

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE AMERICAS



Key Considerations for Integrating Gender Equality into Health Emergency and Disaster Response: COVID-19

Content

I. Introduction	2
II. Why are additional gender considerations needed?	4
Women	4
Children and Adolescents	5
LGBT	5
Men	5
III. Key considerations for integrating gender equality into health emergency and disaster response: COVID-19.....	6
Gender equality at the institutional level	6
Understanding the context of health emergencies and disasters	6
Ensuring a participatory approach	7
Protecting and addressing gender-specific needs	7
Conducting research	8
Glossary.....	9
References.....	11

I. Introduction

The importance of incorporating gender equality into health emergency and disaster response is globally recognized. The Sendai Framework for Disaster Risk Reduction 2015-2030 calls for gender-based considerations to be included in disaster risk reduction (DRR) and emergency preparedness, as do the PAHO Plan of Action on Disaster Risk Reduction 2016-2021 (2016) and the Plan of Action for Humanitarian Assistance (2014).

For a more effective and universal-health aligned response to COVID-19 and similar health emergencies, we must implement and support gender equality approaches that address the specific health needs of all persons in diverse communities and countries. From a public health perspective, there is also a natural synergy between gender sensitive approaches, the life-course approach, and the principles of health equity, as health inequities are rooted in complex processes of disadvantage across life stages and generations.

Prior to COVID-19, many countries in the Region of the Americas had strengthened their capacity to respond to emergencies and disasters, as well as their commitment to gender equality at the national level. Nonetheless, there are frequent failures in fully activating a timely gendered approach to emergency and disaster response.ⁱ This document emphasizes the key considerations for integrating gender equality as a cross-cutting theme in health emergency response and DRR, with specific reference to COVID-19. Anticipatory actions should not be a substitute for investment and action to reduce vulnerability and strengthen people’s capacity to manage risks.

Data on age and sex from over one million confirmed cases of COVID-19 shows a similar prevalence of cases by sex (520,417 confirmed cases among females and 507,494 confirmed cases among males).

Table 1. COVID-19 total cases by age and sex in the Americas as of May 8, 2020

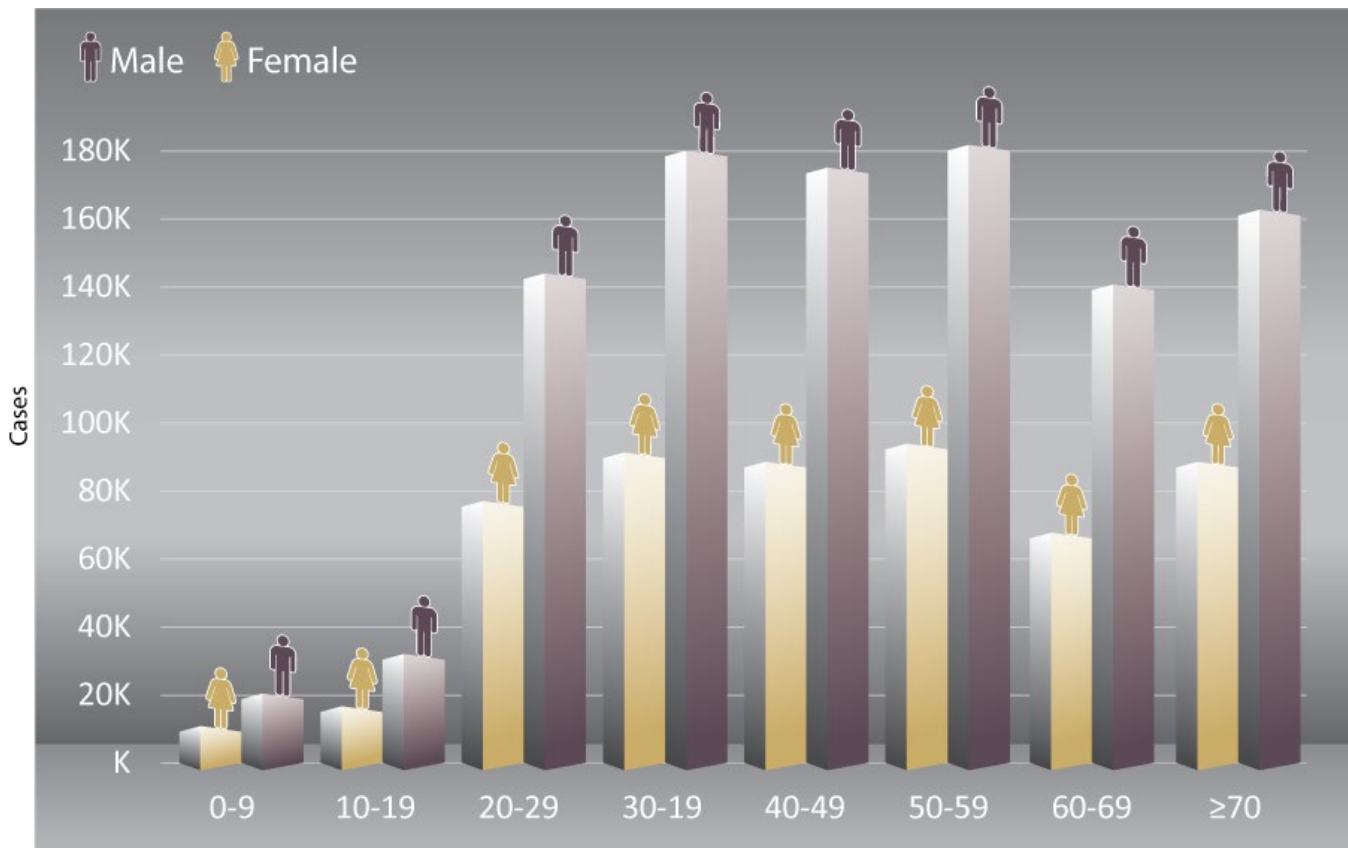
Total cases by age and sex

Total cases by age and sex	Grand Total	0-9	10-19	20-29	30-39	40-49	50-59	60-69	≥70
Grand Total	1,027,911	18,505	30,151	142,190	178,785	173,181	184,713	139,214	161,172
Female	520,417	8,718	15,157	75,090	89,607	86,711	91,910	66,047	87,177
Male	507,494	9,787	14,994	67,100	89,178	86,470	92,803	73,167	73,995

Source: Epidemic Intelligence Pillar, PAHO’s Incident Management System.

However, the prevalence of confirmed cases varies by age group. By age, in this sample, the lowest number of total confirmed cases was among 0- to 9-year-olds (18,505 confirmed cases) and the highest number was among 50- to 59-year-olds (184,713 confirmed cases). Fewer confirmed cases were reported among 10- to 19-year-olds, followed by a nearly five-fold increase among 20- to 29-year-olds. The highest numbers of confirmed cases were in the 30- to 39, 40- to 49 and 50- to 59-year age groups, as seen in the graphic below.

Figure 1. Prevalence of confirmed cases by age group in the Americas as of May 8, 2020



Source: Epidemic Intelligence Pillar, PAHO’s Incident Management System.

Based on the reported confirmed cases, it would appear that females and males are equally infected by COVID-19, but age remains an important factor in contracting the disease, and, in some instances so are both age and sex. With additional data on the prevalence and distribution of testing by sex and age, combined with gender roles, a more complete picture could be painted.

II. Why are additional gender considerations needed?

Due to existing gender-based inequalities, specific and combined vulnerabilities, unequal access to information and early warnings, and varying national capacities and experiences, it is necessary to address different needs, both across and within populations, in the response to COVID-19 and other health emergencies. The response to COVID-19 should integrate a gender-responsive approach, while considering other social, economic, environmental, geographic, ethnic, and cultural factors that affect how the disease is differentially impacting

individuals, groups, and populations, including gender-diverse groups.

Current and past research has highlighted the ways that health emergencies and disasters affect different population groups. A failure to address gender will reduce the efficacy of health emergency and disaster responses. As information on COVID-19 emerges, the existing body of knowledge about the disease will continue to grow.

Women

Women and children are nearly 14 times more likely to die in a disaster than men.^{ii, iii}

During emergencies and disasters, women and girls are generally at higher risk of death and gender-based violence, including sexual, physical, and emotional violence, intimate partner violence, human trafficking, sexually transmitted infections, and unplanned pregnancies.^{iv, v} Many women avoid shelters and humanitarian assistance for fear of abuse or assault.^{vi}

In Latin America and the Caribbean, reports indicate a 25-35% increase in emergency calls related to violence against women during COVID-19 lockdowns, leading to a greater demand for shelter and support services. Women are also at greater risk of COVID-19 infection in their formal and informal healthcare roles as frontline health workers and caregivers in homes. Other documented issues relate to interruptions in access to services and supplies for sexual and reproductive health, especially in underserved communities. The issue of limited testing for COVID-19 among pregnant women has also been observed, especially in rural areas.

Children and Adolescents

In the context of COVID-19, newborns are separated from their mothers, interrupting breastfeeding and mother-family and mother-child bonding as case management protocols are fully operationalized. Similarly, school closures have a direct impact on access to lunch and physical activity for many children. The unequal distribution of responsibilities for care and health care in the homes also places a new burden on women.

Children and youth appear to be less infected by COVID-19, with lower mortality. Nonetheless, there are specific concerns, including anticipated mental health impacts resulting from stay-at-home policies and other lifestyle adjustments related to COVID-19. It is important to remain vigilant, protect against and respond to sexual violence among boys and girls, online violence, and the impact of witnessing violence at home.

In non-emergency circumstances, adolescents face significant legal, societal, and health-system barriers to quality health services and gender sensitive information, and this is exacerbated during emergencies.

LGBT

Members of the LGBT community experience increased discrimination during emergencies and disasters, especially in evacuation centers that lack private spaces and gender-inclusive facilities. In the case of COVID-19, policies that restrict movement or modify health treatments and therapies could have negative impacts on health access and testing for the corona virus for LGBT persons, especially the trans population. Disaggregated data on the health needs of LGBT persons is scarce or non-existent, which limits response plans.

Men

Despite insufficient disaggregated data on COVID-19, the currently available data on mortality indicate that men are overrepresented, especially men over 60. Growing evidence will allow increasing understanding of the relationships between masculinities and men's health, vulnerabilities, risk factors, health-seeking behavior, and access to health services and information that may affect access to COVID-19 testing and treatment and/or contribute to mortality due to underlying conditions. For indigenous men, it is important that information is produced in local languages (indigenous leaders are often men). The gendered factors surrounding increased morbidity in men due to COVID-19 must also be documented.

III. Key considerations for integrating gender equality into health emergency and disaster response: COVID-19

Gender equality at the institutional level



Develop organizational policies and commitments in order to mainstream gender equality into all components of the COVID-19 response, including women’s leadership.

Build institutional capacities in gender and COVID-19 response, involving national and local level groups (women, community leaders, NGOs, etc.).^{vii}

Evaluate the gender balance of COVID-19 emergency response teams, including senior positions on teams, and ensure the availability and deployment of one or more gender experts. Design and provide inclusive services that respond to and support gender-diverse groups and their needs in relation to COVID-19. Recognize how the roles and responsibilities of women and men contribute to their risks and vulnerabilities. Policies that address unemployment impacts and access to social protection must be gender-responsive.

Understanding the context of health emergencies and disasters

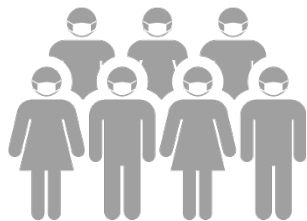


Disaggregate and analyze data by sex and age in order to properly understand and explain the gender dynamics of COVID-19 to guide country responses.

Conduct gender-specific surveillance, data analysis, and other research on testing outcomes, transmission rates, morbidity and mortality, hospitalization rates, access to health services, and risk factors.

Assess the social and cultural context of the country, region, or community to identify key community members who can disseminate and communicate information to diverse groups.

Ensuring a participatory approach



Conduct consultations with organizations and leaders (national and local) representing diverse groups (LGBT, indigenous people, Afro-descendent populations, religious minorities, migrants, persons with disabilities, etc.) to identify gender-based vulnerabilities, capacities, and barriers to emergency response and to ensure that their opinions, interests, contributions, and proposals are incorporated into inclusive and safe response strategies for COVID-19.

Ensure the participation of diverse groups of women, men, and adolescents in the analysis of the gendered impacts of COVID-19 in order to address gendered needs when designing actions for rehabilitation, reconstruction, and economic and social redress.

Establish gender-specific communication platforms and strategies that encourage full community participation and that create spaces to consult women, men, and LGBT populations for knowledge exchange in the COVID-19 response.

Incorporate diverse women’s voices at all levels of decision-making around the COVID-19 response.

Protecting and addressing gender-specific needs



Adopt measures to address women’s dual burden of paid and unpaid health care work in the home, with increased risk and exposure to COVID-19. Protect frontline health workers at all levels of health networks (public and private), with close attention to the profile of the epidemic.

Adopt measures to address unfavorable mental health outcomes in women as key frontline healthcare workers and care providers, as well as other groups in situations of vulnerability.

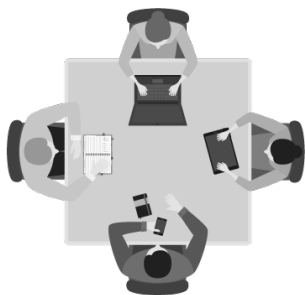
Implement measures to ensure that the prevention of and response to gender-based violence are included as essential services in COVID-19 plans and responses, especially in the context of stay-at-home policies.^{viii}

Address the burden of unpaid care exacerbated by containment measures in response to COVID-19 as an opportunity to re-evaluate care-giving roles and transform family responsibilities in a more gender-equitable way.

Update referral pathways and give special attention to the elimination of hidden or prohibitive costs of sexual and reproductive health services, as well as access barriers to post-rape care during the COVID-19 response.

Establish protective mechanisms in all shared spaces and quarantine/ isolation facilities, to maintain dignity while delivering support, including the provision of lighting and privacy for outdoor or temporary toilet/bath facilities.

Conducting research



Document key lessons learned, including successes and challenges encountered throughout the COVID-19 response, with attention to the integration of gender-responsive approaches.

Invest in research and trials and conduct intersectional gender analysis of data on the public health and socioeconomic impacts of COVID-19.

Conduct research focused on revealing gender- and ethnicity-related inequities in the response to and impact of COVID-19, including those related to masculinities.

Glossary

Data disaggregation

Separation of compiled information into smaller units to elucidate underlying trends and patterns. Compiled data may come from multiple sources (public/private sector and national/international organizations) and have multiple variables or “dimensions” to enhance understanding of a situation. Data is grouped by dimensions such as age, sex, geographic area, education, ethnicity, or other socioeconomic variables. Source: <https://iris.paho.org/bitstream/handle/10665.2/52002/Data-Disaggregation-Factsheet-eng.pdf?sequence=1&isAllowed=y>

Gender

The socially constructed roles and differences between males and females, and the relationships between these groups. Gender changes over time, within and between cultures, and is dependent on both context and time. Gender and other diversity factors, such as sexual orientation, age group, disability, and socioeconomic status, among others, determine daily responsibilities, access to resources, and power dynamics. Adapted from https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf

Gender-based analysis (GBA)

Method to identify the relations between women and men, their roles and activities, the resources they have access to and control, the norms that define their behavior and the constraints they may face. GBA is also a diversity analysis that considers, wherever possible, how income, age, culture, ethnicity, sexual orientation, ability, geographical location, and other factors interact with sex and with gender roles in different groups of people. It is an important aspect of disaster risk reduction and emergency measures. Adapted from <https://www.paho.org/en/documents/guidelines-gender-based-analysis-health-data-decision-making>

Gender equality in health

Principle that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Source: <https://www.paho.org/hq/dmdocuments/2009/PAHOGenderEqualityPolicy2005.pdf>.

Gender-based violence (GBV)

Any harmful act that is committed against a person’s will and is based on socially ascribed (i.e., gender) differences between women and men, and girls and boys. GBV includes intimate partner violence and other forms of domestic violence, sexual violence by any partner, violence as a weapon of war, forced and/or coerced prostitution, child and/or forced marriage, female genital mutilation or cutting, female infanticide, and trafficking for sexual exploitation and/or forced/domestic labor. GBV can be committed against women/girls and men/boys. Adapted from https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf

LGBT	Individuals who self-identify as either lesbian, gay, bisexual, transgender, queer, and/or intersex. Adapted from https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf)
Life-course approach	The dynamic relationship of previous exposures throughout life with the subsequent health results and the mechanisms by which positive or negative influences shape human trajectories and social development, impacting the health outcomes of individuals and populations. Adapted from https://www.paho.org/salud-en-las-americas-2017/?p=69
Social determinants of health	Conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Source: https://www.who.int/social_determinants/sdh_definition/en/

References

- i. UNISDR, UNDP, & IUCN. (2009). Making Disaster Risk Reduction Gender-Sensitive: Policy and Practical Guidelines. Available at: https://www.unisdr.org/files/9922_MakingDisasterRiskReductionGenderSe.pdf
- ii. IASC Reference Group on Gender and Humanitarian Action. (2018). Guideline: The Gender Handbook for Humanitarian Action. Available at: https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
- iii. GGCA & UNDP. (2016). Training Module 2: Gender, Climate Change Adaptation and Disaster Risk Reduction. Available at: http://www.undp.org/content/dam/undp/library/gender/Gender%20and%20Environment/Training%20Modules/Gender_Climate_Change_Training%20Module%20%20Adaptation%20DRR.pdf
- iv. GFDRR. (2018). Gender Equality and Women’s Empowerment in Disaster Recovery. Available at: <https://www.gfdrr.org/en/publication/gender-equality-and-womens-empowerment-disaster-recovery>
- v. Asian Development Bank. (2014). Gender-Inclusive Disaster Risk Management. Available at: <https://www.adb.org/documents/tip-sheet-gender-inclusive-disaster-risk-management>
- vi. UNDP. (2010). Bureau for Crisis Prevention and Recovery: Gender and Disasters. Available at: <https://www.undp.org/content/dam/undp/library/crisis%20prevention/disaster/7Disaster%20Risk%20Reduction%20-%20Gender.pdf>
- vii. IFRC. (2010). A practical guide to Gender-sensitive Approaches for Disaster Management. Available at: <https://www.ifrc.org/PageFiles/96532/A%20Guide%20for%20Gender-sensitive%20approach%20to%20DM.pdf>
- viii. UNWOMEN, UNFPA, UNDP, UNODC and WHO, Essential services package for women and girls subject to violence. Available at: <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

PAHO/IMS/COVID-19-20-0029

© Pan American Health Organization, 2020. Some rights reserved. This work is available under license CC BY-NC-SA 3.0 IGO.