

nationally defined levels of income security through the life cycle and access to health care⁽⁵¹⁾—recognize the intimate relationship between universal health coverage and social protection. The pandemic has underlined the inequities that result when countries fall short of meeting these standards.

Community responses and local engagement have been vital resources in the response. Where community structures, such as cadres of community health workers, have been mobilized, they have made a critical difference in establishing trust in government instructions, extending services, and in relaying scientific information. However, the potential for communities to shape the response at the decision-making table has been severely neglected.

Similarly, **women** constitute almost 60% of the health workforce and front-line workers, yet they were not included in most of the COVID-19 response structures, thus increasing the equity gap for an effective response.

