GENDER & COVID-19

Addressing the secondary effects of COVID-19 with gender responsive pandemic plans: Key messages

The Gender and COVID-19 Project created a policy brief describing key differences in the secondary economic, social, health, and security effects of pandemics across genders. The Project aims to position policy- and decision-makers to proactively address gender disparities by making pandemic plans gender-responsive.

What we know

- Gender influences how the primary and secondary effects of pandemics are experienced by different groups of people as well as the efficacy of pandemic control and recovery efforts.
- **Gender-Responsive Pandemic Plans** take into consideration the intersectional needs of women, men, gender minorities and vulnerable groups in planning, data collection, response, and recovery.
- Multi-level, intersectional disaggregated data exposes how pandemics impact groups differently. Ethical intersectional disaggregated data collection is an ongoing activity.
- Action before, during and after an outbreak ensures preparedness, effective response, and optimal recovery.
- Stakeholder mapping helps to establish appropriate and representative partnerships. Collaborate meaningfully with gender experts, gender equality advocates and organizations.
- Implementation of pandemic management activities should be regularly assessed and refined accordingly.
- Partnerships at local, national, and international levels help to share responsibility, avoid duplication, increase awareness, expand reach, pool resources, enhance community buy-in, leverage cross-sectoral expertise and combine strengths.
- Multisectoral action is needed to address pandemic impacts. A dedicated unit can help to manage strategic coordination and communication and ensure general oversight and participatory and transparent processes.

Priority areas

- **Gender-based violence (GBV)**: Data from past emergencies and outbreaks and COVID-19, show increased levels of GBV across contexts compared to before pandemics. Women, girls (especially adolescents) and LGBTQI people are more likely to encounter GBV.
- **Mental health**: Widespread contagion and the resulting socioeconomic fallout and disease prevention measures have negative psychological impacts. Globally, mental health is a chronically underfunded sector and during pandemics services are often interrupted. Women, children, adolescents, older adults, persons with pre-existing mental health conditions, LGBTQI people and frontline health workers are at greater risk of worse mental health outcomes during public health crises.
- **Sexual and reproductive health services (SRHS)**: Many sexual and reproductive health needs are time sensitive and require intervention from trained providers. Reductions in essential SRHS during public health crises contribute to increases in unintended pregnancies, sexually transmitted infections, unsafe abortions, maternal morbidity, and mortality, as well as worse birth outcomes.
- **Economic and work-related concerns**: Certain sectors (i.e., tourism, travel, retail, services etc.) tend to be more vulnerable to pandemic control measures. Groups disproportionately disadvantaged during pandemics include workers without social protection (e.g., self-employed, part-time, informal workers etc.); migrant workers who may also lack legal immigration status; and women who are overrepresented in the more adversely affected sectors. During pandemics, unpaid care work generally increases for women.
- **Representation and diverse voices**: Women are 70% of the global health and social care workforce but hold only 25% of senior roles. Local, national, and global leadership positions should be representative.
- **Education**: Pandemics expose inequities across the education sector and have the potential to widen existing disparities in educational achievement. Girls, refugees, learners with disabilities and students living in resource-poor or rural areas are at a particular disadvantage as school closures reduce learning opportunities. Gender gaps in access to digital devices and the information communication technology skills necessary for online education can lead to learning disparities between boys and girls.