

POLICY BRIEF  
NOVEMBER 2023

# Gender-Responsive Pandemic Preparedness, Prevention, Response, and Recovery



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Canada

## ABBREVIATIONS

<b>CHW:</b> Community health worker	<b>PPRR:</b> Prevention, Preparedness, Response, and Recovery
<b>COVID-19:</b> Coronavirus disease identified in 2019	<b>SEAH:</b> Sexual exploitation, abuse and harassment
<b>CSO:</b> Civil Society Organizations	<b>STI:</b> Sexually transmitted infections
<b>GBV:</b> Gender-based violence	<b>UHC:</b> Universal Health Coverage
<b>ICN:</b> International Council of Nurses	<b>UNFPA:</b> United Nations Population Fund
<b>ILO:</b> International Labour Organization	<b>PHC:</b> Primary Health Care
<b>LMIC:</b> Low- and middle-income countries	<b>WGH:</b> Women in Global Health
<b>NGO:</b> Non-governmental organization	<b>WHO:</b> World Health Organization
<b>PPE:</b> Personal protective equipment	

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# KEY MESSAGES FROM THE WOMEN IN GLOBAL HEALTH MOVEMENT

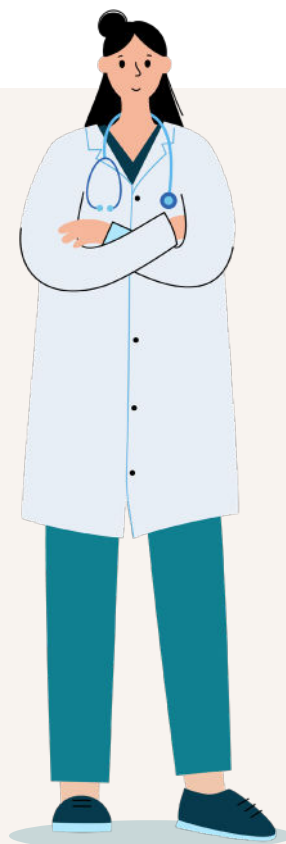
The fourth year of the COVID-19 pandemic, 2023 has been a landmark year for UN High Level Meetings and dialogues on global health topics including the health workforce, universal health coverage (UHC) and pandemic preparedness, prevention, response, and recovery (PPRR). In this policy brief, the Women in Global Health movement reflects on what is needed to advance gender equity in PPRR.

In the continuum of gender integration,<sup>1</sup> gender-responsive health systems are a critical step and a pathway to design and implement interventions that address discriminatory gender norms, roles, and inequities, to create health systems that directly address the underlying causes of gender inequalities (gender-transformative).



## What is needed to safeguard women's vital role in PPRR

- **Women have been the majority of the frontline health workers delivering patient care in the pandemic**, holding around 70% of health worker jobs<sup>2</sup> globally and over 80% of nursing and midwifery roles.<sup>3</sup> However, women hold only 25% of leadership roles in health and there is evidence that women lost ground in leadership during the pandemic.<sup>4</sup> Marginalizing women in decision-making, during health emergencies and ordinary times, disadvantages and demoralizes women and deprives health systems of their professional knowledge and perspectives.
- **Women health workers' safety must be a priority.** They must have access to adequate personal protective equipment (PPE), other essential medical supplies, mental health support, vaccinations, and a workplace free of sexual harassment to ensure they can provide high-quality care without risking their own health and well-being during health emergencies like the COVID-19 pandemic.
- **Women health workers want opportunities to strengthen their skills and knowledge through education, training, and support for their career progression.** This will enable better patient care, higher job satisfaction, and increased retention rates, enhancing the overall quality of health service delivery and resilience in health emergencies.
- **Ensure that women health workers are adequately compensated** with competitive pay, flexible work arrangements, and recognition of their contributions, while providing access to benefits like health insurance and social support. This is key to addressing work-related concerns, reducing the double burden of care faced by women at work and at home, and promoting gender equity within the health system.



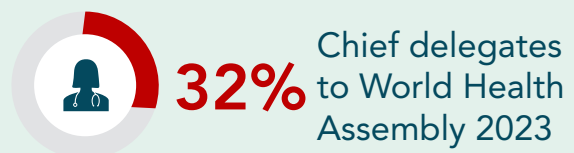
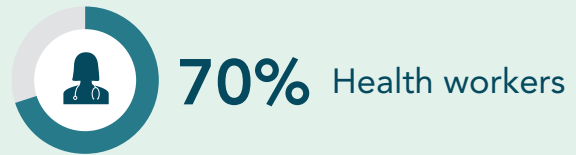
## How to make it happen

- **Women are not a homogenous group.** COVID-19 has exposed inequalities including differences between and within countries. It is critical to take an intersectional approach to understand the differential impact of the pandemic on different groups of women. Women working in under-resourced health systems and humanitarian emergencies have been the most heavily impacted, as have older workers, pregnant women and those with underlying health conditions, marginalized ethnicities, and workers in health and care professions accorded lower status. There were major differences in the social and economic contexts of the women who reported in the survey carried out for this brief. Nevertheless, there was a high degree of consensus in responses on risks and barriers faced by women in the pandemic, regardless of geography and their role in the health system.

- **Gender-responsive** policy making should be the norm to intentionally transform health systems through fostering women's leadership and representation, and embracing a new definition of 'normal' that values the voices and experiences of women health workers. This will drive positive change and result in better health outcomes for all.
- Governments and other employers must **identify the pressures and challenges facing women health workers through regular risk assessments**, including mapping the availability of health workers and resources, and budgeting for the efficient allocation of funds. This is critical for informed decision-making and effective policy implementation in a pandemic.



### WOMEN ARE



Source: *Women in Global Health*

- **Leverage digital tools, gender-responsive research and trials, and collaborative partnerships, and reaffirm commitment to sex-disaggregated data collection** and documenting lessons learned. This will be essential to equip the global health system for future pandemics.
- **Timely and accurate dissemination of information** is critical for effective health systems' response during pandemics. Action is needed to prioritize **awareness campaigns, combat misinformation, promote cross-border communication, develop crisis plans, and partner with civil society organizations, especially women's organizations**, for more effective communication during crises.
- **Gender-transformative leadership in health** must be adopted by all leaders, regardless of gender, to drive change in eradicating gender inequities in health systems and the health workforce. This will enable better health for all.

## WHO Global Health and Care Worker Compact:

### Ensuring safe, dignified, and decent work for all health workers

In 2022, the World Health Organization (WHO) Global Health and Care Worker Compact<sup>5</sup> was adopted by the World Health Assembly to protect health and care workers and safeguard rights enshrined in global agreements. The Compact sets out comprehensive management and policy actions in four areas: preventing harm; providing support; inclusivity; and safeguarding rights. The contexts and conditions for health workers vary widely within and between countries. Wherever they work, however, to attract and retain health workers, they must be provided with safe and decent working conditions, fair remuneration, safeguards for their rights as workers and protection from discrimination, as recommended in the Global Compact.

*“During the COVID-19 response, women worked long hours and the loss of colleagues, families and friends took a huge toll on their mental health. Psychosocial support services that target and address the unique needs of women health care workers are required.”*

*Public Health Consultant, Zimbabwe*



## INTRODUCTION

The COVID-19 pandemic has been an unprecedented global social, economic, and health shock. After more than three years, almost seven million deaths from the virus have been reported to WHO,<sup>6</sup> and health systems globally have been severely weakened. Economies have been destabilized and deep-rooted inequalities between and within countries made clear. Gender inequality - one of the oldest and most deep-rooted social inequalities - has also been exposed and exacerbated by the pandemic.

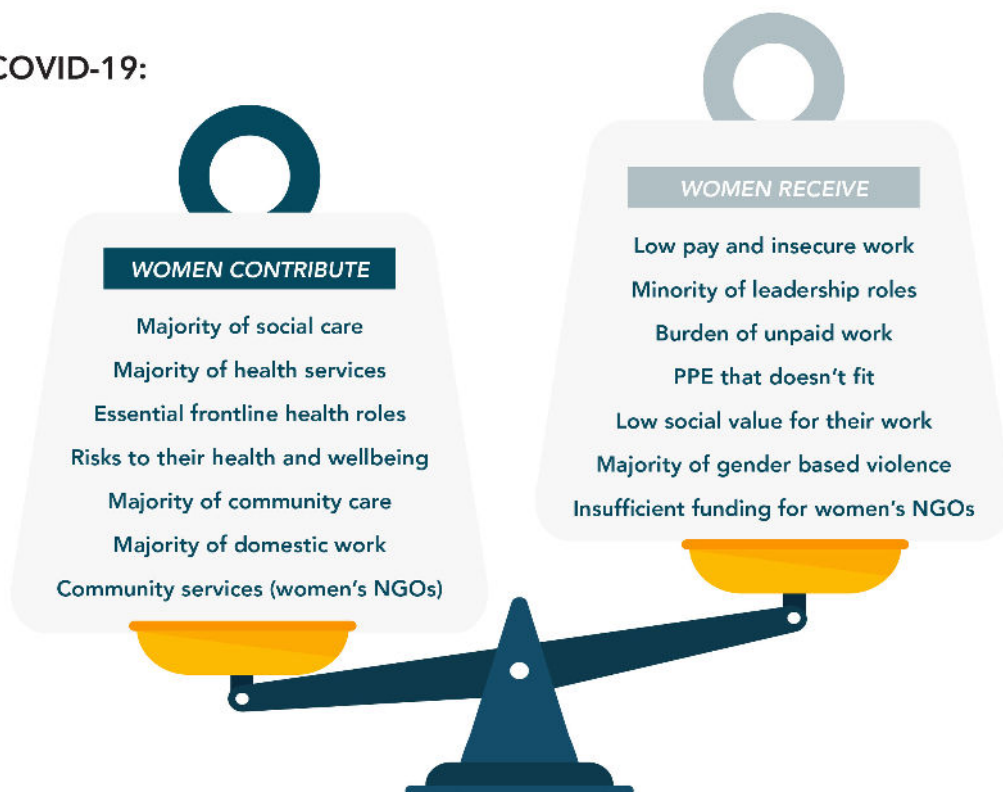


This policy brief provides perspectives on the gendered impacts of COVID-19 and sets out policy recommendations based on feedback from 37 WGH Chapter representatives in 31 countries,<sup>7</sup> answering the following question:

*“Taking into account your own and your colleagues' experiences from the COVID-19 pandemic, what concrete national-level policies/actions/activities/programs - related to women health workers - would you like to see your government design/implement in order to better prepare for and respond to future pandemics?”*

The women providing feedback came from diverse country contexts and professions within health including health workers, academics, policy makers, non-governmental organizations (NGOs), government representatives, and students.

### COVID-19:



Source: Women in Global Health, Global Health Security Depends on Women, 2020



# BACKGROUND: THE GENDERED IMPACT OF COVID-19

Although in most countries, men have had a higher mortality rate from COVID-19,<sup>8</sup> women have a higher rate of long-COVID<sup>9</sup> and women and girls have borne the secondary impacts of a pandemic that, for many, has weakened their social and economic positions. In this health emergency, our lives and health have depended on the women on the frontlines of health systems delivering care and preventative measures. Women are the majority (around 70%) of health workers<sup>10</sup> and over 80% of nurses, community health and social care workers.<sup>11</sup> Social gender norms demand that women shoulder the majority of domestic work, care for families and children who need to be homeschooled in lockdowns. Women's organizations fill essential gaps left by state provisions in services for vulnerable groups, including women subject to gender-based violence. **Women are the social shock absorbers in emergencies and crises.**

A lack of gender-responsive policy making led to a series of gendered health, social and economic impacts for women and girls globally. There was a significant increase in gender-based violence (GBV)<sup>12</sup> and the double burden of care placed on working women.<sup>13</sup> Women health workers faced



unsafe working conditions<sup>14</sup> and were marginalized in leadership and decision-making.<sup>15</sup> Pregnant women were excluded from clinical trials for COVID-19 vaccines and pregnant women died unvaccinated while vaccine safety was being established. Very little data was disaggregated by sex and gender, leaving decision makers without the evidence they needed to inform policy measures.<sup>16</sup> Essential health services were disrupted, including sexual and reproductive health, and maternal and child health services, leading to maternal deaths and unsafe abortions.<sup>[17][18]</sup> School closures were associated with an increase in unwanted teenage pregnancies in some countries<sup>19</sup> and more girls than boys left school early.<sup>[20][21]</sup> Informal sector workers - mostly women - were more likely to suffer losses in income globally, but particularly in low and middle-income countries.<sup>22</sup>

## Data gaps

In June 2022, 42 countries out of 206 tracked by Global Health 5050<sup>23</sup> reported sex-disaggregated data on infections among health workers. Since women hold the majority of roles with close patient contact in most countries, it is likely that women would be the majority of health workers infected by, dying and experiencing long term health impacts from COVID-19, but the data to confirm this is not available.

Prior to the pandemic, WHO predicted a 2030 global shortfall of at least 10 million health workers.<sup>24</sup> Since COVID-19, health workers have been leaving or signaling intent to leave the profession in significant numbers.<sup>25</sup> Women health workers suffered disproportionately in the early stages of the pandemic particularly. Even before the pandemic, women health

workers were paid less than men on average and millions worked unpaid.<sup>26</sup> Personal protective equipment (PPE) for infection prevention and control is generally designed for men's bodies and physiological needs and often ordered in a single large size, leaving women health workers at risk and without dignity.<sup>27</sup>



# IMPACT OF THE PANDEMIC ON WOMEN

## Women Marginalized in Decision-Making



Women are the majority of experts in health systems, but their professional expertise and diverse perspectives have not guaranteed them equality in leadership. Women hold around 70% of health and social care jobs globally and were 90% of frontline health workers during the COVID-19 pandemic but hold only 25% of senior leadership roles in health.<sup>28</sup> Throughout the pandemic women worked at all levels of

the response - from the front lines of health services to research labs and in health policy making. Yet they have not been represented equally in global or national decision-making bodies on COVID-19. A WGH study found 85% of 115 national COVID-19 task forces had majority male membership.<sup>29</sup>

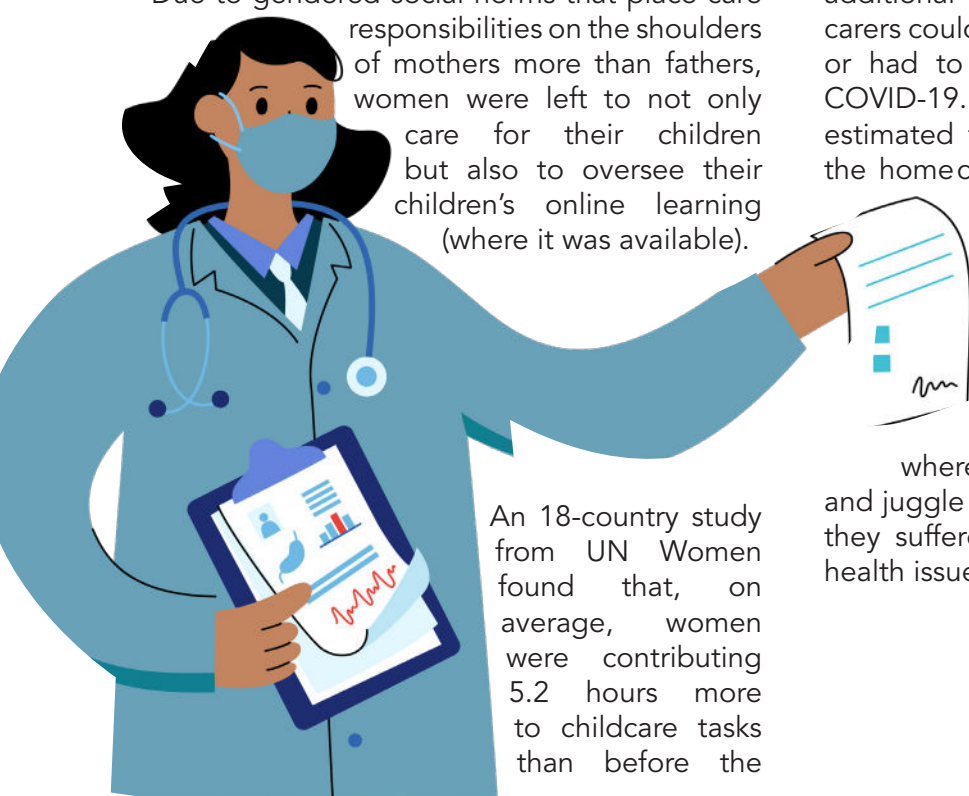
An analysis of World Health Assembly membership over the past 74 years showed an upwards trend in the percentage of women delegates, yet men remained over-represented in most delegations, especially as chief delegates. Between 1948–2021, more than 80% of delegations were composed of a majority of men, and no Assemblies had more than 30% of women Chief Delegates. In 2023, this number increased to 32%,<sup>30</sup> surpassing the 30% high, but still representing less than a third of delegations.<sup>31</sup>

## Double Burden of Care

One of the most common gendered impacts of the COVID-19 pandemic was the increased care burden experienced by women - particularly working women - during the pandemic. School and kindergarten closures and lockdowns meant that children were confined to the home and left under the care of their parents. Due to gendered social norms that place care responsibilities on the shoulders of mothers more than fathers, women were left to not only care for their children but also to oversee their children's online learning (where it was available).

pandemic, compared to a 3.5-hour increase in men.<sup>32</sup> The OECD reported that 61.5% of mothers of children under age 12 said they took on the majority or entirety of the extra care work, while 22.4% of fathers reported that they did.<sup>33</sup> Additionally, women with older, sick or disabled family members also took on additional care responsibilities, as in-home carers could not move freely during lockdowns, or had to isolate when testing positive for COVID-19. Even before the pandemic, it was estimated that women's unpaid care work in the home contributed 2.35% to global GDP, or the equivalent of USD\$1.5 trillion.<sup>34</sup>

Faced with this, working women were especially impacted, and often had to make the difficult decision to step back from their careers to care for their children and other family members full-time. In cases where they continued to work remotely and juggle their work and care responsibilities, they suffered disproportionately from mental health issues and burnout.<sup>35</sup>



An 18-country study from UN Women found that, on average, women were contributing 5.2 hours more to childcare tasks than before the

## Gender-Based Violence

Data illustrates that even before the COVID-19 pandemic, one in three women globally was reported to suffer from either physical and/or sexual intimate partner or non-partner violence in their lifetime.<sup>36</sup> The COVID-19 pandemic has showcased the need for recognizing the downstream impacts of policies, as GBV cases soared during the first months of lockdowns in almost all countries across the world.<sup>37</sup> As women, girls and other vulnerable populations were forced to stay behind locked doors with their aggressors, they were subjected to an increased risk of psychological and physical violence. The extended lockdowns that many governments enacted in order to curb the spread of the virus in the first months of the pandemic, led to a significant increase of calls to domestic violence hotlines.<sup>38</sup> Some countries reported a five-fold increase in such calls.<sup>39</sup> Lockdown measures trapped many women at home with abusive partners.

## Unsafe Working Environments

Women, as the majority of health workers, contributed immensely to the health system response and were often the first point of contact for patients with COVID-19. Yet they were forced to work in suboptimal and even abusive working conditions, having to work 24-hour (or more) shifts, lacking fitted PPE such as masks and gloves, facing violence and harassment from patients and colleagues, and being excluded from decision-making at the policy level. Inequities in the vaccine roll-out meant that health workers in many low-income countries did not receive COVID-19 vaccines and were left at risk even when populations in high-income countries had received multiple doses.

It has been estimated that ill-fitted PPE led to around 7,000 deaths of women health workers in the first 6 months of the pandemic.<sup>42</sup> PPE is generally modeled on the male body and the size and fit of body-wear, as well as masks and gloves, exposes women health workers to increased risk of infection from COVID-19. It also results in women health workers losing dignity by preventing them from adequately managing urination and menstruation, and experiencing challenges during pregnancy and menopause.<sup>43</sup>

In order to better understand this so-called 'Shadow Pandemic,' UN Women collected data from across the world and found that 45% of women reported that they or a woman they knew had experienced a form of GBV during the COVID-19 pandemic and that four in ten women felt more unsafe in public spaces than before.<sup>40</sup> These statistics illustrate that policies that changed the way people lived during the pandemic - being locked down for extended periods of time, for example - were not designed and implemented with gendered impacts in mind. Gender-responsive policies would have recognized the associated risks of lockdowns, and taken measures early on to prevent this increase in GBV. Several countries, such as Chile, set up hotlines for victims of domestic abuse weeks into the lockdown, when cases of GBV were already showing a significant increase.<sup>41</sup>

It became clear early in the pandemic, that many women health workers were suffering disproportionately from mental health issues related to increased workloads, the increased double burden of care, long periods of isolation when testing positive for COVID-19, and risks of violence from the public who saw them as vectors of the virus. Mental health concerns were also reported among women health workers, with estimates from Wuhan, China showing up to 90% of nurses exhibiting symptoms of depression and anxiety and 60% feeling emotional exhaustion after the virus first surged in the region.<sup>44</sup>

Additionally, many women health workers, who already faced a significant gender pay gap of 24%, were left unpaid for months, as funding was reallocated to the COVID-19 response. Community health workers (CHWs), the majority of whom are women, formed the backbone of the COVID-19 response in many countries across the African, Asian, and South American continents, yet millions were not included in the formal health system and thus received no or very little PPE and worked unpaid or grossly underpaid.<sup>45</sup>

## Disruption of Essential Health Services



Sexual and reproductive health services, such as contraception provision, including emergency contraception, sexually transmitted infection testing and treatment, perinatal health services and abortion, were deprioritized in many countries and made 'optional' rather than essential services across the world.<sup>46a</sup> The United Nations Population Fund (UNFPA) estimated that the pandemic impacted the use of contraception for approximately 12 million women, leading to an estimated 2.7 million unintended pregnancies in the first year.<sup>46b</sup> Marie Stopes International found that 1.2 million unsafe abortions occurred in the first 6 months of the pandemic.<sup>47</sup> School closures, a measure commonly applied by governments across the world, resulted in increased risk and incidence of pregnancy among adolescent girls in a number of countries.<sup>48</sup>

The gendered impacts of these disruptions are clear. It is also important to note that there were considerable differences in impacts between countries and within countries, with vulnerable women and girls, for example migrants, refugees, and those from minority groups were more affected and further excluded from accessing the health services they needed.<sup>49</sup>

## The Great Resignation of Women Health Workers

The multiple stresses from the pandemic impacted women health workers who were already in a more precarious and unequal position in the health workforce, causing widespread exhaustion and burnout. Women in Global Health's 2023 report<sup>50</sup> charts a Great Resignation of women health workers across regions, but particularly in high-income countries, with data from the UK showing 1 in 9 nurses having walked away from their profession in 2022.<sup>51</sup> This exodus of health workers in high-income countries is driving a Great Migration of women health workers from low- and middle-income countries to high-income countries to fill gaps. The escalating pressure on vulnerable health systems has prompted the World Health Organization (WHO) to include five additional countries in its Health Workforce Support and Safeguards list for 2023.<sup>52</sup> This update brings the total to 55 countries, with the majority located in Africa, that are identified as having especially fragile health systems. As a result, these countries should be off-limits for active recruitment of health workers by other nations.





# GLOBAL HEALTH SECURITY DEPENDS ON WOMEN

## IMPACT OF COVID-19 ON WOMEN HEALTH AND CARE WORKERS



Left out of **leadership and decision-making** in the health systems they know best.



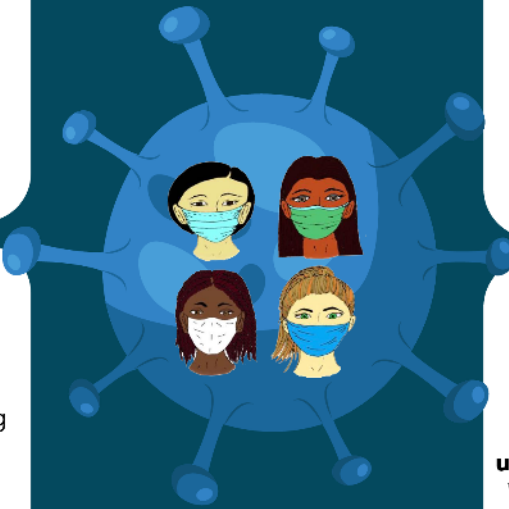
**High risk of infection**, long term health impacts and death, risk heightened for some ethnicities and older workers and where **PPE inadequate**.



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



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



Women Health and Care Workers feel **pride and professional satisfaction** at playing a critical role for health, society and global health security.



**Risk of infecting family**, especially vulnerable relatives. **Stigmatized** in the community for being a health-worker exposed to COVID19.



**Fear of financial hardship**. Over 6 million women are **unpaid or grossly underpaid**. Women health workers earn 24% less than male counterparts on average.



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



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

Figure 1: Impact of COVID-19 on Women Health and Care Workers

# PREPARING FOR FUTURE PANDEMICS: FINDINGS FROM THE SURVEY

Women in Global Health asked women health professionals to draw on their lived experiences of the pandemic and recommend concrete national-level policies, actions, activities, and programs, related to women health workers, that governments should implement to better prepare for and respond to future pandemics.

Insights from women in 31 countries reflect both common global concerns and region-specific challenges, highlighting the need

for comprehensive policies that address the gender-specific needs of women health workers while considering regional and individual variations. The survey data and the results of our qualitative analysis forms the foundation for the evidence-based recommendations presented in this policy brief. Key themes emerged that were common across countries with diverse socio-economic statuses and cultural contexts.

*“Nurses work several weeks without going home, with no adequate remuneration, poor supply of PPE, zero mental health support and services but their resilience, spirit and compassionate care saves more lives in the midst of the pandemic.”*

*Pediatric Nurse, Nigeria*



# KEY RECOMMENDATIONS FROM THE WOMEN IN GLOBAL HEALTH MOVEMENT

## 1. Governments must prioritize women health workers and their safety

***“From the beginning, Bangladesh was not prepared for this large pandemic, so it was almost impossible to provide extra personal protection equipment or any other logistics individually for female healthcare workers.”***

*Doctor, Bangladesh*

Global inequities in PPE and vaccine access left the most vulnerable women health workers in LMICs, particularly community health workers, at greatest risk.<sup>53</sup> Medical PPE can be particularly challenging for women working in hot climates, especially during menstruation, pregnancy and menopause.

***“There should be a policy that requires health institutions to provide sanitary products for their female health workers. Working long hours with inadequate menstrual hygiene provision causes not only health risks but mental and emotional anxiety and distress. Governments should include menstrual products in their PPE.”***

*Doctor, Kenya*



The protection and prioritization of women health workers should take into account both their physical and mental health. It is essential to ensure safe work environments and provide women health workers with appropriate and well-fitting PPE, and address the specific needs of women health workers including during pregnancy, breastfeeding, menstruation and menopause.

***“In some Lusophone countries, during COVID-19 pandemic, procurement of PPE did not take into account gender-specificities, whereas the majority of frontline care workers were women (eg. sizes of gloves, aprons, etc.).”***

*Doctor, Portugal*

In addition to ill-fitted PPE, pregnant and breastfeeding women health workers face unique challenges during pandemic, including the need for access to private and dedicated spaces to pump breast milk, portable cold storage units, and additional breaks. Health employers must take steps to support their pregnant and breastfeeding employees. This includes providing them with the resources and support they need to safely and effectively perform their jobs while protecting their health and well-being.

***“It was particularly hard for nursing mothers that had to be recalled from maternity leave to boost manpower. It was devastating to see nursing health care workers deal with breast engorgement due to lack of proper allocation of break out areas designed for nursing mothers to express and store their milk. It should be made mandatory that health facilities should have such provisions.”***

*Doctor, Kenya*

***“Most pregnant healthcare workers had to work during this pandemic as there was a shortage of healthcare workers. There were no extra facilities for pregnant women or mothers who were devoting their lives to the patients.”***

*Doctor, Bangladesh*



***“Gender-Based Violence is a serious violation in Côte d'Ivoire. With the COVID-19 pandemic, this violence has increased, including physical violence and sexual violence.”***

*Doctor, Côte D'Ivoire*

***“Governments should develop and implement policies and procedures to prevent workplace violence. This could include measures such as increasing security, limiting access to certain areas, and establishing a zero-tolerance policy for workplace violence.”***

*GBV Case Manager, Egypt*

Significant numbers of women health workers experience violence and harassment in the course of their work. Health workers of all genders can face violence related to their work but women disproportionately face sexual exploitation, abuse and harassment (SEAH), perpetrated primarily by male colleagues, male patients and men in the community.<sup>54</sup>



***“[women frontline workers] are psychologically stressed due to poverty and exhaustion.”***

*Public Health Researcher, India*

***“Governments should establish mental health and well-being support programs specifically tailored to the needs of women health workers. The government should invest in counseling services, peer support networks, and stress management resources to address the emotional toll of working in a pandemic.”***

*Doctor, Rwanda*

Health workers experience emotional exhaustion, which may lead to medical errors, lack of empathy in treating patients, lower productivity, and higher turnover rates.<sup>56</sup> Routine well-being and mental health assessments for frontline workers will help mitigate these negative effects. As one doctor from Kenya remarked, ***“Most of the female health workers were also caregivers in their families. The demands of work and caregiving left them physically and mentally exhausted and burnt out.”***

***“The management of risks and disasters in the country's health system does not address reproductive health, there was a delay in the delivery of protection for midwives with long periods of quarantine and there was no prioritization of pregnant women.”***

*Midwife, Chile*

Gender inequality has led to a situation whereby in some African countries women had less access to the COVID-19 vaccine than men, due to gender norms and stereotypes that allow men to obtain healthcare before women.<sup>57</sup> In addition, respondents noted that some governments failed to denote sexual and reproductive health services as essential in the pandemic, leading to reduced prenatal care visits, affected STI and HIV screening and treatment, and impacting on the survival, safety and dignity of women during birth.



## 2. Governments must invest in capacity building of women health workers to respond in pandemics

***“An interdisciplinary healthcare worker training & education pathway structure would alleviate many of the issues experienced by health workers during this pandemic.”***

*Professor of Health Systems and Population Health, USA*

Particularly in the context of pandemics, it is imperative to address a notable deficiency in health worker training and education. Placing health workers in crisis situations without equipping them with essential knowledge on response protocols and the efficient use of equipment is inadequate for effective service delivery. As one doctor from Bangladesh noted, ***“we didn't have basic knowledge of wearing PPE while working on the frontlines.”***

The survey participants stressed the need for specialized training programs, which provide women health workers with the skills and knowledge needed to meet the evolving demands of the health sector. The role of education is critical in building a strong foundation for personal and professional growth.

***“It is necessary to consider intervening at the level of university education, equitable access with a 50% gender focus from the undergraduate level, flexible curricula that allow women to combine their care work with their studies, ensuring protective and respectful training environments free of gender-based violence.”***

*Midwife, Chile*



Developing the skills and capacities of health and care workers to cope with health emergencies, by **“enhancing pre-service and in-service training, online learning, mentoring and sharing of best practices,”** as one practitioner from Burundi recommended, will mitigate burnout and alleviate the stress associated with health delivery in pandemics.

**“Rapid detection of public health events by training as many health workers as possible in emergency management with particular emphasis placed on women who are strongly represented in hospitals is important.”**

*Emergency Health Counsellor*



**“The government should invest in comprehensive training programs for CHWs to equip them with the necessary skills and knowledge to handle future pandemics effectively.”**

*Doctor, South Africa*

Additionally, there is a strong call to actively support and promote the career progression of women health workers through mentorship, leadership development programs, and policies encouraging their advancement within health organizations. One oncologist from Argentina implored governments to devise **“policies for access to training and career advancement, and providing support for women in leadership positions.”**

**“training needs to happen now, including practice drills.”**

*Global Health Professional, US*



### 3. Health systems must become more gender-responsive

***“Nothing for us, without us.”***

*Doctor, South Africa*



It is vital to approach policy making through a gender lens. Gender-responsive health systems strengthening is key to achieve functional and sustainable healthcare, however, as one doctor from South Africa remarked, ***“resilience remains a distant dream if women are left out of the decision-making.”*** One study early in the pandemic found that women leaders were more likely to act early and decisively, and based on scientific evidence, and were more effective at communicating decisions in a way that inspired trust from the population. They prioritized social and economic policies that addressed the disproportionate impact of the pandemic on women, girls and other vulnerable populations.<sup>58</sup>

Women health workers are clustered into lower paid jobs, delivering the majority of care while men are making global health decisions at senior levels. Women lead the delivery of health to 5 billion people and contribute an estimated US\$ 3 trillion annually to global health, half in the form of unpaid work. Yet women hold only 25% of leadership roles in health.<sup>59</sup>

***“Globally, women's representation in government and the global health system remains disproportionately low.”***

*Policy Practitioner, UAE*

***“National preparedness and monitoring committee. There are very few women at the aforementioned committee and the increase of women's representation from 35% of the committee will empower women to put in place structures that protect and more sensitive women health in health emergencies in Nigeria.”***

*Pediatric Nurse, Nigeria*

Inclusion of women health workers in decision-making for health is crucial because they comprise most of the health workforce. Their involvement would ***“influence a conducive work environment free from discrimination, exploitation, and sexual and gender-based violence experienced during the pandemic response,”*** noted a health informatician from Uganda.

Promoting the increased representation of women in leadership positions is crucial. One doctor from the United Kingdom remarked that ***“the development of gender-responsive health workforce policies is necessary to address issues like equal pay, career progression opportunities, and work-life balance, while also promoting an environment free from gender-based discrimination and harassment in the healthcare sector.”***

***“The policymakers should be related to the health system, and more women should be involved in this, and their voice should be heard, so that is easier for the government to implement and design any policy or take any action.”***

*Doctor, Bangladesh*

Women have first-hand experience and a deep knowledge of the health systems which they serve. The close contact of women health and care workers with the communities in which they work can make them excellent leaders that can inspire trust and confidence in public health. Policy makers can learn from these perspectives and ensure that the unique insights and needs of women health workers are considered.

***“The voices of people most central to co-creating health, including healthcare users and health workers, must be meaningfully integrated in health system transformations to prepare for the next pandemic and future crises.”***

*Practitioner, Canada*



***“We need more nurses, midwifery and community health/public health worker representation on government committees / decision-making bodies.”***

*Practitioner, Ireland*

***“The civil society organizations, mainly those women-led and/or addressing women's needs should be included in consultations by each health coordination mechanism in the country. During the COVID-19 pandemic in the country many women-led organizations provided ad-hoc support with detergents, food, etc.”***

*Doctor, Portugal*

***“The government should involve women-led organizations for a better advocacy system to take any kind of action.”***

*Doctor, Bangladesh*

***“By early 2023 it was clear COVID-19 had wiped out hard won gains on gender equality.”***

*Practitioner, Canada*

These findings underscore the necessity of health systems intentionally addressing gender inequity. We must steadfastly resist the urge to simply "return to normal" after COVID-19. To sustain pre-pandemic gender advancements and make systems gender-responsive involves challenging traditional norms and standards within health, ensuring that gender-responsive approaches become the new norm.

## 4. Governments must conduct regular risk assessment of health systems infrastructure and the workforce

***“Emergency response drills: [Governments should] conduct regular drills and simulations to test the preparedness of the healthcare system for pandemics. This will allow for timely identification of gaps and areas of improvement.”***

*Doctor, Rwanda*

***“The national health emergency preparedness, response and resilience (HEPR) for Nigeria as a nation is weak, inefficient and complicated with inadequate staffing.”***

*Pediatric Nurse, Nigeria*

***“The UAE can develop a gender-responsive healthcare workforce plan that assesses the current gender distribution in the healthcare sector with specific focus on pandemic preparedness and response, and use that plan to identify gaps and areas for improvement.”***

*Policy practitioner, UAE*

The need for strong health systems and a well-trained and mobilized workforce has become clear during the pandemic. The work they carry out is vital for health systems efficiency and economies globally.

***“Ensuring effective management, gender equity and fair distribution of healthcare workers, taking into account local needs, risks of infection and transmission, labor rights and ethical principles.”***

*Health Practitioner, Burundi*



National health workforce plans, and health workforce and resources mapping are critical components of an effective pandemic response. They are used to inform decision-making about resource allocation, training, and recruitment. For example, health workforce mapping data can be used to identify regions with high concentrations of vulnerable populations and low numbers of health workers. This information will be helpful in prioritizing resource allocation and deployment efforts.

***“The employee recruitment process must work preventively, there must always be enough backup personnel and, for example, if one person quits, two more people are immediately hired, before we are in a situation where 50% of the necessary workforce is missing.”***

*Researcher, Finland*

The experiences of the pandemic have highlighted the need for governments to invest in more resilient and equitable infrastructure systems that can withstand future shocks. Effective resource allocation ensures that resources are used efficiently and effectively to support the health workforce and improve health outcomes. Resource allocation decisions can be used to determine the number of health workers to assign to different tasks or locations. This information can be used to ensure that health workers are deployed where they are most needed and that they have the resources they need to perform their jobs effectively.



The pandemic exposed the vulnerabilities of underfunded and poorly maintained infrastructure systems around the world. Hospitals were overcrowded, and there was a shortage of ventilators and other essential medical supplies even in high-income countries.<sup>62</sup>

***“Most of the time we used reusable PPE for many days as the supply was less than the demanding amount for all. Other usual logistics, like hand sanitizer or masks, were out of stock for a long time, so healthcare workers had to use clothing masks for extra protection.”***

*Doctor, Bangladesh*

***“Comprehensive resource planning is needed to ensure a sufficient stockpile of essential equipment, and strategies must be in place to rapidly distribute these resources to all healthcare facilities, with a focus on areas with the highest need.”***

*Doctor, South Africa*

By understanding the needs of the health workforce and allocating resources effectively, we can ensure that health workers have the support they need to protect themselves and the communities they serve during pandemics.

## 5. Governments must ensure better working conditions, benefits, and incentives for women health workers

***"Recognizing, galvanizing and optimizing Nurses and Midwives as well as other women in health has the potential to unlock doors to achieving universal health coverage (UHC), and better prepare for emergencies even in the face of limited resources."***

*Pediatric Nurse, Nigeria*

Addressing work-related concerns for women health workers is an urgent necessity. As one Public Health Consultant from Zimbabwe pointed out, ***"The overtime unpaid work and the work environment with inadequate resources has led to a huge exodus of experienced female health workers post COVID-19. The government may need to incentivize women and pay fair wages commensurate with the work they put in. Incentives may be non-monetary."***

Another researcher from Finland emphasized that ***"strong marketing skills, coordination, and incentives, either in the form of salary or other employment benefits, are needed."*** This need is dire, and immediate measures must enable improved remuneration and the motivation for career progression. Increased pay for frontline and care roles is not only fair but necessary.

The importance of equitable pay is undeniable, as ensuring that women health workers receive fair compensation and benefits commensurate with the immense risks and challenges they face is not merely an option, it's a moral imperative.

***"Fair compensation will not only boost morale but also attract and retain skilled healthcare professionals during crises."***

*Doctor, Rwanda*

Women health workers form the backbone of our health sector. Despite their unwavering dedication and crucial role in health, these remarkable women face specific challenges that have not been recognized, or addressed. The gender pay gap in health exacerbates this dire situation, with men earning, on average, a staggering 24% more than their female counterparts.<sup>63</sup>

***"Ashas, Asha Facilitators, Anganwadi workers and Anganwadi helpers have proved to be an irreplaceable part of public health services, particularly seen during the pandemic. However, these community health worker cadres are designated as volunteers. They are not protected by any legislation, minimum wages or by any of the labor codes. They are paid inadequate incentives that are not linked to any scale, have no social security and are not entitled to any leave from work at all."***

*Public Health Researcher, India*



These incentives may take the form of non-monetary support, but they must be more than just applause. Women health workers deserve unwavering support and recognition of their dedication.

***"[In Austria], granting recognition to foreign qualifications processes are simplified and assistant care training is simplified and opened to wider groups (e.g. immigrants with prior training while their qualifications are being processed)." "[In Austria], Granting recognition to foreign qualifications processes are simplified and assistant care training is simplified and opened to wider groups (e.g. immigrants with prior training while their qualifications are being processed)."***

*Health Policy Maker, Austria*

Governments, as a matter of urgency, must create an environment of fair working conditions, which includes equitable compensation for women health workers. As a Health Information Specialist from Uganda implored, ***"Financial incentives to support the requirements of female health workers and their families, such as salary increments, temporary tax-free payments, and overtime pay during pandemics are vital to secure their well-being and that of their families."***

***"Necessitating health insurance for female healthcare professionals to access quality healthcare. In Uganda, female health workers contracted COVID-19, leading to some deaths as they did not have the resources to access proper healthcare."***

*Health Information Specialist, Uganda*



Additionally, health coverage for expenses resulting from job-related injuries or illnesses is crucial. The families of health workers who have lost their lives due to COVID-19 or related injuries should also receive compensation. These actions are critical for supporting health workers, showing them they are valued and ensuring the well-being of women health workers and their families.

The same lockdowns that placed women and girls into dangerous situations, have also impacted on the domestic and care workload experienced by women. With the closures of schools and daycares, mothers had to care for their children while supporting their schoolwork and in some cases even homeschooling, when digital means were not available.<sup>64</sup> The pandemic has shone a light on the disproportionate burden of unpaid care work borne by women and demonstrated the extent to which societies and economies depend on women's unpaid and underpaid labor.<sup>65</sup>

**“Health workers need comprehensive and subsidized child care - as the need to keep children home meant that more women left the workforce.”**

Academic, USA

**“The traditional support structures were disrupted by the measures of lockdown and social distancing that were put in place to contain the COVID-19 pandemic. House helpers were not available in most homes and the female health workers had to balance an increased workload and household duties.”**

Public Health Consultant, Zimbabwe



**“Implement flexible work arrangements, such as part-time options, job-sharing, or remote work opportunities, to support women health workers who may have caregiving responsibilities at home. This will enable them to continue contributing to the healthcare system without undue burden.”**

Doctor, Rwanda

Flexible working arrangements can significantly alleviate the challenges faced by women health workers who must balance the demands of their profession with caregiving responsibilities, particularly when social services such as schools and daycares are closed.

## 6. Governments must invest in innovative, collaborative, and gender-responsive research



**“Governments should invest in generating evidence to explore the gendered impacts of pandemics on women health and care workers. These should guide development of appropriate policy and program interventions to promote their physical and mental health well-being.”**

Health Development Professional, Pakistan



The collection of sex-disaggregated data is pivotal in ensuring that health policies and practices are informed by a comprehensive understanding of gender-specific issues and health needs. The collection and analysis of gender-disaggregated data on the impact of pandemics on women health workers will help identify specific vulnerabilities and tailor interventions accordingly. Further, by collaborating with a variety of stakeholders, including governments, academia, NGOs, and the private sector, this data collection can be accelerated.

***“Multilateral and multi-sectoral research and innovation with knowledge transfer and exchange should be a priority to learn from the evidence and apply evidence based decision-making.”***

*Doctor, South Africa*

Moreover, we must learn from the experiences of the COVID-19 pandemic and other health emergencies, particularly their gendered impact. It is essential to document the lessons learned to inform future planning effectively. The absence of sex-disaggregated data and detailed records on infections and deaths among health workers must be addressed.



Additionally, testing and trials for vaccines needs to be inclusive and gender-responsive. Pregnant women were excluded from the original clinical trials of COVID-19 vaccines,<sup>66</sup> which created confusion and in some cases, death.

Collaboration and partnerships are integral to driving research and innovation in health. They fosters a multidisciplinary approach to solving complex health and care challenges. Multisectoral research and innovation facilitate knowledge transfer and exchange. We need quality scientific research to navigate future pandemics with accurate information and a scientific foundation.

Furthermore, utilizing technology to enhance data collection, analysis, and communication will make it easier to identify and respond to gender-related disparities in health. As one respondent from Uganda indicated, ***“in Uganda, digital health has proven effective in increasing access to healthcare while reducing health workers’ exposure to infectious diseases.”***

***“The UAE should invest in the data ecosystem, generating quality, reliable, and population-level health estimates using innovative digital tools.”***

*Policy Practitioner, UAE*

***“During this COVID pandemic, the Ministry of Health of Bangladesh has no data on deaths or affected healthcare workers.”***

*Doctor, Bangladesh*

***“There has been a significant number of infections and deaths among health workers, without a detailed record of this.”***

*Doctor, Spain*

**"Approve COVID-19 protocols for RH care (testing of hospitalized pregnant women, management of pregnant women, puerperal women, newborns (NB) in gynecology, neonatology, PHC, registration of pregnant women Covid+) including women of indigenous peoples, migrants, Afro-descendants, women with disabilities."**

*Midwife, Chile*



## Gender Equality and Pandemic Response<sup>67</sup>

This collection of articles lays out a shared research agenda for sex, gender, and health for COVID-19 and future pandemics and crises. A partnership of the BMJ, the International Institute for Global Health at United Nations University, and the School of Public Health at the University of Western Cape, and supported by the Bill and Melinda Gates Foundation, the collection is the product of a large, multinational research initiative. Its goal has been to strengthen COVID-19 responses as well as to ensure future pandemic response is more effective in making sustained advances in gender equality around the world. The research initiative informing the collection has remarkable scope and geography: over 1000 participants, a mix of established experts and emerging leaders, largely from low and middle income countries, and about 75% women. It emphasizes the importance of addressing the basics in gender and health, such as sex disaggregated data and sex specific needs, while also advancing broader goals to establish gender justice within health and social policy and programmes.

*Women in Global Health, Canada*



## 7. Governments must improve coordination and dissemination of information

**“Foster partnerships between the government, healthcare institutions, civil society, and international organizations to ensure a coordinated and unified response to future pandemics. These collaborations can provide additional resources, expertise, and support for women health workers.”**

*Doctor, Rwanda*

In the first 3 months of 2020, nearly 6,000 people around the globe were hospitalized because of coronavirus misinformation.<sup>68</sup>

**“Adequate, targeted and population specific information. Most of us got information from social media and the like, simply because not much information was given from the beginning.”**

*Nurse Midwife, Malawi*

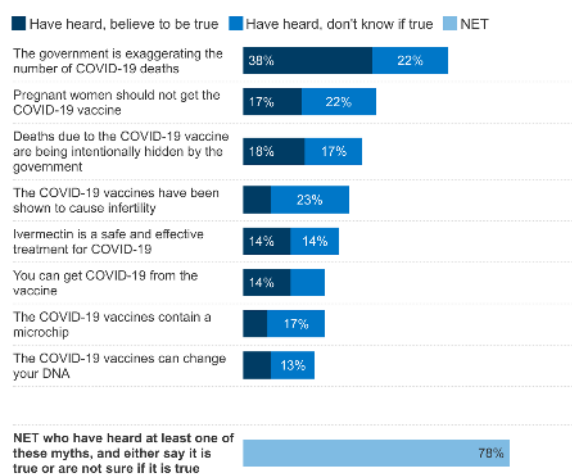
The most commonly cited sources of misinformation negatively impacting patient health, according to health workers in the US, are social media - particularly Facebook - as well as family and friends.<sup>69</sup> Misinformation is an urgent problem for patient healthcare during the pandemic, particularly affecting people’s decision to get vaccinated. A recent poll by the Kaiser Family Foundation found that nearly eight in ten adults in the US say they have heard at least one of eight distinct pieces of misinformation, with many either accepting these falsehoods as fact or remaining uncertain as to whether they are true or false.<sup>70</sup> Raising awareness and combating the spread of misinformation is essential.

Misinformation also played a part in increased violence towards health workers. In 2020, the WHO reported numerous incidents of violence and harassment against women health workers due to misinformation and stigma regarding the virus. Women health workers were prevented from using transport and attacked when entering public establishments, due to fear of infection.<sup>71</sup> Awareness campaigns play a critical role in ensuring that accurate information reaches health workers and the community, dispelling myths and false information.

Figure 1

### Nearly Eight In Ten Believe Or Are Unsure About At Least One Common Falsehood About COVID-19 Or The Vaccine

Have you heard anyone say or have you read anywhere that...? IF YES: To the best of your knowledge is that true or false, or do you not know whether it is true or false?



NOTE: See topline for full question wording.  
SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021)

KFF COVID-19 Vaccine Monitor

**“Launch public awareness campaigns to highlight the critical role played by women health workers during pandemics.”**

*Doctor, Portugal*

***“The government should involve women-led organizations for a better advocacy system to take any kind of action.”***

*Doctor, Bangladesh*

Cross-country communication is also integral in this context. Effective communication and information sharing across borders facilitate a global response to health challenges and enable the sharing of best practices.

Countries need to develop well-structured national plans to ensure that information is disseminated promptly and efficiently during crises, helping to prevent the spread of misinformation and providing clear guidance to health workers.

***“Institutionalize Global and National Women and Girl Health Emergency, Conflict and Disaster Council: This will help to mainstream interventions and provisions that protect lives and well being of women in health at all levels.”***

*Pediatric Nurse, Nigeria*

In this regard, collaborating with CSOs to leverage their community outreach and engagement capabilities will help ensure that healthcare information is disseminated effectively to all stakeholders.

***“Foster partnerships between the government, healthcare institutions, civil society, and international organizations to ensure a coordinated and unified response to future pandemics. These collaborations can provide additional resources, expertise, and support for women health workers.”***

*Doctor, South Africa*



***“Establishing clear disease surveillance and containment protocols remain key.”***

*Doctor, South Africa*

As trusted members of the community, CHWs facilitated more than 150,000 COVID-19 vaccinations and vaccine appointments in vulnerable Latin communities in California, US, by countering misinformation and instilling confidence in the vaccine,<sup>72</sup> exemplifying that community health workers remain an indispensable part of ensuring pandemic awareness.

***“Involve women health workers in community engagement and communication efforts during pandemics. They can play a vital role in disseminating accurate information, dispelling myths, and fostering trust between the healthcare system and the public.”***

*Doctor, South Africa*

***“To strengthen crisis and disaster management, the UAE established the National Emergency, Crisis, and Disaster Management Authority (NCEMA) in 2012. Operating under the guidance of the Supreme Council for National Security, NCEMA serves as the primary national body responsible for regulating and coordinating all emergency, crisis, and disaster management efforts. Moreover, the UAE actively participated in a United Nations workshop in October 2017, dedicated to understanding the Sendai Framework for Disaster Risk Reduction, underscoring the country's commitment to enhancing risk reduction and achieving disaster management goals.”***

*Mental health systems and policy practitioner, UAE*



# CONCLUSION

## GLOBAL POLITICAL AGREEMENTS

In light of the severe health, social and economic disruptions caused by the COVID-19 pandemic, world leaders with the support of multilateral institutions like the World Health Organization and other UN agencies, have proposed a series of documents and platforms that are to form the future of global pandemic PPRR architecture. The World Health Assembly decided<sup>73</sup> to draft a new international instrument to guide future pandemic preparedness, response and recovery, called WHO CA+, by May 2024. Member States also committed to amend the International Health Regulations (2005) by May 2024. The World Bank houses a new Financial Intermediary Fund called the Pandemic Fund, which is set to provide funding for Member

States and organizations to carry out activities related to pandemic PPRR and received its first set of applications in April 2023. In addition to these processes, the WHO is setting up a Medical Countermeasures Platform to replace the ACT-A, which it ran during the COVID-19 pandemic, and the Director General has shared his vision to strengthen Health Emergency Preparedness, Response and Resilience (HEPR) after consultation with relevant stakeholders. Additionally, a high-level meeting on pandemic PPRR was held during the United Nations General Assembly (UNGA78) in September 2023, with the drafting of the Political Declaration for this meeting having taken place between May and August 2023.

### UN High Level Meeting on PPRR September 2023

2023 is a landmark year for discussions around future pandemic prevention, preparedness, response and recovery (PPRR), with the intergovernmental negotiating body (INB) meeting regularly on a draft of the pandemic instrument (WHO CA+) that will be presented to Member States at the 77th World Health Assembly in May 2024. In addition, a UN High-Level Meeting on Pandemic PPRR was held in September 2023, bringing together Heads of State and Governments to discuss the most pressing and contentious issues on the PPRR agenda.

The Political Declaration of the UN High-Level Meeting on Pandemic Prevention, Preparedness and Response<sup>74</sup> adopted strong recognition of and commitments on gender equity, reproductive rights, and women health workers. It recognized that women constitute the majority of the health workforce and have been on the frontlines of the response to the COVID-19 pandemic, yet are still underrepresented in leadership roles and face a significant pay gap. It emphasized the importance of measures to protect the physical and mental health and well-being of women health workers, including those addressing pandemics and other health emergencies. It also acknowledged the importance of improving working conditions and the management of the health workforce to ensure the safety of health workers, especially women health workers. This includes addressing issues such as violence, harassment in the workplace, stress, mental health issues, burnout, and lack of adequate infection controls and protections.

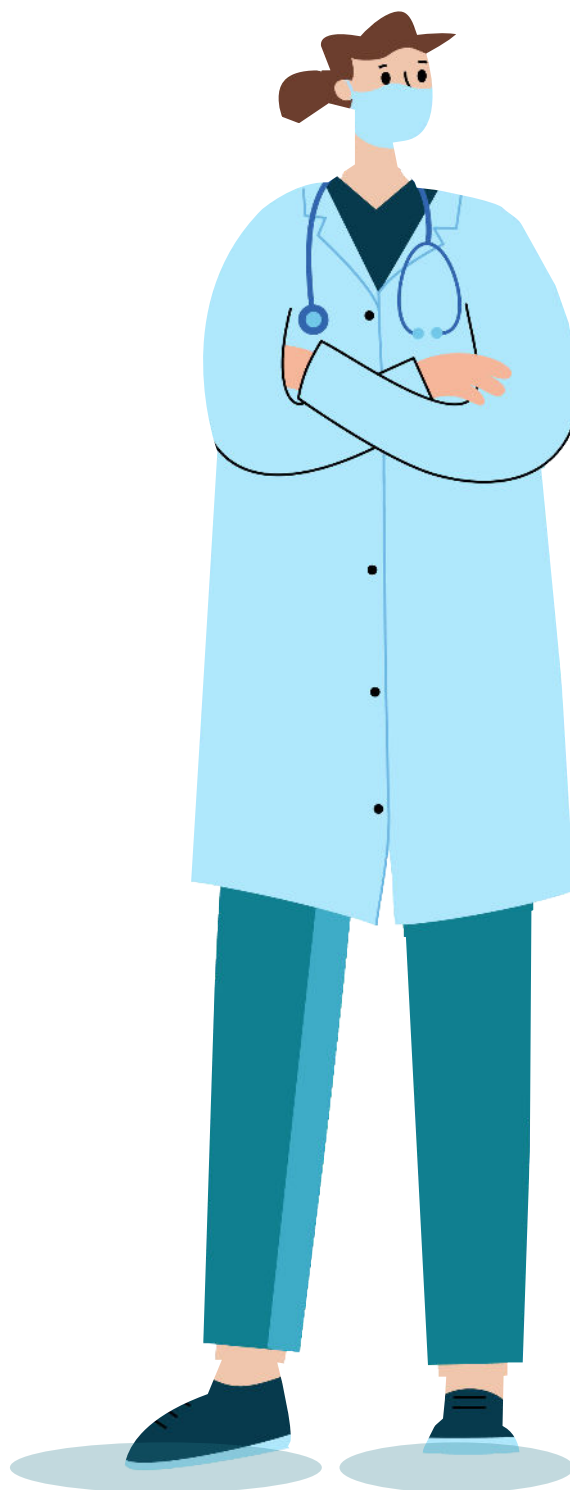
In the Political Declaration, Member States made commitments to ensure gender-responsive workplace policies, address the gender pay gap, and protect health workers, especially women, from violence and harassment, including sexual harassment. Member States also made commitments to strengthen women's full, effective, and meaningful participation in leadership and decision-making processes in pandemics and other health emergencies at all levels. Finally, the Political Declaration also established a commitment to ensuring universal access to sexual and reproductive health services, including family planning, education, and the integration of reproductive health into national strategies and programs.

Negotiations for these documents and platforms have brought to light the need for complementarity with existing architecture, such as the International Health Regulations (IHR). The IHR were drafted in 2005 and are the guidelines currently being used for pandemic preparedness, response and recovery. Their strong focus on prevention through public health measures such as lockdowns and quarantines are an integral part of the public health response in the face of a pandemic and are key to protecting population health.<sup>75</sup> However, in the drafting of the WHO CA+ and other documents, the downstream impacts of preventative policies and decisions must be adequately considered.

As governments and stakeholders prepare for future pandemics, frontline voices of health and care workers offer invaluable guidance. The imperative echoes clearly - to protect, empower and involve women health workers. This entails safeguarding them from gender-based violence, ensuring a steady and gender appropriate supply of PPE, and providing essential mental health support. In addition, specialized training programs, mentorship, and equitable compensation are urgently needed to empower women health workers for leadership roles in global health and health policy.

The tacit expectation that women will deliver care while men will make decisions has created a global health system that is broken. COVID-19 has shown the importance of health and care workers, with countries across the world applauding their work and bravery, yet global health will only be secure when women in health have a new social contract based on decent work and equality in decision-making.

**This policy brief is a call to governments to prioritize the safety, empowerment, and equitable treatment of women health workers in all their future pandemic preparedness efforts.**



# ABOUT WOMEN IN GLOBAL HEALTH

Women in Global Health (WGH) was founded in 2015 when four women in the health sector met on social media outraged that women are the majority in the sector but hold only a minority of global health leadership roles. Today, we are a registered 501(c)(3) nonprofit organization with 51 Chapters in 48 countries, and over 6,000 members. We are the largest and loudest women-led movement demanding gender equity in leadership, career opportunities, and pay; safe and decent working conditions; and gender equity in universal health coverage and health emergency preparedness and response. We build alliances and our own movement so women in global health will be heard. We are working towards a world that enables women from all regions to be leaders in global health and catalysts for better health for all.



K/2020



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