

The Sex, Gender and COVID-19 Health Policy Portal

From the [Sex, Gender and COVID-19 Project](#), a collaboration of [Global Health 50/50](#), of University College London (UCL), the [African Population and Health Research Center](#), and the [International Center for Research on Women](#) in India.

Executive Summary

The [Sex, Gender and COVID-19 Health Policy Portal](#) offers the most comprehensive review of the recognition of and response to sex and gender in national COVID-19 public health policies globally. Launched in the context of mounting calls for governments to adopt gender-responsive approaches to the pandemic, the Policy Portal finds little evidence that sex and gender have been considered in policies that directly impact people's health outcomes.

From the early stages of the COVID-19 pandemic, sex and gender have had a measurable impact on people's health. From an individual's risk of exposure to the virus to their ability to access testing, vaccination and health services and their likelihood of developing severe disease, sex and gender play a determining role. Data collected in the [COVID-19 Sex-Disaggregated Data Tracker](#) has demonstrated that, although there is some variation among countries, in general, men are less likely than women to be tested for COVID-19, but more likely to be hospitalised and more likely to die from the virus.

The *Sex, Gender and COVID-19 Health Policy Portal* collates and reviews over 450 policies and policy excerpts from 76 countries across all WHO regions and World Bank income groups. Policies are collected under six key areas derived from the [WHO pandemic response recommendations](#): vaccination, public health messaging, clinical management, protection of healthcare workers, disease surveillance, and maintenance of essential health services. All policies have been collected from official Government sources. The policies were examined using the [WHO gender-responsiveness assessment scale](#) to understand whether and how they respond to gender inequalities, as well as which populations they target (men, women, transgender people and non-binary people) and whether human rights and equity are considered.

Considering gender in policy responses improves health outcomes for everyone

In all six policy areas reviewed, evidence from past pandemics suggests that taking gender and intersecting characteristics, such as age, disability, ethnicity, pregnancy and socio-economic status, into account when designing and delivering interventions to address COVID-19 may improve health outcomes for everyone. Yet the *Sex, Gender and COVID-19 Health Policy Portal* reveals a pervasive gender-blindness that spans policy areas, geographical regions and country income levels. While these findings do not speak to the effectiveness of health measures

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implemented by governments, they shed light on governments' stated commitments in relation to protecting the health of their populations.

Key findings from the Sex, Gender and COVID-19 Health Policy Portal

- Among 388 policies (excluding surveillance policies, which were assessed differently), just 9% were found to address the role of gender in driving health outcomes - ranging from 6% of clinical guidelines and health worker protection guidance to 12% of public health messaging policies.
- Less than one-third of policies (143/458) identified the population beneficiaries (men, women and/or transgender people) of the policy action. Most of the policies that identified a specific population were focused on women's health, and specifically maternal health. A small number of policies (13) mentioned interventions targeting men, and only one policy mentioned transgender people.
- A majority of vaccine policies (72%) were found to make a commitment to equity, including through the identification of priority vaccination groups. Apart from vaccine policies, however, only a small proportion of policies contain any equity commitments (31%) or human rights commitments (17%).

These findings sit in a global context of sex and gender being attributed low priority by governments from the outset of the pandemic. As of February, just over half of 192 countries tracked by the COVID-19 Sex-Disaggregated Data Tracker were reporting sex-disaggregated data on COVID-19 testing, cases, deaths, or hospitalisations. Fewer than half (47%) of high income countries had reported sex-disaggregated death data every month for the past 3 months and numerous countries have stopped reporting that were previously doing so - demonstrating that lack of reporting is not only a question of resource capacity or unavailability of data.

Using the Sex, Gender and COVID-19 Policy Portal as a tool for change

Governments, decision-makers, researchers, advocates and funders are encouraged to explore the Policy Portal's global index, country profiles and policy area pages to compare policy approaches and promote knowledge sharing. By highlighting examples of gender-responsive policies under each policy area and collating resources, the Policy Portal provides a tool for actors across the pandemic response to push for gender-responsive COVID-19 health policies. This is of ongoing importance as countries move towards vaccine roll out and recovery. Evidence from the *COVID-19 Sex-Disaggregated Data Tracker* already shows gendered trends in vaccination: integrating a gender lens should be a priority.

At this stage, it is impossible to measure the direct health consequences of gender-blind policies during the pandemic - including the preventable illness, long-term health complications and lives lost which they are likely contributing to. However from where we stand, there are clear actions that countries should adopt in order to more effectively, and more equitably, protect the health of their populations. We hope that the *Sex, Gender and COVID-19 Health Policy Portal* provides a tool to shift the pandemic response in this direction.