GLOBAL HEALTH SECURITY DEPENDS ON WOMEN

IMPACT OF COVID-19 ON WOMEN HEALTH AND CARE WORKERS

- **Left out of leadership and decision-making** in the health systems they know best.
- **High risk of infection**, long term health impacts and death, risk heightened for some ethnicities and older workers and where PPE inadequate.
- **Safety** at work, increased attacks on frontline health workers. **Increased Gender Based Violence** at home.
- **Mental stress** from sudden increase in COVID-19 cases and deaths, PTSD, risk of depression and suicide.
- **Risk of infecting family**, especially vulnerable relatives. **Stigmatized** in the community for being a health-worker exposed to COVID19.
- **Fear of financial hardship**. Many women health workers are **unpaid and underpaid**. Women health workers earn 28% less than male counterparts on average.
- Women Health and Care Workers feel **pride and professional satisfaction** at playing a critical role for health, society and global health security.
- **Managing childcare and home schooling** during lockdown. No access to nurseries, schools and extended family support for childcare.
- Long hours wearing PPE, exhaustion and need to manage the **burden of domestic work** falling disproportionately on women.
WOMEN: LEFT OUT OF LEADERSHIP

GLOBAL HEALTH IS DELIVERED BY WOMEN AND LED BY MEN

WOMEN ARE:
- **70%** Health workers
- **25%** Health leaders
- **23%** Chief delegates to World Health Assembly 2020

**85%**
115 national COVID-19 task forces
majority male membership

Source: Women in Global Health

**WOMEN AT THE FOREFRONT OF PATIENT CARE HAVE HAD HIGHER COVID-19 INFECTION RATES**

Globally 1.2 million health workers infected with COVID-19 by January 2021

**60%** Emotional exhaustion
**91%** Moderate-high anxiety/depression
**60%** Sense personal accomplishment

Source: Hu, Ding et al 2020

**WOMEN HEALTH AND CARE WORKERS ON THE COVID-19 FRONTLINES ARE EXHAUSTED AND MENTALLY STRESSED**

COVID-19: STUDY OF FRONTLINE NURSES’ MENTAL HEALTH IN WUHAN, CHINA

**No personal protective equipment (PPE) or PPE not designed for women’s bodies has put women health workers at risk**

“With women making up nearly 8 in 10 of the NHS workforce, it’s a disgrace we don’t have protective uniforms in women’s sizes. Our workers deserve better.”

Frances O’Grady, General Secretary General of the Trades Union Congress, UK(421,518),(682,700)

Source: BCG Caregivers’ survey

*The COVID-19 pandemic has further exacerbated entrenched discrimination against women and girls.....Most essential frontline workers are women - many from racially and ethnically marginalized groups and at the bottom of the economic ladder.*

Antonio Guterres, UN Secretary General, February 2021

WOMEN IN HEALTH AND CARE EARN LESS THAN MEN

ON AVERAGE, MEN EARN **28%**
MORE THAN WOMEN IN HEALTH (GENDER PAY GAP)

NB: THIS GAP WOULD BE MUCH WIDER IF STATISTICS INCLUDED WOMEN’S UNPAID WORK

Source: Bonial et al

AND OVER ONE MILLION WOMEN HEALTH WORKERS ARE UNPAID AND UNDERPAID

WOMEN CONTRIBUTE **$1.5 TRILLION** TO GLOBAL HEALTH ANNUALLY IN UNPAID WORK

HALF THE $3 TRILLION WOMEN CONTRIBUTE TO GLOBAL HEALTH ANNUALLY IS UNPAID

WOMEN CONTRIBUTE **$11 TRILLION** TO THE GLOBAL ECONOMY ANNUALLY IN UNPAID WORK (HEALTH AND OTHER SECTORS)
INVESTING IN THE HEALTH AND CARE WORKFORCE =
TRIPLE GENDER DIVIDEND

1. HEALTH DIVIDEND

2. GENDER DIVIDEND

3. DEVELOPMENT DIVIDEND

THE “TRIPLE GENDER DIVIDEND“:
Increasing female talent in health leadership will have wider benefits, enabling the expansion of the
global health and social care workforce needed to achieve the SDGs, UHC and a Triple Gender
Dividend seen in:

1. Better Health: equal opportunities and decent work will attract and retain women health workers,
helping to fill the 18 million global health worker gap.

2. Gender Equality: investing in women to enter leadership and formal sector jobs in health will
increase gender equality as women gain more income and decision making power.

3. Economic Growth: new jobs created in health will fuel economic growth and strengthen health
systems and outcomes, all contributing to UHC and the SDGs by the 2030 end date.

ABOUT WOMEN IN GLOBAL HEALTH

WGH, founded in 2015 and registered as a not for profit, is a global movement with more than 50,000 supporters
across more than 90 countries and national chapters in around 25 countries. We bring together all genders and
backgrounds to achieve gender equality in global health leadership. WGH’s core leadership team is supported by a
large network of volunteer fellows, advisors, coordinators and assistants, all virtually based in different parts of the
world. The WGH movement challenges power and privilege in health by mobilizing a diverse group of emerging
women leaders in health, engaging with existing global health leaders to transform their own institutions, and holding
those leaders to account. WGH co-chairs the WHO Gender Equity Hub for the Global Health Workforce Network,
working with partners to catalyze gender equity and gender transformative change in the health workforce.

For more information: www.womeningh.org
Follow us: @WomeninGH
Contact us: info@womeningh.org