



# WOMEN'S LEADERSHIP IN AND FOR HEALTH

## *Accelerating Gender Equality in the Context of COVID-19*

Report of the virtual panel

**PAHO**



Pan American  
Health  
Organization



World Health  
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REGIONAL OFFICE FOR THE  
Americas



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**Washington, D. C., 2021**

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Women's Leadership in and for Health: Accelerating Gender Equality in the Context of COVID-19

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## ACKNOWLEDGEMENTS

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Special appreciation goes to the distinguished panelists, whose contributions and opinions were the source for this summary:

- **Carissa F. Etienne**, Director, Pan American Health Organization (PAHO)
- **Julio Frenk**, President of the University of Miami, USA
- **Claudia López Hernández**, Mayor of Bogotá, Colombia
- **Alejandra Mora Mora**, Executive Secretary of the Inter-American Commission of Women (CIM)
- **Mary Lou Valdez**, Deputy Director of the Pan American Health Organization (PAHO)

## INTRODUCTION

On 30 January 2020, the World Health Organization (WHO) officially declared the COVID-19 outbreak a public health emergency of international concern (PHEIC). One year later, on 31 January 2021, approximately 102 million cases of the disease had been recorded worldwide, with over 2.2 million deaths. When the COVID-19 pandemic began, the Region of the Americas had been making significant progress with health conditions and outcomes. However, the pandemic amplified existing health inequities and exposed gaps in the health system that are associated with wider socio-economic inequalities that disproportionately affect disadvantaged groups. The importance of including gender equality in health emergency and disaster response efforts has been widely recognized. However, failure to activate a timely gender-sensitive approach in emergency and disaster response is all too common.

In this context, an important global milestone in gender equality should be recognized. In 2020, the United Nations General Assembly reaffirmed the Beijing Declaration and Platform for Action—adopted 26 years ago at the Fourth World Conference on Women—and the world’s countries called on the United Nations system to continue supporting full, effective, and accelerated implementation of the Declaration and Platform.

In commemoration of International Women’s Day on 8 March, the Pan American Health Organization (PAHO) coordinated a virtual panel on women’s leadership “in and for health” from the perspective of diversity and intersectionality, with an emphasis on the health sector. The event was called “Women’s Leadership in and for health: Accelerating gender equality in the context of COVID-19,” in line with the slogan adopted by the United Nations in observance of International Women’s Day 2021: “Women in Leadership: Achieving an equal future in a COVID-19 world.”

According to PAHO, women and girls in all countries of the Region are at a significant disadvantage. In addition, they face various forms of discrimination and exclusion that intersect with socio-economic class, special abilities, race, ethnicity, sexual orientation, gender identities, and migration status, among other areas. In particular, the COVID-19 pandemic threatens to undermine many of the gains made by and for women and girls, impacting all aspects of their lives, both within and beyond the health sector.

At the onset of the pandemic, PAHO called for action to strengthen the capacity of health services at all levels, protect health workers, and give them the training and resources needed to implement an appropriate and timely response to the pandemic within the health system. The Organization believes that, in order to effectively respond to COVID-19, it is imperative that women in all their diversity be included as leaders and participants in the formulation of policies and programs for emergency preparedness, response, and recovery as key elements of national and regional response, taking into account their specific needs in the life-course context. This is particularly important if an egalitarian future is to be achieved in the post-COVID-19 world.



## PANELISTS

The panel was comprised of high-profile specialists from the Region representing different sectors whose mandate is to contribute to gender equality: Dr. Claudia López Hernández, Mayor of Bogotá (Colombia); Ms. Alejandra Mora Mora, Executive Secretary of the Inter-American Commission of Women (CIM) of the Organization of American States (OAS), and Dr. Julio Frenk, President of the University of Miami (USA). In addition, three representatives of PAHO were present: Dr. Carissa Etienne, Director of the Organization; Mary Lou Valdez, Deputy Director; and Catharina Cuellar, Advisor on Gender and Health, who moderated the event.

## THE VISION OF THE PAN AMERICAN HEALTH ORGANIZATION

The pandemic has brought many palpable changes to your lives, economies, and societies. Above all, it has resulted in the loss of many people's lives. Responses to these circumstances have varied widely, and have clearly revealed how the economy, health, and social wellbeing are intertwined and interrelated, in the presence or absence of solidarity. Leadership in and for health has played a leading role throughout the world. In this context, leadership must be representative of the different sectors and population groups affected by the pandemic, which rightfully includes women.

Such leadership must be based on empathy and sensitivity, listening to the people's experiences. In the words of Dr. Etienne:

**“...women are at the center of the pandemic and should be at the center of responses implemented at all levels.”** However, reality shows that **while nine out of ten nurses are women, only 25% of executive positions in hospitals are held by women.**

In addition, it is mostly women who are responsible for providing (usually unpaid) care in their homes, while also acting as heads of household; and in many cases, they are the main source of household income, even though many are in the informal workforce.



Dr. Etienne stressed that

**“this pandemic is far from over and we need women not only on the front lines of health care, but in leadership positions.”**

Countries must prepare for the post-COVID world. Our societies have the potential to become better and fairer, with greater resilience.



## MAIN TOPICS |||

In view of the above, the panel addressed a number of issues relevant to achieving gender equality in times of COVID-19. The main points of the topics discussed are summarized as follows:

## Differential impact of COVID-19 on women

It is common knowledge that the pandemic has wreaked havoc on countries, their populations, and their economies, but the differential impacts of COVID-19 on the lives of women often go unnoticed when it is time to take action. The panel called for member states to embrace a gender perspective and put on their “gender lenses” to see the differential consequences that the pandemic has had on women throughout the emergency. Quarantines and the bubble system that were adopted in most countries had direct repercussions on women’s lives. One impact of major concern is the violation of the basic right to live free of violence, as reflected by an increase in cases of gender-based violence in the domestic environment. For many women, the call to “stay home” meant increasing their risk of being assaulted by their domestic partner.

The panelists identified the increased amount of time spent doing unpaid reproductive labor as a result of the pandemic. Ms. Mora noted that “surveys on use of time show that women work more than men and that this has gotten worse during the pandemic.” To bolster this point, Dr. Frenk provided data from academic research studies showing that even before the pandemic, women were responsible for 70% to 80% of caregiving work, not just in Latin America but the rest of the world as well. This percentage increased as the demand for at-home care rose, reflecting an even higher unequal distribution between men and women. In short,

**“for every hour that men contribute, women contribute nine.”**

This increase in the demand for unpaid care was clearly observed at the local level in Bogotá. Mayor López Hernández reported on what happened there:

**“...unpaid work is how our people are cared for, to the detriment of poverty in women. The pandemic exacerbated the problem: it was no longer 800,000, but 1.4 million women who had to return home to do unpaid care work.”**

The panel noted that unpaid work has become even more relevant in times of COVID-19. Care work is a driver of the workforce, including in the field of health. As Dr. Frenk explained,

**“we have to understand that a large part of health production is domestic, and that formal health could not survive without the household production of health.”**

Women have also been severely affected by unemployment: in addition to being overloaded with care work, many have lost their financial autonomy. “Instead of getting better, women’s lives got worse. It made them go back home. It took away their jobs. It took away their income,” said Dr. López Hernández. In the Region of the Americas, it was women who have been most affected by job losses, with an unemployment rate of 13 million. At the same time, many women work in the informal labor market and lack social protection. Domestic workers have been among the hardest hit. The bubble system enforced as a result of the pandemic has prevented them from continuing to work and has taken away their opportunities to earn income.

The differential impacts of COVID-19 on women—gender-based violence, increased hours of unpaid work, and unemployment—have serious implications for women’s health and well-being, particularly their mental health.

### **Women’s leadership and participation**

The COVID-19 pandemic exposed the wide gap in the number of women in decision-making positions. It is estimated that only 14% of parliamentarians in the world are women. In addition, there is a marked absence of women in leadership positions at the regional level, especially on central crisis committees. In the words of Ms. Mora, this lack of women in decision-making positions

**“is a poor indicator of democracy and representativeness.”**

While it is true that women in the Region of the Americas have had the right to vote and be elected for decades, attaining positions of power has not been easy for them. In Colombia, women’s political rights were recognized in 1957, but it was not until 2019 that a woman was elected mayor of the country’s capital. Only one woman in the entire Region of the Americas serves as president and, globally, women represent only 1% of leadership positions.

The panel noted the widespread myth that women lack the ability to be leaders, which continues to this day despite the fact that reality has proven otherwise, as President Frenk observed. Indeed, despite the underrepresentation of women during pandemics, “the countries with the best responses have been countries where the government is headed by a woman.”

In the regional political sphere, Ms. Mora highlighted CIM’s efforts to make violence against women the responsibility of all people and all States, which

are called upon to develop and implement public policies to eradicate such practices. She also mentioned the Inter-American Task Force on Women's Leadership, a campaign that urges the countries to promote the equal participation of women in decision-making processes.

From a local government perspective, Mayor López Hernández listed the different practical measures adopted by her office to address the needs of women from a gender perspective. For example, the district care system seeks to recognize and redistribute women's unpaid care work. The Tropa Social strategy aims to bring institutional services to women in their homes to help address their needs. The basic income system targets households in poverty, which are mostly headed by women. And the use of community consultations on appropriate actions during the pandemic resulted in the adoption of specific measures against gender-based violence.

In the academic field, the importance of universities was highlighted because of their ability to bring people together to address issues of importance to society, including gender equality. Two projects led by women were mentioned in this regard: the Lancet Commission on Women and Health, and the Lancet Commission on Gender-Based Violence. Dr. Frenk noted that these projects “are examples of women's leadership in and for health, as well as of women in leadership on the path to gender equality.”

The panel then stressed that the absence of women in such positions directly affects democracy and the progress of societies because **“democracy without gender equality is in reality a hollow concept.”**

## Measures to boost women's leadership

In line with all said before, the panel discussed a number of measures to increase women's leadership in the Region.

We should begin by **making women's leadership visible** and denouncing the areas that do not include equitable representation. Ms. Mora expressed her intention that women be able to affirm that they want **transformative power**, “not just to be in a photo or sit in an office simply to participate in a democratic ritual, but the **power to challenge**.”

The panel also agreed that parity is the necessary mechanism to achieve gender equality in leadership. The concept of parity should not just be understood in numerical terms, but must also include recognition of the work performed by women in all areas. In this way, the regional mindset will shift: these positions will no longer be considered as only for men, and young women will be able to begin to exercise their full citizenship. As an example, Dr. López Hernández mentioned that thanks to the measures adopted under the parity principle, by 2022 there will be equitable representation in all tickets for political candidates and public offices in Colombia.

Parity must also translate into democratization in all areas, including access to health, new technologies, and science. To achieve this, the government must implement **gender mainstreaming as a methodology**.

Gender mainstreaming means that women's voices and needs are heard and taken into account when making decisions at all levels. In particular, this methodology is important in health care in order to ensure that access to services is universal and discrimination-free.

Achieving this will require a partnership between men and women to create structural conditions that advocate for equality. As summarized by Dr. Frenk,

**“gender equality requires the active participation of all genders.”**



## CHALLENGES

Full integration into decent work is an unparalleled challenge. As Dr. López Hernández said, “once formal parity is implemented in all public agencies, change will be unstoppable in the coming decades.” In addition, once such representation is achieved, the challenge will be to hold onto it.

**“For women, getting there is not the same as staying there,”**

said the Executive Secretary of CIM, explaining that different factors such as discrimination, political violence, and care work often prevent women from remaining in leadership positions.

One of the major obstacles to women's leadership is political violence.

**“This change in political participation, which is going to transform the lives of women, transform the lives of families, and transform democracies for the better, is being met with extreme resistance,” the Mayor explained.**

The greater the participation of women, the more acts of violence are targeted against them.

Finally, another major impediment has to do with care work.

**Who cares for the caregivers?**



## CONCLUSIONS

The panel highlighted the fundamental pillars for achieving women's equality and empowerment as part of sustainable development. They recognized that women and girls must participate under equal conditions in order to contribute to and benefit from the transformative solutions needed to achieve gender equality and universal health for all people everywhere, especially in light of the many inequalities exposed by COVID-19 in the Region of the Americas.

The importance of thinking about the post-pandemic period in terms of gender equality was also stressed.

Instead of talking about a “new normal,” a “better normal” must be created.

This is a debt owed to the groups most affected, particularly women. We must create a “normal” with women in public and leadership positions.

In addition, the focus must be on collective health care with a new vision and commitment that does not limit or hinder the empowerment and development of women. On behalf of PAHO, the panel recommended

“taking bold steps to transform systemic gender inequalities and put the care economy at the center of recovery to ensure women’s leadership at all levels of society.”

## RECOMMENDATIONS

A key recommendation is to address the COVID-19 pandemic by considering its social, economic, environmental, gender, ethnic, and racial dimensions from the perspective of intersectionality. To this end, one premise is that

**“women’s leadership in and for health is both a means and an end if we are to recover from this pandemic.”**

PAHO has called for a change in the current paradigm with the aim of promoting sustainable development, which will not be possible if women are excluded from decision-making processes. Other key recommendations were:

- The rights and contributions of women and girls must be protected and guaranteed. Their knowledge must be respected, and their special needs addressed; and above all, their work and sacrifices must be compensated.
- Laws and measures should be adopted to eradicate political violence against women. In addition,

**concrete actions must be taken to ensure that men are part of the solution, not part of the problem in relation to the oppression of women.**

- Finally, the most pragmatic and at the same time transformative recommendation is that

governments, the private sector, and societies should invest a fraction of the economy to adequately compensate women's caregiving by creating institutions and mechanisms that ensure health care is provided,

but not at the expense of women's unpaid work.

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In commemoration of International Women's Day on March 8, the Pan American Health Organization (PAHO) coordinated a virtual panel on women's leadership in and for health from the perspective of diversity and intersectionality, with an emphasis on the health sector. In addition to presenting the current landscape in the Region and the challenges it faces, this report addresses the fundamental pillars for achieving gender equality in times of COVID-19 and makes a number of recommendations to make women's empowerment a reality as part of sustainable development.