

Consensus Statement 9 June 2022

Building back better: towards a gender-responsive international instrument for pandemic prevention, preparedness, and response

We, a coalition of civil society organizations and academic and research institutions committed to gender equality and women's rights, call on Member States to commit to gender equality and human rights in the new international instrument to maintain a firm focus on equitable prevention, preparedness and response that leaves no one behind.

The gender implications of COVID-19 pandemic have been reflected in multiple publications^[i], including WHO's Gender and COVID-19: Advocacy brief^[ii] and COVID-19 and violence against women brief^[iii]. Drawing attention to the harmful implications of gender-blind responses in previous outbreaks, such as HIV, Zika and Ebola, early in the pandemic we emphasize the need for gender-responsive research for health equity and human rights in the context of the COVID-19 pandemic in our call for action^[iv]. In a civil society dialogue with WHO Director-General, Civil Society partners shared a set of expectations of WHO on achieving a gender transformative COVID-19 response.^[v]

In the process of drafting and negotiating an international instrument on pandemic prevention, preparedness, and response, it is time to reflect on lessons learned and call attention to Member States' commitments and obligations related to gender equality in various international instruments and regulations, requesting these to be reaffirmed, recognized and their importance emphasized in the new instrument.

More specifically, we wish to invite the newly constituted Intergovernmental Negotiating Body (INB) and Member States to, in addition to reiterating previously made commitments, incorporate the following substantive elements in the instrument:

Gender-responsive evidence must guide pandemic preparedness, control, and response

- Collection and reporting of data disaggregated by sex and age, and by other social, economic, and structural determinants of health, must be ensured from the

beginning to track patterns of transmission, mortality, morbidity, access to testing, treatment, hospitalization, vaccination, and protective measures, among others, to capture who is at risk and who is left behind.

- Research (quantitative and qualitative) needs to include population groups at risk (in a safe and respectful manner), including pregnant women and children, and be designed and conducted in a way to allow meaningful intersectional gender analysis to ensure equal safety, efficacy and effectiveness of diagnostic tools and therapeutic and preventive interventions. As such, all research must be reported in line with the Sex and Gender Equity in Research (SAGER) guidelines^[vii] and publications made freely available.
- The impact of future pandemic response planning on social, economic, cultural, civil, and political rights must be analyzed through an intersectional gender lens to understand and respond effectively to multiple dimensions of inequality.^[viii]

Strategies, policies, and response plans must be inclusive, equitable, account for gender dimensions and align with human rights standards

- Member States must guarantee that policies and interventions, including recovery plans, are grounded in evidence that accounts for the significance of sex and gender and their intersection with other dimensions of inequality. Gendered social, economic, and human rights repercussions as well as other health impacts must be considered when developing mitigation strategies.
- States must recognize that the right to adequate standards of physical and mental health should be addressing barriers and promoting access to health which includes understanding and appropriately responding to intersectional gender dimensions that further marginalize and discriminate against certain groups, including but not limited to people of diverse sexual orientation and gender identity, adolescents, sex workers, people who use drugs, people living with HIV, migrants and refugees, people with disability, people in prison, and older people, in particular older women.
- Human rights-based responses to the crisis must be gender transformative, inclusive, equitable and universal to ensure that no one is left behind. Such responses must also ensure that health care is available, accessible, acceptable, and of good quality.
- More specifically, in the new instrument, there must be explicit reference to:
 - o measures to prevent disruption of sexual and reproductive health services and to guarantee their access;
 - o adequate investment by each State to prevent and respond to gender-based violence in a timely manner during emergencies and crises;
 - o the need for accountability mechanisms for guaranteeing zero tolerance to sexual exploitation and abuse of power; and
 - o appropriate consideration of the gendered impact on the health workforce and health systems.

Meaningful participation is key for a gender-responsive and human rights-based approach to any pandemic

- Meaningful participation of diverse groups of women’s organizations, LGBTQI+ groups and men’s organizations focusing on feminist approaches and gender equality from around the globe, through a transparent and inclusive process is

imperative for an effective, acceptable, and successful pandemic preparedness, control, and response.^[viii] This includes ensuring gender balance in governance bodies, expert taskforces, or other decision-making bodies.

- Human rights, including gender equality, must guide any public health response, ensuring that any emergency measures — including states of emergency — are legal, proportionate, necessary, and non-discriminatory, have a specific focus and duration, consider the gender implications of any measures, and take the least intrusive approach possible to protect public health, human rights, and the rule of law. The gender implications must be considered prior to the imposition of any rights limitations in public health or emergency measures.
- In 2021, a group of community, civil society and academic experts developed Ten Human Rights Principles for a Pandemic Treaty.^[ix] These Principles are a useful starting point for advocacy to ensure the conformity of the proposed Instrument to international human rights law and standards.

Organizational endorsements

GENDRO

Harm Reduction International

Medicines for Malaria Venture

Concept Foundation

Gender Centre, Geneva Graduate Institute

Women in Global Health

Women in Global Health – Switzerland

HumanImpact5 HI5 Association

Global Action for Men’s Health

Giving Women

FIND

UNITE Global Parliamentarians Network to End Infectious Diseases

Equimundo

Drugs for Neglected Diseases initiative – DNDi

Alliance for Health Promotion

Swiss Alliance for Women’s Health

Women’s Age Lab – Women's College Hospital

European Association of Science Editors

Spark Street Advisors

International Commission of Jurists

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*Disclaimer: The individual signatories are endorsing the principles presented in this Consensus Statement in their individual capacity and unless their organisations have endorsed the statement and lent their logo, these individuals do not necessarily represent the views, decisions, or policies of their respective organization.

You can add your name as a signatory at: <https://www.gendro.org/consensus-statement>
If you wish your organization to be a signatory and lend its logo, please contact su and share your logo at: info@gendro.org

^[ii] [Fit For Women Report - Women in Global Health ; Delivered by Women, Led by Men ; Pay Women Report - Women in Global Health Women in Global Health ; Gender Equal Health Care Workforce Initiative - Women in Global Health](#)

^[iii] <https://apps.who.int/iris/handle/10665/332080>

^[iiii] <https://www.who.int/publications/i/item/WHO-SRH-20.04>

^[iv] [A call for urgent action: a renewed commitment to gender responsive research for health equity and human rights in the context of COVID-19 pandemic](#)

^[v] <https://www.gendro.org/final-expectations>

^[vi] [Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use. *Res Integr Peer Rev* 1, 2 \(2016\).](#)

^[vii] <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>

^[viii] [States cannot negotiate a pandemic treaty alone](#)

^[ix] <https://www.dropbox.com/s/s34vb3cpylit5fl/Pandemic%20Treaty%20HR%20Principles%2028%20Oct.pdf?dl=0>