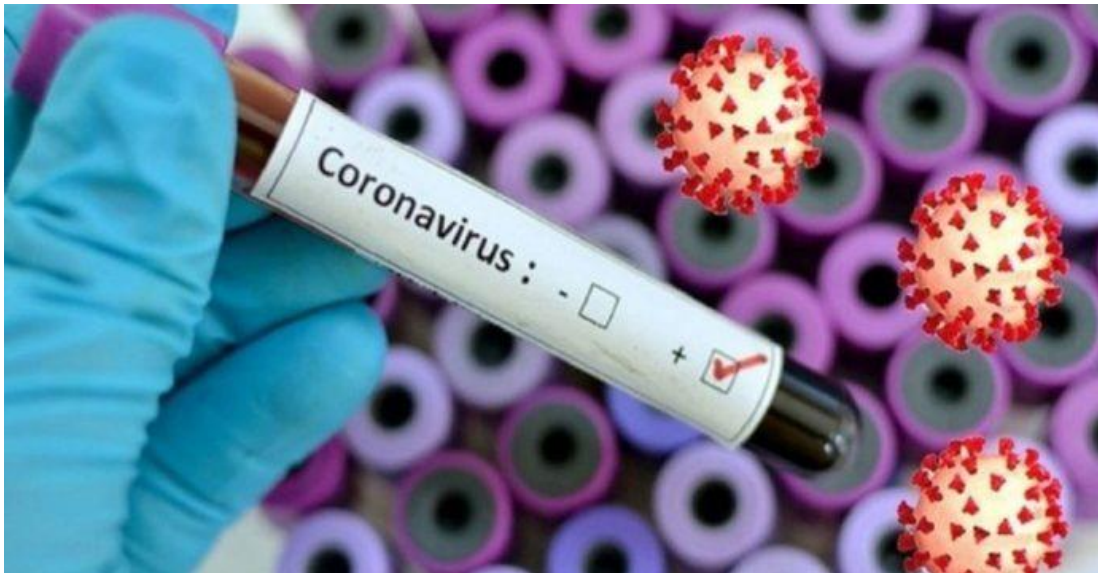


COVID-19 and gender study expanded to low and middle-income countries and hub launches a new online data and evidence



Development

News Hour Correspondent –

Aug 1, 2020

BRAC James P Grant School of Public Health joins a global team in a groundbreaking project conducting real time gender analysis to identify and document the gendered dynamics of COVID-19 and gaps in preparedness and response. This was made possible through a \$1.6 million USD grant from the Bill & Melinda Gates Foundation.

This investment will permit the international partnership, including researchers from the US, Bangladesh, Brazil, Democratic Republic of Congo, Kenya, Nigeria, UK, Hong Kong and Australia, to broad their analysis of gendered risks and effects of the pandemic on health, social and economic welfare.



Studies show more men are dying due to COVID-19 but researchers say women may face more negative secondary social and economic effects as a result of the pandemic. Such as, the closure of schools has a different effect on women, who often provide the majority of childcare.

Women are more likely to be working in less secure jobs and lose employment because of COVID-19. Self-isolation can be a risk factor in intimate partner violence. Health emergencies can also divert resources from maternal care, sexual and reproductive health to focus on addressing the immediate outbreak.

The initial Gender and COVID-19 Project was focused on China, Hong Kong, UK and Canada with support from Canadian Institutes for Health Research (CIHR).

The researchers will use the further funding from the foundation to work with local partners to conduct qualitative case studies and panel surveys on the economic impacts of the pandemic on vulnerable populations in five countries: Kenya, Nigeria, Bangladesh, Democratic Republic of the Congo (DRC) and Brazil. These countries are in varying stages of the COVID-19 outbreak, with different types of threats to gender equality, varying economic strength and in some cases, a recent history of outbreak response from Zika in Brazil to Ebola in the DRC.

“We need to pay more attention to unintended consequences of public health interventions and recognize that population health is driven by multiple determinants rather than by a single biomedical factor – in this case the novel coronavirus.” says Bangladesh lead, BRAC JGSPH Dean, Professor Sabina Faiz Rashid.

“While doing everything you can to limit the virus’ spread may make perfect sense at the aggregate level, you have to take into account the structural, socio-economic and health conditions of those communities living in deplorable conditions. The social determinants of health have become part of main stream public health discourse, but we still tend to blame the poor rather than recognise the very real limitations poverty places on them and the health risks to which they are exposed.”

A [project website](#) has been introduced by the team that will host a COVID-19 Gender Matrix to act as a data and evidence hub for each of the countries, demonstrating

evidence of gender impacts, noting current policies that address these issues and highlighting gaps in pandemic response.

An online COVID-19 Gender Impact Assessment Toolkit will offer guidance for decision-makers on how to respond to pandemics and epidemics using a gender lens.