

A HIGH LEVEL DIGITAL SUMMIT

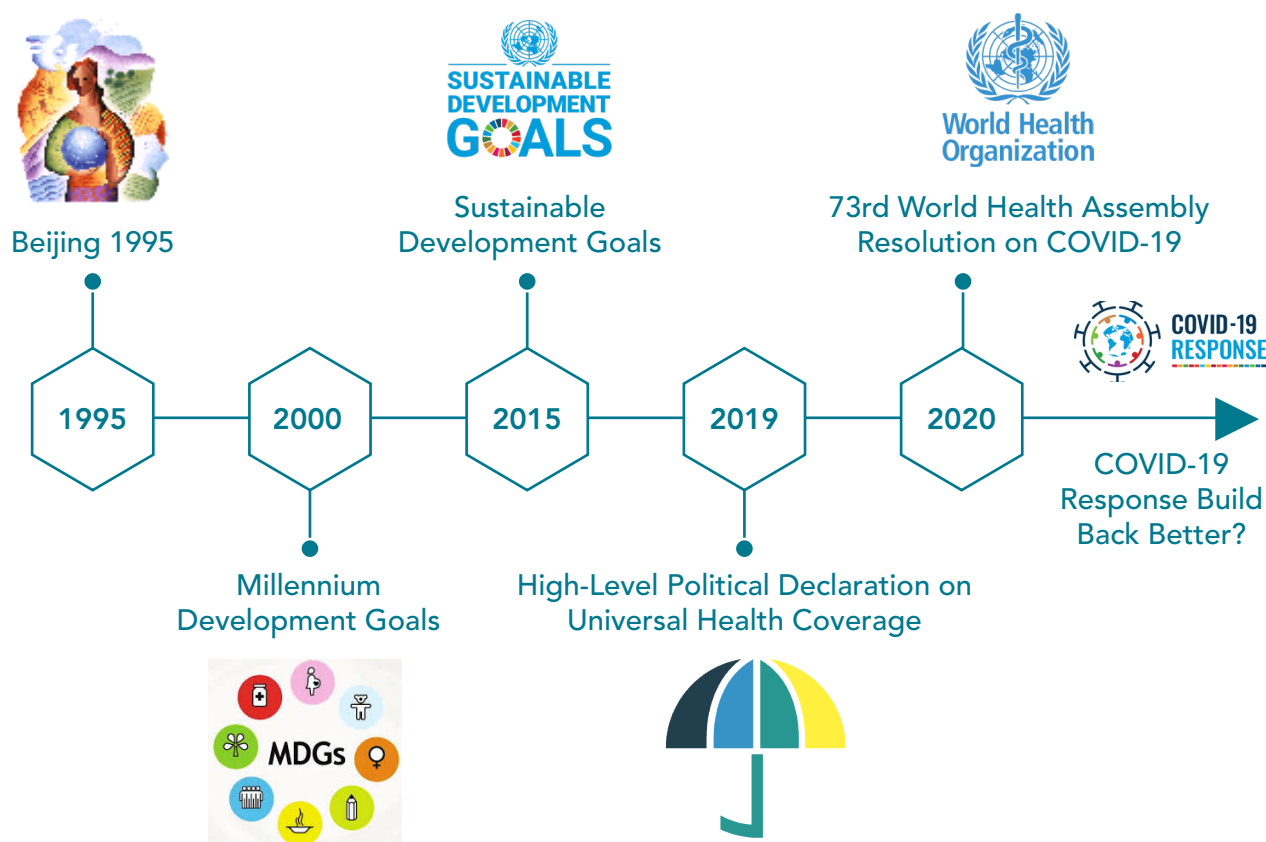
# WOMEN IN GLOBAL HEALTH SECURITY

Achieving Gender-Responsive Global Health

SEPTEMBER 17TH 2020

The COVID-19 pandemic has been a stark reminder that viruses do not respect national borders. We live in an interconnected and interdependent world. The pandemic has exposed deep inequalities in health and social systems at global and national levels, including gender inequality. Many lives will be lost to COVID-19 because fundamental gender inequities in the health workforce and wider society weaken our response. We can take steps now to build back better with a gender responsive approach.

Global and local solidarity are vital as this emergency escalates. Movements like ours, which work beyond borders, are key to confronting this global threat. As part of this emergency response, it is critical that women are enabled as decision-makers at all levels – from global to community.



Global commitments to women’s rights and empowerment and gender equality date back to the Fourth World Conference on Women in Beijing September 1995, renewed with the Millennium Development Goals (2000), the Sustainable Development Goals (2015), the High-Level Political Declaration on Universal Health Coverage (2019) and the 73rd World Health Assembly Resolution on COVID-19 (2020).

# WGH'S FIVE ASKS FOR GENDER-RESPONSIVE GLOBAL HEALTH SECURITY

COVID-19 has caused widespread loss of life, suffering and disruption which is predicted to escalate as the virus spreads to vulnerable populations and communities without universal health coverage (UHC). Many lives will be lost because countries do not have resilient health systems based on UHC, and because fundamental gender inequities in the health workforce and wider society weaken our response to pandemic prevention and response.

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We know that when women are in positions of global health leadership, women's needs will be reflected in global health policy.

- Dr Roopa Dhatt, Executive Director, Women in Global Health

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The Women in Global Health's COVID 50/50 campaign Five Asks for Gender-Responsive Global Health Security seeks to address some of these issues through offering five steps that can immediately hardwire gender equality into health systems, to ensure global health security for us all:

## Ask 1

Include women in global health security decision making structures and public discourse.

## Ask 2

Provide health workers, most of whom are women, with safe and decent working conditions.

## Ask 3

Recognize the value of women's unpaid care work by including it in the formal labor market and redistributing unpaid family care equally.

## Ask 4

Adopt a gender-responsive approach to health security data collection/analysis and response management.

## Ask 5

Fund women's movements to unleash capacity to address critical gender issues.

**COMMIT  
NOW**

Please join us as we confront the power and privilege that undermine global health by preventing women from contributing equally to the fight against challenges like this pandemic.

# MAKE A COMMITMENT

Deadline: 22 August 2020

Implementing gender-transformative approaches centering the 5 Asks within global health security requires commitments from leading actors within the sector. As part of the **Women in Global Health Security Summit** hosted by Women in Global Health (WGH), Wagner Foundation and Foreign Policy during the September 2020 UN General Assembly, we are collecting commitments from key global health institutions and leaders who will champion a gender-responsive agenda from global health institutions, donors, NGOs and the private sector. These commitments will be measurable over time and will target individuals as well as institutions. In addition to the commitments, we are also collecting values-based and approach-driven, pledges from governments.

These commitments will be announced publicly during the Summit and leading up to it, and is intended to start a conversation about gender-responsive policies for global health security that will last beyond the current pandemic and build future resilience.

We appreciate that your organization may currently have several published or unpublished data, policies or practices that address one or more of the 5 Asks, so we would like your team to design a specific set of commitments that will address the gaps. This set of 3-5 commitments should be unique to your organization.

## COMMITMENTS MENU

To help you design an appropriate set of commitments, we offer a Commitments Menu detailing some examples. Each example shows how you could achieve one of the 5 Asks through the collection or publication of data or with the implementation of new approaches. Your organization can adopt or adapt each of these commitments to fit their specific needs:

<p>ASK 1:</p> <p>COMMIT TO PARITY</p>	<p>Report on gender parity in COVID-19 decision making in your organization.</p> <p>Report on gender parity in COVID-19 external engagements.</p> <p>Report on gender parity in research grants.</p> <p>Report on leadership development programmes or pipelines for women in global health security.</p>	<p>Ensure that women make up 50% of the leadership positions in decision-making bodies and expert groups in global, regional and national decision-making bodies.</p> <p>Ensure that women make up 50% of external representation in international panels, forums, and media opportunities.</p> <p>Ensure that women make up 50% of the research leads or principal investigators.</p> <p>Raise the visibility of the work of women in global health security, and elevate them on the national, regional or international level.</p> <p>Design policies that support women to return to work after maternity and family leave and ensure that they have the resources they require to pursue leadership roles.</p>
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<p style="text-align: center;"><b>ASK 2:</b></p> <p style="text-align: center;"><b>PROVIDE SAFE AND DECENT WORK</b></p>	<p>Evaluate and publish access to gender enabling environments for your organization on access to PPE, breast feeding and menstruation products, and psycho-social services.</p> <p>Report case numbers on harassment and sexual harassment within the workplace, in both formal and informal settings.</p> <p>Be transparent about your policies on harassment, provide evidence of how these policies were developed, and how they have been applied in practice.</p>	<p>Provide health and social care workers, most of whom are women, with safe and decent working conditions. This includes providing adequate PPE, and procedures, and protecting workers from harassment and bullying.</p> <p>Ensure that women can take adequate breaks for breastfeeding and menstruation.</p> <p>Provide universal access to menstrual products for health and social care workers in accessible places such as workstations, restrooms etc.</p> <p>Provide psycho-social benefits for health and social care workers (e.g. counseling, foster peer support networks).</p> <p>Ensure that reporting systems for bullying and harassment are open to the public, easily accessible and survivors are able to maintain confidentiality.</p>
<p style="text-align: center;"><b>ASK 3:</b></p> <p style="text-align: center;"><b>VALUE WOMEN'S UNPAID CARE WORK</b></p>	<p>Evaluate and publish gender pay gap data for your organization.</p> <p>Define and determine the extent to which your organization, at all levels, including at the country level, depends on unpaid and underpaid work by (e.g. conducting a survey or an independent audit which could show what percentage of the work is stipend based/salary).</p>	<p>Bring women's unpaid work in health and social care work into the formal labor market.</p> <p>Support the equal distribution of unpaid family care between men and women. This includes paying women fairly for their health and social care work, and implementing family-friendly policies (e.g. equally paid family leave for men and women) that help redistribute unpaid family care.</p>

ASK 4:

ADOPT A  
GENDER-  
RESPONSIVE  
APPROACH

Collect and publish, at minimum, sex-disaggregated data. Ideally, data should also be disaggregated by age and other demographic characteristics.

Include women and men and their experiences equally in clinical trials and other research.

Conduct specific research to address biological and behavioural risk factors that are different among men and women (e.g. risks to pregnant or breastfeeding women, and the risks from use of tobacco, indoor cooking stoves, etc.)

Conduct specific research to address the role of women in global health security solutions (e.g. family and community health promotion, impact on health policy of female decision-makers including parliamentarians, etc.)

Conduct specific research on the impact of outbreaks and pandemics on women's SRHR, gender-based violence.

Design gender-transformative policies that support the collection and reporting of gender-disaggregated data.

Commit to recognizing, both in language and in internal policy, that SRHR services and measures to eradicate GBV are essential services.

Support programming which supports women's entry into professional positions within technology, innovation and academic and non-academic research.

Prevent the single-sex composition of any panel discussion or program - elevate the voices of women, particularly women from LMICs.

ASK 5:

FUND  
WOMEN

Track the amount of organizational funding awarded to gender equality activities and women-led organizations, using the OECD DAC Gender Marker, including allocation to women-led organization in lower and middle income countries.

Support, and where appropriate, fund women's movements and particularly, women's organizations in LMICs, to unleash capacity to address critical issues in global health security.

Amplify diverse viewpoints from women-led organizations to support a culture of change.

Scale-up programming that supports women's movements e.g., expanding and enhancing successful women's movements or innovative pilots, particularly in LMICs.

Engage and contribute to advocacy campaigns and become a partner in an existing initiative to encourage or create a new advocacy campaign that encourages the adoption of a gender-transformative agenda through women-led civil society organizations.

The above list offers some examples of commitments that your organization can make towards supporting a gender-transformative global health security agenda for COVID-19 and the future. We ask that you design any additional commitments to promote at least one of the 5 Asks. You are free to make multiple commitments.

## NEXT STEPS

1. Review this document and identify your organization's potential commitments.
2. Arrange a call with our team, which includes Executive Director, Dr Roopa Dhatt and Deputy Director, Sarah Hillware, as well as the COVID 50/50 campaign team to discuss the various facets of your commitments and to answer any questions.
3. Finalize the commitment by 22nd of August 2020.
4. Receive the commitment confirmation letter.
5. Work with our team to promote the announcement, including but not limited to a feature on our website, social media and exploring your platforms.

### Reminder:

Please email you commitments to [Jennifer.Martin@womeningh.org](mailto:Jennifer.Martin@womeningh.org) by the **22nd of August 2020**, with an absolute deadline of the **7th of September 2020**. We will then issue you with a Letter of Commitment. An example of this letter can be found on the next page.

We aim to announce commitments leading up to and during the Women in Global Health Security Summit on the **17th of September**.

In the meantime, if you have any questions you can contact:

Jennifer S. Martin

Global Project Director COVID 50/50

Women in Global Health

[Jennifer.Martin@womeningh.org](mailto:Jennifer.Martin@womeningh.org)

### About Us:

[Women in Global Health](#) (WGH) is a US 501(c)(3) founded in 2015 to achieve gender equality in global health leadership. Today, WGH is a global movement with the largest network of women and allies, more than 25,000 supporters across more than 90 countries and continues to grow, with a strong presence in low- and middle-income countries. Dr. Roopa Dhatt, the Executive Director, and the global team work with a network of WGH chapters in every region to challenge power and privilege for gender equity in health by mobilizing a diverse group of emerging women health leaders, by advocating to existing global health leaders to commit to transform their own institutions, and by holding these leaders to account.

\* WGH chapters have been established in Australasia, Canada, Chile, Finland, Germany, India, Ireland, Norway, Pakistan, Portugal, Somalia, Sweden and USA, with Cameroon, China, Malawi, Nigeria, South Africa, UK and Zambia under development. WGH also has regional affiliates in East and West Africa.



# LETTER OF COMMITMENT

I understand that my role as a ..... is a significant responsibility and will make it a priority to uphold the commitments within ..... I look forward to working with the Women in Global Health team to support the implementation of gender-responsive policies in global health security, and, on behalf of ....., as we commit to:

\* Support the Mission, Vision, Values and Goals of the COVID 50/50 campaign and Women in Global Health

\* INSERT ORGANIZATION SPECIFIC COMMITMENT

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\* Will provide Women in Global Health with annual updates around the previously mentioned commitments that will be shared in a public annual report.

I have read and fully agree to this Letter of Commitment and look forward to assisting the organization in this role.

[Insert Logo]

Signed ..... Date .....

Print name .....

Title: .....

Contact Email Address: .....



WOMEN IN GLOBAL HEALTH

Signed ..... Date .....

Title: .....

Contact Email Address: .....