



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 Dhatt
Executive Director and Co-founder
Women in Global Health*

WOMEN IN GLOBAL HEALTH'S COVID-19 CALL TO ACTION

FIVE ASKS FOR GLOBAL HEALTH SECURITY, NOW AND IN THE FUTURE

COVID-19 has caused widespread loss of life, suffering and disruption which is predicted to escalate as the virus spreads to vulnerable populations and communities without universal health coverage (UHC). Many lives will be lost because countries do not have resilient health systems based on UHC, and because fundamental

gender inequities in the health workforce and wider society weaken our response to pandemic prevention and response. Here are five steps we can take immediately to hardwire gender equality into health systems, to ensure global health security for us all.

WGH'S FIVE ASKS TO STRENGTHEN RESPONSES TO COVID-19 AND PREPARE GLOBAL HEALTH SYSTEMS FOR FUTURE PANDEMICS:

1

Include women in global health security decision making structures and public discourse

PROBLEM:

Women are the majority of the global health workforce but are underrepresented in COVID-19 decision-making bodies/leadership and media commentaries.¹ Responses to outbreaks are weakened where female talent, expertise and diverse perspectives are excluded.

SOLUTION:

We ask that WHO Member States, international agencies, Non-Governmental Organizations (NGOs) and the media **include women – particularly women from the Global South – as 50% of global health security decision-making bodies and expert groups.**

2

Provide health workers, most of whom are women, with safe and decent working conditions

PROBLEM:

Women are 70% of the global health workforce but underrepresented in leadership, clustered into lower status, lower paid jobs and commonly subject to harassment.¹ Women are at higher risk of COVID-19 infection, which is compounded by exhaustion and mental stress. Women health workers need safe and decent working conditions to enable them to care effectively for patients, their families and themselves.

SOLUTION:

We ask that WHO Member States, international agencies and NGOs, and health sector employers **provide health workers, most of whom are women, with safe and decent working conditions.** This includes providing adequate personal protective equipment, and procedures, and protecting workers from harassment and bullying.

(1) WHO (2019) *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*, Human Resources for Health Observer - Issue No. 24

3

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

PROBLEM:

Women's unpaid work provides a fragile foundation for global health, including responses to outbreaks and pandemics. Female health workers contribute an estimated \$3 trillion to our Gross World Product, of which almost half is unrecognized and unpaid.² Women, more than men, are recruited for unpaid roles in health and expected to provide indispensable care and domestic work for their families.

SOLUTION:

We ask that WHO Member States, international agencies and NGOs **bring women's unpaid work in health and social care work into the formal labor market and help redistribute unpaid family care equally** between men and women. This includes paying women fairly for their health and social care work, and implementing family-friendly policies (e.g. equal paid family leave for men and women) that help redistribute unpaid family care.

4

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

PROBLEM:

Ignoring the gender aspects of outbreaks and pandemics hinders prevention and response management by obscuring critical risk factors and trends.

SOLUTION:

We ask WHO Member States, international agencies and NGOs, and the global health research community **to adopt gender-responsive approaches to health security data collection/analysis and response management**. This includes:

- Collecting and publishing sex-disaggregated data and including women and men equally in clinical trials and other research

- Conducting specific research to address biological and behavioural risk factors that are different among men and women (e.g. risks to pregnant and breastfeeding women and risks from use of tobacco, indoor cook stoves, etc.)
- Conducting specific research to address the role of women in global health security solutions (e.g. family and community health promotion, impact on health policy of female decision-makers including parliamentarians, etc.)
- Conducting specific research on the impact of outbreaks and pandemics on women's sexual and reproductive health, gender-based violence, invisible/unpaid labor, poverty, girls' education and other gender-responsive topics.

5

Fund women's movements to unleash capacity to address critical gender issues

PROBLEM:

The response to outbreaks and pandemics is stronger when global movements, including women's networks, coordinate global and local action. But women's organizations – especially those based in low- and middle-income countries most at risk – are underfunded; only 1% of gender-focused donor aid to civil society went directly to women's NGOs in low income countries in 2017-18.³

SOLUTION:

We ask that WHO Member States, international donor agencies and NGOs, and philanthropic organizations **fund women's movements and particularly, women's organizations in low- and middle-income countries**, to unleash capacity to address critical issues in global health security.

(2) Langer, A et al (2015) Women and Health: the key for Sustainable Development, Lancet 386: 1165–210

(3) OECD DAC Gendernet (2020)