



## 74<sup>th</sup> World Health Assembly High Level Messages from Women in Global Health

### Key Points on the COVID-19 and a Gender Responsive Approach to the Pandemic Relevant to WHA Agenda Items [A74/15](#)

The COVID-19 pandemic struck a deeply unequal world and will deepen inequalities within and between countries unless we resolve to make this pandemic a radical break with the past. One of the deepest inequalities - gender inequality - undermines all our health systems and global health security. The COVID-19 pandemic is proof of concept for a gender-responsive approach.

#### Our 5 ASKS from the [COVID-19 Global Health Security depends on women: Rebalancing the unequal social contract for women](#)

1. **ASK ONE:** Include women in global health security decision making structures and public discourse  
Data: Our research shows that 85% of national COVID-19 task forces have majority male membership (data looking at 115 task teams) (WGH: 2020)
2. **ASK TWO:** Provide health workers, most of whom are women, with safe and decent working conditions.  
Data: Although women are the majority of the health and care workforce, PPE is modelled on male bodies and does not fit women and their bodily functions. The poor fit, leaves women more exposed to infection and working without dignity (WGH: 2020)
3. **ASK THREE:** Recognize the value of women's unpaid care work by including it in the formal labor market and redistributing unpaid family care equally  
Data: Women worldwide contribute \$3trillion to health annually but half is in the form of unpaid work (Lancet: 2015)
4. **ASK FOUR:** Adopt a gender-responsive approach to health security data collection/analysis and response management  
Data: Less 10% of Covid-19 health policies made reference to gender (GH5050: 2021)  
Less than 20% of economic relief and recovery policies were designed to address women's needs (CgDev: 2021)
5. **ASK FIVE:** Fund women's movements to unleash capacity to address critical gender issues  
Data: Less than 1% of Overseas development assistance (ODA) in gender equality goes to women's organizations in low-middle income countries.

[Independent Panel for Pandemic Preparedness and Response \(IPPPR\)](#) acknowledges gendered aspects of COVID-19 in the pandemic, however, the recommendations should be strengthened. This is what we submitted as part of the IPPPR consultation that WGH coordinated on Gender (WGH: 2021 Brief attached).

1. Elevate political leadership for global health to the highest levels to ensure leadership, financing and accountability
2. Focus and strengthen the authority and financing of WHO
3. Invest in preparedness now to create fully functional capacities at the national, regional and global level
4. Establish a new agile system for surveillance, validation and alerts
5. Establish a pre-negotiated platform for tools and supplies
6. Raise new international financing for the global public goods of pandemic preparedness and response
7. Put in place effective national coordination for pandemic preparedness and response based on lessons learned and best practice

Key Points the Health and Care Workforce and Gender Transformative Policy Action Relevant to WHA Agenda Items: [A74/12](#) [A74/13](#)

Global health and social care are delivered by women and led by men. Women are around 70% of health and care workers globally but hold only 25% of decision-making roles. Women are the majority in the health and care workforce but clustered into lower paid and lower status roles and commonly subject to harassment. We cannot address this inequality by changing women. The pandemic has exposed the fact that global health security rests on the fragile foundation of an unequal health workforce with severe health worker shortages everywhere (40 million health and care workers globally). **The women who deliver our health and social care deserve a new social contract with decent working conditions and an equal role in decision making. If we look after female health workers, they will keep us safe, strengthen our health systems and they will deliver universal health coverage (UHC).**

With Gender Transformative Policy Action, there will have wider benefits everywhere that we characterize as the 'Triple Gender Dividend':

- First, a Health dividend: equal opportunities and decent work will attract and retain female health workers, helping to fill the global health worker shortage.
- Second, a Gender equality dividend: investing in women to enter formal sector jobs in health will increase gender equality as women gain more income and decision making power.
- And third, an Economic growth: new jobs created in health will fuel economic growth and strengthen health systems and outcomes, all contributing to UHC and the SDGs by the 2030 end date.

## Key Messages

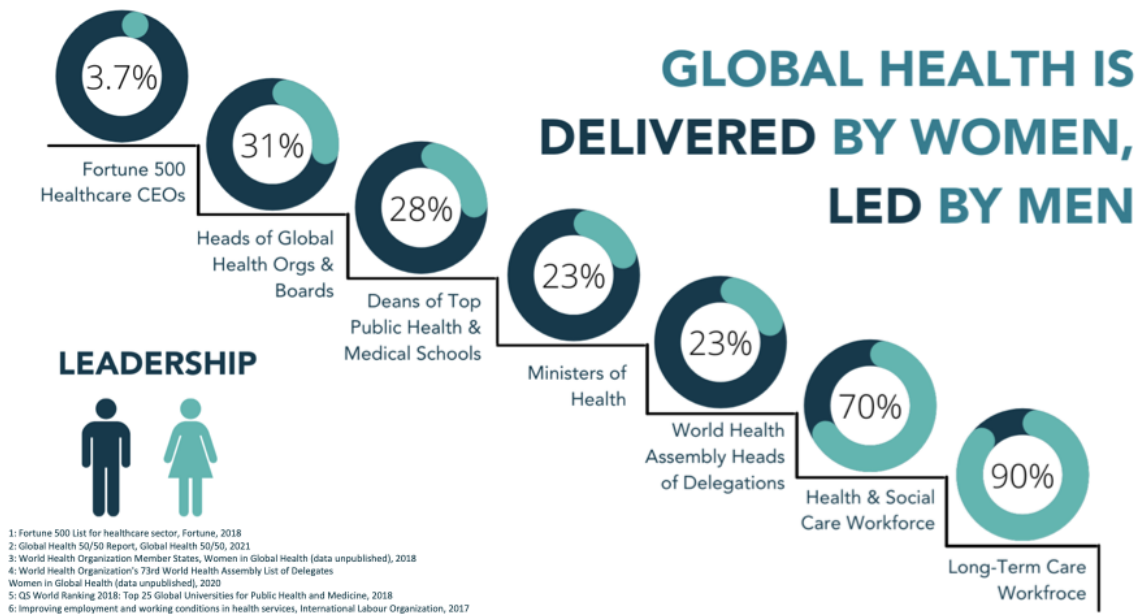
- Global health and social care are delivered by women and led by men. We cannot address this inequality by changing women.
- There is no shortage of women in the health and care talent pipeline in most countries but gender inequality is systemic and will not change without deliberate action.
- Workplace gender biases, discrimination and inequities are systemic, and gender disparities are widening.
- Taking an intersectional approach is essential to understanding differences between women and factors such as race, caste, disability, etc. that can multiply disadvantage.
- Gender equal leadership in global health is the foundation for UHC, strong health systems and global health security.
- Occupational segregation by gender runs deep and is universal.
- Commitments on equality in leadership have been made in the Sustainable Development Goals (SDGs) and other global agreements and need to be delivered. Accountability is key.
- Women in global health are underpaid and often unpaid.
- Beyond gender parity in leadership, all leaders must be gender-transformative leaders to catalyse change. Leaders set the tone, and transparency is critical.
- COVID-19 threatens to undermine the gains women have made in health and care leadership. Since women deliver health and social care to around 5 billion people, ensuring equity in health and care leadership is everybody's business.

## Gender Equal Health and Care Workforce Initiative

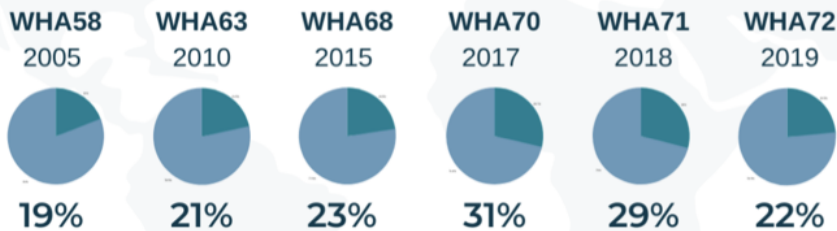
Women in Global Health launched the [Gender Equal Health and Care Workforce Initiative](#) with the Government of France and WHO to drive change on four pillars: leadership, pay, safety and decent work for the women in the workforce our health depends on. All governments have received the invitation through France to announce commitments.

1. Enable women to lead: Women deliver health, but men lead it. Women comprise almost 70% of the global health workforce, yet hold only 25% of leadership roles.
2. Pay Women: Global health relies on women's unpaid work. Women in health contribute ~5% to global GDP (\$3 trillion), of which ~50% is unrecognized & unpaid.
3. End Violence & Harassment: Tragically, health workers lose their lives as a result of attacks & violence. Only of 37% countries report measures in place to prevent attacks on health workers.
4. Safe & Decent work: Women are exposed to a higher risk of infection b/c PPE was modeled on male bodies - & often does not fit women, increasing infections & risk for women healthcare workers.

Annex:



## DELEGATIONS TO THE WORLD HEALTH ASSEMBLY OF THE WHO HEADED BY WOMEN



### WHA73 2020



## COVID-19 TASK FORCE GENDER COMPOSITION BY REGION



#WomeninGH  
#COVID5050

Based on data for 115 identified task forces across 87 countries  
Source: Symptoms of a Broken System: The Gender Gaps in COVID-19 Decision-Making, *BMJ Global Health*  
DOI: <https://dx.doi.org/10.1136/bmjgh-2020-003549>

## Gender Transformative Approach

