

# Call to Action on gender and COVID-19

In response to the COVID-19 pandemic, its gendered effects, and its disproportionate, negative impact on women and girls, the Gender and COVID-19 Working Group was established in March 2020. The Working Group and its twelve sub-groups bring together over 675 health practitioners, policymakers, researchers, and advocates globally who share resources and expertise on topics related to gender equity, women's empowerment, human rights, and COVID-19.

On 7 and 8 February 2022, the Working Group convened a conference titled '**Gender and intersectional vulnerabilities in the COVID-19 pandemic**' to address the specific **gendered**

**effects of the current pandemic, steps that should be prioritized for future crises, and a long term gender-just recovery.** Over the two days, around 100 attendees spanning 31 countries and a wide-range of thematic expertise discussed the pandemic via three tracks: governance and policy, health and health systems, and livelihoods and the care economy.

Each track featured rapid talks and group discussions from participants across the globe, including researchers, policymakers, and activists. The points raised have informed this call to action and they represent syntheses of the important recommendations made during the conference.

## This call to action is informed by two central findings:

1. Whether participants were talking about health and health systems, livelihoods and the care economy, or government and policy, the recommendations and strategies were similar. All tracks emphasized the importance of disaggregated data, investing in care infrastructure, support for policy and advocacy work led by women or marginalized groups and their organizations, and true gender transformative leadership.

2. None of our strategies and recommendations are new. This Call to Action rearticulates and reemphasizes demands made long before and throughout this pandemic. There are already structures in place that could realize them. Countless governmental and non-governmental organizations have issued gender-responsive COVID-19 blueprints, toolkits, and recommendations. We do not need more plans, what we need is action.



## Key strategies for gender-responsive recovery and action

### Strategy One — Ensure diverse and gender transformative leadership in the COVID-19 response and recovery

- Engage and invest in diverse partnerships to **better represent affected and marginalized populations in all aspects of pandemic response and recovery.** This should include but not be limited to, women, girls, youth, people with disabilities, rural and urban residents, LGBTQI+ people, people of various races, religions, and classes, and survivors of gender-based violence.
  - Engage civil society, including and especially feminist and women's organizations, to participate in and influence decision making.
  - Healthcare providers, essential workers, and caregivers must be included in every stage of the response and recovery process—from planning and decision-making to implementation and evaluation.
- Ensure that decision-making bodies and processes with influence over COVID-19 response and recovery respect gender parity and that all leaders act **to transform the power relations between and within groups.**

- Introduce affirmative measures for diverse representation in decision-making across gender and other identities.
- Increase collaboration between donors and governments to better coordinate across sectors at international, transnational, national, and sub-national levels.



## 2 Strategy Two — Focus on mixed method multisectoral and disaggregated data

• **Respond to and challenge gender stereotypes, assumptions, and expectations in global analysis in order to provide fair representation of vulnerable and affected populations in recovery plans** and to ensure no one is left behind.

- Recognize that women are disproportionately represented in, and burdened by, the care economy and disproportionately represented among healthcare providers, essential workers, and caregivers. Their needs must be central to all recovery plans.

• **Invest in civil society and women-led and women-focused organizations**, especially those working at the local and grassroots levels.

• **Hold governments, leaders and stakeholders accountable for promised action items** through due diligence practices and evaluation.

• **Gather and disseminate disaggregated data** by:

- Ensuring that research includes women and girls and non-binary people, as well as men and boys to more accurately illustrate the lasting effects of COVID-19 on gender.
- Using an intersectional and holistic and participatory approach in all stages of research—from design of the interventions and data collection to analysis, translation, and dissemination of results. Data collection methods must be culturally and socially acceptable and relevant.
- Using a multi-sectoral approach that incorporates research traditions and expertise from medicine, public health, the social sciences, and all relevant academic disciplines.

• **Data collection and analysis must emphasize documenting the lived experiences of women and other marginalized groups.**

- Increase focus on qualitative research storytelling and voices from the ground to better illustrate the lived experience of women and marginalized people.
- Move beyond documenting inequities, to include evaluation of crises responses across geographies and diverse communities and to document lessons from successful country- and locally-led strategies to strengthen future responses.
- Abolish the idea of one-size-fits-all recovery plans and ensure disaggregated data is used to tailor recovery plans to the context they are designed to support. Use expertise within countries and across policy sectors to effectively address the needs of people in each context.



### 3 Strategy Three — Address the needs of all women workers, paid and unpaid



- Gather scientific evidence of women’s paid and unpaid contributions to the workforce to further inform policy and decision-makers about the **need for protective and supportive policies that promote decent work opportunities and dignity for all women, with attention to their distinctive and intersecting identities.**
  - Include gender-responsive employment and socio-economic policies in all international, national, and sub-national recovery plans to ensure they address the unique impact of the pandemic on women and girls.
  - Ensure COVID-19 recovery plans include policies and practices that are gender-inclusive of women in all their diversity, including women in informal, vulnerable, and/or unregulated employment, documented and undocumented migrant women, women with disabilities, and pregnant and lactating women.

- **Prioritize healthcare workers’ and care workers’ health, safety and support in response and recovery plans.**

- Invest in, and make available, personal protective equipment that fits women’s bodies and further necessary medical equipment fitted to women’s bodies.



- Prioritize investment in infrastructure like childcare, daycare, and eldercare and disrupt the gendered, cultural norms that make women disproportionately responsible for care work. Ensure that this critical infrastructure is accessible in crises situations.
- Enact protections and expand access to social protection, such as health insurance, maternity and other social security benefits, protection from violence at workspaces, and access to health services including mental health and sexual and reproductive health care.

### 4 Strategy Four — Invest in strengthening supportive policies and the care economy



- **Generate programs to support entry and re-entry into the workforce for women,** particularly women who lost or left paid work during the pandemic.

- Implement sustainable, fair, and flexible work arrangements, including continued access to remote work.
- Create pipelines to quality, sustainable jobs and utilize targeted economic assistance and cash transfers in contexts to benefit the most vulnerable.
- Enact policies to mandate universal paid sick leave and parental leave to help address the caregiving burden faced primarily by women.

- Create supportive and inclusive policies to recognize the unpaid contributions women make in caregiving, either shifting the burden to public services and partners or developing pensions and other remunerative schemes that fairly compensate women and other carers for care work.

**Suggested citation**

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