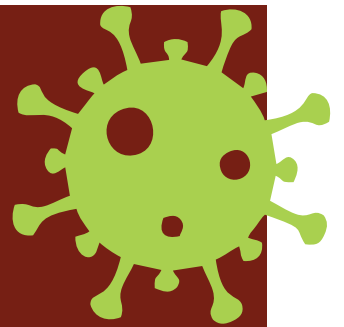




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Advancing Gender Equality and Human Rights in Pandemic Preparedness and Response



1 General Introduction

A pandemic is a global outbreak of a disease that spreads across countries and continents, affecting a wider population. Pandemics are typically characterized by rapid and wide geographic spread, the potential to cause substantial sickness, death, and social and economic disruption.

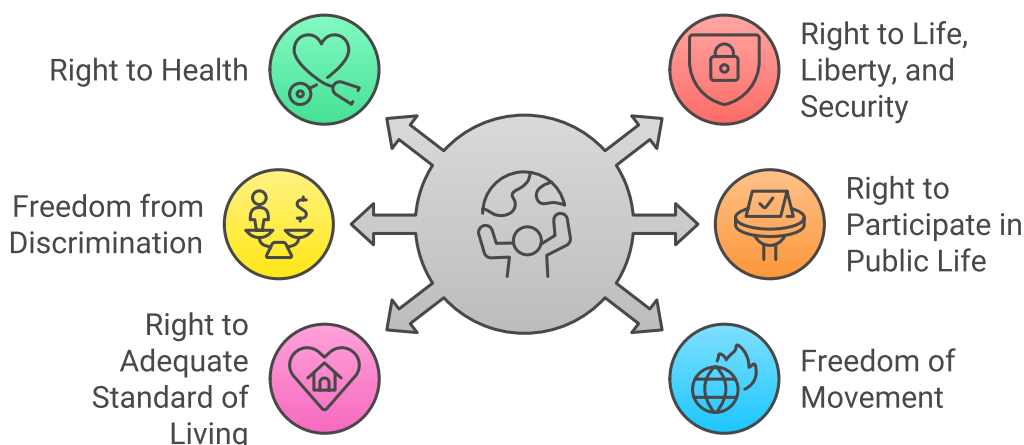
Pandemics have a wider impact on all aspects of society, often deepening existing inequalities and health inequity. Evidence from previous pandemics has clearly shown that groups such as women, children and older adults due to their age, ethnic minorities due to disconnection from the health system, people living with HIV(PLHIV), prisoners and people living in other close settings have disproportionately received significant health, social and economic effects from these pandemics [1]-[4].

Women, for instance, may face a higher risk of exposure to infectious diseases due to their increased caregiving responsibilities. Additionally, pandemic response measures such as lockdowns and school closures have increased economic vulnerability, gender-based violence, and teenage pregnancy, further endangering the well-being of women and girls.

Upholding human rights during a pandemic is very critical to controlling the disease. An ongoing pandemic may violate certain human rights, such as the right to life, liberty, privacy, and participation in public affairs. For instance, disclosing health status through the health declaration, as well as testing before travelling, are key human rights concerns posed by pandemics [5]-[8].

Gender equality refers to the concept that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development [9]. Key areas include equal educational opportunities, addressing Gender Based Violence (GBV), asset ownership, equity in income.

Human rights are the fundamental freedoms and protections that belong to every individual, regardless of race, gender, nationality, religion, or any other status. They are the foundations of international law and are protected under the Universal Declaration of Human Rights (UDHR), as well as other global treaties and national constitutions.



a. Increased Gender-Based Violence (GBV)

- i. During COVID-19 and Ebola, stay-at-home orders led to significant rises in domestic violence, as many victims were forced to live with their abusers and had limited access to support services. In Nigeria, pre-existing challenges related to gender inequality and high rates of GBV were worsened by the pandemic. Lockdown measures and economic disruptions led to an increase in reported cases of intimate partner violence. Local authorities and human rights groups observed that limited access to legal aid and social services left many survivors without necessary support during the crisis [5],[10] .
- ii. The Kenyan Ministry of Public Service and Gender reported that in 2020, there was an increase of 36% in GBV cases [5].

b. Economic disparities and gendered economic impact

- i. Women, who are more likely to work in informal or lower-paying sectors, experienced greater economic impacts during pandemics. In many countries, the closedown of markets and hospitality facilities during the COVID-19 pandemic led to more women losing their jobs, causing financial hardship.

c. Health access inequities

- i. Pandemics often divert healthcare resources away from regular services to emergency responses, leaving women, girls and other marginalized groups with reduced access to reproductive and maternal healthcare. During the Ebola outbreak, maternal death rates increased as resources for maternal care were reassigned.
- ii. COVID-19 also reduced access to reproductive health services globally, leading to more unplanned pregnancies, unsafe abortions, and maternal deaths, impacting gender equality and overall health outcomes [4],[11] .
- iii. Conversion of some facilities to treatment centers limited access to care

d. Discrimination in healthcare, law and policies

- i. Stigmatization and biases in healthcare can prevent equitable access to pandemic treatment and information, disproportionately affecting marginalized groups such as gender-diverse individuals. In some regions, these groups faced discrimination in accessing healthcare, with services often deprioritizing their needs due to stigma

e. Educational inequities

- i. School closures during pandemics disproportionately affect girls, who are more likely to experience permanent dropouts due to caregiving duties, early marriages, or financial hardship. In Sierra Leone, for example, girls had a significantly lower return rate to school post-Ebola. In Ghana, Kenya, and several other areas, teenage pregnancies increased significantly, leading to high dropout.

f. Marginalized Groups' Rights Violations

- i. People with disabilities, ethnic minorities, urban poor (for example people who live in slums) face disproportionate challenges in pandemics, often being stigmatized as sources of infection. In the early days of the HIV crisis, for instance, stigmatization of PLHIV communities led to human rights abuses having a negative effect on accessing health care.
- ii. COVID-19 also saw reports of increased discrimination and racial profiling, particularly against certain ethnic groups.

g. Pandemics exacerbate existing inequalities in gender and human rights

- i. Support groups, community centers, and public spaces where community members may seek safety and support are often inaccessible during lockdowns, increasing isolation.
- ii. Loss of jobs due to the pandemic can lead to increased rates of sexual exploitation, and forced labour, especially among women and marginalized groups as individuals struggle to meet basic needs. Reports indicated that online exploitation, particularly of young girls, surged as lockdowns and restricted movement.
- iii. The death of family members during a pandemic increases psychological strain on the individual. During COVID-19 and Ebola, families of the deceased and survivors faced discrimination, which led to reported high mental health issues. This was very high among women due to their caregiving role.





h. Pandemic effect on the gender-diverse community

Case Study 1

- i. In Nigeria, where legal frameworks and social norms often stigmatize gender-diverse individuals, the pandemic increased existing barriers to healthcare and social support. A study highlighted that gender-diverse people struggled to access essential services, including COVID-19 testing and treatment, due to discrimination and fear of legal repercussions [4]. These challenges not only hindered their ability to manage health risks but also increased their social isolation during the crisis.

Case Study 2

- ii. In Kenya, gender-diverse communities encountered both economic and healthcare challenges. Many reported discrimination in health facilities, where biases hindered access to COVID-19-related care as well as routine health services^{[8],[10], [12]}. During the COVID-19 pandemic, interruptions in routine services such as family planning, antiretroviral treatments and reduced access to PrEP were observed^[3].

i. Impact of pandemics among sex workers

Case Study 3

- i. In Kenya, sex workers encountered compounded challenges during the pandemic. With lockdown measures in place, many sex workers, particularly those in urban areas like Nairobi, saw their income sources vanish. Advocacy organizations noted that heightened police enforcement and the criminalization of sex work often left these individuals vulnerable to abuse [1], [2]. Furthermore, the disruption of HIV prevention and treatment services during the pandemic increased health risks among sex workers, who already face higher rates of HIV.
- ii. Many sex workers cannot afford to stop working during pandemics, as they rely on daily earnings. This places them at higher risk of contracting COVID-19 due to close contact with clients, many of whom may not adhere to public health guidelines.
- iii. Health supplies like condoms, sanitary products, and PPE may be less available during pandemics, especially in areas where movement restrictions affect supply chains.

3 Role Of Communities In Addressing Gender And Human Rights-related Challenges During Pandemics.



The following are suggestions on what communities could do to integrate gender and human rights into PPR-related policies and programs to mitigate the impact of pandemics

a. Identify vulnerable and at-risk populations:

- i. Map sub-populations that are more vulnerable and/or affected by pandemics, health emergencies including the effects of climate change.

b. Conduct needs assessments/ gender and human rights assessments of existing PPR policies to understand community priority needs and inclusion in PPR-related policies and programmes.

c. Conduct community-led monitoring (CLM) activities to collect data and information around a) Community experiences accessing health services b) Monitor and develop reports on gender and human rights violations.

d. Utilize community reports (example CLM reports) as evidence for advocacy for healthcare that integrates gender and human rights.

e. Form or strengthen existing peer support networks and coalitions to develop and implement advocacy agenda to influence the inclusion of gender and human rights in PPR-related policies.

f. Encourage community leadership and participation in pandemic response efforts through community engagement and PPR literacy.

g. Engage with National Health platforms to advocate for gender and human rights integrated responses to pandemics e.g., One health platform.



4 Annex 1: Additional references

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Annex 2: Additional Information

a. The impact of pandemics on gender equity and human rights(additional)

- i. Mandatory quarantines and movement restrictions, though essential for controlling disease spread, limit individuals' freedom to move and assemble. These restrictions can disproportionately affect vulnerable populations, such as street hawkers, sex workers, and the homeless, and strain mental health across communities.
- ii. Some governments used pandemic lockdowns to curb opposition protests and target key populations such as gender-diverse groups under the guise of health safety.
- iii. Healthcare systems often become overwhelmed, leading to a scarcity of essential services. This can result in discrimination, where certain groups, including people with disabilities, sexual minorities, and women, receive subpar treatment or delayed care.
- iv. Limited access to sexual and reproductive health rights such as contraceptives infringes on individuals' rights to bodily autonomy and can lead to unsafe health practices and higher maternal mortality rates.
- v. Economic and Social Rights Violations such as job loss and education disruption. Additionally, pandemic preventive measures, such as face masks and sanitizers, may impose a financial burden on the vulnerable population.
- vi. Discrimination and stigmatization of marginalized groups such as ethnic minorities, sex workers, and gender-divers: During COVID-19, minority groups were unfairly blamed for disease spread. This not only violates the right to non-discrimination but can also deter people from seeking healthcare due to fear of bias.
- vii. Data privacy and surveillance: tracking measures during pandemics such as COVID-19 are a key concern of the right to privacy. Ghana and many countries, for example, implemented digital surveillance to collect data and track individuals known to have contact with infected persons (contact tracing). Contact tracing measures created privacy concerns for gender-diverse individuals not open about their gender or sexual identity.

b. How could pandemic preparedness and response improve by including gender and human rights.

- i. Use online platforms to improve accessibility to public health intervention, including mental health support.
- ii. Information on disease prevention, symptoms, and available services should be available in multiple languages and formats, including braille, large print, and visual aids for the hearing-impaired.

- iii. Partnering with leaders and influencers from various communities (sex workers, gender-diverse, Drug users) builds trust and ensures messages resonate culturally, enhancing community participation and adherence to public health measures.
- iv. Emergency aid packages should cover both formal and informal workers, ensuring equitable economic support.
- v. Provision of mobile clinics, and health outposts for timely access to healthcare and essential services contraceptives, and mental health support, even during pandemics.
- vi. Maintaining harm reduction services like needle exchange, STI testing, and safe sex resources to improve health outcomes.
- vii. Governments and NGOs should consider emergency aid programs that include vulnerable groups such as sex workers and LGBGTQI+ by offering direct financial support and food assistance to address economic hardships.
- viii. Strengthening protections against GBV by ensuring services such as shelters, legal aid, and helplines remain accessible to offer protection and support to the marginalized population at risk of violence.
- ix. Reducing legal discrimination and stigma associated with sex work and gender-diverse groups can improve access to health services and social support.
- x. Prioritize mental health support for vulnerable groups during a pandemic.



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