

I am the Chief Executive Officer of Gavi, the Vaccine Alliance and declare no other competing interests.

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Many crises, one call to action: advancing gender equality in health in response to polycrises



The state of polycrises linked to concurrent conflict, climate catastrophe, the COVID-19 pandemic, the ongoing HIV epidemic, and geopolitical, economic, and social shocks is a cause of deep concern for the global health community. Polycrises, including the ongoing atrocities in Gaza, Sudan, and Myanmar, political movements in different countries that threaten to overturn human rights and climate laws, or the flash floods in Bangladesh, Brazil, and Tanzania, have led to a new era likely to worsen gender inequalities and health challenges in terms of scale, severity, and complexity. Not only have these crises laid bare injustices and entrenched gender-based intersectional inequalities that exist in health, but they have also deepened and widened health disparities within and across countries, with differences starkly marked along lines of income, sex, age, race, ethnicity, migratory status, disability, and geographical location, among other factors.¹

Taking stock of the gendered impact of polycrises is the first step towards forging a collective response from governments and the global health community. Globally, women make up the majority of extreme poor among people aged 15 years and older, with the gender poverty gap forecast to widen by 2030.² Disproportionate job losses and limited access to financial resources in a climate of economic insecurity have pushed women into precarious work environments, jeopardising their health, integrity, and safety.³ The responsibilities of caregiving also intensifies during polycrises, with women and girls taking on greater responsibilities, including childcare, care of ill or dependent persons, and older persons care, and frequently neglecting their own health needs.^{4,5} Clinic closures, resource shortages, and displacement due to crises disproportionately affect women's access to health services, such as reproductive health care, prenatal care, and safe childbirth.⁶ Even



Umesh Negi via Getty Images

Published Online
 July 24, 2024
[https://doi.org/10.1016/S0140-6736\(24\)01450-8](https://doi.org/10.1016/S0140-6736(24)01450-8)

some high-income nations are among the 19 countries that had a higher maternal mortality ratio in 2020 compared with 1990.⁷ Furthermore, conflict, climate displacement, and the effects of the COVID-19 pandemic are contributing to concerning increases in gender-based violence and harmful practices such as child, early, and forced marriage, female genital mutilation, and son preference.⁷

The adverse impacts of polycrises on women's and girls' rights and health extend to their crucial roles as health workers. Women, who make up almost 70% of the global health workforce and 90% of nurses and midwives, are the front line of the health system; they deliver vital health services during crises and are often exposed to violence, especially in places affected by conflict.^{8,9} Yet women in the health workforce are usually inadequately paid, insufficiently valued, and under-represented in leadership and decision-making positions.¹⁰

Alongside polycrises, there have been unprecedented attacks on the bodily autonomy, choices, and human rights of women and girls.⁷ Globally organised movements have mobilised against laws related to access to safe abortion and contraception, LGBTQI+ rights, and comprehensive sexuality education.⁷ This is visible in different forms, ranging from increasing levels of violence, hate speech, and misinformation campaigns to difficulties accessing funding for health and human rights organisations and the introduction of regressive laws or failure to eliminate discriminatory laws and policies.¹¹

In this climate of competing priorities and recurrent crises, governments, UN agencies, donors, and civil society groups collectively hold immense power to ensure action is taken to advance and prioritise women's rights, gender equality, and human rights, including the right to health. This approach is paramount for mitigating and preventing the deepening of future crises.¹² Evidence indicates that narrowing the gap in women's health would avoid 24 million life-years lost due to disability, add more than US\$1 trillion to the global economy, and increase economic productivity by up to \$400 billion.¹³ However, these investments need to be combined with enabling legislation and support for gender equality in health, including bodily autonomy and integrity more broadly. In this context, it is only through true collective action that we can bring about the changes that are direly needed. In particular, our joint efforts need to focus on three key areas.

First, funding and increased support are needed to strengthen investments, partnerships, and research led by grass-roots communities and feminist and women-led civil society organisations. Communities, notably, feminist and women-led civil society groups, hold a rich understanding of how crises play out and affect gender disparities, health, and rights of communities. They are well placed to document and deepen our understanding of this impact and identify contextually relevant solutions to advance gender equality and rights. During a crisis feminist and women-led organisations are also often directly involved in the provision of health services, including sexual and reproductive health services and information, in contexts where public goods and services are limited or no longer available.^{14,15} Despite widespread evidence of the essential roles of feminist civil society and movements, investments in community-led research and partnerships are shrinking and being deprioritised in the context of polycrises.^{16,17} Governments, UN agencies, and donors must act now and reverse this trend.

Second, policies are needed to support alignment across institutions and struggles for equality and rights. Fragmentation is happening at multiple levels and includes disjointed systems that promote siloes, competition, or polarisation between movements striving for gender equality and women's rights.^{18,19} These challenges can manifest as the frequent exclusion of ministries of finance in discussions to ensure the right to health and wellbeing of women and girls, or as hostile attacks between gender equality and rights-based movements that unfold on social media platforms, quickly degenerating into the use of stigmatising labels and exclusionary language. Irrespective of how this fragmentation develops, it is fuelling mistrust and creating restrictive environments that hinder meaningful collaboration and collective action. It is imperative that collective efforts better integrate systems and processes and build links across struggles, particularly the multiple intersections of inequalities.

Third, financial responses at global, regional, and national levels need to be formulated so that they support gender equality and women's rights. Current financial responses during crises frequently impede the upholding of human rights and in turn deepen income inequalities.²⁰ For instance, immense pressure on governments to focus on austerity policies and debt repayments during and after crises detracts from investments in essential public services and in communities that have been

most impacted.²⁰ The global financial architecture, right down to national budgets and ministries of health and finance, needs to have a more deliberate approach to investing in gender-related issues and women's rights to ensure support is provided to the communities and groups most affected by crises. Learning from and with feminist financing models offers a strong baseline to build from.^{21,22} Not only will this approach support short-term stabilisation during crises, but it will also build long-term resilience and equity in resource mobilisation and allocation.

Global overlapping crises are worsening gender equality and health disparities. Addressing these issues requires us to unite political, health, and civil society leadership efforts towards reinforcing community-driven partnerships, reforming financial and health strategies to support equality, and integrating systems to create cohesive responses. Now is the crucial moment to act.

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