

## CONCLUSIONS

It is critical to plan for addressing the needs of those who are most vulnerable *before* outbreaks occur, both to save lives and to reduce economic harm. The HIV pandemic was a sobering lesson, as the response did not include a gendered perspective until many lives were lost and HIV became a global security issue. Key stakeholders are now beginning to

understand some of the gender issues that have affected other emerging infectious diseases, such as Ebola and avian flu. It is logical to expect that whatever pandemic will arise next will have a gendered component, so all countries should be prepared to address gender as a key issue for multisectoral coordination and collaboration, as well as policies and

programs. Gender considerations can be directly incorporated into preparedness and response planning but can also be part of a government's existing framework to address gender inequality and women's empowerment and in various sectoral strategies for human health, water management, markets, agriculture, and animal care.

## RECOMMENDATIONS

- **Apply existing national policy guidance and lessons learned** on gender and gender integration in relevant One Health strategic plans and policies. Draw on sector specific gender assessments already conducted in country based on relevant sectors such as water, health, climate change, agriculture, and animal health.
- **Include ministries** that handle gender and women's empowerment and other departments or institutions representing gender and social issues in One Health platforms.
- **Explicitly involve gender advocates, experts, and women's groups** in the planning, design, and implementation in all levels of prevention, planning, and response, including in One Health university networks.
- **Commit time and resources** to assessing how gender disparities affected past outbreaks and how outbreaks could have successfully addressed gender to apply lessons learned.
- **Conduct context-specific gender assessments** to inform decision-making, collect sex disaggregated data, and use gender indicators. Analyze problems and solutions with these data and indicators to inform policies and programs.



WHATEVER PANDEMIC WILL ARISE NEXT WILL HAVE A GENDERED COMPONENT, SO ALL COUNTRIES SHOULD BE PREPARED TO ADDRESS GENDER AS A KEY ISSUE FOR MULTISECTORAL COORDINATION AND COLLABORATION.

## Preparedness&Response

ONE HEALTH IN ACTION

FOR MORE INFORMATION ABOUT ONE HEALTH AND GENDER, PLEASE CONTACT:

SUSAN SCRIBNER | PROJECT DIRECTOR  
susan\_scribner@dai.com

SARA LEHMAN | REGIONAL COORDINATOR  
sara\_lehman@dai.com

## REFERENCES

African Development Bank, Office of the Special Envoy on Gender (ADB). 2016. "Women's Resilience: Integrating Gender in the Response to Ebola." African Development Bank: Abidjan, Côte d'Ivoire.

Gay, J., Croce-Galis, M., Hardee, K. 2016. What Works for Women and Girls: Evidence for HIV/AIDS Interventions. Washington DC: Population Council, The Evidence Project and What Works Association, Inc. [www.evidenceproject.org/](http://www.evidenceproject.org/)

Inter-Agency Standing Committee (IASC). 2015. 2015. "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery."

Morgan, R et al. 2016. "How To Do (or Not To Do)... Gender Analysis in Health Systems Research." Health Policy and Planning 31: 1069-1078.

Njuki, J et al. 2013. "Guidelines on Integrating Gender in Livestock Projects and Programs." Nairobi, Kenya: International Livestock Research Institute.

WHO, Western Pacific Region. 2011. "Taking Sex and Gender into Account in Emerging Infectious Disease Programmes: An Analytical Framework." Manila, Philippines.

WHO. 2007. "Addressing Sex and Gender in Epidemic-Prone Infectious Diseases."

[www.preparednessandresponse.org](http://www.preparednessandresponse.org)

## GENDER IN PREPAREDNESS & RESPONSE

WHERE WOMEN ARE MORE SPECIFICALLY EMPOWERED AS A PART OF EPIDEMIC RESPONSE, THEY BECOME AN IMPORTANT STRATEGIC FORCE IN LONG-TERM PREVENTION, RESILIENCE, AND SECURITY.



Specific risks and vulnerabilities experienced by different population groups is an important consideration in preparedness and response to public health emergencies. Age, ethnicity, income, and gender differences, among others, affect not only disease exposure and risk, but also surveillance and response efforts. Overlooking or misunderstanding the experiences of these populations can have a profoundly negative impact not only on those people, but also on the overall effectiveness of the response.

Women often play a critical role as caregivers and community change agents. When these roles are understood and incorporated into

One Health planning and coordination, and women are more specifically empowered as a part of epidemic response, they become an important strategic force in long-term prevention, resilience, and security.

Gender-related factors that affect risks, vulnerabilities, and opportunities include biological considerations such as pregnancy, menstruation, and other aspects of sexual and reproductive health, as well as social and economic differences including but not limited to access to health care, employment, and decision-making. Risks of exposure may differ for women and men based on how they engage in food production and trade, illegal trade in animals,

migration and land use, the health sector and veterinary workforce, other forms of caregiving, differential risk from sexual exposure, and access to and use of drugs and vaccines. These norms and roles also lead men and women to be affected differently by One Health planning and response, including how they are impacted by, for example, market access, food security, poverty, and tourism income.

By documenting and planning for these differences, One Health structures, planning, and systems can position themselves for a stronger, more effective disease response, and ensure that the response does not exacerbate existing inequalities.

# Preparedness&Response

## ONE HEALTH IN ACTION

## LESSONS FROM AVIAN FLU RESPONSE

Most human cases of highly pathogenic avian influenza (HPAI) have occurred in rural areas where poultry is raised on small, backyard farms by women—an important consideration for effective, gender-sensitive disease surveillance and response. In Vietnam, for example, women constitute the majority of those who maintain poultry in small backyard farms; however, agricultural extension workers for avian flu interacted almost exclusively with men, even though these backyard farms is where avian flu predominated.

An important but costly tool to contain an avian flu outbreak is to kill all infected poultry. Without adequate compensation, farmers fearing economic loss may sell or eat potentially infected poultry in advance of culling efforts. Culling and compensation interventions need to account for who within the household is most likely to experience economic loss and ensure that the “women who are the owners are compensated, rather than the males who are heads of households... as failure to compensate women may lead to poor cooperation” (WHO, 2011: 38).

In Vietnam, once government officials understood that avian flu could not be contained without providing adequate information and compensation directly to women, representatives of women’s organizations were included in efforts to successfully contain the outbreak (WHO, 2011).

## GENDER CONSIDERATIONS FOR PREVENTION

### REACHING FEMALE CAREGIVERS AND HEALTH PROVIDERS

Women play an important role as health providers at both community and household levels. These roles must be understood by decision-makers in order to address an outbreak effectively.

During the Ebola crisis, for example, women’s traditional role in burial preparation contributed to the spread of the disease among women. Pregnant women also feared transmission in formal health care settings, and turned to traditional birth attendants. But these attendants, on the front lines of an epidemic, were not always informed or able to protect themselves.

How does outbreak surveillance and response leverage and support those in informal providers, such as community health workers and traditional birth attendants, in addition to formal health services?

### ACCESS TO INFORMATION AND SERVICES

Women may be impaired when community or household norms limit their ability to travel to or pay for services. Globally, literacy rates and access to technology are also lower for women, which might mean critical public health messages are being delivered in ways that never reach them.

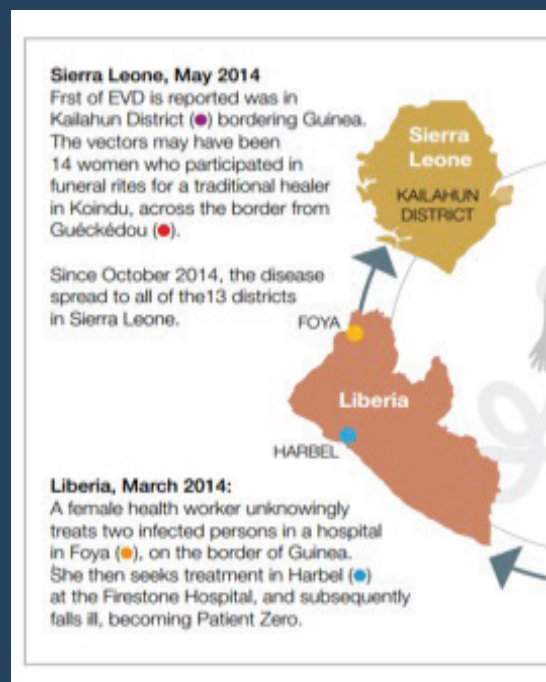
How are health messages being targeted? Who is receiving information about vaccination programs? Are the media and technologies being used to share information accessible to those who need it the most?

### SEXUAL & REPRODUCTIVE HEALTH

Biological and clinical considerations with regard to women’s sexual and reproductive health must be factored into surveillance and treatment protocols. During the Ebola epidemic, women who were menstruating were assumed to be infected, leading to uninfected menstruating women transported to quarantine. There are also particular risks and needs for pregnant women.

Are providers prepared to identify disease symptoms in pregnant or menstruating women? Are basic reproductive and sexual health services maintained during emergencies? Does programming account for sexual transmission by women and by men, if relevant?

## GENDER CONSIDERATIONS IN THE 2014-2015 Ebola Outbreak



DIFFERENCES IN MALE AND FEMALE  
AFFECT NOT ONLY EXPOSURE RISK  
OF SURVEILLANCE, HEALTH MESSAGES  
REPLACEMENT INTERVENTIONS.





**USAID**  
FROM THE AMERICAN PEOPLE

## PREVENTION, DETECTION, AND RESPONSE

### ANIMAL CARETAKING AND CONTACT WITH WILDLIFE

Men and women frequently have different roles and responsibilities in agricultural production and animal husbandry, at both household and industrial levels. These differences affect not only exposure risks, but also the effect of surveillance, health messaging, and culling and replacement interventions. Men and women also face different risks of exposure to infected wildlife.

Disease management programs should specifically target small shareholders and other marginal farmers, who may largely be women. Still, those programs frequently target men as heads of household, particularly where women may lack ownership rights and control over resources to care

for animals - even when women have the responsibility to care for those animals.

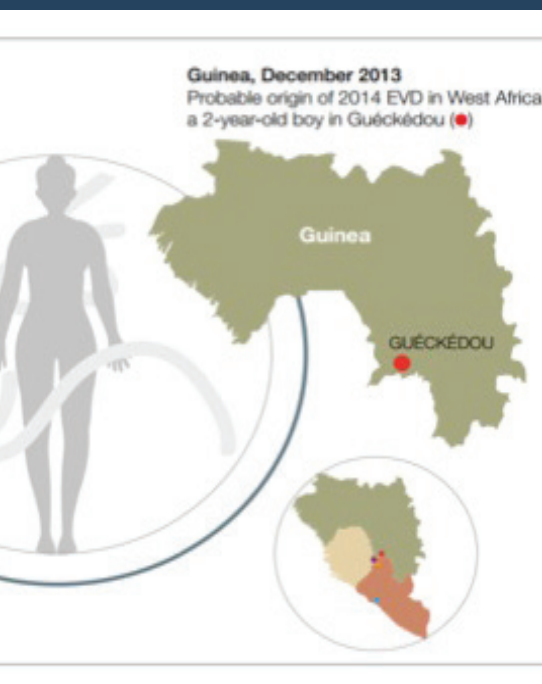
How do household responsibilities or workplace exposures differ among men and women? Does surveillance and outreach reflect these differences?

### WATER AND INFRASTRUCTURE

Women frequently carry water management responsibilities, which may increase their risk of both infection and transmission of zoonotic disease.

Do One Health platforms consider the barriers keeping women from using clean toilets, bathing, or collecting water, and work to improve water infrastructure access and safety?

## 2014 EBOLA VIRUS DISEASE OUTBREAK



### ECONOMIC AND SOCIAL IMPACT

Economic impacts of emerging infectious diseases may be more severe for women. By proactively supporting improved land tenure rights and access to markets, governments can increase women's resilience. Planning can also help ensure animal culling and replacement programs do not create or exacerbate disparity.

Outbreaks may also increase orphans and vulnerable children, while disproportionately impacting their school attendance, particularly for girls.

Do men and women have different property rights, access to credit, or control over household resources? What is the impact on women, as well as men, when a public health crisis creates changes in markets and employment? How can response plans offset negative market/financial impact for both women and men?

## ADDRESSING GENDER-BASED VIOLENCE

Gender-based violence is widespread, and a manifestation of gender inequality. By itself, it is a risk factor for acquiring an emerging infectious disease, such as sexual transmission via rape. Outbreaks of emerging infectious diseases can also exacerbate women's vulnerability. The UN's Inter-Agency Standing Committee, which is widely considered a key institution in any humanitarian response, recommends that it should be assumed that gender-based violence "is occurring and threatening affected populations; treat it as a life threatening problem."

Examples of approaches that address gender-based violence in planning and response include:

- Align existing policy and guidance related to gender-based violence to response planning, such as Kenya's policies within the HIV National Strategic Plan
- Integrate protocols with ongoing services during an outbreak
- Include safety mapping in all response planning and implementation to avoid increased risk of violence for women
- Ensure women have access to needed tools and resources so women are not forced to exchange sex for survival

MALE ROLES AND RESPONSIBILITIES  
RISKS, BUT ALSO THE EFFECT  
AGING, AND CULLING AND