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The COVID-19 epidemic through a gender lens: what if a gender approach had been applied to inform public health measures to fight the COVID-19 pandemic?

Epidemics occur within the existing ecosystem of socioeconomic determinants of health, including class, gender, race, income, employment and individuals' physical environment. The Zika virus epidemic (2014–2017) demonstrated disproportionate effects of an emerging pathogen on women and children. The immediate and long-term effects of congenital Zika infection have magnified the social, economic and emotional burdens on women (Wenham et al. 2020). Three months into the COVID-19 pandemic, we know that the course of disease and the effects of preventative and containment measures differ by gender. Women are at a higher risk of experiencing partner violence and inequitable gender roles mean that women have added responsibility for organising and caring for their households (cf. John et al. 2020).

The economic impacts of the COVID-19 pandemic are inherently gendered. Women disproportionately bear the brunt of work that encompasses the 'unproductive' (unpaid or low-paid) and therefore unrecognised realm of maintaining the household: childcare, housework, caring for aging members and providing frontline healthcare. If the economy, as part of a gendered political system that privileges traditionally male-centric activities as 'productive', e.g. profitable (cf. Federici 2011), is shaping how governments adopt quarantine and isolation measures, we must interrogate the public health response to COVID-19 through a gender lens.

In an effort to protect society from COVID-19, politicians and public health experts have failed to consider the ways in which we are vulnerable within our own homes. Measures such as 'shelter in place', have effectively trapped abused women in close quarters with the perpetrators, leaving them with restricted opportunities to escape the confines of home. With ongoing confinement and limited economic opportunities, increased stress affects mental health, resulting in conflict within the home. The externally mandated lockdown further restricts women's access to sources of social support. If lower report rates are reported, those relate to the impossibility of

having a safe space to talk and to report these crimes, and globally incidence of femicide has skyrocketed. There is an urgent need to document and mitigate the impact of confinement measures on women and children in light of a broad spectrum of gender inequities.

To avoid propagating existing inequities, the public health response to COVID-19 must incorporate these social- and gender-dimensions into a human rights-based approach to equitable access to testing, care, and financial and mental health support. Vulnerable migrants, displaced, indigenous, homeless and differently abled populations are disproportionately affected by the pandemic. Health and economic inequities resulting from the COVID-19 crisis should be analysed from an intersectional perspective to critically examine the pandemic's socioeconomic and emotional impact.

Zika virus Social Sciences Working Group

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