

A GENDER LENS ON OUR COVID-19 RESPONSE

"This disease and its effects are not gender neutral. Our response cannot be either." Melinda Gates, April 3, 2020

The foundation's COVID-19 response will be more impactful if our investments address the gender impacts of the pandemic.

The purpose of this document is to provide investment makers at the foundation with a quick guide to integrating a gender lens in our response to COVID-19. This document was prepared by the Stanford University Global Center for Gender Equality in partnership with the Gender Equality COVID Response Workstream. It summarizes overarching gender issues as well as specific issues that relate to the four key components of the foundation's COVID response, along with key actions to be included in investments across our COVID workstreams.

For guidance about integrating a gender lens into investments, please see the <u>Gender Integration Guide</u> and <u>Gender Integration Marker</u>, both on the <u>Gates Gender Equality Toolbox</u>.

What can investment makers do to promote gender-integrated investments in COVID response?

No matter which area of the response you are investing in, make sure your investments:

- Collect and report data that are disaggregated by sex and age (at least). Where possible, data should be further disaggregated by other important demographic markers (race, class, caste, employment type, etc.).
- Include targeted actions informed by rapid gender analysis of risks for short and long-term impacts. For example, while available <u>evidence</u> suggests that COVID-19 infection rates, illness severity, and mortality may be higher for men, the social and economic <u>impacts</u> are projected to be much higher for <u>women</u>.
- Engage gender experts with experience in the local context and/or in product/service development and delivery.



Accelerate detection and suppression

If you are investing in accelerating detection and suppression, keep in mind that there are gender-specific behavioral barriers to prevention and testing, and quarantine-induced increases in domestic care burdens and gender-based violence (GBV).

Key Actions:

- Integrate messaging and focused interventions to improve men's health seeking behaviors (given their higher mortality from COVID-19) in COVID testing efforts and education campaigns around personal and environmental hygiene.
- Ensure <u>gender-responsive sexual and reproductive</u>
 <u>health (SRH) and GBV services</u> are included as 'essential services' and part of health systems strengthening during the pandemic, and any related 'lockdown'.
- Bolster <u>violence-related first-response systems</u>, and integration of GBV programming into longer-term pandemic preparedness, including by improving provider training to respond appropriately to GBV cases.



Protect the most vulnerable

If you are investing in **protecting the most vulnerable**, keep in mind that female healthcare workers and women's health services are at high risk during the pandemic and the response.

Key Actions:

- Ensure all genders are counted in data collection and surveillance activities, noting that this may require adapting data collection methods to the realities of gendered barriers to health seeking and reporting.
- Guarantee procurement and distribution of appropriate PPE (e.g., that sizes and items are appropriate for a disproportionately female work force).
- Ensure regular and reliable diagnostic testing to frontline health care workers, including informal providers.
- Invest in SRH services as essential services to prevent increases in unwanted pregnancies, unsafe abortions, and maternal mortality in 'stay at home' situations.



If you are investing in **developing products for a sustained response**, keep in mind that emerging evidence shows important sex differences in the severity of the presentation of the virus and differences in drug safety/efficacy.

Key Actions:

- Target <u>equitable representation of women</u> in all phases of clinical trials for diagnostics, therapeutics, and vaccinesas research subjects and supervisors, wherever possible.
- Require gender analysis of sex-disaggregated data of all clinical trial results.
- Stratify randomization by sex, to address sex-specific differences in the <u>safety and efficacy of drugs and</u> biologics. Disaggregate results by sex.
- Address gender-specific barriers to recruitment, retention, and adherence to experimental products as per foundation guidance.
- Assess the benefit/risk ratio for including <u>pregnant</u> women in clinical trials (per PREVENT quidance).



If you are investing in **minimizing societal and economic impact**, keep in mind that the pandemic will have a disproportionate impact on girls' education, and women's employment and income.

Key Actions:

- Bolster universal social protection and welfare measures for the most vulnerable.
- Strengthen safety net programs targeted to women, including cash transfers considering whether it is reasonable to tie payments to COVID prevention and treatment conditionality.
- Promote women's economic opportunities, with a focus on evidence-based programs and policies and with special consideration for supporting care work and job creation (i.e., employment for care workers).
- Support girls' education initiatives. Deploy <u>proven</u> strategies to reenroll girls in school once it reopens.
- Validate the planned core activities against the <u>ADAPT</u> and <u>ACT Collectively</u> framework.
- Bolster services, including in the health and justice sectors, aimed at preventing and treating harm caused by GBV.
- Provide resources for local production of medical equipment and supplies to increase female employment.
- Ensure women are included in <u>enterprise and production</u>
 of essential goods and services especially for the poorest
 (e.g. community kitchens) during the pandemic, as well
 as in the post-pandemic recovery phase.
- Ensure adequate, safe, and accessible child care services for those who work in essential services such as healthcare and retail/food industries.