1. Leave No One Behind: In developing plans in response to the COVID-19 pandemic, countries need to consider the effect that compounding factors – such as poverty, gender inequalities, and discrimination based on ethnicity, disability, residency status, sexual orientation, and gender identity – have on those populations most left behind. Also important is a multidisciplinary approach that include sectors outside health (i.e., education, social, and economic) to address the secondary effects of the pandemic response such as food and water shortages, the increased risk of home-based violence against children, women and girls, and psychosocial support needs. Considering these factors, governments should ensure all population groups have access to:

• Information and health promotion (available in plain and/ or sign language, easy-to-read formats that do not rely on exclusive technologies)

• Safe and accessible COVID-19 response stations (such as those that offer food, water, and medical/household supplies among other services)

• National COVID-19 triage, testing, quarantine, and treatment facilities equally available to all people, regardless of age, ethnicity, disability, residency status, or sexual orientation and gender identity and offer non-discriminatory medical treatment that uphold international human rights standards.

• Continuous provision of essential and innovative health commodities tested for safety and efficacy in the whole range of vulnerable population groups, and health services that provide the full spectrum of care (promotion, prevention, treatment, rehabilitation, and palliative care) including mental health, sexual and reproductive health, life-saving treatment for major infectious diseases (i.e., HIV, TB, malaria), non-communicable diseases, and gender-biased violence response services.

In the medium and long term, countries should pay specific attention to marginalized and vulnerable populations such as the homeless, migrants, refugees, non-formal workers, sex workers, the elderly and children among others to ensure social protection is available post crisis. Countries need to address legal and policy barriers, as well as harmful social, traditional and cultural norms that prevent women and girls, marginalized and criminalized groups from receiving health services, as well as over use of criminal laws in the name of protecting public health.

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3. Focus on Health Workers: This global health emergency demonstrates the urgency for countries to invest in their health workforce at all levels and also in gender-sensitive approaches in epidemic response, considering the large number of women among the health workers.

This includes but is not limited to:

• Providing training on infection and prevention control (IPC) protocols (including appropriate hand hygiene, respiratory etiquette, and safe patient management processes in health care settings) and ensure their monitoring of compliance

• Briefing health workers on their rights, roles, responsibilities, and risks

• Ensuring decent working conditions and adequate renumeration

• Providing occupational safety to protect workers from infection such as effective diagnostics, therapeutics and vaccines, personal protective equipment (PPE) and training on appropriate use of protective equipment

• Assigning manageable workloads

• Implementing stress reduction measures

• Offering psychosocial support and counseling

• Condemning violence, discrimination, and stigmatization against health workers because of fear they could spread the virus.