





A Shared Agenda for Gender & COVID-19 Research

Final Results



Background

What?

A shared and prioritized research agenda and framework for evidence-informed action to address gender and intersectionality in the global health and intersectoral COVID-19 response

Why?

- Provide a systematic and inclusive way to map gender & COVID-19 research needs to support policy and programming-relevant research and accountability
- Facilitate feminist solidarity in understanding, voice, and action from multiple communities of stakeholders

How?

- In consultation with **UN agencies** under **WHO leadership**; **Gender and COVID-19** working group; **SVRI** research prioritization
- Open calls for participation following feminist and decolonizing global health principles



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 <u>4% of 4,420</u> 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, <u>only 17 report</u> 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 <u>average 24%</u> of the membership of these taskforces and only led 19% of them



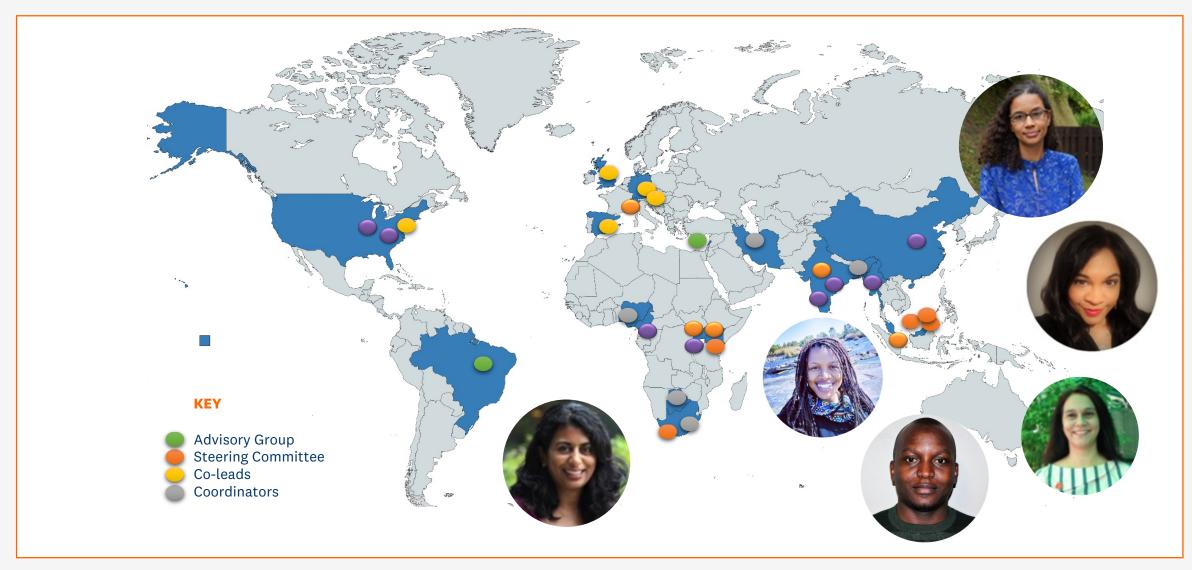
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It is clear that sex and gender must be included in research investments informing immediate COVID-19 care and action, as well as long-term recovery.

If not, scientific solutions will remain inadequate for a large part of the population and further delay the achievement of health and well-being for all.



Team Leadership Around The World





Overall process





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



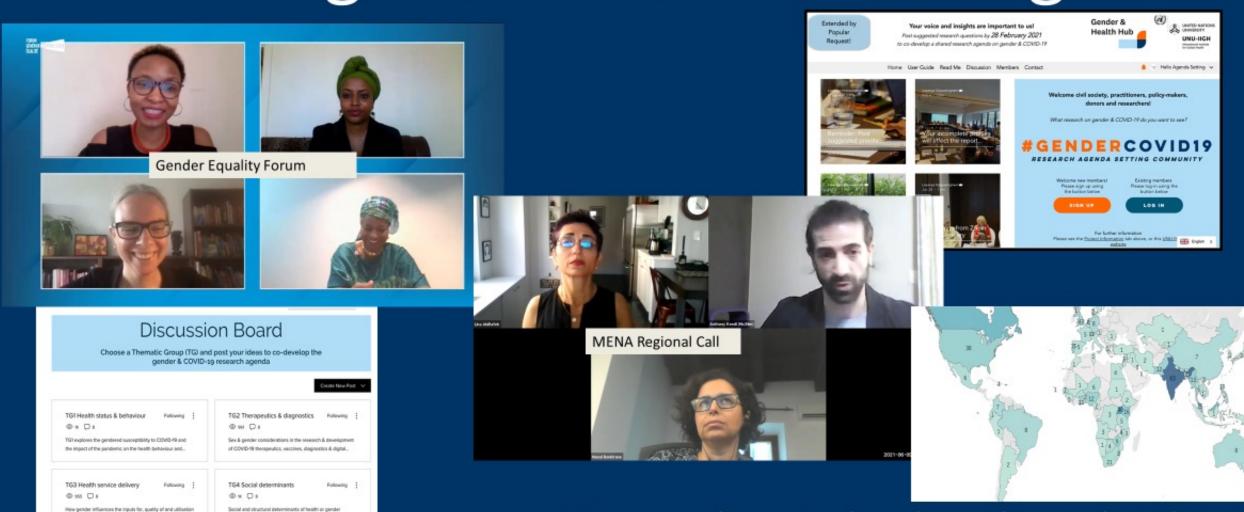
5. Governance of health systems responding to COVID-19



dynamics impacted by COVID-19

Community Chat

Dialogue & consensus building



Over 450 participants on discussion board, mostly LMIC based Over 900 engaged through webinars, outreach, email etc



Webinar convenings:

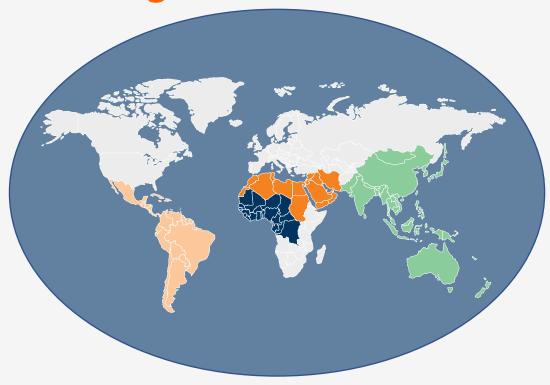
More than 400 participants

5 Global Meetings

- Launch
- Research protocol review
- Generation Equality Forum
- Initial survey results
- Final results

Communications in Arabic, Chinese, French, **English**, Spanish, Portuguese

4 Regional Consultations



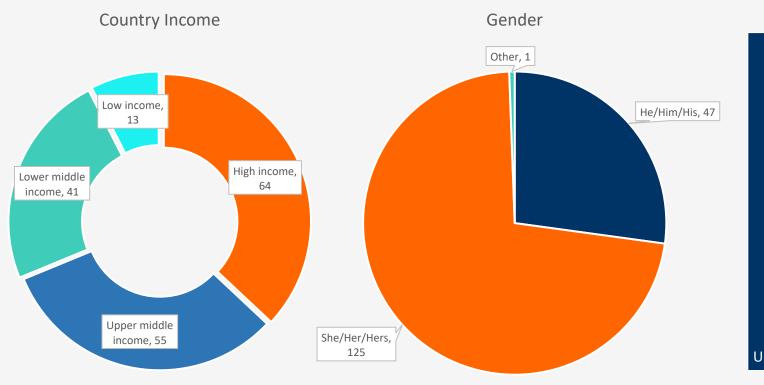
Thematic Report Contributors, Questions & Survey Respondents

Thematic Groups	Report Contributors	Research Questions	Survey Respondents
TG1: Health status & behaviour	34	40	37
TG2: R&D	23	41	24
TG3: Health services	33	54	38
TG4: Social determinants	47	43	79
TG5: Governance	22	35	32
Total	159	213	173 participants 210 responses



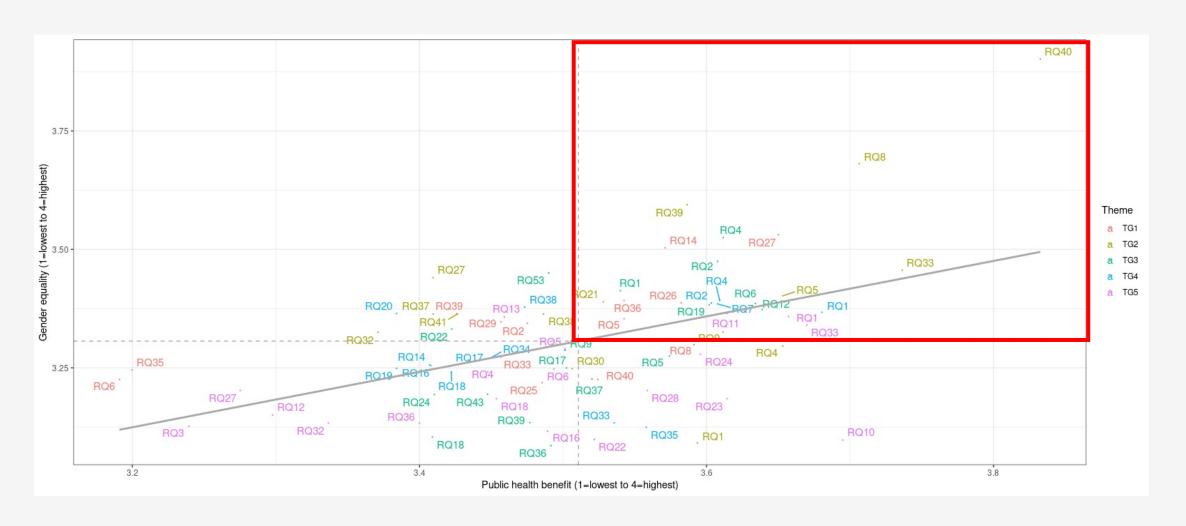
Survey Participants Profile: All Groups

173 survey participants





Top Research Questions: All Groups





TG1: Health Status and behaviour

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

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

	Priority Research Question
Walt.	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 pregnant and post-partum women, and their foetus/infants across various contexts
\$ *	Post-COVID conditions How do post-COVID conditions affect pregnant and postpartum women, 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, women, girls, boys, LGBTQI+ and gender-diverse persons



Therapeutics, vaccines & other pharmaceutical prophylaxis

Diagnostics and other medical devices

Research strategy, regulations, and commercialisati on

User participation and engagement in product development









How would you spend \$1 million on COVID-19 gender research grant money?

Develop infrastructure along the research pipelinefunding agencies, reviewers, editors, etc- that ensures that biological sex and/or gender is accounted for both in design and analysis of all research trials.





Jeannette Wolfe
Professor of Emergency Medicine
University of Massachusetts-Baystate, USA

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Researc	h Ou	estion
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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?









How would you spend \$1 million on COVID-19 gender research grant money?

Research on how Intellectual Property protections on COVID-19 vaccines, diagnostic tools and therapeutic treatments within a pandemic has a disproportionate impact on women, and particularly marginalised and underserved groups in the Global South.





Marlise Richter Senior Researcher Health Justice Initiative, South Africa

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TG3: Health Services

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

TG3: Health Services



	Research Question
\$	Access: How did health service delivery measures respond to the needs of <u>pregnant women</u> who tested positive for COVID-19?
P	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?
1	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



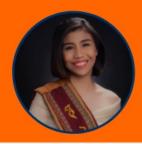


How would you spend \$1 million on COVID-19 gender research grant money?

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Identify the health and safety needs of women and LGBTIA+ and form responsive programs around access to health services, safe return to work and safe work environments.





Jackielyn Ruiz Instructor University of the Philippines, Manila

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TG

TG4: Social Determinants

Gender-based violence

Occupation, income and labour

Social and gender norms

Gender, stigma and discrimination

Education, social infrastructure and support

Environmental determinants of health

TG4: Social Determinants



How would you spend \$1 million on COVID-19 gender research grant money?

I would use the money to carry out participatory studies to help women and children in my country. I would build shelters for women and girls who are victims of Gender Based Violence





Grace Maria Kentaro Lecturer/PhD Student Makerere University, Uganda

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TG4: Social Determinants

Adjusted means for the public health benefit and gender quality scales (1-4) and level of urgency for all top priority questions

Research Question Gender-based violence: How has the prevalence, incidence, severity and frequency of different types of GBV (including online violence, and child marriage) changed during the different phases of the COVID-19 pandemic? Gender-based violence: Which women and girls facing intersecting forms of discrimination (including age, poverty, disability, and sexuality, etc) are the most vulnerable to, and affected by, different types of GBV during the pandemic? Gender-based violence: What are the determinants and pathways of increased GBV in the context of COVID-19? Gender-based violence: What policies, programmes and interventions have been successful and most costeffective in preventing GBV during the pandemic, and over the long-term?



How would you spend \$1 million on COVID-19 gender research grant money?

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Qualitative research and analysis of pathways for gender mainstreaming in the health system in the context of covid-19 policy and action





Yasmeen Qazi Senior Advocacy Consultant BMGF through RIZ Consulting, Pakistan

Adjusted means for the public health benefit and gender quality scales (1-4) and level of urgency for all top priority questions

Research Question 汕 Data & Research Governance: How to best support national statistical systems to produce and use sex and gender data during COVID-19 and future pandemics Gender mainstreaming: What do responsive and resilient health systems that address gender bias and advance gender equality look like? Gender mainstreaming: To what extent, and how, is gender considered in the current decision making and learning processes for COVID-19?





How would you spend \$1 million on COVID-19 gender research grant money?

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I would divide the 1 million into 2 parts - 1/3rd of the money will be for research, and the rest 2/3rd will be for grass roots community engagement and support.





Sri Hari Govind Director Global Health Youth Foundation, India

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- How would you spend \$1 million on COVID-19 gender research grant money?
- Strengthen capacity and networks between Southern countries and institutions for conducting gender and covid-19 research through peer-to-peer mentorship, training, and exchange between institutions.





Veloshnee Govender Scientist WHO, Switzerland

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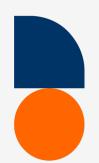
Most important priorities

- 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 & 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 to 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, eg Best practice platforms in Asia & Africa



Targeted outreach to varied stakeholders

Scientific outputs:



BMJ Supplement



Policy Fora & Podcasts

Gender & Health Hub

www.genderhealthhub.org