



## We as civil society<sup>1</sup> responding to COVID-19 expect WHO to take 10 Actions:

### *Promote Gender Parity and Diversity in COVID-19 Leadership*

1. Support member states to reach gender parity in global and national and global task forces on the COVID-19 response and post pandemic health security, in line with WHA73 Resolution on COVID-19:
  - *‘to strengthen actions that involve women’s participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery.’*
2. DG WHO to instruct WHO offices at all levels to ensure gender parity in all COVID-19 decision-making bodies, scientific advisory groups (including ACT Accelerator, COVAX, IHR) panels and consultations established by WHO.
3. WHO to establish a working group on Gender Equality and COVID-19 with geographically diverse civil society membership to support the DG’s leadership on this issue.

### *Facilitate the Collection and Use of Robust Data*

1. WHO to remind Members States of their commitments to report comprehensive data by sex and age as requested in the WHO weekly aggregate reporting, including data on health workforce, and beyond only infection cases and mortality. This is in line with WHA Resolution 60.25 (2007).
2. Any research supported or led by WHO through ACT Accelerator, COVAX facility or other platforms to integrate sex and gender to ensure that vaccines or pharmaceuticals are equally safe, efficacious and effective in women, including pregnant women, and men. Gender and other inequities should be taken into account in country preparedness for roll out of tests, treatments and vaccines and when identifying priority target groups to ensure equitable access to those most at risk.
3. In the next revision of the COVID-19 surveillance and other data collection forms to ensure data collection on sex assigned at birth and self-reported gender, offering options to capture data beyond the binary of women and men.

### *Champion gender responsive health systems*

<sup>1</sup> This is a dynamic document co-created by [Women in Global Health](#) and [GENDRO](#). Civil Society Organizations are a wide range of voices. This is an effort to initiate the first of many conversations to inspire dialogue between CSOs and the World Health Organization on gender and COVID-19. Contact us at: [COVID5050@womeningh.org](mailto:COVID5050@womeningh.org) or [GENDRO](#).

1. WHO to collect and publish evidence on impact from COVID-19 and previous outbreaks of disrupted SRHR services for women and recommend good practice solutions to member states to reduce maternal mortality and other negative impacts for women and girls.
2. DG, through the WHO Gender Equity Hub, to work with key member states to champion the end of unpaid work in health systems and community health workers (in line with 2018 WHO Guideline on remuneration for community health workers).
3. WHO to lead research on the supply and design of personal protective equipment (PPE) and make recommendations to member states on PPE that meets the safety and health needs of female health workers.

### Overarching

1. Bring a gender perspective into every dialogue hosted by WHO, especially with CSOs.

### **We as civil society in COVID-19 will take these measures to support WHO and the global community:**

1. Continue to support WHO at global, regional and national levels with technical expertise and advice on gender equality and COVID-19.
2. Continue to work with member states, WHO and other UN agencies and other key stakeholders to ensure the SDGs are delivered to deadline in 2030, especially SDGs 3 and 5, and not disrupted by COVID-19.
3. Ensure that gender inequities in health leadership, data, workforce and health systems highlighted by COVID-19 are included in the Beijing25 [Generation Equality Forum](#) process and UN General Assembly Special Session in 2021.
4. Give evidence and recommendations to the Independent Panel for Pandemic Preparedness and Response (IPPR).
5. Work with our networks and civil society partners at global, regional and national levels to ensure member state accountability for commitments made.
6. Support member states and WHO to identify and include women experts in global health security and front-line health workers, in particular from low- and middle-income countries and indigenous communities, to ensure meaningful engagement in all levels of decision-making (resources include rosters of women and [Operation 50/50 list](#) of women experts).
7. Given the centrality of UHC to health security, continue to support WHO and member states by advocating for gender responsive UHC via UHC2030, CSEM and the [Alliance for Gender Equality and UHC](#).
8. Engaging with the [WHO Gender Equity Hub](#) for the health workforce to gather evidence, convene experts and develop policy tools for member states on gender equity and leadership, particularly [Gender Transformative Leadership \(GTL\)](#), in the health and social workforce.
9. Advocate with their governments to improve collection and reporting of complete and accurate data by sex and age, including data on probable cases and health workforce.
10. Collect and report data by sex and age when engaging in patient care and report data to central entities in their countries to enable more complete reporting.
11. Work with academic and other stakeholders, including the [Gender and COVID-19 Working Group](#) to support WHO in collaborative quantitative and qualitative research, including on the social, economic and human rights impact of COVID-19.
12. Support member states, WHO and other international agencies to vision and implement stronger post pandemic health systems and global health security free from gender inequity. CSOs can support change in global health through thought leadership on approaches to gender equality and leadership.