Glimmers of Hope: What COVID (S)heroes teach us about pandemic preparedness

At the beginning of the COVID-19 pandemic, people stood on the streets every night and cheered for frontline health workers—the women and men who risked their lives providing care. That spirit of solidarity has long since passed. Health workers are dying, burning out, and going on strike. In 2019 the world had a gap of 18 million health workers.[i] **Two years of pandemic and fifteen million deaths later, we have at least 26 million fewer health workers than we need.**[ii], [iii]

The health worker gap has grown by 44% because despite their incredible efforts, the system is failing health workers. It's not providing fair pay, decent working conditions, recognition, and leadership opportunities in the long term. This leaves us severely underprepared for future pandemics. It reduces the world's ability to prevent and face other major shocks to the health system, shocks from conflict, climate change, and economic crisis. We must invest in health systems that don't just meet the needs of today, but that are also resilient in the face of future shocks.

If we want to prevent the next health crisis, we must focus on gender equality: equal recognition, support, and fair pay for ALL health workers. That's far away from the current 70% of health workers are women, but half of their work is unpaid.[iv] Millions of people—primarily women—who provide critical access to health services are not even officially counted as health workers. **The glimmers of success in COVID-19 built on previous investments in women health workers, their skills, and equality in health systems**.

In Bangladesh, 410 women health entrepreneurs in one district provided services for 2.8 million people—including COVID-19 vaccinations.

The evidence shows that we must invest in gender equality in health systems to prepare for and respond to the next pandemic. Gender equality raises life expectancies across entire countries.[v] Investments in health workers could provide a $10 return for every $1 invested in the system.[vi] **In COVID-19, previous investments in gender equality made an important difference for women at the last mile to continue**

critical services in the pandemic. There are three common areas for investment that led to success were. First, support women's skills, leadership, and confidence. Second, connect women to each other and to men, leaders, and others in their communities. Third, ensuring equal systems—from access to leadership roles to accessible childcare to social norms that support women's mobility. [vii]

How have women kept systems running?

Even if we've forgotten them, health workers have not given up. By building on investments that came before COVID-19, women have found innovative ways to keep systems running, continuing – and sometimes increasing – health services during COVID-19 and other overlapping shocks to the health system. That has happened as health services erode. The system is so stretched that one in three women in the US alone had to delay or cancel visits to health care providers because of COVID-19. Globally, tens of millions of women lost access to the most basic services because of COVID-19. When they had a foundation to build from, here's what health workers accomplished.

- **Providing services and information.** Women in savings groups in Myanmar used their own savings to become first responders and midwives during COVID-19 lockdowns so they could still get health services even when they couldn't reach formal health services. In Bangladesh, Skilled Health Entrepreneurs became certified vaccinators to get COVID-19 vaccines to the last mile and provided services for 2.8 million people.
- **Innovating with technology.** In Syria, health workers used telemedicine consultations to provide sexual and reproductive health services. In Cameroon, peer educators provided consultations and services for 32,076 HIV+ people in just 3 months, expanding services by 59% using WhatsApp, SMS, and other online platforms.
- **Holding systems accountable.** In Malawi, women and young people used Community Scorecards to advocate for an *increase* in the national budget for sexual and reproductive health, even as most countries were cutting those budgets to make room for COVID-19 response. In Niger, women in solidarity groups negotiated for lower rates for women's services at health centers so that the economic impacts of COVID-19 didn't prevent refugee and host women from getting the services they needed most.
- **Building solidarity.** In Colombia, women worked to get mental health services to health workers who were suffering from burnout and other impacts of COVID-19. In Tanzania, health workers focused on building trust with community members—especially young people—to ensure that people got services. In Benin, women in savings groups supported adolescent brides and survivors of GBV to access health and legal services.

Recommendations

Investment in gender equality particularly women health workers as a core preparedness action.

1) Demand a more inclusive definition for Frontline Health Workers (FLHW)
2) Co-design programs with and for women FLHWs, including Community Health Workers (CHWs) leaders must be the new normal. Those at the last mile must be at the decision-making table for policy and practice
3) Require adequate protection, fair pay and respect for FLHWs
4) Invest in gender-transformative, multi-dimensional empowerment approaches to unleash the full potential of FLHWs
5) Prioritize, invest in and develop equity and inclusion-based local partnerships led by affected communities, particularly women, refugees and key populations
6) Scale people-centered, inclusive and accessible technology solutions
7) Expand gender-transformative, market-based approaches for health system resilience

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[i] World Health Organization. *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*.; 2019. https://apps.who.int/iris/handle/10665/311322

[ii] This is calculated updating WHO workforce estimates from 2016, with 2020 numbers from the International Council of Nurses, who estimate that COVID-19 related burnout and deaths will create a gap of 13 million nurses.

This brief summarizes the report: Women at the Last Mile, written by Authors: Anushka Kalyanpur, Dr. Ihlas Altinci, Dr. Emmanuel Ojwang, Dr. Ikhtiar Uddin Khandaker, Sandya Ganesan, Emily Janoch, Pari Chowdhary in May 2022.

[iii] *Methods for estimating the excess mortality associated with the COVID-19 pandemic.* World Health Organization; March 2022. https://www.who.int/publications/m/item/methods-for-estimating-the-excess-mortality-associatedwith-the-covid-19-pandemic

[iv] Sabine Freizer, Ginette Azcona, Ionica Berevoescu, Tara Patricia Cookson. *COVID-19 AND WOMEN'S LEADERSHIP: FROM AN EFFECTIVE RESPONSE TO BUILDING BACK BETTER*. UN Women; 2020. https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-womens-leadership

[v] Veas C, Crispi F, Cuadrado C. *Association between gender inequality and population-level health outcomes: Panel data analysis of organization for Economic Co-operation and Development (OECD) countries*. EClinicalMedicine. 2021;39:101051. doi:10.1016/j.eclinm.2021.101051

[vi] Dr. Bernice Dahn, Dr. Addis Tamire Woldemariam, Dr. Henry Perry, et al. *Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations*.; 2015. https://www.who.int/news/item/03-08-2015-strengthening-primary-health-care-through-community-health-workers-investment-case-and-financing-recommendations

[vii] CARE's Gender Equality and Women's Voice framework refers to these three categories as Agency, Structure, and Relations.

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