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## The Federation's Pages

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### Ways out of the crisis: how gender equality can help overcome COVID-19

Crises of all kinds of function like magnifying glasses revealing underlying problems and structural inequities. Beyond bringing them to light, a crisis typically exacerbates inequalities, often leaving societies in worse conditions. Among the many well-known forms of discrimination, gender inequality is certainly the broadest and intersects with most others (such as social or racial discrimination). There is not one country that does avoids scrutiny about gender equality issues.

There is a vast amount of evidence showing gender equality progress has started to reverse during the ongoing COVID-19 pandemic [1]. Importantly, this growing inequality may exacerbate the negative impacts this crisis has on our societies. However, we believe in the importance of the positive force gender equality brings with it. Thus, we put forward the hypothesis that taking gender equality seriously can help us to overcome the global pandemic, ameliorate its effects, and strengthen health system resilience and preparedness.

Before the global COVID-19 crisis Hepp et al. [2] demonstrated how prioritizing SDG 5 can accelerate progress towards all other remaining 16 SDGs. We believe that the benefit of this priority stands especially true in times of crisis, such as the current global health emergency. As Smith put it in her thorough analysis of previous epidemics including the Ebola outbreaks and Lopes et al. concluded in their

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global health and covid-19 policy brief: we must overcome the ‘tyranny of the urgent’ and prioritize gender equality now [3, 4].

To underscore our argument, we draw on evidence from a wide range of disciplines. Here it is important to mention the gender data gap, which we found to be especially severe in relation to data on the positive impact gender equality has on our societies. We aim to illustrate the direct positive effects of promoting gender equality on (1) management of acute health crises, (2) economic and social recovery, and (3) resilience of health systems.

## Health crisis responses and management

As gender-sensitive evidence concerning the current pandemic is continuously emerging, we draw on data from similar scenarios. The Ebola crisis and response in West Africa (2014–2016) has provided a deeper understanding of the structural factors that perpetuated the outbreak. Thus, it offers valuable lessons for response priorities for the ongoing COVID-19 pandemic. There are positive examples of how integrating a gender-focused approach contributed to an effective Ebola response. Women using community networks to spread lifesaving information contributed to regional containment of Ebola in Liberia and Sierra Leone [5]. The Empowerment and Livelihood for Adolescents (ELA) intervention in Sierra Leone provided young women life-skills training that led to increasing use of contraception and reduction of unwanted pregnancies. Potentially this training lowered the triple burden of Ebola, HIV/Aids, and maternal mortality that had been neglected by over-burdened health services during the crisis in 2014 [6].

To ensure long-lasting impact of gender-responsive strategies, understanding of the drivers for gender inequality in health crises is crucial. An anthropological study of gender in Sierra Leone’s Ebola response demonstrated women’s stigmatization at the institutional level fueled by gender misconceptions. As a consequence, fewer women served in leadership roles where they would have positively impacted containment of the outbreak [7]. Disease outbreaks are most effective when the entrenched contextual and institutional components are factored into the response [8].

Similarly, the Zika (2015–2016) outbreak exemplified of how simple gender-sensitive interventions could have ameliorated the disease burden significantly. The most severe and long-term effect of Zika virus is its association with microcephaly. The significant increase of microcephaly could have been avoided through gender-sensitive reproductive health and rights policies and interventions in Latin America [9, 10]. Poor quality of sex education and access to contraception are among the reasons why 56% of pregnancies in the region are unintended [9, 11]. Thus, prioritizing gender equality (especially sexual and reproductive rights) during the epidemic could have improved overall outcomes greatly.

Results from examining the Ebola and Zika outbreak responses underscore the importance of our global leaders critically engaging with gender and advocating for gender equality as an element of pandemic management. In terms of gender-sensitive management of COVID-19, we often find rather ‘insensitive’ examples. Perhaps



the most widely evaluated are the sex-based quarantine strategies implemented by Peru and Panama, where men and women were assigned specific weekdays to leave their homes and access public services. These had severe implications for the transgender and non-binary population, leading to an increase in gender-based discrimination and violence. The strategies also proved to be inefficient, resulting in overcrowding of supermarkets on “female days” and increased socializing on “male days”, overall not leading to the desired “social-distancing” [12, 13]. The failure to account for gender differences in social behavior led to discrimination while applying a gender-sensitive approach could have reduced crowding and unsupervised contacts successfully.

A gender-sensitive approach to the management of crises, in general, has proven to be highly beneficial in the past and—as previously postulated by the *Gender and COVID-19 working group*—will be of great importance for the current crisis [14].

## Acceleration of economic recovery

After the acute response and crisis management government policies quickly focus on social and economic recovery. The impact of gender equality on economic stability, recovery, and growth—in relation to the COVID-19 pandemic—became one of the first areas of research in the aftermath of the ‘first wave’. Calculations by McKinsey Global Institute (MGI) using a full-potential scenario of bridging the gender pay gap before the start of the pandemic (2015) projected that progress towards gender parity would increase in global annual GDP in 2025 by 26%—as much as \$28 trillion [15]. In the wake of COVID-19 the same researchers investigated how relevant this approach could be for economic recovery from the COVID-19 crisis. They found that taking action now to push for gender equality amidst the pandemic could result in \$13 trillion incremental GDP by 2030, and an 11% increase compared to a “do-nothing” to promote gender equality scenario [16].

These are large sums, that we as a society should urgently harvest. In order to do so, we as a society should aim to close to gender pay gap and—in the wake of COVID-19—are in need for effective policies to accomplish this. Cook and Grimshaw conducted a thorough analysis of gender-sensitive employment policies to mitigate the economic impact of COVID-19 in four European countries [17]. All countries’ policies revealed some heteronormative male-based assumptions, but the researchers were able to highlight some promising strategies. Germany, for example, offers higher short-term wage relief for workers with children, as well as a one-time 300€ “per child” bonus for childcare in 2020. While policies like this hold some potential for closing the gender pay gap, it will be some time before we are able to analyze their economic implications. So far, Germany reduced the gender pay gap slightly from 2019 to 2020; more robust data are needed for accurate analysis.

Another point now coming into focus is the crucial role our health systems play as the nexus between pandemic preparedness, gender equality, and economic growth. In the United Kingdom (UK), the UK’s women’s budget group proposed a large-scale investment in the health sector to prioritize gender equality in economic recovery. They estimate that increasing the numbers healthcare workers to



10% of the employed population would create 2 million jobs, thus increasing overall employment rates by 5% and decreasing the gender employment gap by 4% [18].

## Health system resilience and preparedness

A major set-back for developing a rationale for gendered impact on health system resilience globally is the sparse evidence from a healthcare workforce perspective [19]. The World Health Organization (WHO) and World Bank project the creation of 40 million new health jobs globally by 2030 as well as a net shortage of 18 million health workers (primarily in LMICs) that will need to be addressed to attain and maintain effective health coverage [20]. We know the health workforce is dominantly female, but gender inequality is still a problem. UK data from the first COVID-19 peak showed that women constituted 77% of the National Health Service (NHS) workforce yet they occupy only 47% of senior manager roles [21]. To prevent the imminent shortage of health workers we must harness gender equality to enable female participation in the labor force. These numbers not only reinforce the fundamental role women already play in health system strengthening but indicate that better resilience and preparedness will not be attained if governments and the global society do not prioritize gender-transformative policies, particularly within the health workforce.

## Conclusion

Policymakers globally can and must leverage gender equality to build more resilient societies, in which all citizens are able to withstand a crisis relatively unharmed. It is already clear that the current COVID-19 pandemic will need long-term management; it is, therefore, imperative to act now. In addition, we need to look beyond the current crisis because more global challenges will be coming, and we must take seriously the global promotion of gender equality and invest in good data governance to be prepared as best we can be.

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