Women representation in Global Health during the COVID-19 pandemic: Why it matters

Bente Mikkelsen Director, NCDs WHO





"COVID-19 has preyed on people with NCDs"

Dr Tedros, Director-General, WHO

"Two categories of disease are interacting within specific populations—infection with COVID-19 and an array of NCDs. COVID-19 is not a pandemic. It is a synergistic epidemic that is the aggregation of two concurrent epidemics. It is a syndemic."

Richard Horton, Editor-in-Chief, The Lancet

"It will be impossible to end the COVID-19 pandemic without bringing hypertension, diabetes and cancer care to all who need it" Ren Minghui, Assistant Director-General, WHO

"The COVID-19 pandemic and the NCD epidemic have brought about a deadly interplay"

Bente Mikkelsen, Director, NCDs, WHO









Delays in diagnosis of NCDs resulting in more advanced disease stages



UNPROTECTED

Increases in behavioural risk factors



DEADLY INTERPLAY

Higher susceptibility to COVID-19 infection and higher case fatality rates among women with NCDs.



UNTREATED

Delayed, incomplete or interrupted therapy (treatment, rehabilitation, palliation) of NCDs









Delayed careseeking for emergencies, such as heart attack and stroke





Increased infection risk for people with kidney failure who need treatment in dialysis centres





Diabetic crisis caused by interruption in insulin supply





Worsened cancer prognosis as a result of a delayed diagnosis





Deteriorating functioning among people with chronic respiratory diseases because of interruptions in pulmonary rehabilitation





↑ Air pollution

SDG target 3.4 on NCDs: **Only 17 countries** are on track to achieve the target for woman



↑ Mental health conditions



↑ Heart diseases and strokes





↑ Diabetes



and closing fast.

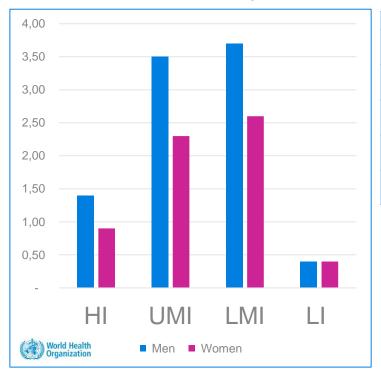
NCDs

5x5

↑ Chronic respiratory diseases

Every year, around 6.2 million women die prematurely from NCDs that can be prevented or delayed

Deaths from NCDs between the ages 30-70 in 2018



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WB Income Group	Men	Women	Total
High-income countries	1.4 M	0.9 M	2.3 M
Upper-middle income countries	3.5 M	2.3 M	5.8 M
Lower-middle income countries	3.7 M	2.6 M	6.3 M
Low-income countries	0.4 M	0.4 M	0.8 M
Total	9.0 M	6.2 M	15.2 M

Most of these 6 million annual deaths can be avoided or delayed by governments taking action.



The concurrent impacts of COVID-19 on women's equity: WHO's Issue-based Coalition on Gender

- The impacts and implications of COVID-19 are different for men and women.
- 2. Women healthcare workers play a disproportionate role in the COVID-19 response.
- 3. Exacerbated burdens of unpaid care work on women and girls.
- 4. Women are hit harder by economic impacts caused by COVID-19.
- 5. When households are placed under strain, intimate partner violence and other forms of domestic violence usually goes up.
- 6. Overstretched health services often divert resources away from services women need, including pre- and postnatal health care and contraceptives, and exacerbate a lack of access to sexual and reproductive health services.



UNWOMEN reports a lack of clarity about the true impact of COVID-19 on women

Women's access to sexual and reproductive health care is paramount



Before the pandemic, 810 women died from preventable causes related to pregnancy and childbirth every day.



In sub-Saharan Africa, only **60% of births** are attended by skilled health personnel.



In Brazil, the maternal death rate due to COVID-19 is **2x higher** among Black women than white women.



In Azerbaijan and Turkey, 60% of women have had trouble accessing gynaecological and obstetric care as a result of COVID-19.

Governments need to gather more and better data

As of July 2020, only



of confirmed cases

had been reported to WHO had been disaggregated **by sex and age**.

Disaggregated data on COVID-19 are essential to fully understand the virus's transmission and its impacts. **Insights** from these data will ensure that measures in place will reach those who are **highly at risk** and **most in need**.



What is WHO doing: Some solutions

- WHO continues to support and advocate for governments to implement interventions to prevent and control NCDs that are fair and equitable. These include minimizing disruptions to women's health services, and advocating for fair access of women to COVID-19 testing and treatment.
- Reflecting that the participation of young women is too
 often not welcomed by those in positions of power, WHO is
 creating a Youth Advisory Council that will help support
 women to champion intergenerational leadership.
- WHO is seeking to integrate the lived experiences of women across its major projects:
- Global initiative to eliminate cervical cancer
- Global Diabetes Compact



What more is WHO doing?

 WHO continues to work on strengthening women's leadership in the COVID-19 response, including gender parity in task forces.

 WHO is strengthening collection and analysis of sex disaggregated COVID-19 data, including access to sexual and reproductive health services and health work force concerns.

 Acknowledging that certain contexts and services have been particularly affected by the pandemic, WHO is scoping ways to deliver a 'boost' to select countries.

• We will form a **gender and COVID-19 working group** that includes civil society actors and other partners, to include gender-inclusive responses to the pandemic.





What can Governments do?

1

Gender lens

Multi-sectoral gender analysis as an integral part of a strong COVID-19 response **2**Gendered impacts

Invest in sex disaggregated data collection and the design of gendersensitive data collection tools 3

Gender voice

Support women's NGOs and women human rights defenders in all aspects of preparedness and response Gender responsive

Ensure social protection plans and emerging economic schemes are gender-responsive and account for unpaid care by women



What can Governments do?



5

Gender-based violence

Expand and adapt essential services for prevention and response to gender-based violence



Protect services

Protect essential health services for women and girls, including ensuring uninterrupted sexual and reproductive health services



Leadership

Prioritize women on the frontlines of the response



Institutionalize

Strengthen and coordinate national mechanisms and institutions to address the COVID-19 impact on women and girls.







Include essential NCD services in PHC



Expand benefit packages for UHC to include NCDs



Implement 3 domestic regulatory/fiscal measures (tobacco, alcohol, sugarsweetened beverages)



Building back the NCD agenda: differently but better





Treat people living with NCDs during



Establish treatment targets for hypertension and diabetes (similar to 90:90:90 target for HIV)



Establish meaningful and effective partnerships that contribute to SDG 3.4 on NCDs



Strengthen data and surveillance for the prevention and control of NCD



Secure seats for people living with NCDs at the decision-making tables of international financing mechanisms





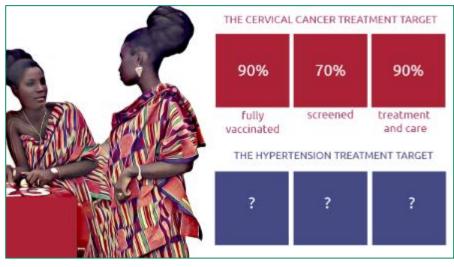


Opportunity: Establish ambitious treatment targets to help curb the NCD epidemic as part of pandemic preparedness

The world loves the 90-90-90 treatment target to help end the HIV epidemic and the 90-70-90 target towards the elimination of cervical cancer.

If the world would request WHO to develop similar targets for hypertension and diabetes, would could it be?







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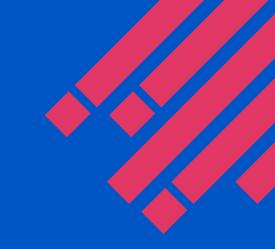
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IT WILL BE **IMPOSSIBLE TO** END THE NCD **EPIDEMIC** #NextGenNCD WITHOUT **BRINGING HYPERTENSION DIABETES AND CANCER** TREATMENT TO ALL WHO NEED IT.



Thank you mikkelsenb@who.int