



[SDDirect COVID-19 Pandemic Blog Series](#)

COVID-19, PPE shortages and the risks facing frontline healthcare workers: What has gender and GBV got to do with it?

[Laura Martineau-Searle, GBV AoR Helpdesk Manager](#), reflects on recent coverage of COVID-19 in relation to shortages of PPE (personal protective equipment) and the risks facing frontline healthcare workers, and also introduces a new [GBV AoR Helpdesk report](#) authored by Robyn Yaker, which provides guidance on how we can better understand and mitigate some of the risks facing women frontline healthcare workers.

In recent days, many major news outlets have [published stories](#) on the chronic shortages of personal protective equipment (PPE) for doctors and nurses working on the frontline of the COVID-19 response in the United States and Europe. There are fears that without access to vital supplies of PPE (which include gowns, gloves, respirator masks and face shields), doctors and nurses risk having to choose between delivering life-saving patient care and their own personal safety. There is [growing public anger](#) towards politicians as reports emerge of frontline healthcare workers who have died as a result of contracting COVID-19, prompting many [high-income countries to panic-buy PPE and restrict exports to low-income countries](#). Such behaviour has prompted Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization, to call on countries to pursue international cooperation over isolationism, and to insist that [healthcare workers in low-income countries deserve the same protection as those in wealthier ones](#).

What do gender and GBV have to do this with current COVID-19 coverage on PPE shortages and the risks facing frontline healthcare workers? Much of the coverage of the shortage of PPE has failed to explore the gender dimensions of this issue, including gender-based inequities and barriers in healthcare systems for female healthcare workers. This analysis is critical to understanding the particular vulnerabilities of female healthcare workers during the COVID-19 pandemic, what drives these vulnerabilities, and what measures must be developed to mitigate the risk of harm to both them and those they care for. To this end, the GBV AoR Helpdesk recently produced a report – [Securing the Health and Safety of Women Frontline Healthcare Workers in the COVID-19 Response](#) – which draws attention to the following important issues:

1. **Women perform the majority of healthcare, especially in low-income countries.** [Women represent 70% of workers in the paid health and social sectors](#). Furthermore, [women perform the bulk of unpaid healthcare](#), which includes caring for the elderly, looking after the sick, and supporting people with disabilities. This is especially the

case in low-income countries and among rural and marginalized communities, where many families do not have access to medical insurance or quality healthcare services, and instead rely on female relatives to provide unpaid healthcare in the home.

2. **Women are more likely to be infected with COVID-19 given their primary role delivering healthcare, coupled with the current global shortages of PPE necessary to safeguard against transmission.** In high-income countries, such as Spain, [COVID-19 infections among paid women healthcare workers are nearly three times that of their male counterparts](#). In low-income countries, the percentage of COVID-19 infections among women delivering healthcare is likely to be even higher, as vital supplies of PPE are severely lacking for paid healthcare workers operating in these clinical settings, never mind for women providing unpaid healthcare in the home. There is also a [risk of a ripple effect in the households of female healthcare workers](#), whereby both paid and unpaid women healthcare workers pass the virus on to those they care most for – their loved ones.
3. **In addition to being at greater risk of COVID-19 infection, women healthcare workers also face other risks resulting from gender inequality, including the risk of multiple forms of gender-based violence (GBV).** [The stay-at-home orders issued by Governments seeking to curb the spread of the virus have undermined a number of the normal protections afforded to paid women healthcare workers](#). For example, paid female healthcare workers often have to travel to and from work late at night or early in the morning. Without the protective benefits of the presence of other people in the streets and/or availability of public transport, these healthcare workers are now at heightened risk of sexual and other forms of violence. [The fear and anxiety caused by the current COVID-19 pandemic can also expose paid women frontline healthcare workers to violence perpetrated by patients and/or their families](#), including verbal abuse and physical assault. Similarly, serious risks face women who provide unpaid healthcare in the home. [Data has shown that violence in the home, particularly by intimate partners, increases during crises, including in the current lockdown situation](#). Poverty is also an added risk factor, leaving women carers vulnerable to sexual exploitation and abuse by individuals working in the development and humanitarian sector, who exploit women's desires to provide for their loved ones by forcing or coercing them to exchange needed goods and services for sex.
4. **There are immediate actions key decision-makers can and should take to mitigate the risk of harm to women delivering healthcare during the COVID-19 pandemic, and to secure both their safety and that the patients and family members they care for.** This of course includes improving the supply and availability of PPE to women providing both paid and unpaid healthcare inside and outside of clinical settings in both high and low-income countries. It also involves consulting with women involved in the delivery of healthcare to understand the multiple roles they play in their day-to-day lives, the challenges they face, and what steps they think can and should be taken to mitigate exposure to harm, including GBV. One of the [best ways to secure the safety and wellbeing of women frontline healthcare workers is to ensure women are well-represented in decision-making processes](#) and hold key decision-making positions.

For a more detailed exploration of the risks facing women delivering healthcare during the COVID-19 pandemic, as well as steps decision-makers can take to more effectively secure the health and safety of women frontline healthcare workers, please read the latest [GBV AoR Helpdesk report](#). Given the evolving nature of the pandemic, this paper should be considered a “living” document and may be adapted as more evidence becomes available.

Need some support with GBV in emergencies programming? Find out more about the GBV AoR Helpdesk by visiting our [webpage](#), and feel free to contact us at enquiries@GBViEHelpdesk.org.uk.

We welcome constructive feedback on this blog and are keen to collaborate with organisations that share our values and our commitment to ensuring no one is left behind as part of the COVID-19 response. If you would like to share feedback or explore opportunities for collaboration, please email laura.martineau-searle@sddirect.org.uk.