



INTERNATIONAL WEBINARS AND LIVE EVENTS

“Gender Data: The Unlearned Lessons of Global Pandemics”

by *Think Tank Hub* – 19 May 2020

[Dr Shirin Heidari, Chair and President of GENDRO](#)

“Gender blindness”:

- 40% of reported cases to WHO do not provide gender-segregated data, even if this information is required.
- There are several real-time Covid tracking websites but very rarely do they provide data, disaggregated by sex and age.
- There is a huge increase of peer review papers – 7 thousand papers on Covid-19 just over the past few months – but only a fraction of them address gender-data.
- Need for intersectionality, and for all of us to be activists, including on a political level, advocating for more data and for the responsible use of the data that we already have.

[Ms Catherine Nyambura, ATHENA](#)

- 1 out of 3 women worldwide experience violence in their lifetime.
- Two preventive measures: hand-washing and social distancing are a luxury for many people.
- Not everyone has access information, not everybody can protect themselves and their families equally.
- HIV-positive girls and women, LGBTQ girls and young women face big stigma during the lockdown.
- Women and girls are the main caregivers for Covid-19 patients, exposing their own health and lives in risk → Covid-19 exacerbating already existing inequalities.
- Communication and consultation at the community level is important for tackling the pandemic.
- Human rights approach needed and access to gender-sensible data is critical for advocacy.
- We should consider what a gender “new normal” should look like across the world.

[Dr Stephen Burrell, Durham University Ricardo Baruch, IPPF Western Hemisphere Region](#)

Men’s health and wellbeing:

- More men appear to be dying of Covid-19 than women, some men are more vulnerable than others.
- More gender-sensitive data and research would help us better understand this (e.g. why women’s immune systems seem better able to fend off the virus).
- Masculine norms are likely to heighten the health risks presented by Covid-19, e.g. underlying health conditions, poorer hygiene practices, reluctance to seek help, taking coronavirus less seriously.

Violence and abuse

- Gender-based violence is exacerbated by the crisis, e.g. intimate partner violence, child sexual abuse.
- Also online, e.g. harassment, stalking, image-based sexual abuse; and in public, i.e. sexual harassment
- The pandemic presents increased opportunities to exert power and control over women and children
- Some men may feel threatened by the crisis and seek to reassert masculine dominance over others.

Caregiving

- Gender inequalities at home and work are being reinforced by the pandemic.
- Women more likely to be on the “frontline”, in long-neglected sectors (e.g. health and social care).
- However, some man may also be playing a greater role in care during the pandemic – which could present a major chance to shift gender norms.
- Intersectionality is vital, e.g. to challenge heteronormativity.

A gender-transformative response

- Danger that male-dominated sectors of the economy will be prioritized, and that government policies (e.g. support schemes) are based on male “breadwinner” model.
- Covid-19 crisis is brining into question some of the masculinist assumptions which underpin our social worlds. Will it lead towards the creation of more caring, egalitarian and sustainable societies?



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Dr Anna Ruggieri, Italian National Institute of Health, Center for Gender Specific Medicine

Percentage of Covid-19 confirmed cases by sex in Italy (as of 15 May 2020):

- 53.8% female
- 46.2% male

Total 223,095 cases of Covid-19.

Case fatality rate in Italy (as of 14 May 2020):

- Total: 13.4%
- Males: 17.4%
- Females: 9.9%

ICU admissions by sex in Lombardia, the most affected region in Italy (as of 28 April 2020):

- Total ICU admitted patients: 1591
- Males: 1304
- Females: 287

Clinical Trials for Covid-19 and sex disaggregated data:

- 29 clinical trials for Covid-19 approved by Italian FDA.
- All trials include men and women, but have a sex-blind analysis of outcome data.
- It is known that adverse effects of drugs and vaccines are more common in women than in men.
- It can be assumed that, at least in some cases, those adverse events can be overcome by adjusting the dose of drugs.

Gender-related factors: life style, such as smoking addiction are more frequent in men; social and work mansion, such as familiar and social caregivers, health care workers, more frequently are women.

Biologic sex factors:

- Immune responses to virus, lower in males than females.
- Genetic factors linked to X chromosome encoded genes involved in SARS-CoV-2 attachment and entry into the target cells.
- Sex hormones, estrogens and androgens.

Covid-19 and **transgender health in Italy:** Survey on transgender health will begin in June 2020.

Mr Ricardo Baruch, IPPF Western Hemisphere Region

There is **not a lot of data on LGBTIQ+ people** affected by Covid-19. This is not surprising, given that many states still do not recognize these population groups in their Constitutions and laws.

- So far, there is no evidence whether there is specific vulnerability of LGBTIQ+ people to Covid-19.
- In Latin America region, Panama, Colombia, Peru have gender-separated quarantine. Transgender, queer, and non-binary people going out were detained, being beaten by the police, and shamed in social media.
- LGBTIQ+ community is more likely to take precarious jobs, particularly in the case of transgender women, often working in the sex industry.
- Sexual identity is not recorded for people who are dying.
- Stigma: in South Korea there has been a new outbreak linked to a gay club → blaming LGBT people. Muslim imams and priests have been blaming LGBT people for “provoking God’s anger”.
- Recommendation: to disaggregate data by sexual orientation or at least by gender identity.