



A Shared Agenda for Gender & COVID-19 Research

**Abbreviated Results for WHO Global Research and
Innovation Forum on 24-25 February**

Gender &
Health Hub



University of the Western Cape
School of Public Health



UNITED NATIONS
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Why does it matter?

While there is recognition that governments and political leadership must do more to address the gendered determinants of the pandemic, serious gaps in integrating and prioritizing sex and gender in COVID-19 research and responses remain

Clinical Trials

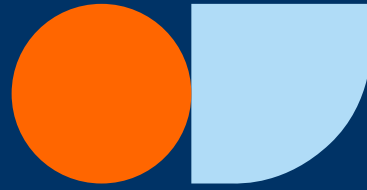
- Only [4% of 4,420](#) registered SARS-CoV-2/COVID-19 studies explicitly reported a plan to include sex/gender for analysis
- Only 8 of the 45 COVID-19 randomized controlled trials with results published by December 2020, reported sex-disaggregated results or subgroup analyses

Health Services

- Across 205 countries, [only 17 report](#) sex-disaggregated data on testing, 180 on confirmed cases, 74 on hospitalization, 19 on ICU admissions and 135 on deaths

Health Policy

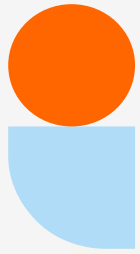
- Across 334 task forces assessed, women made up on [average 24%](#) of the membership of these taskforces and only led 19% of them



Sex and gender are fundamental characteristics that must be included in research investments informing immediate COVID-19 care and action, as well as long-term recovery.

If not, scientific solutions will remain inadequate for at least half of the population and further delay the achievement of health and well-being for all.

MORE THAN A SUB-GROUP ANALYSIS



Overall process

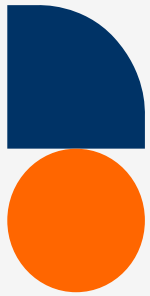
5 global meetings & 4 regional consultations

160 participants contributed to draft reports and questions through discussion board



More than a 1000 participants engaged through email, webinars, discussion boards, surveys

English, Spanish, Portuguese, French, Arabic



Across Key Behaviors, Benches, Beds and Boardrooms: Sex & Gender is vital for COVID-19 Research & Response

Through multiple forms of engagement, we have a comprehensive research agenda addressing sex & gender across all dimensions of the health response to COVID-19



1. Health behavior and status of those directly and indirectly affected by COVID-19



2. Research and development of COVID-19 diagnostic and therapeutic interventions



3. Health service delivery implications and impacts of COVID-19



4. Social determinants of gender dynamics affecting or impacted by COVID-19



5. Governance of health systems responding to COVID-19

Sex and gender susceptibility to Covid-19 infection, morbidity, mortality






Sex and gender differences post-Covid conditions

Gender differences uptake of non-pharmaceutical interventions

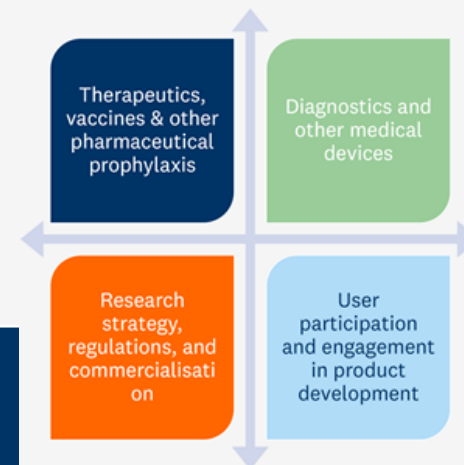
Gender differences uptake of the COVID-19 vaccines








Impact on non-Covid outcomes

TG1: Health Status and behaviour

	Priority Research Question
	Acceptance and uptake of COVID-19 vaccines Do the gender differences in the trust, acceptance and uptake of COVID-19 vaccines vary across social categories (such as race, disability, migrant status, age, sexuality and pre-existing conditions)
	Acceptance and uptake of COVID-19 vaccines Are there gender differences in the acceptance and uptake of COVID-19 vaccines?
	COVID-19 infections, acute morbidity, and mortality What are the infection, acute morbidity and mortality levels of COVID-19 among <u>pregnant and post-partum women</u> , and their foetus/infants across various contexts
	Post-COVID conditions How do post-COVID conditions affect <u>pregnant and postpartum women</u> , and their foetus/infants across various contexts
	Mental Health and other NCDs What was the impact of COVID-19 measures on the mental health outcomes of women, men, girls, boys, LGBTQI+ and gender-diverse persons







TG2: Research and Development



	Research Question
	Participation & engagement: How can <u>pregnant and lactating females</u> be ethically, and safely included in phase 3 and 4 studies for COVID-19 R&D?
	Regulation, funding & commercialisation: In what way are sex and gender related variables integrated into national and global vaccine safety surveillance systems?
	Therapeutics & vaccines- specific population outcomes: Does safety, efficacy, optimal dosing regime, and protective duration of the different COVID-19 vaccines differ in <u>pregnant and lactating women</u> , and their foetuses and infants/toddlers?
	Therapeutics & vaccines outcomes: Does safety, efficacy and optimal dosing of different therapeutic interventions for COVID-19, and post-COVID conditions differ by sex, age, race?
	Therapeutics & vaccines-specific population outcomes: Does safety, efficacy and optimal dosing regimens of different therapeutic interventions for COVID-19, and post-COVID conditions differ in <u>pregnant and lactating women</u> , and their foetuses and infants/toddlers?
	Participation & engagement: What is the extent of the enrolment and participation of women in ongoing and completed COVID-19 clinical trials across various sites and countries?
	Digital health: How can digital health intervention algorithms used in the pandemic be built to correct for gender and race bias?




TG3: Health Services

-  Access and quality of care
 - general
 - key services
 - key populations
-  Service delivery models
-  Human resources for health
-  Medical supplies, products and technology
-  Health information
-  Health financing

	Research Question
	Access: How did health service delivery measures respond to the needs of <u>pregnant women</u> who tested positive for COVID-19?
	Access: To what extent, and how has, utilization of quality sexual, reproductive and maternal health and violence against women services changed because of COVID-19?
	Access: How has the prioritization of COVID-19 services affected access to services for non-COVID-19 health conditions by gender and its intersection with other social categories
	Access: How does access and quality of services for COVID-19 differ by gender and its intersection with other social categories (such as race, disability, migrant status, age, sexuality, etc) in various contexts?
	Access: What strategies were used to improve gender and other inequities in access and quality of care for COVID-19 services (testing, facility-based care, quarantine care, etc) and how effective were they?
	Service delivery models: What are the different service reorganization models implemented to ensure continuity of maternal health, sexual, and reproductive and maternal health (SRHR) and violence against women and girls (VAWG) services during the pandemic, and how effective are they



Recapping the most important priorities

-  1. While social determinants was the theme with the most participation, questions related to **R&D**; health status & behavior; health service access & organization were prioritized as the most urgent for public health & gender equality
-  **2. Most important question: How can pregnant and lactating females be ethically, and safely included in phase 3 and 4 studies for COVID-19 R&D?**
 - Questions about pregnant and lactating women prioritized across TG1, TG2 & TG3
 - Biological differences remain an unaddressed priority for vaccine & therapeutics R&D
 - Sex disaggregated analysis in clinical trials, safety surveillance systems, basic HMIS must be prioritized further
-  **3. In addition, research that examines and addresses the power dynamics that frame the lived realities of those most marginalized also highly valued**
 - Evidence to understand and respond to gender based violence in the context of COVID-19
 - Policy analysis of gender mainstreaming in COVID-19 responses for accountability: Is gender currently considered and what would health systems look like if gender was considered?



Integrate sex/gender & Increase \$\$

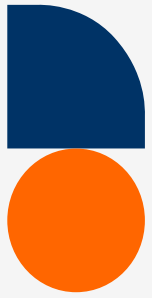


Integrate sex & gender into existing research investments & platforms



Increase investment in high-impact and high-quality research that addresses

- Sex and gender in vaccine and therapeutics R&D
- Real-time research on vaccine hesitancy and uptake
- Indirect and long-term impacts on health and wellbeing, including GBV, mental health
- Implementation research to design, evaluate and learn from gender-responsive policies, responses and adaptations in health service delivery that promote gender equality or mitigate gender inequalities
- Research that supports multi-sectoral action to address the gendered social determinants and consequences of COVID-19 on those most marginalized
- Research that reveals and transforms the gender power dynamics in health system decision making for COVID-19



This is just the beginning



This research agenda built with engagement across multiple constituencies must be owned and monitored for an effective and equitable response to COVID-19



Billions are being invested in COVID-19 responses which have been transformed by research that has evolved in an unprecedented manner



Yet without these sex & gender research priorities, the scientific basis for the COVID-19 response remains not just inequitable, but also incomplete & ineffective



Next steps

Collective influence:



Funders roundtable



Regional dialogues, e.g. Best practice platforms in Asia & Africa



Targeted outreach to varied stakeholders

Scientific outputs:



BMJ Supplement



Policy Fora & Podcasts

Gender & Health Hub



www.genderhealthhub.org