



CONCEPT NOTE

Gender dimension in COVID R&I

Introduction

The European Commission has been at the forefront of supporting research and innovation and coordinating European and global research efforts, including preparedness for epidemics. This includes also a strong emphasis on addressing the gender impacts of the pandemic.

In the area of Research & Innovation, in addition to a number of past and ongoing research actions related to coronaviruses and outbreaks, the European Commission has mobilised Horizon 2020 for urgently needed research into the coronavirus, including looking into the behavioral, social, gender and economic impacts of the outbreak responses. The European Commission also launched several special actions in 2020, as part also of 'first "ERAvsCORONA" action plan: short-term coordinated Research and Innovations actions', including the publication of a case study on the impact of sex and gender in the COVID-19 pandemic¹.

As a short term action, we would like to exchange information and experience on the integration of the gender dimension into a multi-sectoral response to the current COVID-19 outbreak, and discuss how best to address the important socio-economic gendered impacts of the pandemic (e.g. on nutrition). We propose to organize a webinar with African researchers and innovators, and mobile expertise within on-going Horizon 2020 gender equality related projects.

For medium and long-term actions, we would like to explore how best to enhance the gender dimension in the EU-AU STI cooperation.

Background of the aforementioned initiative

It is of paramount importance to address challenges women and girls face globally due to the pandemic, while informing response and recovery planning and financing for better addressing the differentiated impact of the pandemic on women and girls in the continent.

A growing body of evidence is revealing sex-related differences in responses to the COVID-19 disease, with men appearing to suffer more severe effects, while women are more exposed to the impacts of the pandemic through high-risk jobs and disproportionate responsibility for caring for the sick and vulnerable. Their involvement in people care, including of those directly affected by COVID-19, make them not only more exposed to virus transmission but also more prone to leave paid jobs resulting in massive income losses. Moreover, women represent 76% of healthcare workers in the

¹ https://op.europa.eu/en/publication-detail/-/publication/4f419ffb-a0ca-11ea-9d2d-01aa75ed71a1/language-en

EU and 70% of the health and social sector workforce globally². For Africa, 70 % of nurses in Africa are women³. Even prior to COVID-19, women were disproportionately exposed to food and nutrition insecurity. Further deterioration of access to healthy food caused by disruptions of food systems could increase their susceptibility to COVID-19 infection or heightened risk of health complications as good nutrition contributes to build immunity, protects against illness and infection, and supports recovery. Empowering women on the continent relies on access to technology too. Only 27% of women in Africa have access to the internet, and only 15% of them can afford the cost to use the internet, which has significant impact on access to education and health and social services.

An increasing number of journal editors and observers are alerting on the negative impact that the COVID-19 pandemic and lockdown conditions are having on women researchers' activity and productivity.

At the same time, confinement and social distancing can transform the home into a place at high risk of violation of human rights, leading to an increase in domestic violence⁴.

The EC case study case study on "The impact of sex and gender in the current COVID-19 pandemic" addresses the following key issues, to be presented:

- sex differences in immune responses
- dosing and sex-specific side effects of vaccines and therapeutics
- gender-specific risk factors (for e.g. healthcare workers and caregivers)
- gender-sensitive prevention campaigns
- gender-specific socioeconomic burden of public safety measures

Part of the ERAvsCORONA action plan included a specific call for innovative and rapid health-related approaches to respond to COVID-19 and to deliver quick results for society, and the gender dimension is considered a cross-cutting issue.

Objectives

Understanding differences in response to a disease and its treatment could benefit everyone, while considering the gender dimension of the pandemic could help mitigate the acute and long-term inequities of its socioeconomic consequences.

For example, biological differences between men and women can influence the body's immune response. Women appear to respond more vigorously to viral infections and to produce more antibodies in response to infection or vaccination, as well as experience more medication side effects than men. Thus, COVID-19 drug and vaccine trials must include sex-specific analyses.

Therefore, we suggest exchanging knowledge and experience to address the integration of the gender dimension in research and teaching relating to the COVID-19 disease and mitigating measures and the pandemic's longer term socio-economic impacts.

Funding

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² https://eige.europa.eu/covid-19-and-gender-equality/frontline-workers

³ https://www.un.org/africarenewal/news/coronavirus/africa%E2%80%99s-responses-covid-19-must-be-gender-responsive

⁴ https://eige.europa.eu/covid-19-and-gender-equality/gender-based-violence; https://www.bmj.com/content/369/bmj.m1872

Potential funding could rely on the mobilisation of ongoing Horizon 2020 gender equality in R&I related projects, and in particular on one new Research and Innovation Action (staring later on this year), aiming at integrating a gender perspective within STI dialogues with third countries and which involves the Council for Scientific and Industrial Research (CSIR) from South Africa.