Gender, health and development in the context of pandemic: Reflecting on the International Day of Action for Women's Health

The COVID-19 pandemic has heightened and exposed existing fractures and fissures. It has revealed the depths to which inequalities are entrenched in our everyday lives and are baked into local, national, and global structures. "We are all in this together" has been an oft-repeated slogan despite knowing from previous epidemics--like HIV/AIDS--that this was far from true (Momplaisir, 2020). As countries in the Global North continue successful mass vaccination programs (Dyer, 2020), those in the Global South continue to suffer a vaccine apartheid (Sariola, 2021). Vaccine inequalities are also present in how women's unpaid household labour and care work underpins uptake, and how vaccine delivery is often carried out by precarious health workers (the majority of whom are women) (Harman et al., 2021). We know that this disparity comes alongside existing concerns about the devastating and lasting impact of disrupted health services and quarantine measures on women and girls' access to health, including sexual and reproductive health services like abortion and contraception[1].

Similarly, LGBTQI persons have been disproportionately impacted by the pandemic (Cousins, 2020; Dawson et al., 2021). Intensified gender-based violence and intimate partner violence has created a" shadow pandemic" (Walters, 2020). Structural racism, intersecting with other forms of structural violence, has particularly harmed Black and Brown people (Otu et al., 2020). In Gaza, currently experiencing another devastating cycle of violence and attacks, the lack of basic supplies like water and generators exacerbate already extremely precarious and volatile conditions for peoples 'health and wellbeing (Devi, 2021). We know, for example, that conflict intensity affects maternal and neonatal health outcomes (Leone et al., 2019) -- and this is heightened under pandemic conditions. Governments have instituted increasingly draconian and regressive policies on human rights (including abortion and trans rights), as well as expanded the use of surveillance measures to target activists (Khosla, 2020).

[1] I acknowledge the trans, queer, and nonbinary exclusionary language of "women" in the title. Most feminist collectives—including many that coordinate the International Day of Action understand trans, queer, and nonbinary communities as an indelible and equal part of their movements and campaigns; affected by, resisting, and confronting similar forms of structural violence.

These are all manifestations of structural violence (Nandagiri et al., 2020), of how the global (e.g., vaccine apartheid), the national (e.g., conflict conditions, under-resourced health systems), the local (e.g., community norms) all shape and are shaped by the personal and the political. These are issues- and questions- of power and its manifestations, how it is understood, wielded, challenged, and experienced by made-marginalised communities like women and girls, and LGBTQI persons.

It is this understanding--of women, queer, and trans health as an intrinsically political question grappling with power and inequities, situated in local and transnational webs--that underpins *May 28: The International Day of Action for Women's Health.* The International Day of Action's roots lie in the international feminist solidarities of women's movements. In 1987, at the fifth International Women's Health Meeting in Costa Rica, the first campaign (Campaign on Maternal Mortality and Morbidity) was launched on May 28. Campaigns committed to locating women's health--access to quality health care, sexual and reproductive health, abortion, patents, HIV/AIDS, amongst others--within broader social and political conditions, including international trade agreements, healthcare expenditure, global/national economies, labour markets, and human rights. Understanding that different countries and communities experience differing inequities to different degrees, the overarching "thematic focus" enables adaptation to specific contexts and calls for action, whilst still linking to a global, feminist solidarity. It encourages continuing links between movements and regions, particularly for building feminist South-South solidarities and communities and produces a sharp analysis of the structural causes (including, for example the impact of structural adjustment programs or the lasting influence of colonialism) underlying inequities and ill-health of women and girls, LGBTQI persons, and other made-marginalised communities.

It is fitting that this Virtual Issue of *World Medical & Health Policy*, focusing on race, gender, sexuality and Health Equity, commemorates The International Day of Action for Women's Health and fosters its critical vision in these so-called "unprecedented" pandemic times. An aim of the Day has been to draw on evidence and lived realities to raise consciousness and awareness of the continuous threat and danger faced by women and girls, LGBTQI groups and others made-

marginalised by structural and social inequities. The virtual issue speaks to my understanding of academic research as political--that our empirical data, theories and analyses are in the service of confronting and redressing these entrenched inequities.

When looking at the immense body of work and analyses in the International Day of Action campaigns, many of the fissures and fractures identified in this so-called "unprecedented" moment seem rather familiar. In many ways, the pandemic (and many individualized local and policy responses to it) entrenched and expanded structural violence. The 2021 Call for Action (#EndInequalityPandemic)[2] demonstrates how structural violence is constantly challenged and resisted. In this moment, it is the new iterations of international feminist solidarities that are exceptional, and the reimagining of care, communities, and collective action that it makes possible.

Dr Rishita Nandagiri (she/her/hers) is an Economic and Social Research Council, (ESRC) Postdoctoral Fellow, Department of Methodology, London School of Economics and Political Science. r.nandagiri@lse.ac.uk

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[2] The 2021 International Day of Action for Women's Health Campaign is focused on #EndInequalityPandemic. Campaign materials are available at https://www.may28.org, and the Call for Action is available at: http://www.may28.org/wp-content/uploads/2021/05/May-28-2021-C4A-FINAL.pdf.

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