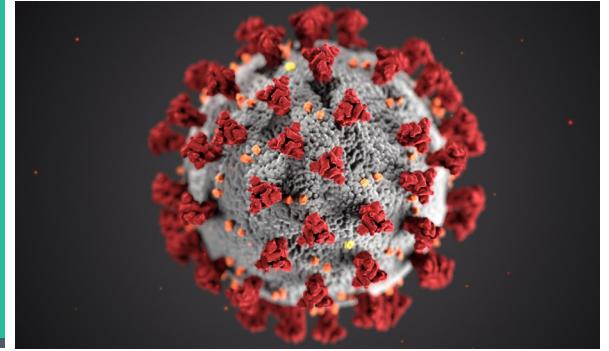


GENDER DIMENSIONS of COVID-19 Pandemic

May 2020



THE IRISH GLOBAL HEALTH NETWORK AND ESTHER ALLIANCE ARE RUNNING A SERIES OF WEBINARS ON THE COVID-19 PANDEMIC. THE 7TH WEBINAR WAS CO-HOSTED BY WOMEN IN GLOBAL HEALTH (WGH) IRELAND, A NEW COUNTRY CHAPTER OF THE WGH GLOBAL MOVEMENT AND REPRESENTS THE FIRST LAUNCH EVENT.

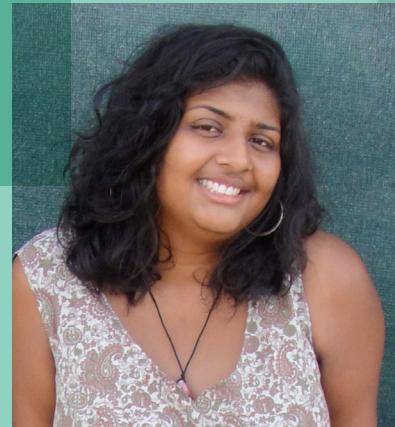
Access the webinar recording on this page: www.globalhealth.ie/gender-covid-19

This webinar focused on a range of gender issues related to COVID-19. Women are often those least visible in crisis decision-making, yet within health emergencies they are conspicuous as healthcare workers and carers. They are generally under-represented in global and national COVID-19 response bodies, yet they make up 70% of the global health workforce fighting on the frontlines of the pandemic. The COVID-19 pandemic is increasing risk of gender based violence towards women, decreasing reproductive health services and is predicted to disproportionately affect women's socio-economic situation. Experience from past outbreaks shows the importance of incorporating a gender analysis into preparedness and response efforts to improve the effectiveness of health interventions and promote gender and health equity goals. At the same time, of those infected worldwide with COVID-19 men are dying at a higher rate. Such considerations highlight the importance of capturing these differences and working towards ensuring appropriate gender responses to COVID-19.

An inspiring group of women joined the Webinar Anchor, Prof. Ruairí Brugha and Co-Moderators, Nadine Ferris France, Executive Director of IGHN and Hala Ali, Coordinator of ESTHER Alliance to discuss these issues in different situational contexts.

Chitra Nagarajan is a writer and activist who works on human rights and peacebuilding in Nigeria. Concerned about the further exacerbation of existing inequalities, she worked with Nigerian feminists to develop a policy paper on gender implications of COVID-19 and related restrictions with five critical issues outlined:

• A clear strategy on response and prevention of violence against women and girls is needed along with a gendered economic analysis of economic impacts so that policies are reflected in government mitigation measures – including in the recognition of women's unpaid care work.



- Health systems and access to health services: especially by women in areas where there is a lack of female health workers but socio-cultural constraints on women being attended by a male health worker; limited family planning supplies; potential rise in unsafe abortion
- Economic impacts: women are more likely to be in the informal sector with precarious livelihoods affected by lock downs; anecdotal evidence of increasing divorce rates; increases household tasks and childcare for women
- Gender-based violence: increase in calls to services which struggle to be exempt from movement restrictions and provide adequate and timely response; very little work on prevention
- Absence of women and gender analysis from leadership and decision making
- Human rights impacts: COVID19 is being used to curtail human rights and civic space by state and non-state actors

You can contact Chitra via Twitter: @chitranagarajan

Sisonke Msimang is a South African writer whose work is focused on race, gender and democracy. **COVID-19** is a feminist issue with women being the hardest hit, even if there is evidence that they are not biologically the hardest hit.

● Lockdown is exacerbating coercive control for women... Social and environmental justice norms are being questioned and this pandemic is offering us a great opportunity to address those norms.



- State of the epidemic in South Africa: Western Cape is the worst-affected province, it is also the richest and most globally connected province; real concern is about how the poorer segments of the population will be affected in time; limited reporting on the gender dynamics; huge gap between real and reported infections – general death notifications more telling
- Nature of the lockdown: characterised by paradox of strict response which is largely understood but limited transparency and clarity on reason for decisions – this may have implications on relation between government and people; huge implications for domestic violence and coercive control by men over women's lives
- On the other side of the epidemic: whole world is experiencing similar effects – highly unusual situation which has implications on humanity and solidarity; how will we pick up critical issues such as climate, environment, social protection?
- Effect on men: the experience of being vulnerable is humbling; we need to help men acknowledge vulnerability and seek help

Sophie Dilmitis is the Global Coordinator of Women4GF (Global Fund to Fight AIDS, TB and Malaria). COVID-19 has brought into focus the specific and uneven vulnerabilities with specific threats for the safety of women and their ability to make decisions about what happened with and to their bodies and their ability to access essential medications and services – for HIV, TB and malaria. These include:



● Issues around connectivity are important. The digital divide is leaving community advocates behind. We have to advocate for meaningful participation for women working from home. We need countries to have gender security awareness.

- Monitoring of data: As countries move towards more electronic tracking there are concerns around the monitoring of data and tracking of people and how this is used beyond COVID-19 control
- Continued access to treatment for HIV, TB and malaria as well as testing services for TB and concerns that resources will be pulled away from other disease programmes like TB, for COVID-19 testing
- Digital divide: lack of access to online resources, e.g. working from home, joining online discussions is not feasible for everyone and seen as only the privileged
- Violence against women: The rise in violence increases women's vulnerability to HIV and there is increasing evidence that HIV increases risk of GBV from partners following disclosure of HIV-status. All of this is now being exacerbated and experienced more by women – across ages and diversities – having to be at home due to the lockdowns
- Access to sexual and reproductive health services: lack of access to contraception and safe abortion are serious. Marie Stopes International estimates that with an 80% reduction in service delivery for three months, and minimal services for the remainder of the year, 9.5 million people will miss out
- All of this has significant implications for programmes that the Global Fund supports and countries must have gender security aware responses
- Community activism has been the backbone of the HIV response and we need the same kind of advocacy around COVID-19. There are so many similarities in how governments and people are responding - the fear, uncertainty, the protective wear, the conspiracy theories, the denialism and the lack of information and confusion. These are all things people living with HIV have been dealing with for a long time. We are now organised, connected, already working with governments and demanding transparency and accountability in health responses and hopefully COVID-19 will help the world move towards a health system that is more equitable and just for all

Sarah Hillware is the deputy director of Women in Global Health whose aim is to achieve gender equity in women's leadership, not by 'fixing women but by having institutional change' – gender-transformative leadership.

• To make sure responses are integrated we need to challenge power and privilege in global health. We do this through institutional change. Pandemics like this have shown us that when we have more women in leadership, then the needs of vulnerable communities are better represented.

Sarah spoke about having a global integrated response to COVID-19: through the Women in Global Health's five asks for Gender-Responsive Global Health Security also available at this link: www.womeningh.org/5-asks



OTHER POINTS INCLUDED

- 1. Include women in global health security decision making structures and public discourse**
WHY? Women are 70% of the global health workforce but underrepresented in COVID-19 decision-making leadership & media commentaries

- 2. Provide health workers, most of whom are women, with safe and decent working conditions**
WHY? Women are clustered into lower status & lower paid jobs in the global health workforce. They are at higher risk of COVID-19 infection, compounded by exhaustion and mental stress

- 3. Recognize the value of women's unpaid care work by including it in the formal labor market and redistributing unpaid family care equally**
WHY? Female health workers contribute an estimated \$3 trillion to our Gross World Product, of which almost half is unrecognized and unpaid. Women, more than men, are recruited for unpaid roles in health and expected to provide care and domestic work for their families

- 4. Adopt a gender-sensitive approach to health security data collection/analysis and response management**
WHY? Ignoring the gender aspects of outbreaks hinders prevention and response management by obscuring critical risk factors and trends

- 5. Fund women's movements to unleash capacity to address critical gender issues**
WHY? Women's organizations – especially those based in low- and middle-income countries that are 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 from 2017 to 2018

- Gender parity in leadership and decision-making for global health security: only 5 women in 21 member WHO emergency COVID-19 committee
- Safe and healthy working conditions: adequate PPE, menstrual hygiene access, protection from harassment, so that women can do their jobs safely, professionally and with dignity
- Recognising the value of unpaid care work and including it in the formal labour market
- If we don't adopt gender security policies, we are fighting the pandemic with one hand tied behind our backs – we need to draw leaders from the entire talent pool, we cannot afford to exclude women from the response

CLAIRE HAYES IS A CONSULTANT CLINICAL PSYCHOLOGIST IN IRELAND AND PROVIDED A FEW NUGGETS ON PROTECTING OURSELVES:

- There is a huge amount of stress in the world today – both physical and mental – it can feel like we are walking up a hill with a bag of stones on our back
- Sometimes we need to stop and take off the bag, and see which stones we can remove and control – we can't control COVID-19 but there are small things we can do to help – have a break, go outside, get a balance between the overwhelming situation and hope. Look to someone who can help

A WORD FROM EACH PANELLIST TO LEAVE US WITH TODAY:

IMAGINATION AND CREATIVITY	GENDER-SENSITIVE / GENDER-TRANSFORMATIVE	
EQUITY	REDRESSING INEQUALITIES	HOPE

RESOURCES

For references related to information cited in this document and further COVID-19 resources on gender dimensions of the pandemic, visit: www.globalhealth.ie/covid-19-gender-resources