A gender lens for COVID-19 [1]

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Excerpts from introduction

Gender is often an ignored factor during health emergencies, even though women comprise 70% of the global healthcare workforce. During the COVID-19 pandemic, the most effective policy responses will be those that account for how the crisis is experienced by women and girls.

NEW YORK – When pandemics strike, world leaders and health responders must adapt quickly to the looming threat. Often the last factor they consider – if it makes their to-do lists at all – is gender.

As advocates for the health and rights of girls and women, we've heard the excuses time and time again: "Gender isn't a priority right now," leaders say. "Maybe when things calm down," they claim. "It's not the right time," they insist. If we are to pursue the most effective responses to COVID-19 – or any health emergency – this must change.

Girls and women experience outbreaks differently than boys and men. A gender lens highlights the specific risks and vulnerabilities girls and women face because of deep-rooted inequalities and traditional gender roles. And the facts such a perspective uncovers can save lives and ensure that nobody is left behind in our emergency responses.

To reframe our pandemic response with gender at the center, we need, first, to protect and support the global health workforce, 70% of whom are women. It is crucial that these health workers are trained, resourced, and equipped, which means filling global shortages in protective gear like medical masks and gloves, so that they and their patients are adequately protected.

It also means tackling the 28% gender pay gap in the global health workforce and ensuring decent and safe working environments with proper protective equipment. This will prevent interruptions in service delivery by ensuring health workers themselves don't fall ill and by promoting retention as they work around the clock to fight COVID-19. Additionally, we must dismantle the discriminatory system that excludes women health workers from the decision-making bodies that initiate life-saving emergency protocols in health-care settings.

Likewise, it will be impossible to provide reliable evidence about COVID-19 to health workers, policymakers, and the media without investing in the timely collection of gender- and age-disaggregated data in all surveillance and monitoring efforts. Past health emergencies such as the 2014-16 Ebola epidemic and the 2012 cholera outbreak in Sierra Leone show that the absence of gender-disaggregated data seriously impedes smart decisions, strong responses, and swift recoveries. While these health emergencies may have challenged us in different ways than COVID-19, the need for evidence-based solutions, backed by quality data, remains the same.

Continues here [2].

Related link:
Region: International [3]

Links
[1] https://childcarecanada.org/documents/research-policy-practice/20/04/gender-lens-covid-19
[2] https://www.project-syndicate.org/commentary/covid19-response-requires-a-gender-lens-by-susan-papp-and-marcy-hersh-2020-03
[3] https://childcarecanada.org/category/region/international