

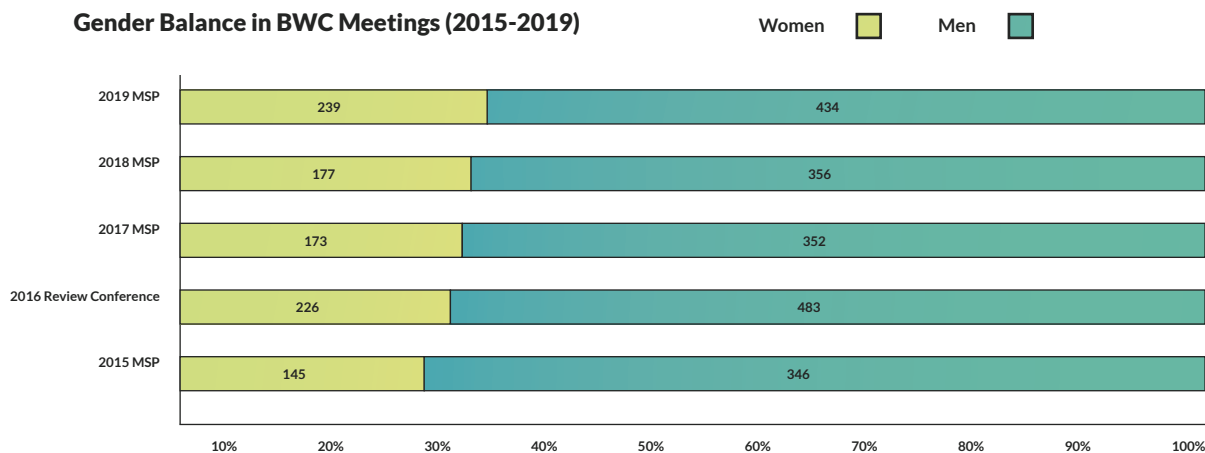
Gender Equality in the Biological Weapons Regime

"Until women everywhere have the chance to participate equally in such forums, the international security and WMD nonproliferation fields will be missing an important voice."

– Kathleen Danskin and Dana Perkins

- Following a recurrent pattern in arms control and disarmament diplomacy, women are underrepresented in official meetings of the Biological Weapons Convention (BWC), comprising, on average, a third of the diplomats.
- Gender imbalance is even more pronounced in leadership positions. Up to today, all BWC Review Conferences have been presided by men.
- At the 2019 BWC Meeting of States Parties (MSP), only 20% of delegations were led by women. Similarly, only 22% of the national statements were delivered by women.
- Women's underrepresentation can reinforce existing biases and lead to a vicious cycle where perspectives and knowledge of large segments of the population continue to be excluded.

Gender Balance in BWC Meetings (2015-2019)



“Women are on the front line of outbreak response but sidelined in decision-making”

- In the event of a biological or toxin weapons use, the majority of the first responders in hospitals and clinics would be women, as they account for more than 80% of the nursing workforce. This, however, does not translate into equal participation in relevant decision-making structures.
- For example, an analysis of 115 national task forces established to deal with the COVID-19 pandemic showed that 85% of those were comprised mostly by men and 81% were headed by men.



IDEAS FOR ACTION

- 1 Ensure** that women and men are equally represented in international and national initiatives addressing biological threats.
- 2 Design and implement** specific initiatives aimed at more women to leadership roles and positions in negotiations.
- 3 Distribute** resources on gender ahead of BWC meetings, such as the Gender & Disarmament Resource Pack.
- 4 Track** participation of men and women as speakers in BWC meetings and make the data available.

Sex-specific and Gendered Impacts of Biological Weapons

“Data is the cornerstone of good public health decision making. Without clarity over who is infected and how health outcomes are affected, evidence-based decision making is hampered.”

– [Clare Wenham et. al.](#)



EVIDENCE FROM DISEASE OUTBREAKS¹

- In natural disease outbreaks, gender roles have led to different levels of exposure between men and women, especially when one gender shoulders most of the caregiving responsibilities in both domestic and professional settings.
- Research suggests variation in levels of susceptibility between men and women to some diseases, as well as sex-specific problems in reproductive health, including miscarriages and male infertility.
- Gender roles can determine opportunities for formal education and, hence, result in uneven access to information.
- Following a biological weapons incident, gender roles may shape distinct experiences of social stigma and post-traumatic stress disorder (PTSD).
- Studies have shown that children and adults may face different risks of exposure to biological agents.



WHY IT MATTERS

- Sex and gender are important variables when conducting biomedical and health-related research, but have been largely absent from studies on disease outbreaks or assessments of the consequences of the deliberate use of biological or toxin weapons.
- Knowledge of sex-specific and gendered effects would be critical in informing health protocols, including medical screening and treatment, subsequent to the use of biological or toxin weapons.
- Awareness of sex-specific differences and gendered dynamics can facilitate effective assistance, including specific actions to minimize stigma and PTSD and to empower survivors.
- Applying a gender lens to health responses can increase resilience to and aid recovery from a biological or toxin weapons attack, ultimately enhancing the security and well-being of States and people.



IDEAS FOR ACTION

- 1 Incorporate** sex and gender analysis into national public health systems in planning and preparations related to responding to the use of biological or toxin weapons.
- 2 Identify and overcome** gendered communication barriers to facilitate sharing of relevant BWC messages to key actors including first responders, emergency management organizations, security forces and healthcare professionals and institutions.
- 3 Fund and support** research on the differentiated impacts of biological agents among women, men, girls and boys.
- 4 Adopt** agenda items that consider gender perspectives in the implementation of the BWC, as well as in the institutional strengthening of the Convention.
- 5 Advocate** for the collection of sex- and age-disaggregated data in public health systems and in the event of the use of biological or toxin weapons.
- 6 Provide** gender-responsive assistance to survivors of biological incidents, taking into account sex-specific and gendered impacts.

¹ The information presented in this section is based on the UNIDIR research report [Missing Links: Understanding Sex- and Gender-Related Impacts of Chemical and Biological Weapons](#).