Re: Global COVID-19 Summit: Ending the Pandemic and Building Back Better to take place at the UNGA on September 22nd

Colleagues,

With around 225 million infections and almost 5 million deaths globally, the COVID-19 pandemic continues to have a devastating impact upon lives, health and livelihoods - from the immediate health impact to a broader ‘shadow pandemic’ of lost jobs, increased unpaid work, stress and violence for women, global leaders must come together with the highest level of political commitment to end this pandemic.

The U.S. government has called for a Global COVID-19 Summit: Ending the Pandemic and Building Back Better (#COVIDSummit) to take place at the UNGA on September 22nd. This is an important moment in advocacy, which could shape global pandemic preparedness and response efforts for the years/decades ahead and they’ve reached out to ask WGH for our support of their work.

The COVID-19 pandemic struck a deeply unequal world and will deepen inequalities within and between countries unless we resolve to make this pandemic a radical break with the past. One of the deepest inequalities - gender inequality - if left unaddressed, will continue to undermine efforts to vaccinate the world, end the pandemic, strengthen health systems, as well as progress made to date to address gaps in global health security. The COVID-19 pandemic is proof of concept for a gender-responsive approach, and lessons learned from the ongoing COVID-19 response are an opportunity to address gender inequality in global health security, as well as global health more broadly. Taking a gender responsive approach to health security remains critical to pandemic response and preparedness for future pandemics.

We hope that the summit will not only set ambitious action to achieve vaccination (70% of the world's population) and funding ($10 Billion for Pandemic Preparedness and Response), but it will be gender responsive in its approach. As it currently stands, the #COVIDSummit is gender blind and has minimal acknowledgement of the role of the health and care workforce. You can find the COVID-19 SUMMIT TARGETS attached.

As the U.S. Government mobilizes to address the COVID-19 pandemic, we call on you to not sideline issues of gender equity and the role of women in the health and care workforce, but to hardwire them into every aspect of the pandemic response and preparedness.

To Vaccinate the World, Save Lives Now, and Build Back Better:
Women will vaccinate the world and women will save lives; without them we will not be able to vaccinate the world and our health systems will collapse. Women are responsible for the 5 billion Covid-19 vaccinations to date. Women comprise 70% of health workers and have made an extraordinary contribution on the frontlines of this pandemic. Women are the experts in the health systems, yet they are clustered into lower paid and unpaid, lower status jobs, frequently in unsafe working conditions and subject to violence and sexual harassment and left out of decision-making roles. All over the world health workers are planning to leave the profession, particularly women who have shouldered the burden of the pandemic at work and unpaid care work at home.

We are calling on the U.S. Government and global leaders to:

1. Provide health workers, most of whom are women, with safe and decent working conditions, including equitable access to vaccines, testing, appropriate PPE designed for female bodies and mental psychosocial support.
2. Recognize the value of women’s underpaid and unpaid work in health by including it in the formal labor market and by providing fair pay and living wages for their work.
3. Women will Build Back Better. Include women in global health security decision making structures at all levels and public discourse.
4. Adopt a gender-sensitive approach to health security data collection/analysis and response management to for accurate data and accountability,
5. Fund women’s movements to unleash capacity to address critical gender issues.

(Source COVID 50/50: A Gender Responsive Approach to Health Security)

Actions:
- Ask for high level attendance and commitment (high-level attendance by focusing on Heads of State, Ministers of Foreign Affairs/Finance/Health or Ambassadors/High Commissioners) at the summit from your government and other global leaders
- Ask governments and other global leaders to invest in the health and care workforce, especially women in health, who will vaccinate the world and save lives! Without the health and care workforce, our health systems will collapse
- Ask for values of transparency, gender and broader equity, rights based and whole of government approach, accountability to end COVID-19 and future pandemic preparedness
- Use our #COVID5050 Social Media to Amplify Messaging to Global Actors #COVIDSummit tag key global leaders and organizations (@womeningh)

We at Women in Global Health are advocating for a new, gender equal social contract for Women in the health and care sector. Women want the means - decent work, safety, dignity, fair
pay and equal leadership - to do their jobs better and deliver stronger health outcomes for everyone. That new social contract will form the solid foundation for vaccinating the world, saving lives now and building back better and achieving global health security.

Sincerely,

Roopa Dhatt
Executive Director & Co-Founder
Women in Global Health
Roopa.Dhatt@womeningh.org
Annex:
Detailed Recommendations

1. Provide health workers, most of whom are women, with safe and decent working conditions, including equitable access to vaccines, testing, appropriate PPE designed for female bodies and mental psychosocial support.

Health systems are not only overwhelmed, but they are also at the brink of collapse, especially as health workers, majority women, have been lost to infection and long COVID, are migrating to new countries, or are leaving the profession altogether after a period of unprecedented stress. This is in the global context of a projected 40 million health worker shortage. Women health workers are working in unsafe conditions, having higher rates of infections (~80%). We need gender transformative investments in the health and care workforce, especially at the primary health care level, i.e. community health workers, nurses and midwives to respond to this pandemic and integrate to address future health emergencies. Women in the health workforce are already reporting in significant numbers that they plan to leave the workforce due to the lack of support and harsh circumstances they have been working in, marginalized in decision making with little improvement in their conditions or acknowledgement of their expertise. They have less access to protection. A regional survey in sub-Saharan Africa found only 1 in 8 health workers received the vaccine. There have also been numerous reports of women not having access to adequate personal protective equipment (PPE), ill-fitting, not designed for female bodies, increasing their risk of infection and death.

2. Recognize the value of women’s underpaid and unpaid work in health by including it in the formal labor market and by providing fair pay and living wages for their work.

Millions of women are working in essential community health roles in the pandemic, either unpaid or grossly underpaid. Global health security rests on the unpaid and underpaid work of women. Without formalizing these roles and providing living wages, health systems remain fragile and weakened. We cannot depend on volunteer labor to end COVID-19. Health sector can become the exemplar sector in demonstrating good practice in gender equality for other sectors. It is also one of the fastest growing sectors, with the great economic empowerment potential for women nationally and globally.

3. Women will Build Back Better. Include women in global health security decision making structures at all levels and public discourse.

Although women are much of the health workforce, globally they hold only 25% of decision-making roles and in general, they have also been marginalized in pandemic decision-making bodies. The strategy should set targets and quotas to achieve gender parity in leadership, ensuring especially that women from diverse
backgrounds are fully represented at the global, regional, national and subnational levels. Encourage gender transformative leadership, going beyond gender parity to ensure leaders of all genders address gender inequality and other intersecting forms of inequality.

4. **Adopt a gender-sensitive approach to health security data collection/analysis and response management for accurate data and accountability.** (i.e., gender advisors, gender impact assessments of all policies and programs from design to implementation).

Governments have committed to provide sex disaggregated data but in all sectors, including health, there are critical data gaps, especially on sex, gender and broader intersectional data, as well as health worker infections. **Both nationally and internationally (i.e. WHO, IHR), government led efforts are needed to create new standards of reporting that are disaggregated.** The COVID-19 pandemic has illustrated the importance of data gaps with only a minority of member states reporting sex disaggregated data on infections, mortality, testing and vaccinations. It should become common practice to assess gendered effects of health emergencies, include gender advisors and integrate gender responsive approaches in health emergencies, including in bodies such as the International Health Regulations (IHR) and at the national level.

5. **Fund women’s movements to unleash capacity to address critical gender issues.**

The response to outbreaks and pandemics is stronger when global movements, including women’s networks, coordinate global and local action. But women’s organizations – especially those based in low- and middle-income countries most at risk – are underfunded; only 1% of gender-focused donor aid to civil society went directly to women’s NGOs in low income countries in 2017-18. Women will mobilize to vaccinate the world and address sticky issues such as vaccination hesitancy, however, they need resources.

**Investment in the gender and the health and care workforce is a part of building infrastructure in the pandemic response and preparedness agenda,** as well as critical to health systems strengthening and achieving universal health coverage.