

EXECUTIVE SUMMARY

FIT FOR WOMEN?

SAFE AND DECENT PPE FOR WOMEN HEALTH AND CARE WORKERS

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Women in Global Health Series: Gender Equity and the Health and Care Workforce



WGH | WOMEN IN
GLOBAL HEALTH

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Personal Protective Equipment (PPE) has become one of the defining issues of the COVID-19 pandemic. As the COVID-19 virus spread and patient numbers surged in the first quarter of 2020, reports appeared in the media of women health and care workers (HCWs) unable to access PPE working in garbage bags, forced to wear adult diapers, suffering cut and bruised faces from long shifts in PPE and even going on strike. Shortages of PPE for health and care workers are not new, especially in low-and middle-income countries (LMICs). The pandemic, however, exposed the particular problems faced by women HCWs using PPE. PPE is a critical line of defense for the protection of HCWs, that was especially so at the start of the pandemic and remains so in contexts where access to vaccines or therapeutics for COVID-19 remains poor.

As a response to women's feedback on deficient PPE during the pandemic, Women in Global Health launched a research project to document and better understand gendered challenges around PPE in the health sector, including an online survey and interviews with women HCWs in over 50 countries. Whilst some of the challenges around PPE (for example, shortages and poor quality) affect HCWs of all genders, women are 90% of nurses and have been the vast majority of HCWs in patient facing roles in the pandemic. Our findings show that PPE manufacturing standards pay too little attention to the needs of women and our research has confirmed what many women HCWs already knew: PPE is not fit for women.

Although PPE is a universal challenge for women HCWs, it does not manifest equally. HCWs in high income countries have generally had access to PPE, while many in low-income countries have had and still have limited access to PPE. PPE is an equity issue. Within all health systems, because women tend to be clustered in lower status roles, our data finds women have often been less able than their male counterparts to access PPE. There is also evidence that women from racial and ethnic minorities have been less protected.

Without adequate PPE, the right to a decent, healthy and safe working environment is being violated, causing many HCWs to die, become ill, demoralized and leave the sector. After two years of a global pandemic, levels of burnout amongst health workers are alarming with estimates that

1 in 5, particularly women nurses and midwives, plan to leave their jobs. Against the background of a serious global health worker shortage, there is a risk that unmanaged migration of health workers to high income countries will further undermine health systems in low-and middle-income countries.

In the context of an alarming global shortage, we cannot afford to lose one more health or care worker. We cannot expect women to go back to business and gender inequality as usual as we emerge from this pandemic. Women health and care workers need a new social contract based on equality, safety and dignity and that will be the foundation for strong health systems and global health security. The failure to protect women HCWs is a moral failure. It is also a failure of accountability: governments have made many commitments to protect HCWs. Ultimately, failure to protect women HCWs is a failure to protect ourselves.



Key Findings

Inadequate PPE has increased health risks and mental distress for women

- Inadequate PPE has made women HCWs feel 'expendable' and significant numbers plan to leave the profession.

PPE is not fit for women

- Only 14% of our survey respondents only used PPE that was fitted to them. Women have experienced discomfort and loss of dignity.
- PPE design does not address diversity; women from minorities have felt marginalized.
- PPE is not fit for periods, pregnancy, or menopause.

PPE is a gender equity issue

- Women have often been lower priority for PPE than male colleagues; in our survey only 25% of women reported having an adequate supply all the time.
- Women are marginalized in health leadership and have felt powerless; or when they speak out concerns are silenced or ignored.
- Women's double burden of work and care at home exacerbates their concerns around PPE.
- Women HCWs - paid less on average than men – have had to use their own money to buy PPE.

PPE access is an equity issue

- Global inequities in PPE and vaccine access leave the most vulnerable women HCWs in LMICs at greatest risk.
- Frontline community HCWs have been deprioritized for PPE because of their low status.

Women on the frontline have had to 'make do'

- Lack of safe, private changing spaces has left women without dignity and at risk of harassment.
- Only 11% of women could use the toilet as often as needed when wearing full PPE.
- PPE is not appropriate for working in hot climates, especially during menstruation, pregnancy and menopause.
- HCWs have been forced to re-use PPE.

Governments and employers are failing in their duty of care

- Occupational health policies are not being implemented and women feel they have little recourse.

Women HCWs know what they need

- Women have proposed solutions for more appropriate PPE, designed by and for women.





Recommendations

1. Governments must meet their commitments to protect HCWs

- Fulfil commitments made to protect HCWs, for example in World Health Assembly Resolutions, by ensuring an adequate supply of PPE and enforcing occupational health law.
- When procuring PPE, ensure that both design and fit are appropriate for the health and care workforce, especially women.

2. Employers must meet their duty of care for HCWs

- Consult women HCWs and procure PPE based on the needs and characteristics of the workforce, especially gender and ethnicity.
- Ensure gender equity in access to PPE across health professions.
- Ensure inclusive choice of PPE sizes available to address preferences and diversity among women HCWs.
- Provide safe, private spaces for women to change in and out of PPE.

3. WHO should strengthen global governance of PPE

- Develop 'essential' standards for gender-responsive PPE for low resource settings that are similar, for example, to the Essential Medicine List.
- Support member states to regulate PPE standards to ensure consistency and quality.
- Include gender-responsive PPE indicators in pandemic preparedness monitoring.

4. PPE producers to innovate and address gender inequity in PPE

- Standards bodies and development organizations should implement the actions in the UNECE Gender Responsive Standards Declaration.
- Include women HCWs at the design stage to develop more gender responsive PPE.
- In production, decentralize supply chains to produce more context specific, locally manufactured PPE to improve access for women in LMICs.

5. Enable women health and care workers to lead and deliver change

- Promote gender equity in leadership in the health sector to enable women to influence decisions on the protection of HCWs, including the provision of gender-responsive PPE.
- Engage professional associations, in nursing and midwifery especially, in setting standards for the design of PPE.
- Enable women HCWs to work collectively through trade unions, professional associations, networks and women's movements.

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