GENDER-RESPONSIVE PANDEMIC PREPAREDNESS, PREVENTION, RESPONSE, AND RECOVERY

Women deliver health, men lead it



0% Health workers¹



25% Global Health leaders²

Chief delegates 32% to World Health Assembly 2023³



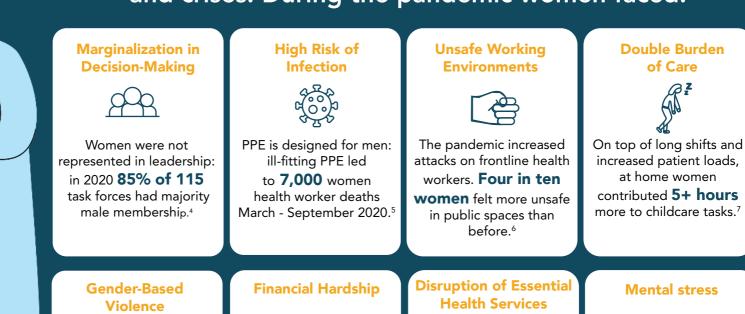
WOMEN RECEIVE

Low pay and insecure work Minority of leadership roles Burden of unpaid work PPE that doesn't fit Low social value for their work Majority of gender based violence Insufficient funding for women's NGOs

WOMEN CONTRIBUTE

Majority of social care Majority of health services Essential frontline health roles Risks to their health and wellbeing Majority of community care Majority of domestic work Community services (women's NGOs)

> Women are the social shock absorbers in emergencies and crises. During the pandemic women faced:





45% of women reported that they or a woman they knew had experienced a form of GBV during the pandemic.8



Women health workers on average earn 24% less than male counterparts.⁹ Over **6 million** women are unpaid or grossly underpaid.¹⁰



Sexual and reproductive health services were often deprioritized: contraception use was impacted for **12 million** women leading to 2.7 million unintended pregnancies.11



Increased PTSD, risk of depression and suicide: 78% nurses in West African countries reported moderate stress and **10%** reported severe stress.12

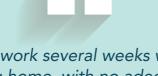
Multiple stressors on top of pre-existing gender inequities has caused widespread burnout among women health workers.

This is leading to a **Great Resignation** of women health workers, particularly in high-income countries: in the UK 1 in 9 nurses¹³ left in 2022.

This exodus of health workers is driving a **Great Migration** of women health workers from countries with vulnerable health systems.14

Women in Global Health gathered perspectives on the gendered impacts of COVID-19 and policy recommendations based on feedback from Chapter representatives from 31 countries, who answered 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?"



Nurses work several weeks without going home, with no adequate remuneration, poor supply of PPE,



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 wellbeing.

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.

zero mental health support and services but their resilience, spirit and compassionate care saves more lives in the midst of the pandemic.

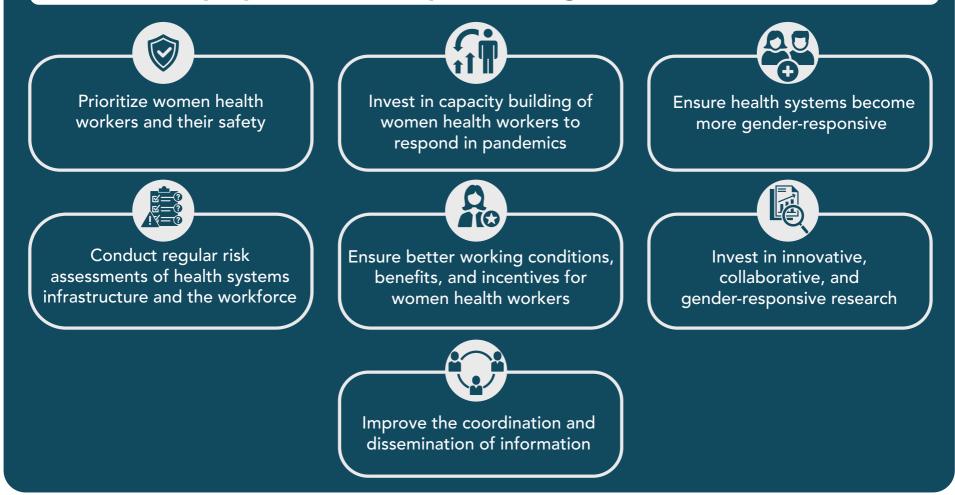
Pediatric Nurse, Nigeria

Health Development Professional, **Pakistan**

GBV Case Manager, Egypt

Key recommendations from the Women in Global Health movement.

To prepare for future pandemics governments must:



We call on governments to prioritize women health workers in all their future pandemic preparedness efforts. They need a new social contract based on:









References: https://bit.ly/3sMn2BO

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