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Importance of sex and gender in pandemic underestimated and underaddressed, finds new report

This International Women's Day, despite a year of mounting evidence that sex, gender and gender equality are key drivers of health inequities from COVID-19, a new report finds concerning evidence that sex and gender have been missed in the global health pandemic response.

Current data shows that sex and gender are playing a critical role in determining who can access services, who gets tested, or the chances of severe illness and death. Twice as many men globally have been admitted to Intensive Care Units with COVID-19, and there are 1.5 times more reported deaths among men with COVID-19 than among women. Women however may face barriers to accessing health services during the pandemic and comprise the largest share of infections among healthcare workers.

Alarmingly, the report, from the same entity running the world's [largest source of sex-disaggregated data on COVID-19](#), finds that efforts to address these gendered inequalities are almost entirely absent from the activities of the world's leading organisations working on health and COVID-19.

The findings form part of Global Health 50/50's latest report, *Gender Equality: Flying blind in a time of crisis*. Now in its fourth year, the report reviews the 201 most influential organisations active in global health to assess how gender equality is being advanced within organisations and health programmes, taking an in-depth look at gender in health-related COVID-19 responses.

A consideration of gender was present in fewer than two in ten COVID-19 health-related activities, ranging from research and development of vaccines, access to health services, protecting health care workers and supporting national and global surveillance. Just 10% of activities relating to vaccinations or the protection of healthcare workers considered gender.

“Organisations active in global health have been battling the pandemic with their eyes closed to the role gender plays. This means pandemic responses are far less effective than they should be, because one of the main drivers of health inequities has effectively been

ignored. This is a huge missed opportunity with grave consequences for the health of people around the world,” said Professor Sarah Hawkes, co-director of GH5050.

The report finds that the leaders of these institutions are predominantly male (70%), with 84% hailing from and 94% educated in high-income countries. Yet these leaders are tasked with making decisions that influence the health of people of all genders, from all countries worldwide.

“Organisations and leaders espouse commitments to gender equality, but when it came to a time of crisis, gender seemed to very quickly fall off the health agenda. This International Women’s Day we are left wondering whether the fundamental importance of sex and gender to health is yet to be grasped”, said GH5050 co-director Professor Kent Buse. “2021 provides an opportunity to turn things around. To do so we must unite progressive groups fighting for an end to inequality in all of its many guises.”

Findings show a large increase in organisations committing to gender equality alongside other piecemeal signs of progress over four years. With this year’s International Women’s Day urging people to choose to challenge, the report calls for institutions and individuals to move from rhetoric to widespread action on gender equality.

“With Global Health 50/50 reporting that 80% of global health organisations espouse commitments to gender equality, we are left to wonder why, when the evidence is so clear on gendered risks, the response has been so overwhelmingly gender-blind.” said Helen Clark, former Prime Minister of New Zealand and former administrator, United Nations Development Partnership.

Among the findings:

- 8 in 10 of the 201 leading organisations active in global health publicly commit to gender equality, but when it came to health-related COVID-19 responses reviewed, 8 in 10 activities ignored gender.
 - The areas that were least likely to consider gender were the protection of health-care workers and research, development and delivery of vaccinations, where just 10% of activities considered gender
 - When gender was considered in activities, 9 in 10 activities focused primarily on women and girls - although men have been shown to be suffering worse outcomes once infected with COVID-19.
 - Just 2/350 activities acknowledged the specific health needs of transgender or non-binary populations.
- Reporting sex-disaggregated data remains an exception rather than a norm in global health. Fewer than 4 in 10 organisations reviewed do so, despite this data being essential to uncovering inequities in health. This neglect is mirrored at the national

level during the pandemic, with only half of the world's governments publishing this data in the past month.

- The leadership of these institutions, central to shaping the global health sector's response to the pandemic, is 70% male, with nationals of high-income countries making up 84% of leaders -- despite this pool of leaders being tasked with making decisions that influence the health of people of all genders, worldwide.
- A small fraction of organisations have transparent board diversity and inclusion policies. Governing boards are among the most influential decision-makers in global health. Commitment and measures to promote diversity and representation in these bodies are on the rise, yet 80% appear to still lack specific policy measures to advance diversity.
- CEO salaries at the 34 US-based NGOs in the sample were consistently higher for men. On average, women CEOs were paid \$308,000, while men CEOs were paid \$415,000 - a gender gap of \$106,000 per year.

The 2021 GH5050 Report, *Flying Blind in a Time of Crisis*, and the winning images from the This is Gender competition will be published at www.globalhealth5050.org on the morning of International Women's Day, Monday 8 March 2021. Once live, the report URL will be www.globalhealth5050.org/2021-report.

Details for the accompanying launch events can be found [here](#).

Quotes to accompany this news release

"The failure to address gender in this pandemic does not arise from a lack of data or evidence. We have known since early 2020 that men and women experience different outcomes in testing, exposure, severe disease and death - with decades of evidence from other areas of health pointing to a similar picture. With Global Health 50/50 reporting that 80% of global health organisations espouse commitments to gender equality, we are left to wonder why, when the evidence is so clear on gendered risks, the response has been so overwhelmingly gender-blind." Helen Clark, former Prime Minister of New Zealand & former Administrator, United National Development Partnership

"Am I surprised that fewer than the GH5050 report finds just 4 in 10 organisations publish sex-disaggregated data? Sadly, no I'm not. But lives have been saved because of sex-disaggregating data. COVID-19 should encourage more organisations, governments and individuals to prioritise this data, as the pandemic could not have provided a more forceful example of why we need sex-disaggregated data. Humans are not unisex, so it doesn't make sense to treat data that way." - Caroline Criado Perez, author, journalist and activist

“Data are not inherently political – it is in the interpretation of the data that we are able to identify the critical patterns and possible solutions to the vast inequities that have been highlighted and exacerbated by the pandemic. This makes the collection and sharing of disaggregated data a critical public good that cannot and should not be held ransom to the fear of public scrutiny and accountability” - Pascale Allotey, Director of the United Nations University International Institute for Global Health (UNU-IIGH).

Ends

Notes for Editors

Folder of images, embargoed until 8 March 2021 at 00:01 GMT can be found here:

<https://drive.google.com/drive/folders/19FlcK53gVae0iJodHITS67nFDA211V3U?usp=sharing>

A copy of the report (embargoed until 00:01 GMT on 8 March) can be found here:

<https://drive.google.com/file/d/1wVwDUQYvuYfauKXwu-mSDMZNMkgGPXBA/view?usp=sharing>.

Once live, the report will be at www.globalhealth5050.org/2021-report.

About Global Health 50/50

Global Health 50/50, housed at University College London, is an independent research and advocacy initiative that promotes far-reaching transparency, action and accountability to advance gender equality and health equity. Established in 2017, it brings together leading feminists including doctors, academics, journalists, politicians and policy experts from all corners of the world.

The 201 organisations reviewed in the report include organisations from the United Nations system, governmental agencies, international NGOs, research and surveillance organisations, faith-based organisations, consultancies, private-sector companies, PPPs and leading funders.

For more information about this story, or to arrange interviews, contact: Anna Purdie a.purdie@ucl.ac.uk