COVID-19: Through a Gendered Lens

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Importance of a “Gendered Lens”

COVID-19 has affected women, men and gender minorities differently.

Pandemics create inequalities for women and girls and heighten discrimination of marginalized groups.
Disaggregated Data Matters
Disaggregated Gender Data – Clinical Questions

• Are men or women more likely to contract COVID-19?

• Once infected, are men more likely to die?

• Do differences in men and women’s risk of dying vary by age?

• What factors may be driving this difference in illness and death among men and women?
Are men or women more likely to contract COVID-19?

COVID-19 is an Equal Opportunity Disease

Female: 714,746 | 51.2%
Male: 682,387 | 48.8%

Total cases: 1,397,133

Source: UN Women, Women Count: Data submitted to NCOVmart reported through the global surveillance system of WHO, as of 5 pm 7 May 2020.

Notes: Data cleaning are ongoing and in progress. All numbers should be interpreted with caution. As of 6 pm 7 May 2020, 3,679,499 cases were reported. Data presented here, therefore, represent only 38% of all reported cases. The data by sex and age shown here are based on reporting from 125 countries, areas and territories.
Once infected, are men more likely to die?

Men are dying at higher rates than women.

How many times higher is the proportion of deaths among confirmed cases in men than in women?

Source: Global Health 50/50
COVID-19 Deaths in Four Different Continents

Differences in COVID-19 Deaths Among Men and Women

- **Mexico**: 56% male, 64% female
- **China**: 59% male, 56% female
- **Italy**: 56% male, 59% female
- **Australia**: 56% male, 59% female

Source: Global Health 50/50
Do differences in men’s and women’s risk of dying vary by age?

United States: COVID-19 Deaths by Age and Sex

Source: Global Health 50/50
Data from May 28, 2020.
What factors may be driving these differences in illness and death among men and women?
Middle East Respiratory Syndrome (MERS-CoV)

2014 epidemic of MERS-CoV in Saudi Arabia:

• More common among men (62% vs. 38%)

• Higher fatality rates among men (52% vs. 23%)

SARS-CoV-1

2003 study of SARS-CoV-1 in Hong Kong:

- Case fatality rate (CFR) of SARS-CoV-1:
  - **Higher in males:** 21.9% vs. 13.2% (95% CI)

- Relative mortality risk estimate:
  - For males compared with females: 1.66 (95% CI)
Why More Male Deaths?

Hypotheses:

<table>
<thead>
<tr>
<th>Biologic Differences*</th>
<th>Social Determinants</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Immune response (flu vaccine/mice susceptibility)</td>
<td>• Exposure (essential workers, nurses, groceries)</td>
</tr>
<tr>
<td>• Estrogen (Mice SARS Challenge study – increase in death rates with oophorectomy)</td>
<td>• Women seek care earlier</td>
</tr>
<tr>
<td>• Cytokine response more prolonged in male mice.</td>
<td>• Mask/handwashing differences</td>
</tr>
<tr>
<td></td>
<td>• Risk taking</td>
</tr>
<tr>
<td></td>
<td>• Smoking</td>
</tr>
</tbody>
</table>

*Journal of Immunology 2017 19(10) 4046 Sex Based Differences in Susceptibility to SARS-CoV1
Women on the Frontlines: Impact on Female Health Workers

- Women currently make up **70%** of the global health and social workforce, therefore women are on the frontlines of the COVID-19 response.

Source: World Health Organization
Women on the Frontlines: Impact on Female Health Workers

Confirmed cases among healthcare workers, by sex

<table>
<thead>
<tr>
<th>Country</th>
<th>% Male</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>USA</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Spain</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Germany</td>
<td>28%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Source: Global Health 50/50
Women on the Frontlines: Impact on Female Health Workers

Regional Focus: Africa

- Women in Africa are overrepresented on the front lines of the COVID-19 response:
  - **Over 60%** of Africa’s health workforce and essential social service providers are female.
  - Potential impacts on health workers: lack of PPE, more time spent working, mental health impacts.

Source: Brookings Institution
Focus on Mental Health

The COVID-19 Pandemic is disproportionately affecting women’s mental and emotional health. Data from developing countries

**Some influencing factors:**
Effects of lockdown on gender-based violence

Increase in

- Unpaid care
- Domestic work
- Job and income loss

Source: UN Women, Women Count
Increase in Gender-Based Violence

Regional Focus: **Latin America**

Chart shows the growth rate in gender-based violence in several Latin American countries.

- **Colombia**: Phone calls to domestic violence helpline grew 130% during first 18 days of quarantine.

Various sources including national agencies and NGOs
Increase in Gender-Based Violence

Regional Focus: Africa

Chart shows Google searches for ‘domestic violence help’ in selected countries since COVID-19

- Kenya: domestic violence calls have increased by 34% during the first three weeks of the curfew.

Source: Brookings Institution
Access to COVID-19 Information

Proportion of population able to access COVID-19 information by sex:

**Causes:**

- Differences in cellphone ownership, access to the Internet and educational attainment.

Source: UN Women, Women Count Data from April 23, 2020.
Access to Sexual and Reproductive Health Services

Lockdown restrictions, supply chain disruptions and reallocation of resources to COVID-19 response have led to decreased access to sexual and reproductive health services.

Impacted services include:

• Contraceptives
• Antenatal and postnatal care
• Menstrual products
• Access to safe abortion and post abortion care

Source: GAVI
Economic Impacts of COVID-19 on Women

- Women around the world are unemployed due to the pandemic:
  - low-skilled, low-income and informal sector positions → in situations of higher economic distress.
- Global COVID-19 recession will cause a prolonged dip in women’s incomes and labor force participation.

Source: UNFPA
Impact on LGBTQ Minority Population

- **One in five** LGBTQ people live in poverty and 40% of homeless youth identify as LGBTQ (US)

- The top 5 industries that LGBTQ adults work in are industries heavily impacted by COVID-19, affecting more than **5 million** LGBTQ workers (US)

- As a result of COVID-19, many hospitals around the world have postponed transgender procedures as elective

- Increased threat of discrimination:
  - In South Korea, LGBTQ people were accused of spreading COVID-19 and faced discrimination including cyber threats.

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Human Rights Watch. The Lancet 2020 Health care and mental health challenges for transgender individuals during the COVID-19 Pandemic.
COVID-19 and the Gendered Burden of Caregiving

• Pandemic heightens the disproportionate impact of unpaid caregiving on women and girls:
  • More women in positions of giving elder care and childcare.
• School closures and homeschooling.
• Increased difficulty for working caregivers.
  • Threat of worsening at home inequality for working mothers.

Source: World Economic Forum
COVID-19 and Female Authorship

- Pandemic is significantly affecting women’s publishing rates.
- Number of male submissions is growing faster than female submissions.
- Hypotheses (Gabster et al.)
  - Childcare
  - Homeschooling
  - Single-parent households (86% female headed in the UK)

Spotlight on Women’s Leadership

Women are underrepresented in all levels and sectors of leadership in the US and around the world:

• **less than 10%** of countries around the world are politically led by women

• **25%** female representation within global health leadership

• **5%** female global health leadership from low- and middle-income countries.

• WomenLift Health Speaker Series: Gender & Power in COVID-19
  ➢ [www.womenlifthealth.org](http://www.womenlifthealth.org)
Spotlight on Women’s Leadership During COVID-19

Women make up just:

- 10% of the representatives of the U.S. Coronavirus Task Force
- 20% of the WHO Emergency Committee on COVID-19
- 16% of the WHO-China joint mission on COVID-19

And yet women are 70% of the global health workforce fighting on the front lines of this epidemic

Johns Hopkins
Center for Global Health
Vision: A world where diverse, accomplished leaders collectively transform GH outcomes

Mission: Expand the power and influence of talented women in global health and catalyze systemic change to achieve gender equality in leadership

WomenLift Health is designed for:

Transformative Change – Catalyzing behavior change of individual women while also influencing change in their societal and organizational environment.

Diversity - Engaging and empowering mid-career women in global health from different countries, cultures, sectors and disciplines.

Scale - Reaching women with leadership skills over a decade and many more women and men through a portfolio of interventions.
Develop culturally-sensitive leadership training programs.

Geohubs in specific countries with senior women mentors, personal coaches, digital and in-person curriculum.

Skill build 3,500 women in 10 years, forming a robust network.
5 Recommendations for a Gendered Lens COVID-19 Approach

1. Ensure policies and interventions around COVID-19 response are inclusive of everyone’s needs.

2. Prevent diversion of resources from sexual and reproductive health access programs.

3. Incorporate voices of women on the front lines of the response.

4. Prioritize the collection of accurate sex-disaggregated data in research efforts.

5. Develop safety net infrastructures for women in the community and in the academy.