

SPEAKERS



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Center for Local
Governance and Research
Bhutan



Igor Bello

Secretary at Women,
Health & Work SC of
International
Commission on
Occupational Health
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Valencia, Venezuela



Albert Denk

Chair of Political Sociology
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1:30 PM - 3:00 PM GMT |

**7:15 PM NPT | 2:30 PM CET | 5:30 AM PST
17:30 AM Mex | 8:30 AM WA | 10:30 AM CL**



4th March 2021 | Thursday



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ONE HEALTH

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Webinars / Discussions / Online courses / Networking

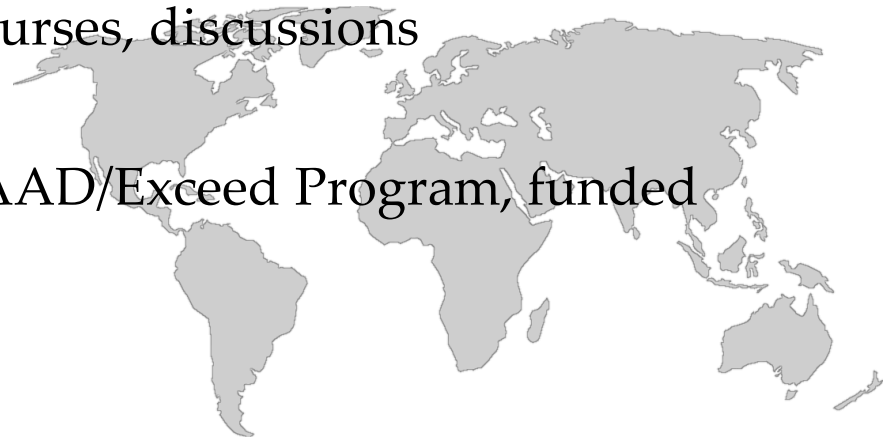
Impact of COVID-19 on Sustainable Development Goals

The outbreak of COVID-19 pandemic not only affected the health sector but all aspects of life. It has widespread impacts on agriculture, education, transport, tourism, economic activities, and employment and so on. COVID-19 pandemic has been observed as a serious challenge in accelerating efforts towards achieving the SDG's.

This webinar aims to identify the areas of opportunities and challenges to achieve the SDG's in the context of COVID-19 pandemic in a ONE HEALTH perspective.

One Health Knowledge Café

- A collaborative effort of more than 11 individuals representing CIH partners and alumni
- Represents Asia, Africa, Europe, South America and North America
- Brings together the expertise and network of researchers and professionals from various disciplines, countries and expertise to enable cross learning, sharing and network building
- Monthly talks, webinars, online courses, discussions
- Supported by LMU^{CIH} through DAAD/Exceed Program, funded by BMZ



Presentations

- "UN Development in Times of COVID-19- A critical reflection from the SDGs to the Human Development Report"
- "Impacts of the COVID-19 pandemic on the SDGs & local governance issues".
- "Women, work and COVID-19: progress and setbacks of the SDGs during the pandemic"

Albert Denk

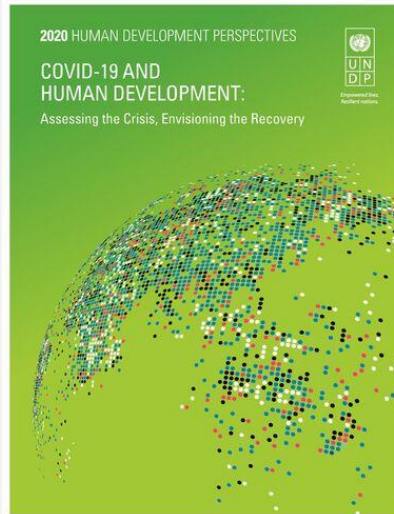
UN Development in Times of COVID-19

A critical reflection from the SDGs
to the Human Development Report

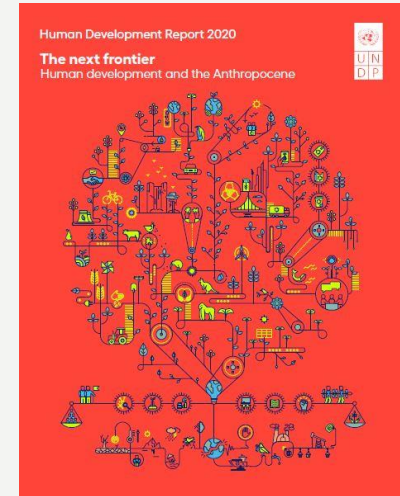




2015:
UN Agenda 2030
SDGs



2020:
HD Perspectives
COVID-19



2020:
HDR
The
Anthropocene

"We envisage a world free of [...] disease"

(Declaration, p.3)

→ Creation of an illusion/unattainable ideal

"We will equally accelerate the pace of progress made in fighting [...] epidemics"

(Declaration, p.7)

→ Belief in agency

"By 2030, end the epidemics [...]"

(SDG 3.3, p.16)

→ Belief in medium-term eradication





3 GOOD HEALTH AND WELL-BEING



TARGET 3.B



SUPPORT RESEARCH,
DEVELOPMENT AND
UNIVERSAL ACCESS TO
AFFORDABLE VACCINES
AND MEDICINES

"Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all" (SDG 3.b, p. 16-17)

→ Recognition of unequal power relations



“Access to COVID-19 Tools (ACT) Accelerator”- Campaign
Lunch by WHO & supporters in April 2020

- 1st pillar organized by “Covid-19 Vaccines Global Access” (COVAX)
- Goal: Equal and just access to COVID-19 vaccines worldwide



First AstraZeneca deliveries to Ghana (600,000) and Ivory Coast (500,000)
in February 2021

ACT Accelerator: 38 billion Euros were budgeted, of which 27.2 billion are
still missing (February 2021)

11.3 billion doses of Corona vaccine have been ordered worldwide so far
that every person could be vaccinated twice

Ukraine, Pakistan, Bangladesh, Yemen and Syria have ordered between
zero and half a shot per citizen

Ten countries have used 75 percent of the world's vaccines so far,
more than 130 countries had not yet received a single dose



HD Perspectives Report: "COVID-19 AND HUMAN DEVELOPMENT - Assessing the Crisis, Envisioning the Recovery"

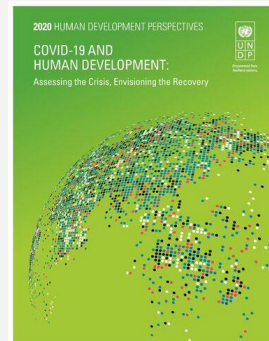
Based on simulations/projections of an adjusted Human Development Index 2020 (published on 20 May 2020)

Income: 4 percent drop in GNI per capita worldwide

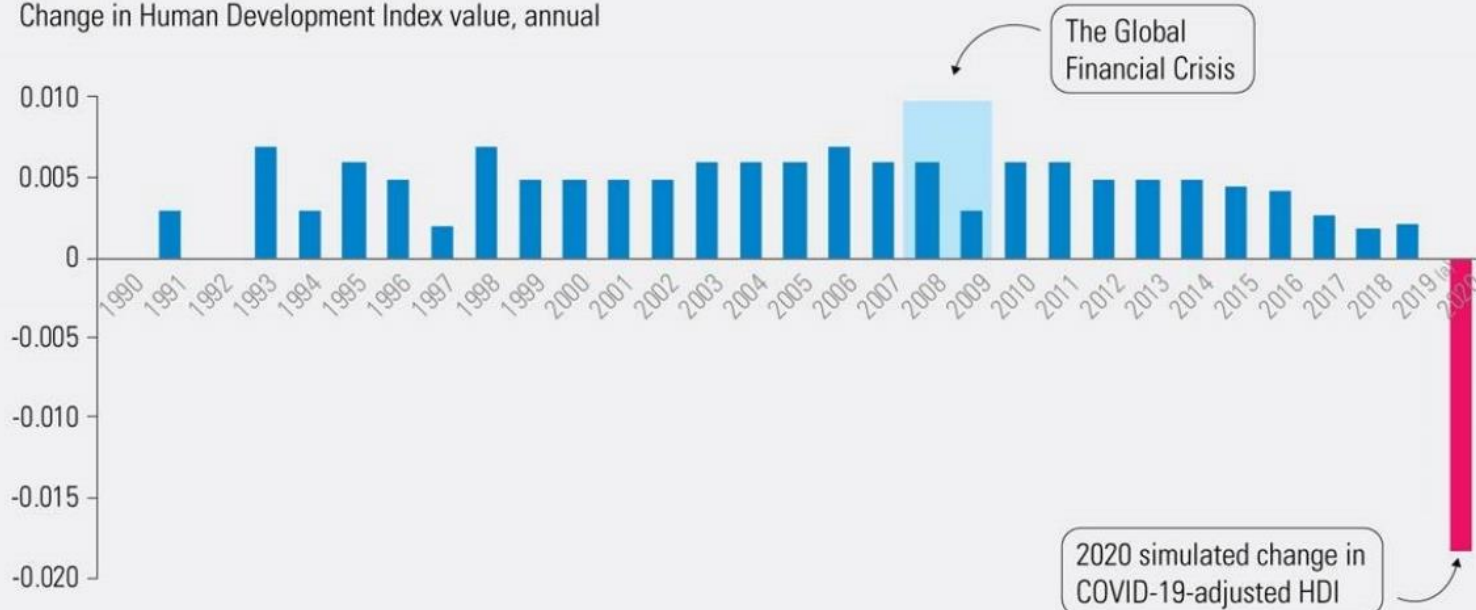
Education: Almost 9 in 10 students out of school

Health: Death toll over 300,000; additional 6,000 child deaths

Poverty: Extreme poverty is projected to increase by 40-60 million

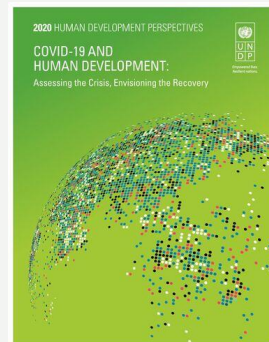


Change in Human Development Index value, annual



a) The 2019 value is a provisional estimate.

- The effects are unequally distributed, with vulnerable groups disproportionately affected
- UNDP aims for an “equity lens” focusing on low-income groups



Human Development Report 2020:

"The next frontier - Human development and the Anthropocene"

(published on 15th December 2020)

A report full of crises: The global financial crisis, the climate crisis, the inequality crisis, the Covid-19 crisis, the Biodiversity collapse, the Ocean acidification etc.

Income: No numbers in HDR, Germany reports -4.9 %

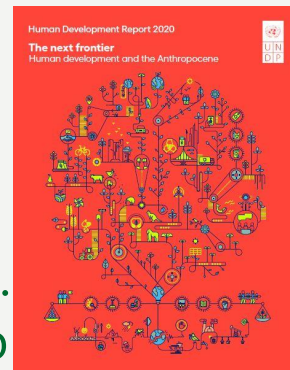
Education: No numbers in HDR, UNICEF: 168 million out of school for whole year

Health: more than 2,5 million people died by COVID-19

Poverty: 100 million people pushed into extreme poverty

"Scientists have been forewarning a pandemic like this for years [. a reflection of the pressures people put on planet Earth." (Forewo

"Squeezing local ecosystems so hard that deadly viruses spill out" (p. 3)

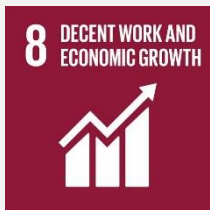




Avoidance of naming structural causes: An overexploitation of nature by deforestation, sealing, monoculture cultivation etc.

Main slogan: "Expanding human development, easing planetary pressures"

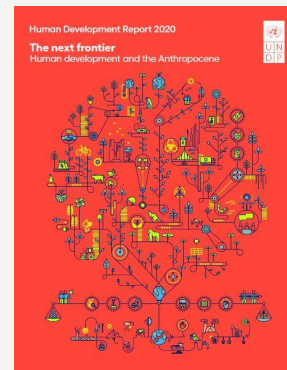
- "The increasing transmission of disease from wildlife to humans reflects the pressures we are putting on the planet" (p. 21)
- Downplaying structural causes & Maintaining the status quo



More economic growth



More industrialization & infrastructure





- 1) COVID-19 has led to an acceleration of global inequalities
- 2) The crisis is multifaceted, given the global age structure, it is a social and economic crisis (not health) for the majority of humanity
- 3) The crisis is directly related to the consumption and production patterns of the world's population, with social-structural differences clearly visible
- 4) No equitable distribution of vaccines can be organized at the United Nations level so far
- 5) UN Development still involves status-maintaining aspects that will lead to further crises

Thank you!

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Impact of COVID-19 on SDGs Bhutan

Negative Impacts

1. Rise in Unemployment figure

a) (2.7% in 2019) to 14% in 2020.

2. Double Food Import figure

a) Rice by 123% (10,367MT to 23475 MT)

b) C/oil: 100 % (1206MT to 2410 MT)

3. Tourism Industry

a) Arrivals dropped by 91%

b) Revenue dropped by: 90.4%

c) Unemployment impact to: 50,737

Negative Impacts (Cont-)

4. Social Issues:

- a) Increase in Domestic Violence,*
- b) Rise in suicide rate*
- c) Rise Mental health counselling programs,*

5) Education: (Affected quality delivery)

- a) Education in emergency,*
- b) Un-affordability of smart phones,*
- c) Poor connectivity*

Positive Impacts:

1. Employment Programs

- a) *Build Bhutan Project:-*
- b) *Reformed VTIs Programs*
- c) *Skilling and Re-skilling to replace foreign workers.*

2. CSI Focus

- a) *Initiated Govt Guaranteed schemes.*
- b) *Set up designated CSI bank.*

Positive Impacts (cont-)

- 3) Agriculture Sector Prioritized
- 4) Domestic Tourism in focus;
- 5) Shift in Planning & Budgeting approach.
- 6) Relief Packages by His Majesty.
- 7) Volunteerism, unity and resilient
Communities

Way forward...

1. Localization of SDGs

- *Enhancing LG Capacities & Grants.*

2. Evidence based Planning,

3. Responsive & Quality Health System.



WORKING WOMEN & COVID-19

Impact On SDGs

Prof. IGOR BELLO
Human Engineering Centre
Simon Bolivar University



Scientific Committee Webpage

**ICOH SC on
Women, Health & Work**



**I DECLARE NO
CONFLICTS OF
INTEREST**



NEWSLETTER



International Commission on
Occupational Health - ICOH

Commission Internationale de
la Santé au Travail - CIST

Volume 18, Number 2

August 2020

Women workers and COVID-19: Looking at 4 issues that put their health at risk

Bello, I.¹ and Canova, K.²

- 1) Geophysical Engineer, Master in Occupational Health; Center for Human Engineering - Simon Bolivar University. ICOH Scientific Committee on Women, Health and Work; Email: ibello.medex@gmail.com
- 2) Lawyer, Master in Labor Law, Catholic University of Peru. Peruvian Society on Occupational Health. Email: karlacanova@gmail.com

Abstract

The global crisis produced by the COVID-19 pandemic has had profound health, economic and social implications. People who work have had many types of affectation as a result of the impact of the virus on health systems and by the social quarantines that have been decreed by governments, as part of public health measures for the control and mitigation of COVID-19. This quarantine has affected workers in very different ways, and especially working women, that make up the majority of the workforce of health facilities in the world;

(although it was much more frequent in developed countries than in developing ones), with the arrival of the Covid-19, a growth in teleworking up to 380% has been promoted, according to ILO estimates. Although this phenomenon was already normal in many countries, the exponential growth of teleworking globally in such a short time is one of the most significant changes in the world of work that have occurred from the last century.



Guide Technique for Implementation Teleworking. Ministry of Labor and Social Security from Costa Rica.

But we were not prepared for this exponential growth. We note evidence of a lack of legislation applicable to teleworkers (in many countries) and huge training failures. These factors are aggravated by a “contingent teleworking” that had not



SPOTLIGHT ON GENDER, COVID-19 AND THE SDGS

WILL THE PANDEMIC DERAIL HARD-WON PROGRESS ON GENDER EQUALITY?



► Policy Brief

May 2020

The COVID-19 response: Getting gender equality right for a better future for women at work

This policy brief provides information on how the COVID-19 pandemic affects women and men differently in the world of work and highlights the specific challenges facing women. It provides an overview of the various measures that countries have taken to address the immediate needs of different categories of women workers, and suggests short- and long-term actions that governments can take to advance gender equality for more resilient, inclusive and sustainable economies and societies.

► COVID-19 economic downturn likely to hit women hardest

Higher-risk sectors for enterprises and women's employment

Before the COVID-19 crisis, 1.3 billion, or 44.3 per cent, of women worldwide were in employment, compared to 2 billion, or 70 per cent, of men.¹ Economic downturns usually affect men more than women because men tend to work in industries that are closely tied to economic cycles (e.g. construction and manufacturing) while women dominate in industries less susceptible to such cycles (e.g. health care and education), especially in high-income countries.² After the Great Recession of 2008–2009, however, significant cuts were made in public funding for health care and education, curtailing women's employment and working conditions, including wages, in those sectors. The COVID-19 economic downturn is different from previous crises as sectors overexposed to the collapse in economic activity absorb a sizeable share of female employment.

The ILO has rated four sectors as being at high risk of severe COVID-19 impact in terms of job losses and a decline in working hours: accommodation and food services; real estate, business and administrative activities; manufacturing; and the wholesale/retail trade.³ In 2020, 527 million women, representing 41 per cent of total female employment, are employed in

these sectors, compared to 35 per cent of total male employment. This suggests that women's employment is likely to be hit more severely than men's by the current crisis. However, when comparing countries based on national income level, the picture is more nuanced (Figure 1). The highest share of women employed in high-risk sectors is found in high-income and upper-middle-income countries, with almost 50 per cent and 40 per cent of women, respectively, concentrated in such sectors. In low-income countries and lower-middle-income countries, there is a risk that many manufacturing jobs, especially in the garment industry, which absorb large numbers of women, particularly in the lower rungs, will disappear, while the absence of stronger systems of social protection jeopardizes the health and incomes of these workers as well as the viability of businesses.

Figure 1. Share of employment currently at high risk* of reduction in working hours, cuts to wages and layoffs, by sex, 2020

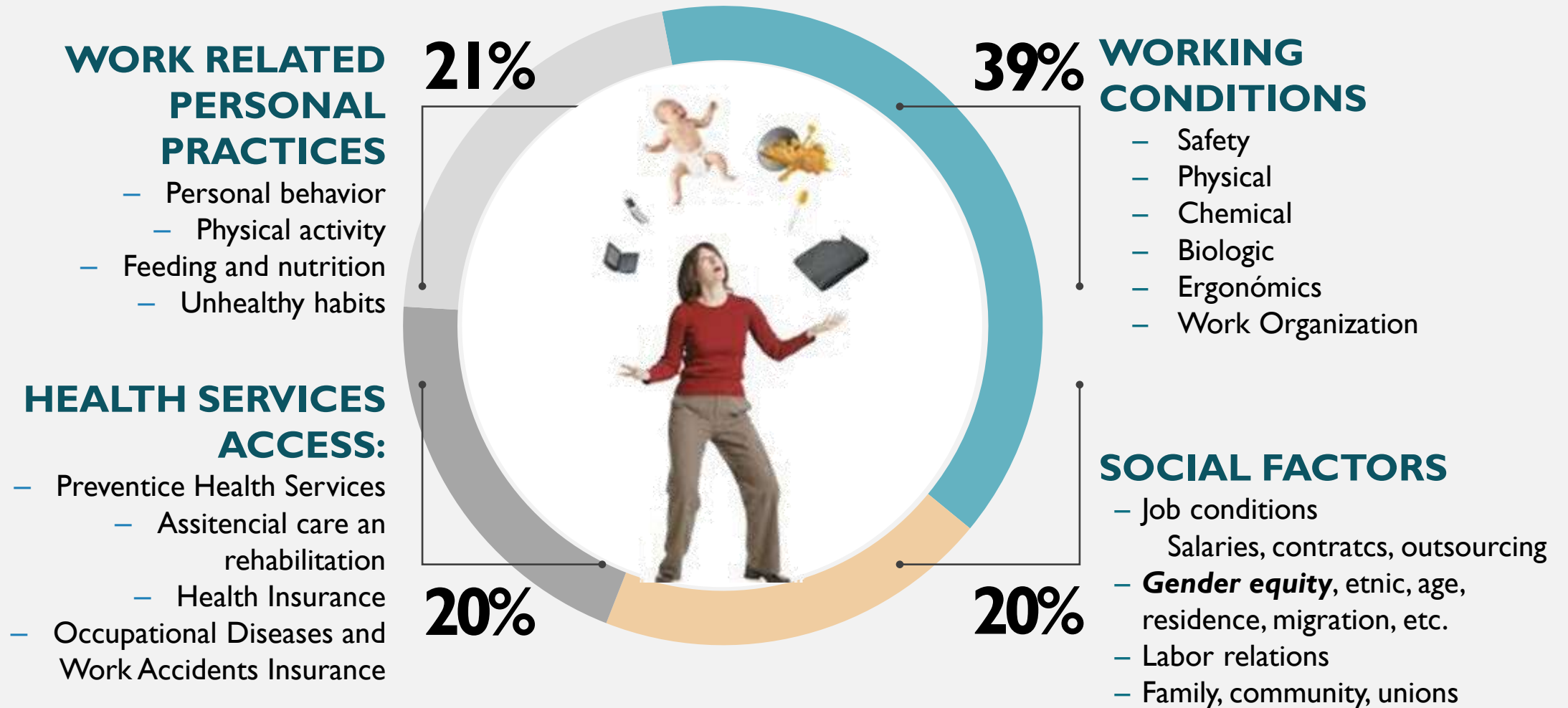


* Accommodation and food services; real estate, business and administrative activities; manufacturing and wholesale/retail trade. Source: ILO calculations based on ILO (estimate 1) and ILOSTAT (estimate 1).

HOW PANDEMIC AFFECTED TO WORKING WOMEN?



DETERMINANTS OF WORKERS HEALTH

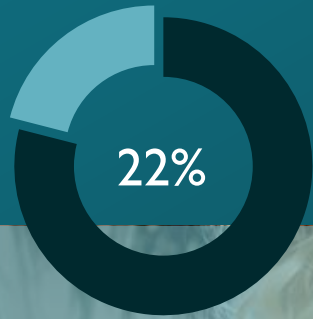


WOMEN AND TELEWORK: BEFORE, DURING AND AFTER THE PANDEMIC



WOMEN AND TELEWORKING

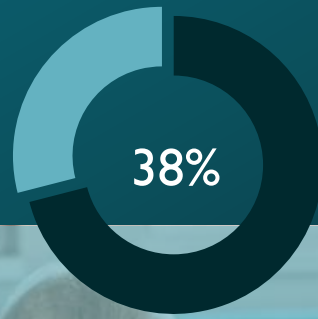
PRELIMINARY RESULTS



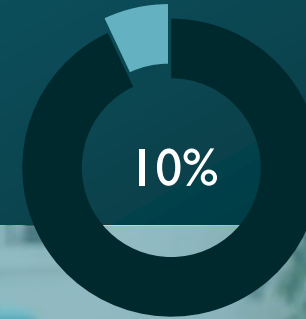
Lack of Sleep



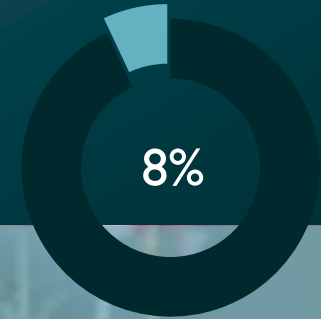
Disbalance Laboral-Family Life



Reinforces domestic role



Loss of Visibility/Participation



Lack of Social Support

A healthcare worker in full personal protective equipment (PPE) is shown in profile, facing right. She is wearing a blue protective gown, purple nitrile gloves, a white surgical mask, and a clear face shield with a blue headband. Her hair is tied up in a bun. She is standing at a station with several boxes of 'True Advantage' face shields. The background is a blurred outdoor setting with orange traffic cones and a white barrier.

HEALTH WORKERS: A FEMINIZED SECTOR WITH HIGH EXPOSURE TO CONTAGION.

COVID-19 cases in Health Workers, by sex

Infections by COVID is almost three times more frequent in Women than men

Infections of health-care workers: The case of United States



Source: CDC. 2020. ["Characteristics of Health Care Personnel with COVID-19 - United States, February 12-April 9, 2020"](#). Accessed 4 May 2020.

Infections of health-care workers: The case of Spain



Source: UN Women calculations based on data from Spain's Ministry of Health, "Análisis Epidemiológico COVID-19". Latest data available as of 30 April 2020.

Infections of health-care workers: The case of Italy



WOMEN HEALTH WORKERS AND COVID-19



LONG WORK SHIFTS

Due to lack of personal and domestic tasks. Lack of sleep.



MORE EXPOSURE

Health is a feminized sector. More than 70% of Health workers are Women.



DOUBLE WORKLOAD

Physical Workload at the hospital, combined with physical workload at home. Physical and Psychological fatigue



STIGMA

Health personal was stigmatized by the community as possible COVID vector. This social apartheid is particularly harmful to mothers



LACK OF WATER AND HIGIENIC SYSTEMS

Hand hygiene was made a priority for everyone. In places with little water availability, this means less capacity to supply feminine hygiene



**THE
OTHER
PANDEMIC:
INCREASE IN
GENDER
VIOLENCE**

**NO
MÁS
VIOLENCIA**

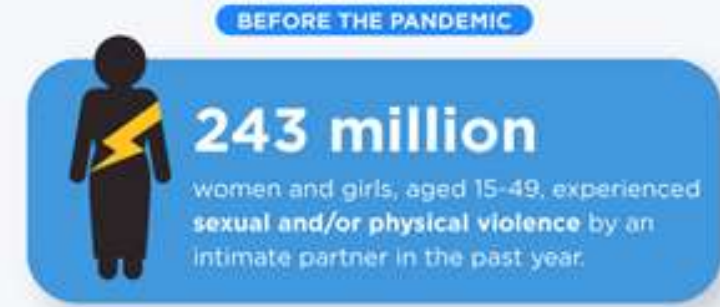
Photo: UN Women

The Shadow Pandemic

Violence against women during COVID-19

Globally, even before the COVID-19 pandemic began, 1 in 3 women experienced physical or sexual violence mostly by an intimate partner. Emerging data shows an increase in calls to domestic violence helplines in many countries since the outbreak of COVID-19.

Sexual harassment and other forms of violence against women continue to occur on streets, in public spaces and online. Survivors have limited information and awareness about available services and limited access to support services. In some countries, resources and efforts have been diverted from violence against women response to immediate COVID-19 relief.



SINCE THE PANDEMIC

Violence against women, especially **domestic violence**, has intensified.

Exacerbating factors include:





**VULNERABILITY
OF THE INFORMAL/MIGRANT
SECTOR IN THE QUARANTINE**

WORKING WOMEN AND INFORMALITY DURING COVID CRISIS

74 MM

740 Millions of Women

Working on Informal Sector

42%

High Vulnerability

Some sector are more vulnerable to changes

3%

Receive support

From Social Security Systems

18%

Migrants Workers

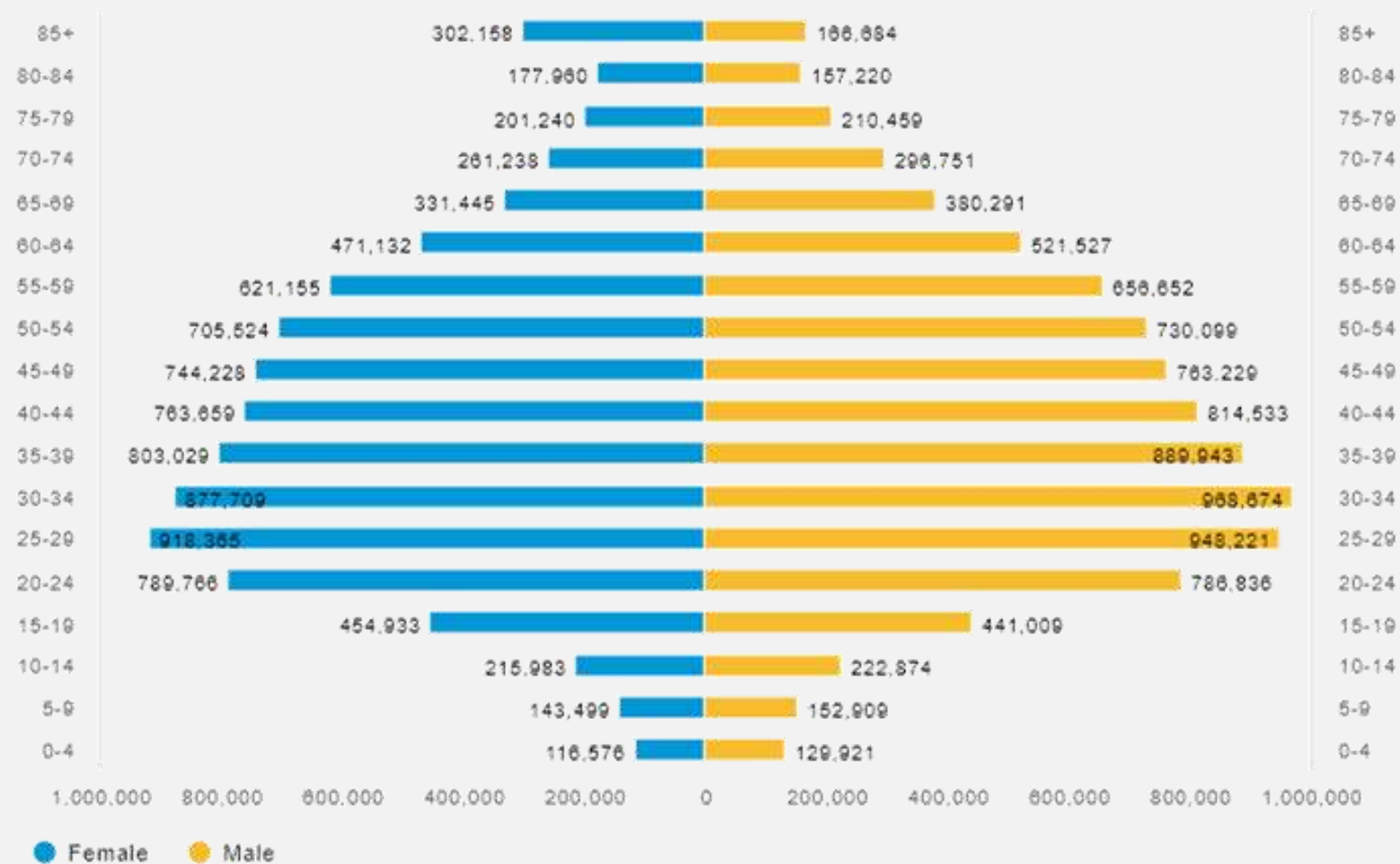
Forced to move to other countries or return to original country

57%

Violated the Quarentine

They had to decide: die for hungry or die for COVID-19

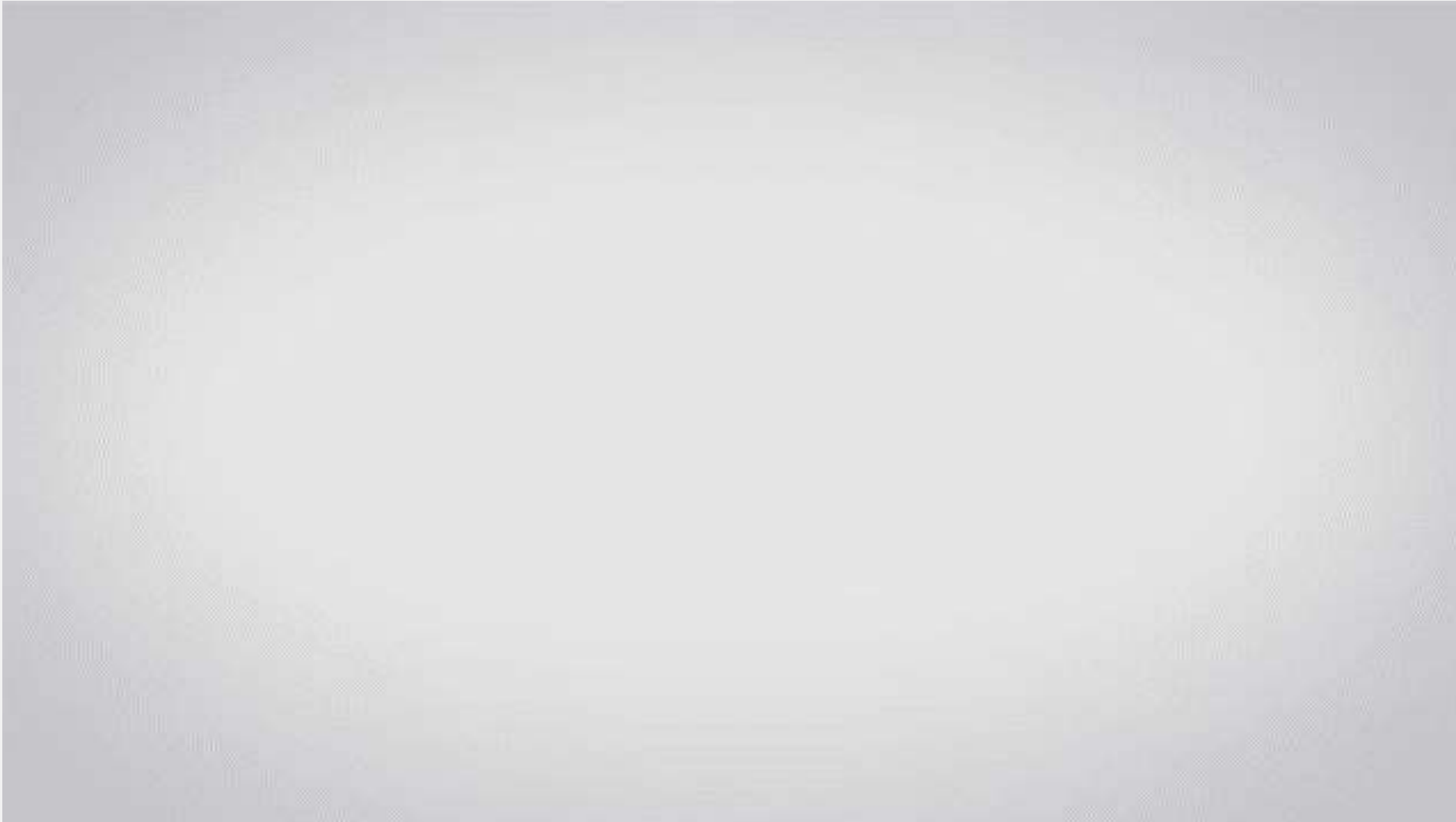
COVID-19 cases, by age and sex



Source: Data submitted to NCOVmart reported through the global surveillance system of WHO, as of 10 am 18 January 2021.

Notes: Data cleaning are ongoing and in progress. All numbers should be interpreted with caution. As of 10 am 18 January 2021, 93,194,922 cases were reported. Data presented here, therefore, represent only 19% of all reported cases. The data by sex and age shown here are based on reporting from 137 countries, areas and territories.

SDGS: SITUATION OF GENDER GAPS BEFORE COVID-19



SDG 1: NO POVERTY

Globally, there are at least

193 million

women and girls aged 15+
living on less than \$1.90 a day.



The current crisis
threatens to trap and
push millions more
into extreme poverty.

SDG 3: GOOD HEALTH AND WELL-BEING

As of June 2020, more than

10 million

COVID-19 cases have been
recorded

and more than

500,000

have died.

Infections among female health
care workers are

up to

3x

higher than among their
male counterparts.

Women's access to sexual and
reproductive health services may be
disrupted as resources are diverted to
respond to the health emergency.

Already, before the pandemic

810

women died from
preventable causes related
to pregnancy and childbirth
every day.

SDG 4: QUALITY EDUCATION

Nearly **743 million**

girls are out of school due to closures resulting from the pandemic.



Over 111 million live in least-developed countries.

SDG 5: GENDER EQUALITY

243 million

women and girls were victims of sexual and/or physical violence by their partners in the last 12 months prior to the survey.

The figure is likely much higher since stay-at-home measures were put in place.

The impact of the crisis on the number of girls becoming child brides is not yet known, but the crisis may hasten child marriages.

Currently

12 million girls marry before age 18 every year.

SDG 6: CLEAN WATER AND SANITATION

The provision of safe water, sanitation and hygienic conditions is essential to protecting human health. Yet, today

3 billion

people lack basic hygiene facilities in their homes.

This puts women and their families at greater risk of infection.

500 million

women and girls globally are estimated to lack adequate facilities for menstrual hygiene management.

SDG 8: DECENT WORK AND ECONOMIC GROWTH

The pandemic lays bare women's precarious economic security.

740 million

women work in the informal economy.

Their income fell by 60 percent during the first month of the pandemic.

Around

7 in 10

workers in essential occupations are women.

2 in 3

teaching professionals are women.

They will likely be highly exposed to the virus with the reopening of educational institutions.

SDG 10: REDUCED INEQUALITIES

Health capacity is greater in developed regions compared to less developed regions. For every 1,000 people, there are:

Hospital beds



VS



less developed regions

developed regions

Nurses and midwives



VS



less developed regions

developed regions

SDG 11: SUSTAINABLE CITIES AND COMMUNITIES

Living in slums where population density is high raises women and girl's exposure to infection.

In **80%**

of countries with available data,

women are overrepresented in slums and slum-like settings.

SDG 17: PARTNERSHIPS FOR THE GOALS

Gender data

Disaggregated data on COVID-19 cases and deaths as well as on hospitalization and testing is vital to understand the gender impacts of the pandemic.

Women and girls must be at the centre of COVID-19 global prevention, response and recovery efforts.

3 CHALLENGUES



✓ People Caring

Help for women in caring for people should be strengthened. This is important work and it must be paid. Support must be provided to working women to have access to these services.

✓ Social Security Coverage

The working woman as mother and supporter of the family must be covered by social security. Mechanisms must be developed to protect them, especially in times of crisis.

✓ Better understand the problem

Disaggregating statistical data by gender allows a better understanding of the magnitude of the different problems and shows whether they are improving or worsening.

TURNING PROMISES INTO ACTION

GENDER EQUALITY IN THE 2030 AGENDA
FOR SUSTAINABLE DEVELOPMENT

THANKS FOR YOUR ATTENTION



Igor Bello MSO, Merg, PhD ©

Women, Health & Work SC - ICOH



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Thank You