

Gender Inequities and Financial Protection for Healthcare Access

Healthcare access is disrupted or lost with loss of income and work, especially where access is linked to employment-based benefits or entitlements.



The COVID-19 crisis has widened gender employment gaps and left women **more vulnerable** than men to job loss as well as associated social protection and healthcare access.



The [McKinsey Global Institute](#) estimates that while women make up almost two-fifths of the global labour force, they have suffered **more than half of total job losses from the pandemic** — making them 1.8 times more vulnerable to the pandemic's impact than men.

Projections from the [International Labour Organization](#) suggest the equivalent of 140 million full-time jobs may be lost due to COVID-19; and **women's employment is 19 per cent more at risk than men.**

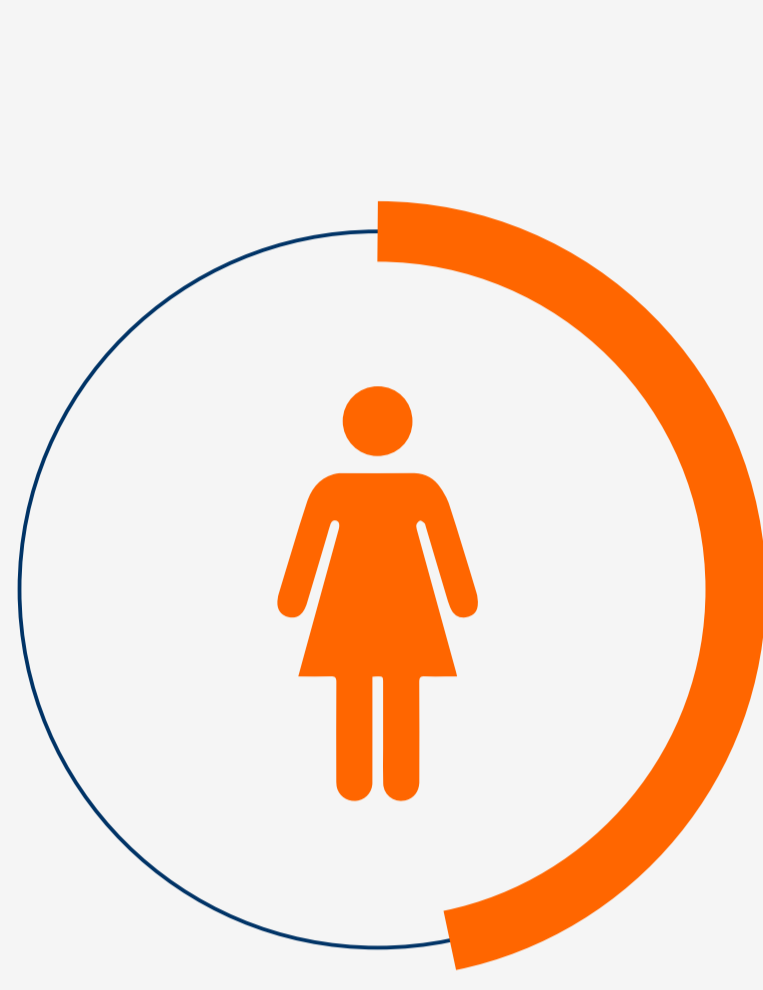


*Each person represents 100 million jobs lost

Financial protection measures must be **explicitly gender-responsive** in their scope and delivery.

Even before the pandemic, [data](#) from 2019 indicates a gender gap in employment: only 47% of women were employed, compared to 74% of men. **90% of employed women in Africa and South Asia, and 75% in Latin America worked in the informal sector.**

[Further](#), typically younger (15-24 years) and older (more than 65 years) women are generally more prone to informal work, and they are often in occupations with **low pay, long hours, and insufficient or no social protection**, including healthcare coverage.



47%
of women were employed



74%
of men were employed

Gender inequities in health financing and financial protection schemes

Gender-blind social protection measures continue to be the norm.

As of [July 2020](#), a total of 200 countries/territories had planned or put in place **1,055 social protection measures, reaching over 1 billion people.**

The primary concern of these social protection responses was to provide rapid economic assistance; however **gender considerations were not designed into the response**, despite clear [evidence](#) that women's livelihoods & job security has been more heavily impacted by COVID-19 than men's.

A rapid [assessment](#) of the gender-sensitivity of the initial COVID-19 social protection responses up to April 2020 indicated that **only about 11% of responses demonstrated gender-sensitivity.**



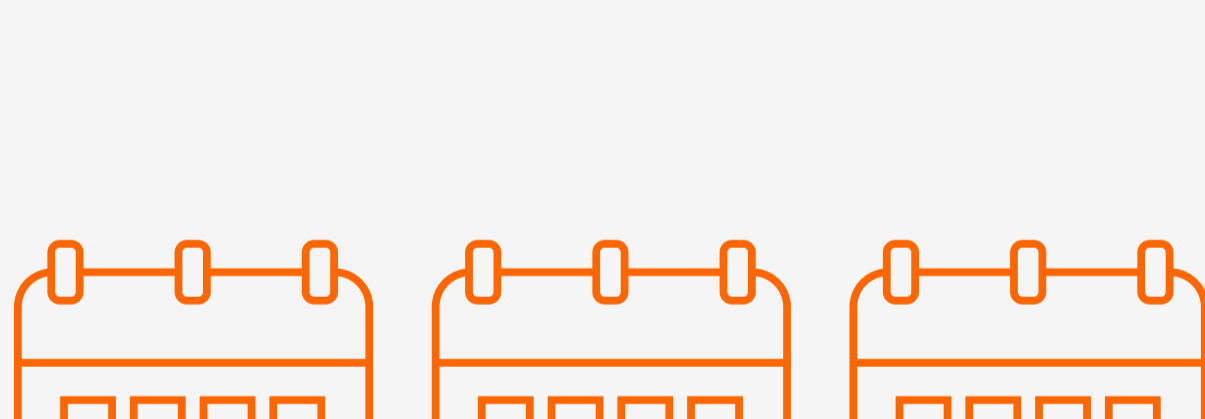
The uptake of gender-responsive policies has been limited.

According to the [WHO's 2020 Pulse Survey](#), **only 14% of countries reported having removed user fees (as recommended) to ensure continued access to essential health services during the pandemic.**



Some countries are strengthening and/or creating financial support and social protection mechanisms for gender-responsive outcomes

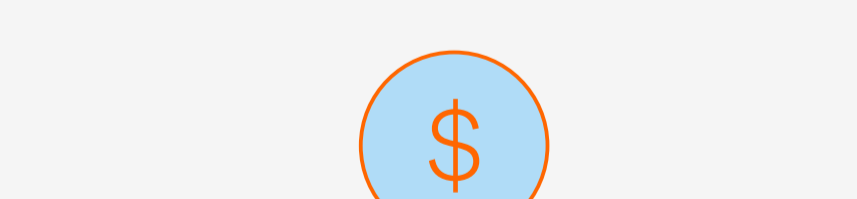
1 Strengthening access to, and coverage of, existing financial support mechanisms



In **Cote d'Ivoire**, three months of Universal Health Coverage (CMU) premiums were extended to all beneficiaries of financial support in the form of cash transfers.

In **Indonesia**, unemployment benefits were expanded and tax reliefs were [announced](#), including for workers in the informal sector.

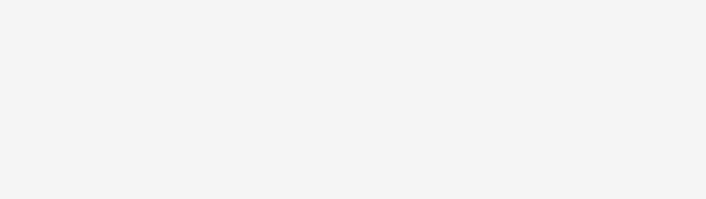
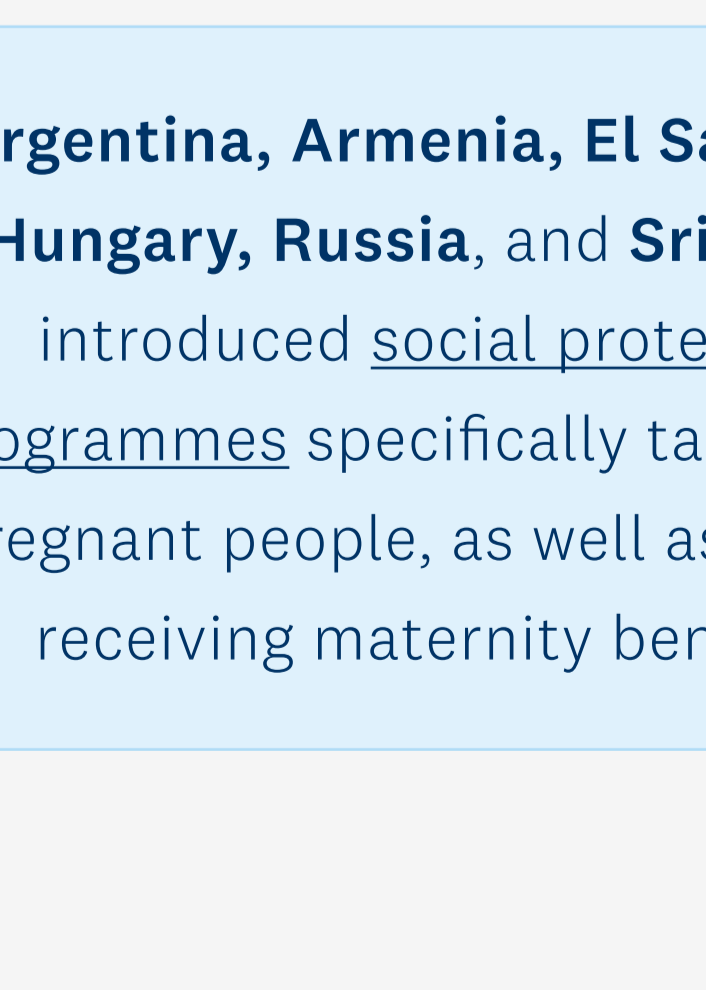
In **Thailand**, migrants (irrespective of migration status) are [eligible](#) for Universal Healthcare Coverage. The cabinet also approved a [fiscal package](#), including water and electricity bills, and social security contributions.



2 Including gender-responsive social protection mechanisms and complementary programming in COVID-19 responses

Argentina, Armenia, El Salvador, Hungary, Russia, and Sri Lanka introduced [social protection programmes](#) specifically targeted to pregnant people, as well as women receiving maternity benefits.

Philippines and Italy introduced **programmes targeted specifically to healthcare workers** (who are primarily women) including covering exposure or injury-related costs and compensation for infection (**Philippines**) and higher levels of childcare vouchers as compared to the rest of the population (**Italy**).



Programmes targeted at informal workers—a majority of whom are women—have been introduced through instruments including: vouchers for skills training in **Indonesia**, wage subsidies in **Australia**, utility subsidies in **Vietnam**, public works for those who lost livelihoods in **Philippines**, food vouchers in **Jordan**.

