandemic derail hard-won progress on gender equality?](#)

[COVID-19 and the Gender Monitor](#) (database)

[COVID-19 and Gender Policy Tracker](#)

THANK YOU

Ginette Azcona
Lead, Data and Statistics, Global
Reports, Research and Data Section
ginette.azcona@unwomen.org

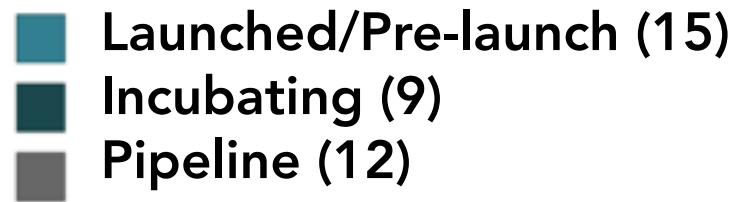


COVID-19 & Gender

Dr. Roopa Dhatt, Executive Director and Co-Founder of Women in Global Health

Women in Global Health

A GLOBAL MOVEMENT
A PLATFORM FOR ALL
VOICES
A CATALYTIC FORCE
A STRATEGIC DISRUPTER



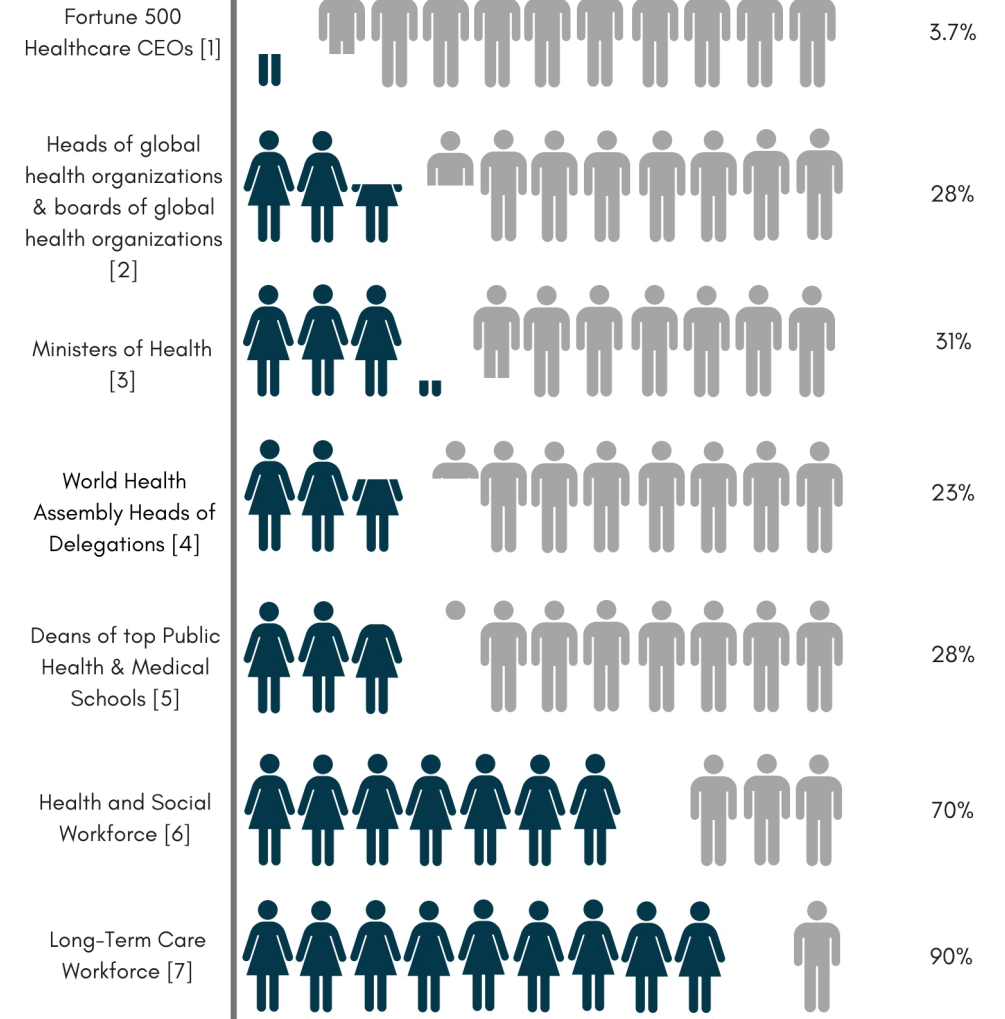


GLOBAL HEALTH IS DELIVERED BY WOMEN, LED BY MEN

Global Health Leadership Pyramid

Women's representation in global health leadership, based on influence (2020)

♂/♀ = 10%



1: Fortune 500 List for healthcare sector, Fortune, 2018

2: Global Health 50/50 Report, Global Health 50/50, 2020

3: World Health Organization Member States, Women in Global Health (data unpublished), 2018

4: World Health Organization's 72nd World Health Assembly List of Delegates and Other Participants, Women in Global Health (data unpublished), 2020

5: QS World Ranking 2018: Top 25 Global Universities for Public Health and Medicine, 2018

6: Improving employment and working conditions in health services, International Labour Organization, 2017



IMPACT OF COVID-19 FOR WOMEN HEALTH WORKERS

Pride and professional satisfaction at playing a critical role for health, society and global health security.

Risk of infecting family, especially vulnerable relatives.

High risk of infection, long term health impacts and death, risk heightened for some ethnicities and older workers and where **PPE inadequate**.

Fear of financial hardship. Many women health workers are **unpaid and underpaid**. Women health workers earn 29% less than male counterparts on average.

Safety at work, increased attacks on frontline health workers. **Increased Gender Based Violence** at home.

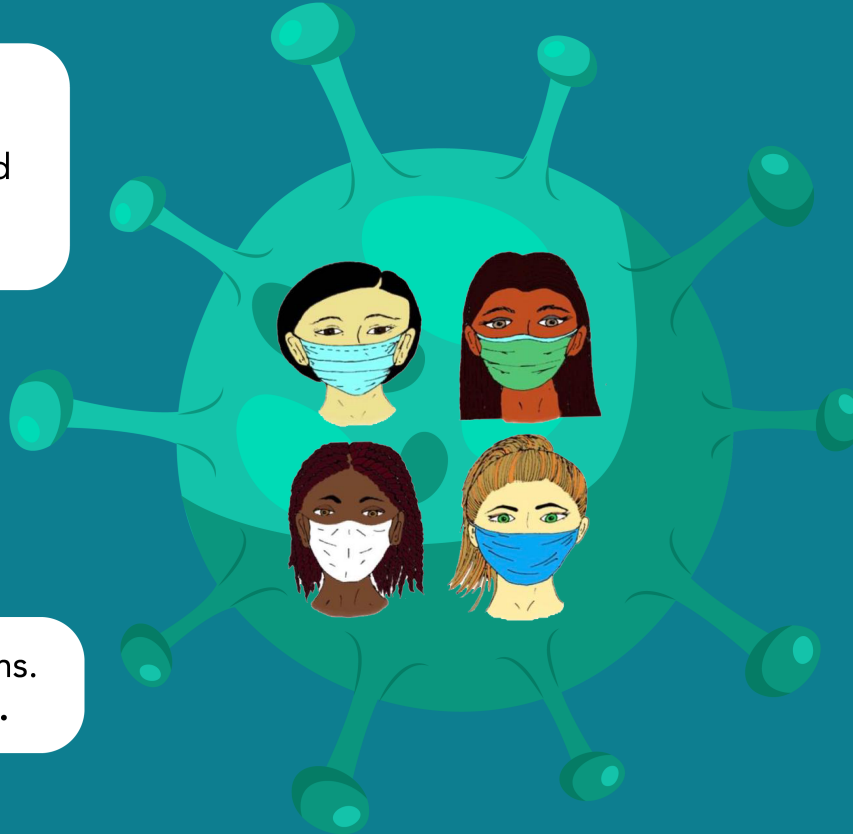
Managing childcare and home schooling during lockdown. No access to nurseries, schools and extended family support for childcare.

Powerlessness within health systems. **Marginalised in decision making**.

Long hours, exhaustion and need to manage the **burden of domestic work** falling disproportionately on women.

Stigmatised in the community for being a health worker exposed to COVID-19.

Mental stress of sudden increase in COVID-19 cases and deaths, PTSD, risk of depression and suicide.



COVID-19 - its an emergency, men know best?

85%

of national COVID-19
task forces **majority**
male membership out
of 114 task forces



Deaths from COVID-19 are
6X lower in countries
with **women leaders**
due to early, decisive action



Only

12/193

countries had female heads of
government in 2020

Women in Global Health's COVID-19 Call to Action: COVID 50/50

Five Asks for Global Health Security, Now and in the Future

Ask One: *Include women in global health security decision making structures and public discourse*

Ask Two: *Provide health workers, most of whom are women, with safe and decent working conditions*

Ask Three: *Recognize the value of women's unpaid care work by including it in the formal labor market and redistributing unpaid family care equally*

Ask Four: *Adopt a gender-responsive approach to health security data collection/analysis and response management*

Ask Five: *Fund women's movements to unleash capacity to address critical gender issues*



A MESSAGE FROM WOMEN IN GLOBAL HEALTH

The COVID-19 pandemic presents an unprecedented challenge to global institutions – not just health systems, but to our collective social, economic and political systems worldwide.

Put simply: Coronavirus will define our time and fundamentally reshape our world.

The current pandemic shines a harsh light on inequality and shows that ours is an interconnected global society. Viruses don't respect national borders, and the rapid spread of COVID-19 is due in large part to the ways power and privilege play out in the provision of healthcare worldwide. Billions of people lack Universal Health Coverage (UHC) – some without access to any care at all – and their vulnerability leaves us all vulnerable.

Many in the extended Women in Global Health community are health workers fighting on the frontlines of this pandemic. Our chapters are sharing evidence, materials and learning throughout our robust network of passionate women committed to equitable and accessible health for all. As always, we are committed to supporting this knowledge-sharing and community-building, and will continue to facilitate this with our network and partners.

But the current state of global health requires even more decisive action. That's why we're doubling down on our [Operation 50/50 campaign](#), which demands equal representation for women in global health leadership because diverse perspectives strengthen health systems and save lives – and we can't win the fight against this (and other) health challenges by using only half of our

global talent pool. The voices of women, especially women from the Global South, must be heard.

Today, we launch four more calls to action to strengthen the global response to COVID-19 and prepare health systems for future pandemics:

- Provide health workers, most of whom are women, with safe and decent working conditions
- Recognize and value women's work in health and social care by bringing women's unpaid work into the formal labour market and redistributing unpaid family care equally between men and women
- Adopt a gender-sensitive approach to health security data collection/analysis and response management
- Fund women's movements – especially women's organizations in low- and middle-income countries – to unleash capacity to address critical gender issues

Global and local solidarity are vital as this emergency escalates. Movements like ours, which work beyond borders, are key to confronting this global threat. As part of this emergency response, it is critical that women are enabled as decision-makers at all levels – from global to community.

Please join us in confronting the power and privilege that undermine global health by preventing women from contributing equally to the fight against challenges like this pandemic.

Support our Five Asks for Global Health Security.

Dr. Roopa Chatterjee
Executive Director and Co-founder
Women in Global Health

Triple Gender Dividend

Adopting gender- transformative policies, addressing gender inequities in global health, and investing in decent work for the female health workforce offer a wider social and economic multiplier:



✓ **Health dividend:** The millions of jobs needed to meet growing health care demands and demographic changes will be filled.



✓ **Gender equality dividend:** Women will gain income, education and autonomy, leading to improvements in education, health, and other aspects of development.



✓ **Development dividend:** New jobs will be created, fueling economic growth

Key Messages

1. COVID-19 has exposed deep inequalities within and between countries – gender inequality in the health and social workforce is one of those longstanding inequalities that weakens health systems everywhere.
2. Universal health coverage is essential to health security everyone – none of us will be free from COVID-19 until all of us are free
3. Women are experts in health systems and excluding them from decision making at all levels weakens health systems and pandemic response.
4. Diverse perspectives in leadership strengthen health systems and save lives. Female decision makers change the agenda on health –for the better.
5. We cannot win fight against pandemics and ‘normal’ health challenges using half global talent pool. Voices, experience and perspectives of women, especially women from diverse backgrounds and Global South, must be included.
6. Women are ‘social shock absorbers’ carrying a burden of unpaid work that expands in emergencies. Women health workers in COVID-19 have been expected to perform an impossible balancing act of paid and unpaid work.
7. Gender equality is not only a women’s issue. Gender equity in health strengthens health systems for everyone. This is everybody’s business.
8. COVID-19 is a global wake up call to #BuildBackBetter. The women who deliver our health and social care deserve a new social contract with decent working conditions and an equal role in decision making. If we look after health workers, they will keep us safe.

NEW REPORT:

COVID-19: GLOBAL HEALTH SECURITY DEPENDS ON **WOMEN**

Rebalancing the unequal social contract for women



Read it: at www.covid5050.org



Resources:

<https://www.womeningh.org/>

*New Report: COVID-19 Global Health Security Depends on Women:
Rebalancing the unequal social contract for women*

<https://covid5050.org/>

*Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global
Health and Social Workforce*

<https://www.who.int/hrh/resources/health-observer24/en/>

The coin model of privilege and critical allyship: implications for health

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7884-9>

Dr. Stephanie A. Nixon



Join the **WOMEN IN GLOBAL HEALTH** *movement*

@WomeninGH
www.womeningh.org
info@womeningh.org
#womeninGH

K/2020





UCL

Sex, gender and COVID-19

SARAH HAWKES

Professor of Global Public Health, UCL

Co-Founder and co-Director Global Health 50/50

@feminineupheave



GLOBAL
HEALTH 5050
TOWARDS GENDER EQUALITY IN GLOBAL HEALTH

[Sex, Gender & COVID-19](#) ▾

[The COVID-19 Sex-Disaggregated Data Tracker](#) ▾

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The COVID-19 Sex-Disaggregated Data Tracker

Tracking differences in COVID-19 infection, illness and death among women and men is essential to understanding the pandemic.

The COVID-19 Sex-Disaggregated Data Tracker is the world's largest

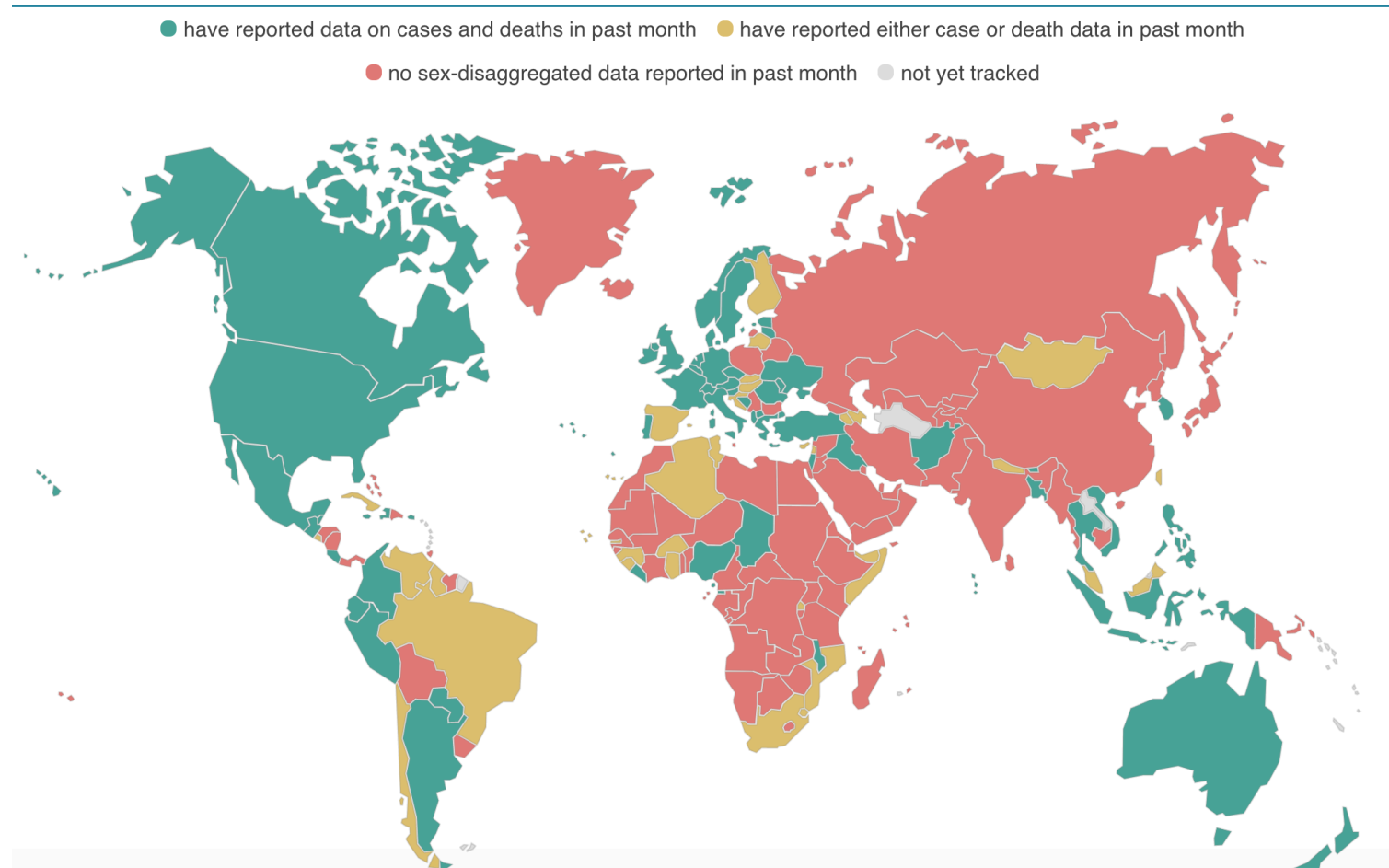


COVID-19 Tracker coverage & Country reporting:

Countries reporting sex-disaggregated data in the past one month

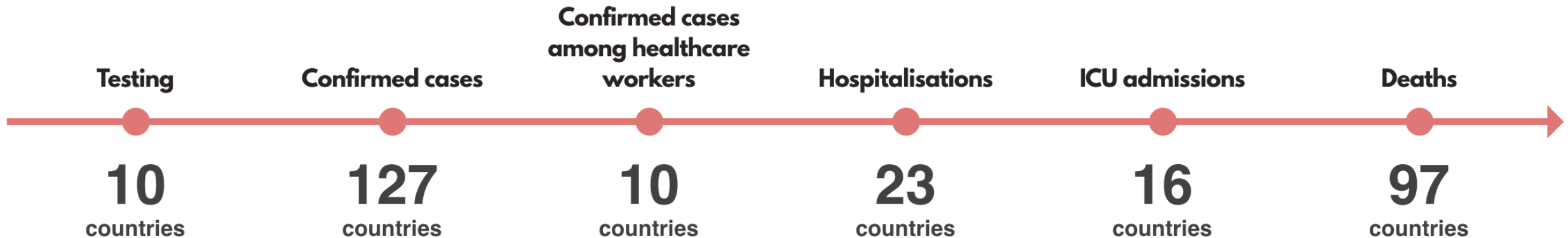
16th November 2020

Covering countries home to
99.5% of global cases

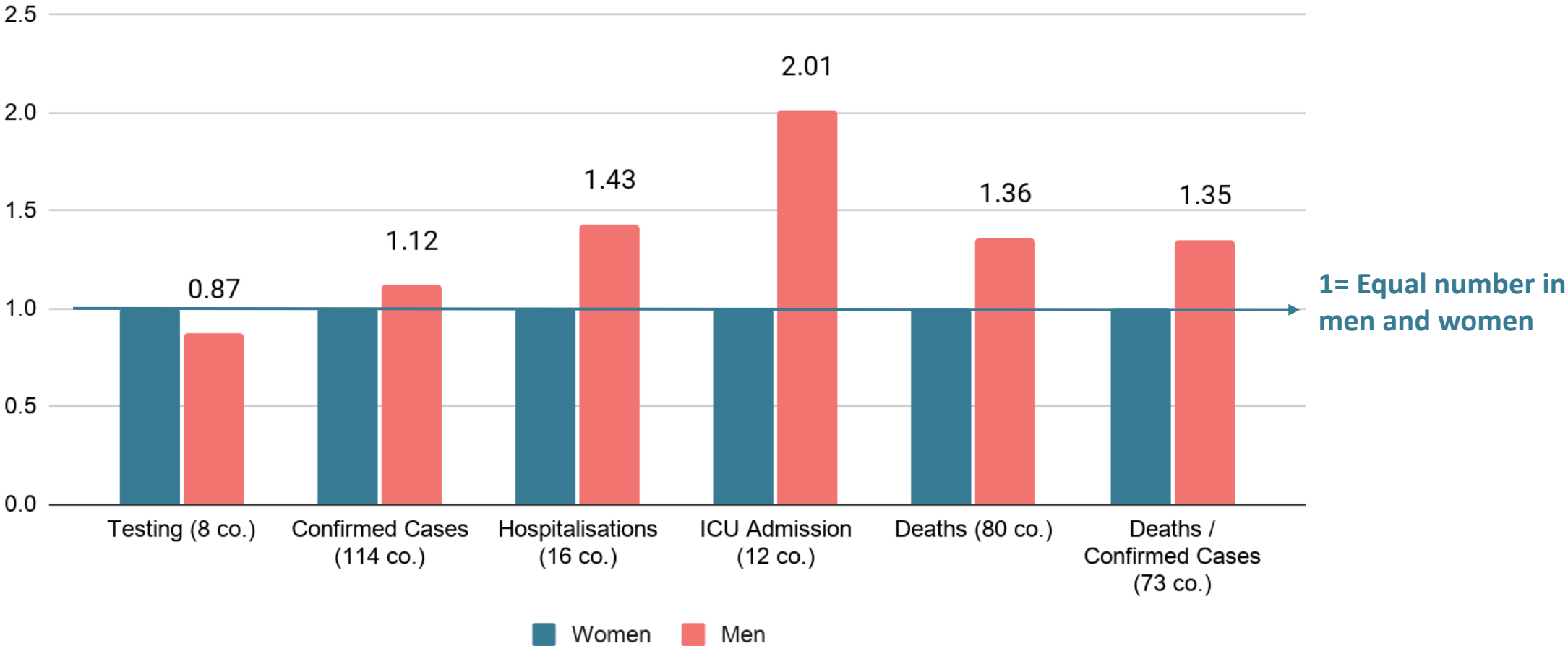


COVID-19 Tracker coverage & Country reporting:

Countries reporting sex-disaggregated data on the testing to outcome pathway



Global data on Male: Female ratio along the testing to outcome pathway



What explains the difference? Sex?



Hormonal & immunological differences may contribute to disease severity and risk of death

[nature](#) > [cell death discovery](#) > [comment](#) > [article](#)

[Comment](#) | [Open Access](#) | [Published: 26 May 2020](#)

ACE2 expression and sex disparity in COVID-19

[Maria Cristina Gagliardi](#), [Paolo Tieri](#), [Elena Ortona](#) [✉](#) & [Anna Ruggieri](#)

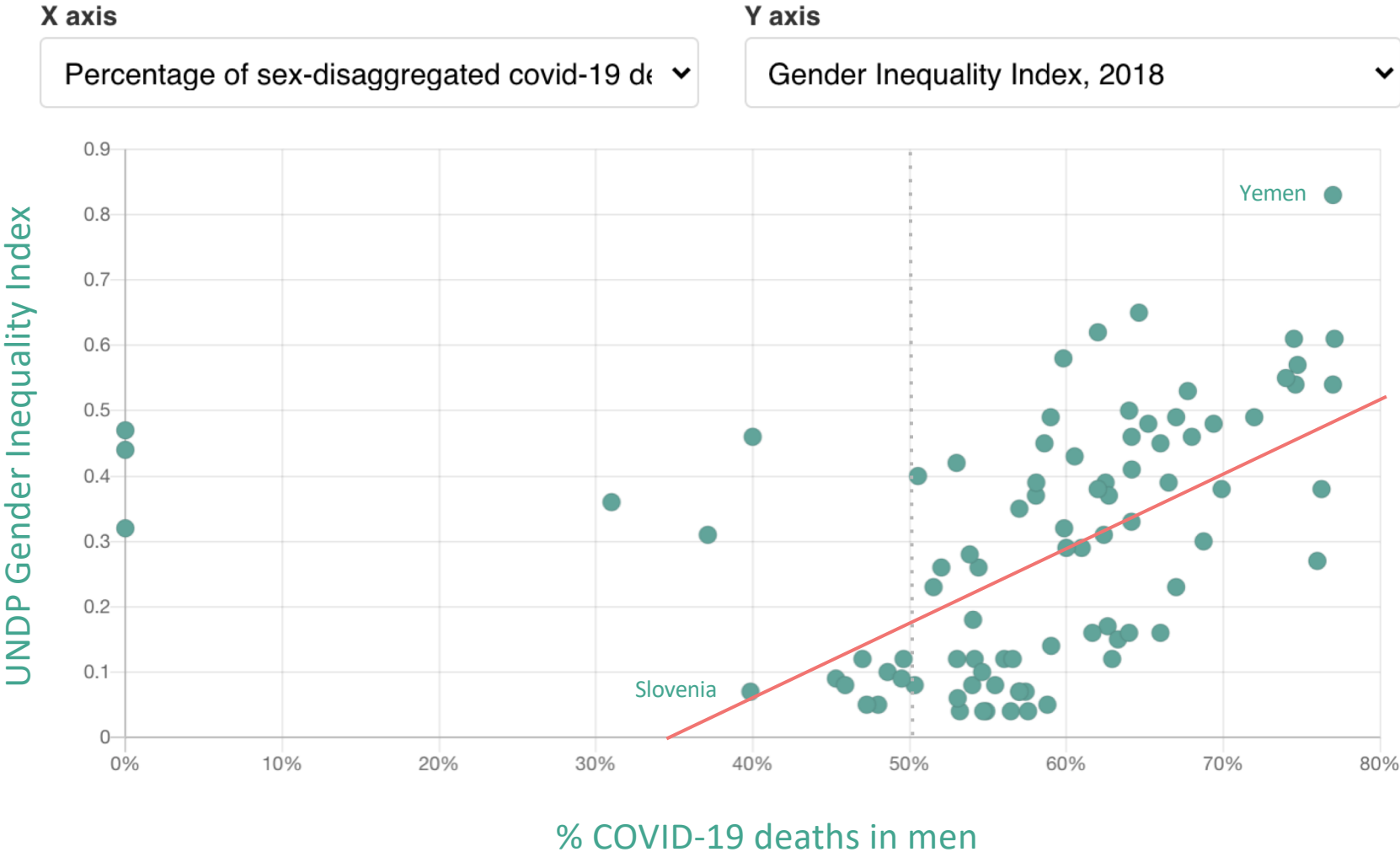
[Cell Death Discovery](#) **6**, Article number: 37 (2020) | [Cite this article](#)

2628 Accesses | **3** Citations | **10** Altmetric | [Metrics](#)

What explains the difference? Gender?



Comparing sex-distribution of COVID-19 deaths to countries' Gender Inequality Index value, Oct 2020



Takeaway: as countries become more gender equal, women account for a greater proportion of reported COVID deaths

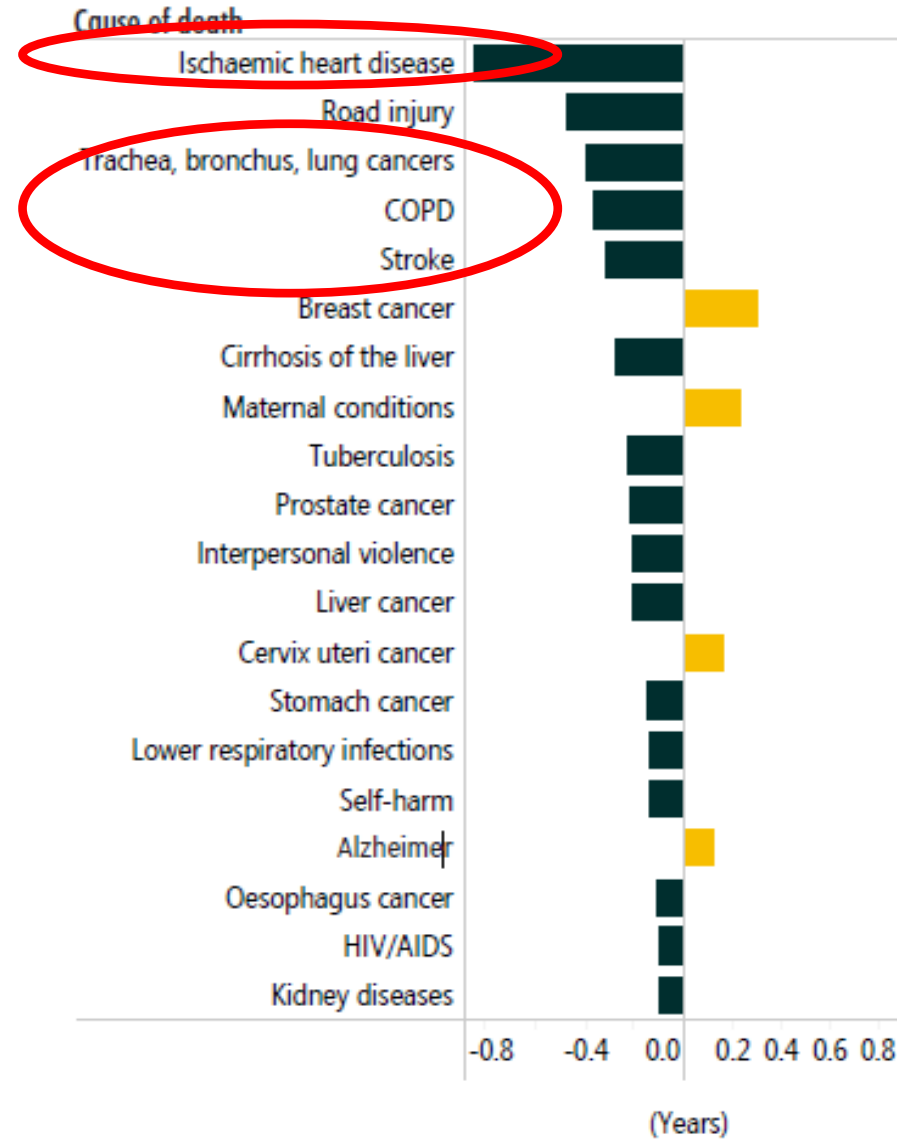
A potential gendered pathway of risk



NCDs: CONTRIBUTIONS TO DIFFERENCES IN LIFE- EXPECTANCY

Causes of death that most contribute to differences in life expectancy at birth globally for men and women, 2016

- Male life expectancy reduced more than female
- Female life expectancy reduced more than male



- Sex and gender both matter to everyone's health outcomes, both independently and together
- Understanding the contribution of sex and gender can help explain, and reduce, health inequities
- Sex and gender are frequently missing from medical research and from policy and programme responses – including in the case of COVID-19
- Achieving gender equality and health equity requires understanding and addressing the politics of both gender and policy responses
- *Finally*: empirical data has a role both to influence policy and practice AND to hold systems to account