



## Women in Global Health's feedback on the Pandemic Fund's Draft Medium-term Strategic Plan

### Introduction

Women in Global Health (WGH) is a global women-founded and women-led movement challenging power and privilege to achieve gender equity in global health. We are a rapidly expanding global network with 57 Chapters in 52 countries. WGH is a registered 501(c)3 nonprofit organization & approved Non-State Actor in Official Relations with World Health Organization (WHO) & recognized with ECOSOC status in the United Nations (UN) System.

WGH has been advocating for gender-responsive PPRR throughout the COVID-19 pandemic. In 2021, we established the Pandemic Action Network gender working group (which reached 1000+ members) and in 2023 our advocacy ensured language on gender equity in the Political Declaration from the UN HLM on PPRR.

Since the start of the COVID-19 pandemic, WGH has generated an extensive body of evidence related to gender equity in PPRR. **We encourage the Fund to review and share our resources with recipients.**

In 2020, we published our [5 Asks for Global Health Security](#). These asks, having been validated across our global movement, remain the same in 2024 and form the basis of our feedback on the Draft Plan:

1. **Include women in global health security decision making structures and public discourse**
2. **Provide health workers, most of whom are women, with safe and decent working conditions**
3. **Recognize the value of women's unpaid care work by including it in the formal labor market and redistributing unpaid family care equally**
4. **Adopt a gender-responsive approach to health security data collection/analysis and response management**
5. **Fund women's movements to unleash capacity to address critical gender issues**

In WGH's most recent publication [Gender-Responsive Pandemic Preparedness, Prevention, Response and Recovery](#) we asked our diverse network of chapter members to draw on their lived experiences of the pandemic and recommend concrete national-level policies, actions, activities, and programs related to women health workers that governments should implement to better prepare for and respond to future pandemics. The key finding was that '**Governments must prioritize women health workers and their safety**', including from the risk of sexual exploitation, abuse and harassment.

In addition, WGH has produced a series of reports covering specific under-researched areas of PPRR.

In 2021, we surveyed almost 1000 women health workers in over 50 countries to ask them about their experiences with PPE during the pandemic, The results, published in our report [Fit](#)



[for Women? Safe and decent PPE for women health and care workers](#) are shocking and confirm that, despite being 90% of frontline workers, PPE is not fit for women and wearing PPE designed for men increased women health workers' risks of infection. Furthermore, women's lower status roles and marginalization in leadership within health systems has made many women a low priority for PPE and less able to seek redress. Frontline women community health workers (CHWs) were at high risk of infection during the COVID-19 pandemic as they were deprioritized for PPE because of their low status.

In 2022, our much cited report [Subsidizing global health: Women's unpaid work in health systems](#) found that a minimum of six million women are working unpaid and underpaid in community health roles. Workloads during the pandemic increased suddenly for many unpaid women workers causing exhaustion and stress as women juggled multiple responsibilities.

WGH believes the global health worker shortage, exacerbated by gender inequality and the impact of the COVID-19 pandemic is the new global health emergency and in our 2023 publication [The Great Resignation: Why Women Health Workers are leaving](#) we examine this alarming trend, and the global ramifications. The resignation of women health workers in high-income countries is driving a "Great Migration" from low-income countries, straining already vulnerable health systems. Rapid health worker loss threatens global health security and should be a priority for the Fund to address.

WGH is pleased to see the Pandemic Fund's Draft Medium-term Strategic Plan and commends its inclusion of gender equality as a core theme. As the draft notes: "*Gender equality is crucial for effective pandemic PPR, from governance and decision-making to project implementation and reporting, including gender impact analyses, given the disproportionate effects of pandemics on women and the unique needs and barriers they face.*" WGH also welcomes the core themes of community engagement and health equity.

The following comments, submitted on behalf of the WGH movement, draws from our evidence base as well as insights from our global network of women health workers who have been on the frontlines of the pandemic and whose voices should be considered an authority on priority investments for the Fund.

#### **Comment 1 (underlying themes):**

- While the Plan recognizes the disproportionate impact of pandemics on women, it fails to recognize **the critical role women play as frontline health workers in PPRR.**
- Women health workers made an exceptional contribution on the pandemic frontlines but were paid less, protected less and had little influence over critical decisions.
- Lessons from previous outbreaks warned us of the impacts of excluding women and their perspectives from decision-making: without a critical mass of women at the table, lockdown policies did not always consider safe maternity and sexual and reproductive health services as essential care; access to safe abortion was also reduced for many women.
- The Plan also fails to recognize the role and position of **women community health workers**, 6 million of whom are unpaid or grossly underpaid. WGH strongly recommends that **the Fund should ensure that projects do not allow unpaid work, which harms women and jeopardizes global health security.**



- Women CHWs are health experts and can be leaders in their communities, and have a crucial role to play in community engagement and achieving health equity. Forthcoming WGH research, which involved speaking to women CHWs in Ethiopia, India, Liberia, Malawi, Nigeria, and Pakistan found that women CHWs are experts at winning community trust and consider themselves leaders but are too often working unpaid and feel disempowered by health systems. **The Fund should encourage recipients to invest in career progression to enable women CHWs to be PPRR leaders.**

Building on the recognition that '*Gender equality is crucial for effective pandemic PPR*', **WGH urges the Fund to create dedicated funding calls for countries and entities to design and implement gender-responsive PPRR.**

#### **Comment 2 (cross-cutting enablers, NPHIs)**

- The Plan notes that all institutions must have a One health approach; WGH calls for the Fund to ensure institutions also have a **gender-responsive approach** in governance and programming.
- For example, **funding decisions should be contingent on institutions demonstrating their commitment to gender equality targets** (such as ensuring gender parity in leadership and ending unpaid work).

#### **Comment 3 (cross-cutting enablers, Regional/global networks, organizations, and hubs)**

- The WGH movement shows how women are driving PPRR through collective action and demonstrates the role of regional/global/national women's movements. However, women's organizations are persistently underfunded.
- Despite commitments around gender equality, women's organizations received only 0.13% of total ODA and a mere 0.4% of all gender-related aid (2021). Only 2% of OECD aid (2021) is aimed at promoting gender equality as its primary objective, and an even smaller chunk of this funding is directed specifically to women's organizations. The top 15 OECD DAC donor countries only gave 638 million USD out of the total 57,4 billion USD for gender equality to women's rights organizations and feminist movements in 2020-2021.
- **WGH urges the Fund to create dedicated funding calls for women's organizations who are best placed to address gender equality in PPRR.**

#### **Comment 4 (Governance processes)**

- The Plan mentions the need to '*encourage a gender parity policy for all Pandemic Fund governing and administrative bodies*' but WGH cautions that this language is not strong enough.
- Recent analysis from WGH confirms women still hold only 25% of leadership roles in global health, despite being around 70% of all health workers and over 80% of nurses and over 90% of midwives.
- Despite the exceptional contribution of women health workers, the marginalization of women in leadership continued in the pandemic as the stereotypes of men as 'natural'



leaders took hold. A [2020 WGH study](#) found 85% of 115 national COVID-19 task forces had majority male membership.

- It is imperative to advocate for inclusive representation in decision-making bodies to ensure diverse perspectives and experiences are considered in pandemic response strategies.
- **To strengthen the effectiveness of the Fund, it is essential to include women and gender experts in decision-making processes and governance structures.** This can be achieved by ensuring the representation of gender experts in advisory boards, stakeholder engagement strategies, and project teams. Partnerships with organizations specializing in gender equality can further enhance the integration of gender perspectives into the Fund's operational strategies and project implementations.

#### Comment 5 (Community and civil society engagement)

- WGH welcomes the focus on community and civil society engagement and recommends that this **includes women, especially health workers and CHWs**, who are key stakeholders in pandemic PRR and whose perspectives (often unheard) have a lot to teach us about successful PPRR at community level.

#### Comment 6 (Appendix C 'Workforce') Specific comments on potential activities:

*o Recruitment and training to build surveillance workforce for pandemic PPR (e.g., field epidemiologists, data analysts, public health informatics specialists, community engagement managers, contract tracers) with a One Health approach;*

- **The surveillance workforce must include women CHWs** who play an invaluable role in detection. Women CHWs are closest to and trusted by communities and are the best placed to spot the start of outbreaks. However, without guaranteed salaries and other support, their potential is limited and PPRR efforts are missing out on a critical resource.
- WGH's research with FIND [Testing and women's empowerment means better health for all \(2020\)](#) confirmed that there is huge potential to scale up diagnostic testing through enabling women CHWs with training and resources.

*o Training and education of community-facing workforce (e.g., community health workers, nurses, animal and environmental health workers) to build trust and communicate public health policies to ensure community engagement in outbreak reporting and public health response;*

- WGH research demonstrates why **a gender-responsive and intersectional approach is critical to ensure equity in access to training and education.** Our flagship [State of Women and Leadership in Global Health report \(2023\)](#) confirmed women's household responsibilities and gender discrimination mean they are less able to take up opportunities. Women from marginalized groups (like women CHWs) are the best placed



to build trust and communicate public health policies but require tailored schemes that take into account the reality of their lives as busy working women.

*o Planning and recruitment of surge workforce capacity that can be deployed in the case of an outbreak or health emergency;*

- WGH research with women CHWs confirmed that they want to progress in their careers and would relish opportunities to upgrade to other roles, for example to become surge capacity. **Upskilling women CHWs is a cost-effective way for countries to address health worker shortages while increasing capacity.**

*o Programs that leverage existing expertise, institutions, and tools to respond to evolving pandemic PPR training needs and create long-term career tracks for experts*

- WGH's research in 2023 asked our network: "What concrete national-level policies/actions/activities/ programs - related to women health workers - would you like to see your government design/implement in order to better prepare for and respond to future pandemics?" The findings confirmed that **women health workers want opportunities to strengthen their skills and knowledge through education, training, and support for their career progression.** This will enable better patient care, higher job satisfaction, and increased retention rates, enhancing the overall quality of health service delivery and resilience in health emergencies.

*o Focus on gender sensitivity and gender equality to be applied to all of the*

- A focus on gender-sensitivity will not be adequate. **WGH calls for gender-responsive PPRR**, which means that policies and programs not only recognizes the sex and gender differences and associated inequalities but also intentionally addresses them.

### **Comment 7 (Monitoring and Evaluation Plan)**

- WGH has not seen the M&E plan but urges the Fund to incorporate gender equality indicators into Monitoring and Evaluation. Gender equality indicators should be incorporated into the fund's key performance indicators to track progress towards gender equality outcomes resulting from fund activities. By developing gender-responsive monitoring and evaluation frameworks, the fund can assess the differential impacts of its interventions on women and men. This includes conducting gender impact assessments, disaggregating data by sex and gender, and engaging women stakeholders in the monitoring and evaluation process to ensure their perspectives are adequately represented.