We must think about how we can create equitable health systems in global health.

We need to acknowledge those that are living contexts with constrained health systems and where resources shortages are endemic.

We need to acknowledge how difficult it is for health professionals, allied-health professionals, and hospital maintenance and management teams to work under these conditions in terms of care provision, their mental health and their physical health and wellbeing.

We need a multi-sectoral and multidisciplinary approach to address issues relating to provision of care, resource mobilization, supply chain management during epidemic, pandemic or health threat responses.

We need to enable knowledge sharing between contexts and countries, and to support the efficient dissemination of up-to-date and correct communication.

We need a cross sectoral approach that engages sectors that are not traditionally gender-sensitive e.g. Defense, Finance and Civic protection.

We need to support activities that will build sustainable preparedness post-pandemic, including appropriate financing and investment.

We need diversity and inclusion, and to optimize participation when designing services and policies in relation to COVID-19 and future pandemics, epidemics and health threats.

We must consider the ethics of our responses and promote international solidarity making provisions for asylum seekers, migrants, refugees, individuals living in conflicted affected zones, those in areas which are prone to natural disasters, and in the geographies that repeatedly suffer multiple and long-term public health crisis.

We must begin to advocate internationally for better safeguarding of people’s jobs, incomes and health and wellbeing.

We must recognize and address the issues relating to some governments that are implementing policies that further restrict women in certain geographies

We must provide services that combat potential increases in gender-based violence and mental health issues during the pandemic.

We need women’s voices from across the life course to aid in preparedness and response in epidemic, pandemic or health threat planning.

We must work to bring gender into the discussion, address bias and gender norms, demonstrate that women are as valuable as men and engage men.