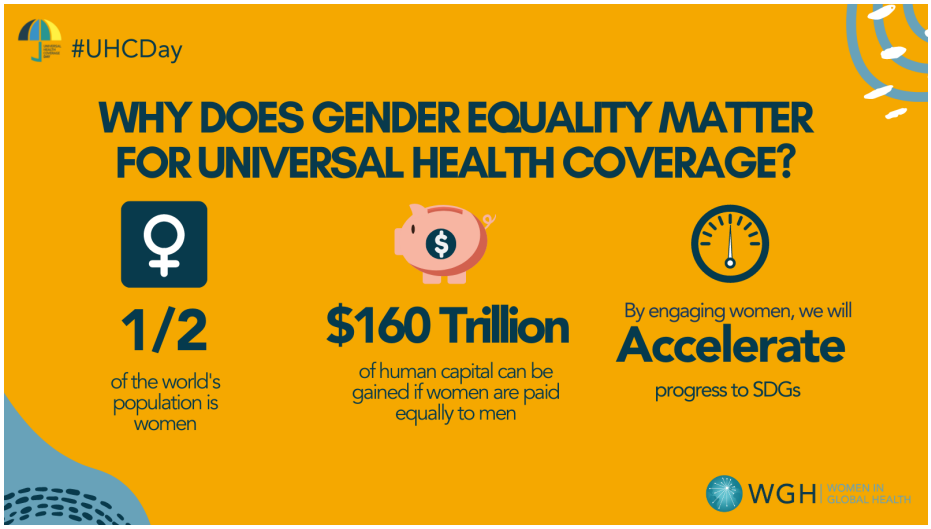
WGH | WOMEN IN GLOBAL HEALTH

The 150th World Health Organization Executive Board Meeting
High Level Messages from Women in Global Health

(24-29 January 2022)

Universal Health Coverage

Key Points on the Universal Health Coverage and a Gender Responsive Approach Relevant to EB items EB150/7 - EB150/14. Learn more.



1. Governments must recommit to the promises made at UHC HLM 2019
    a. The Political Declaration from the UHC HLM 2019 includes a number of important commitments to gender equality such as confirming that UHC is key to advancing gender equality and women's empowerment (point 5), mainstreaming a gender perspective on a systems-wide basis for policy-making (point 25, point 69) and providing decent work and economic growth (point 5), recognizing the need to train, build and retain skilled health workers especially nurses, midwives and community health workers (point 23).
2. Gender equality and women's and girl's rights are central to the design and delivery of UHC
    a. UHC is based on the principle that people should receive health services according to their health needs. UHC delivery must factor in different health needs of women and girls, men and all genders throughout the lifecourse, the most significant being women's greater need for health services related to pregnancy and childbirth (point 28, point 29).
    b. Acknowledging that the human rights of women include their right to have control over and decide freely and responsibly on all matters related to their

sexuality, including sexual and reproductive health, free of coercion, discrimination and violence (point 69).

3. Women health workers are central to design and delivery of UHC
    a. Women comprise around 70% of the global health workforce and are therefore central to delivery of UHC but the majority of female health workers are in lower status, low paid roles and sectors, often on insecure conditions. Ensuring female health workers have safe, decent and equal work is central to the delivery of UHC (point 23).
    b. After two years of a global pandemic, levels of burnout amongst health workers, particularly women nurses and midwives, are alarming with estimates that 1 in 5 plan to leave their jobs. An additional 18 million health workers are needed to achieve UHC. The 'great resignation' of health workers may increase health worker migration from low to high income countries and undermine progress towards UHC.
4. Women's voice and leadership are critical to the achieving UHC and the UN HLM process
    a. Women are in the minority in global health decision making at the World Health Assembly. In 2021, only 4 countries had reached gender parity in Parliament and only 26% of Member State Chief Delegates to the World Health Assembly 2021 were women. Global health decision making on UHC is lacking women's perspectives, particularly women from the Global South.
    b. Recognize that people's engagement, particularly of women and girls, families and communities, and the inclusion of all relevant stakeholders is one of the core components of health system governance (Point 20).
    c. Provide better opportunities and working environment for women to ensure their role and leadership in the health sector, with a view to increasing the meaningful representation, engagement, participation and empowerment of all women in the workforce, addressing inequalities and 9 eliminating biases against women, including unequal remuneration while noting that women, who currently form 70% of the health and social workforce, still often face significant barriers in taking leadership and decision making roles (Point 63).

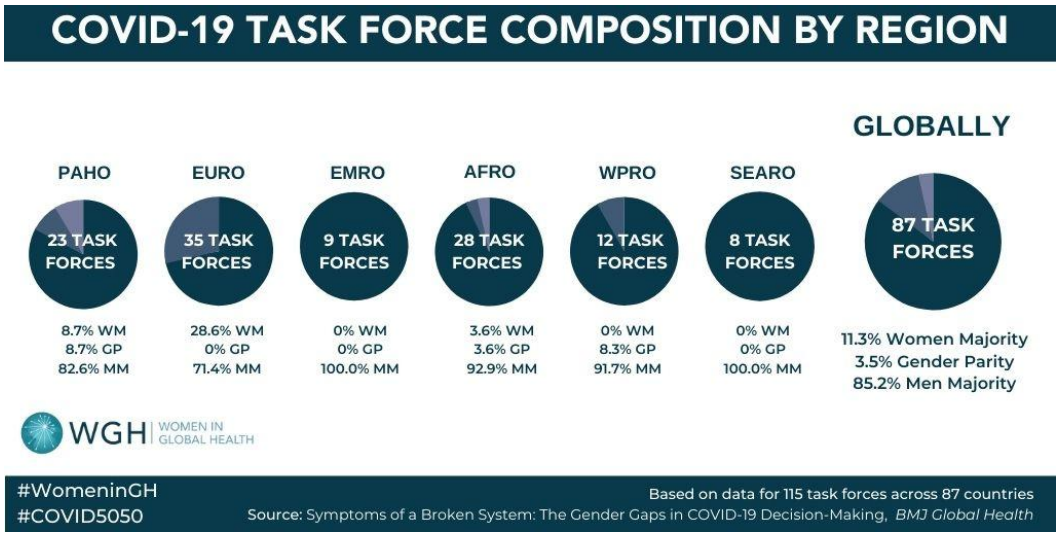
Women in Global Health is proud to be a co-convener of the Alliance on Universal Health Coverage and Gender Equality (#GenderUHC) , together with Women Deliver. The Alliance brings together over 200 global, regional and national organizations working towards gender equal UHC. In December 2021, we kicked off the 18-month campaign leading up to the UN High Level Meeting on UHC in 2023 and will continue to take actions to ensure UHC is gender equal.

WGH | WOMEN IN GLOBAL HEALTH

Pandemic Preparedness, Response and Recovery

Key Points on a Gender Responsive Approach to Pandemic Preparedness, Response and Recovery Relevant to EB items EB150/15, EB150/17, EB150/18, including the COVID-19 Response and Health Security. Learn more about our COVID 50/50 Campaign.

1. A gender responsive approach must be integrated into any future negotiations for a pandemic accord and treaty, as a principal, in design and in resourcing.
2. The health and care workforce is key to future pandemic preparedness, response and recovery, as well as the current pandemic. They are exhausted, facing burnout and leaving in high numbers, referred to as the 'Great Resignation.'
    a. Women health and care workers make up 70% of the workforce and 90% of patient-facing roles. Investment in safe, decent and equal work for women health workers - a new social contract - is essential to retain women in the sector.
3. Recognize the value of women's unpaid care work by including it in the formal labor market and redistributing unpaid family care equally
    a. Women contribute an estimated $3 trillion annually to health, half in the form of unpaid work. Strong health systems cannot be built on the unpaid and grossly underpaid work of impoverished women.
4. Provide health workers, most of whom are women, with safe and decent working conditions
    a. 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.
5. Adopt a gender-sensitive, intersectional approach to health security data collection/analysis and response management
    a. Ignoring the gender and broader equity aspects of health emergencies and outbreaks hinders prevention and response management by obscuring critical risk factors and trends.
6. Women must be included equally in senior level decision making
    a. The marginalization of women health workers in leadership has continued during the pandemic with 85% of national COVID-19 task teams were made up of majority men. Women health and care workers have expertise, especially knowledge of the populations they serve, and should be equally represented in health leadership. See Women in Global Health's BMJ commentary for more details.



Women, as 70% health workers and 90% nurses, are critical to the health systems that UHC, pandemic response and global health security depend on. It is projected that there will be 40 million health worker shortage by 2030, with an additional 18 million alone needed in low and middle income countries to achieve UHC. After two years of a global pandemic, health workers have died, contracted long COVID and are experiencing burnout and exhaustion. A new social contract is urgently needed for women health and care workers, which addresses inequities in pay and conditions, career progression, access to leadership and safety and will encourage trained workers to stay in the sector.

Prevention and of Responding to Sexual Exploitation Abuse and Harrasment

Key Points on Prevention and Responding to Sexual Exploitation Abuse and Harrasment (SEAH) Relevant to EB item EB150/33 and 34 (relating to IAOC report by Geeta Rao).

In December 2021, Women in Global Health collaborated with FEMNET and Actions Pour La Réinsertion Sociale de la Femme (ARSF), and 200+ civil society organizations sent an Open letter to WHO on ending sexual exploitation, abuse and harassment in global health, following the Indepedent Commission's findings on Sexual Exploitation, Abuse and Harrasment (SEAH) by staff of WHO and other international agencies in Democratic Republic of Congo. While commending the action to date reported by the WHO Secretariat and Director General, women's organizations are calling for greater commitment in this next phase of the response on the following areas:

1. Gender Parity
    a. Gender parity is essential within the organization's leadership at all levels to mitigate existing power imbalances and inequalities that have contributed to an organizational culture that enables sexual exploitation, abuse and harrasment.
2. Engagement with Civil Society Organizations
    a. Stronger engagement and dialogue with women organizations and civil society is vital to drive successful implementation of the WHO management response plan. Resources must be allocated to community level sensitization, awareness raising and capacity building. We have requested WHO to conduct a series of Townhall meetings with civil society organizations on preventing SEAH, with a special emphasis on engaging women's groups from the Global South.
3. Ensuring Accountability and Strict timelines
    a. Each activity to implement the management response plan and the implementation plan must be monitored regularly with strict timbound deliverables and transparent results to ensure accountability. In our Open letter to WHO, we call for Prevention and Response to SEAH to be used by the WHO Executive Board as an indicator of performance.
4. Sector-Wide Leadership
    a. The SEAH incident in DRC is only one manifestation of a sector-wide systemic problem that includes other international agencies beyond WHO, requiring sector wide transformation and leadership. We believe WHO is in a unique position to take a leadership role within the sector to tackle this unacceptable human rights violation. We call on member states to address this as a sector wide problem at the highest levels in the UN and among all actors operating in health emergencies.

While the WHO Executive Board is not taking NSA statements on agenda item EB150/33 and 34, we call for our key messages and recommendations to be considered.

Health and Care Workforce

Key Points the Health and Care Workforce and Gender Transformative Policy Action Relevant Across most EB items

Women in Global Health launched the Gender Equal Health and Care Workforce Initiative with the Government of France and WHO in 2021 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 join the Initiative and make commitments. This Initiative will continue to garner support from all stakeholders. There are no health systems without health workers and women are the majority of those health workers. We therefore call on all member states to strengthen health systems by working towards a more gender equal health and care workforce.

1. Enable women to lead
    a. 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
    a. Global health relies on women's unpaid work. Women in health contribute 5% to global GDP ($3 trillion), of which half is unrecognized and unpaid ($1.5 trillion annually).
3. End Violence and Harassment
    a. Tragically, many health workers lose their lives and are harmed every year as a result of attacks and violence. Only 37% of countries report measures in place to prevent attacks on health workers. Violence has increased during the pandemic.
4. Safe and Decent work
    a. Women have been exposed to a higher risk of COVID-19 infection, because personal protective equipment (PPE) was modeled on male bodies and ill-fitting. A Women in Global Health survey found that only 25% of women had an adequate supply of PPE at all times. (See our report for more details). In addition, global vaccine inequity has left health workers in low income countries unprotected and at risk. Finally, health systems have not provided adequate

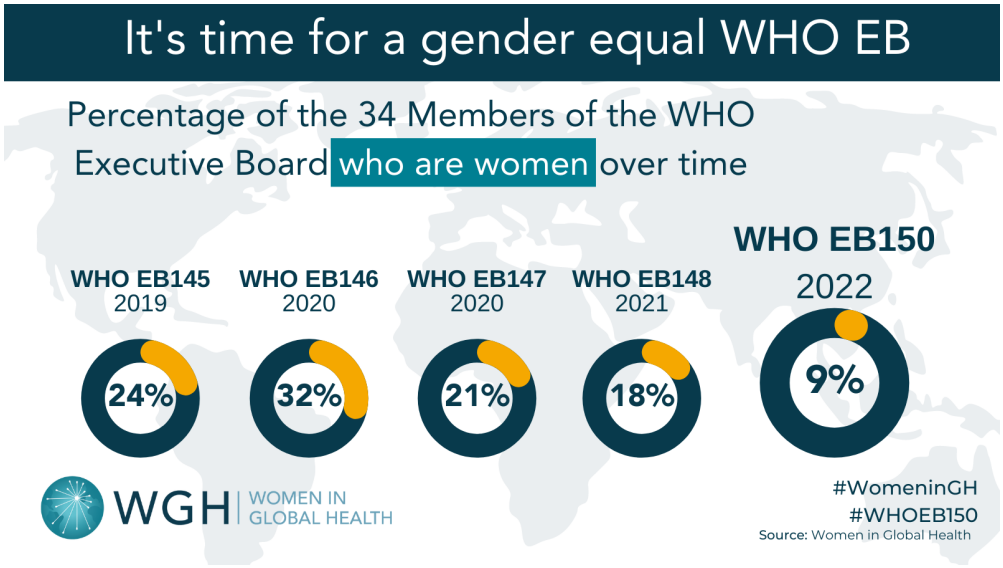
mental health support for health workers subject to mental exhaustion and anxiety following two years of heavy patient workloads caused by a pandemic.

5. Strengthen the Working for Health (W4H) initiative
    a. Ensure that the initiative is gender-transformative and includes clear targets, timelines and accountability mechanisms, to promote gender equity in the health and care workforce.

Women's Representation and Participation in Global Health Governance

Key Statistics on Representation at the Executive Board Meeting 150

Women make up only 9% of the 34 Members of the WHO EB at the 2022 EB150 meeting, despite being 70% of the health and care workforce and 90% of patient-facing roles during COVID-19. We are calling for gender parity on decision making bodies to enable the perspectives, professional expertise and talent of women to benefit global health governance.



Resources:
[World Health Organization WHO Executive Board]
[WHO Executive Board Members]
[The 150th WHO Executive Board documents]
[Political Declaration of the High-level Meeting on Universal Health Coverage]
[Alliance on Universal Health Coverage and Gender Equality]
[Gender Equal Health and Care Workforce Initiative]
[Open letter] to WHO and the WHO EB on ending sexual exploitation, abuse and harassment.
[Our work on PSEAH]

COVID 50/50: A Gender Responsive Approach to Health Security
FIT FOR WOMEN: SAFE AND DECENT PPE FOR WOMEN HEALTH AND CARE WORKERS
Recognizing 100+ Outstanding women nurses and midwives leaders

For more information, contact us at becca.reisdorf@womeningh.org, info@womeningh.org and policy@womeningh.org.