

## **Position Paper: LSE Congress**

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March 2023

### **Introduction**

We are representing LSE's International Development Department, which offers four graduate programs with focuses on development management and studies, health, human emergencies, and economic policy. We have chosen to focus on SDG 3: Good Health and Wellbeing and SDG 5: Gender Equality and Women's Empowerment (United Nations, 2023). Both SDGs are closely interlinked with our department's research agenda, and are crucial priorities for the developing world, especially given the setbacks in both sectors due to the COVID-19 pandemic. In the following section we will outline the key reasons we chose to focus on SDG 3 and SDG 5, how they relate to our department, and critical issues for consideration with both SDGs.

### **SDGs**

The first SDGs we selected is SDG 3: Good Health and Wellbeing. Improving health outcomes has maintained importance in development since the millennium development goals. When comparing the millennium development goals and SDGs, it is evident that the targets of this SDG now span beyond child and maternal health and HIV reduction. This shift is exemplary of the holistic approach now central to development. Targets like SDG 3.8: Achieving universal health coverage and 3.c: Increasing health financing and health workforce are of high importance as they directly relate to all other mortality reduction targets (United Nations, 2023). The loss of healthcare workers due to COVID- 19 has increased gaps in the healthcare workforce. Additionally, COVID-19 has stunted governments' progress on achieving SDG 8 (United Nations, 2023). Ultimately, achieving good health is essential for development and therefore, the international community must continue to present wholistic and innovative interventions.

The second SDG we have chosen is SDG 5: Gender Equality and Women's Empowerment. The goal of SDG 5 is to attain parity between genders by eradicating any kind of discrimination, violence, abuse, or harmful practices against women and girls in both public and private spheres. It also calls for the full participation of women and equal opportunities for leadership at all levels of political and economic decision-making. SDG 5 is broken down into 9 key targets and indicators (United Nations, 2023). Unfortunately, the world is not on track to achieve gender equality, and rather has been further set back due to the COVID-19 pandemic. As with SDG 3, SDG 5 calls for a holistic and inclusive process to achieve gender equality. The SDGs presuppose that all aspects of development are interlinked and that it is imperative to comprehend the manner and rationale behind the amalgamation of distinct components to make a whole.

SDG 3 and SDG 5 are closely interlinked. Gender health inequality means having unequal access or opportunity to access and quality of healthcare services and treatment that makes health outcomes worse off. Moreover, our department's research is closely linked with SDG 3 and SDG 5. For example, Professor Ernestina Coast's current research focuses on the impact of laws and policies relating to adolescent sexual and reproductive health (SRH), including adolescent abortion-related care provision and access (Coast, et. al,2019). This relates to both SDG 3.7 and SDG 5.6. Both SDGs are closely impacted by the results of the COVID-19 pandemic. Some key impacts include an increased double-burden of women on both paid and unpaid care, isolation, and increased violence towards women and girls (Parry & Gordon, 2021; ESCAP, 2021). Using the SDGs in the design and implementation of health

policies affecting women and girls is critical. For example, when considering the (1) diversity, roles, and responsibilities of different actors in the private and public spheres, (2) policy inter-linkages across different sectors and society and the environment, and (3) assessing the impact of policy outcomes.

### **Why the ID Department**

The ID department is uniquely positioned to contribute to our understanding of the SDGs as a result of the interdisciplinary lense applied to international development. Our department is critically analyzing the shortcomings of the goals and targets set, while also uncovering what factors and conditions will accelerate achieving the SDGs. For example, ID faculty have researched universal health coverage by interrogating power and gender relations, health system reform and poverty.

### **COVID and Contemporary Context**

As the world is recovering from the COVID-19 pandemic, it is evident that health and wellbeing is and will continue to be a pressing issue. In addition to causing millions of deaths, COVID-19 disrupted vital health services and supply chains globally. The UN expects the health and economic impacts of COVID-19 to increase the financial burden of health services and lead to more catastrophic spending for the most vulnerable and poor (WHO, 2021). For this reason, achieving universal health coverage, Target 3.8, will lead to improved health conditions and decrease poverty.

While the initial rhetoric around the pandemic predominantly framed it as a biological phenomenon, it later became very clear that this framing needed to expand to capture all COVID-19s effects on society. The COVID-19 virus had affected more than just our biological system – it has severely crippled the social, economic, and political aspects of our personal and professional life.

While unpaid care work has always been the burden of women, the pandemic has presented a new scenario where paid work—which is typically associated with the public sphere—has to interact with unpaid work in the realm of the home. We are still far from changing gender norms and achieving equitable domestic work. With the shutting down of schools, the burden of home-schooling and caring for children presents itself as an additional challenge for working women. While domestic work takes up a significant amount of time, women suffer a lag in their professional lives and continually face increasing barriers. While the fight for equal pay and representation continues for women, unless these structural changes are taken into consideration, the near future might see a further drop in women in the workforce.

The pandemic brought to light several structural inequalities in society, especially for women. While the government propagated homes to be the safest site to stay in and partake in home-schooling and ‘work from home’ practices, on the other side, there were rising cases of domestic violence globally. While home became the centre of work that is usually associated with the public sphere, women from all over the world had to navigate between having a job and managing their family responsibilities. Despite remarkable progress by feminists over the past decades, the pandemic reaffirmed that caregiving roles continue to be associated with women. How do these social constructions restrain us in our daily lives? Women not only have to keep up with their professional work but also have to cater to the needs of their children and other family members. While propagating for staying indoors as a response to the looming virus, the government’s initiatives also made it evident that there was no space for the homeless. In such times, how can we think of new ways to integrate those vulnerable sections of society who are continually facing the agony of social isolation - the elderly, people with disabilities, and abandoned individuals?

## References

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