



GENDER EQUALITY AND THE COVID-19 OUTBREAK

Key Messages and Advocacy Points from the Europe and Central Asia Regional Issue-based Coalition on Gender

THE GENDER IMPACT OF COVID-19¹:

1. The impacts and implications of COVID-19 are different for men and women.

Pandemics, like COVID-19, intensify inequalities for women and girls, particularly for those already in a vulnerable situation such as older persons; migrants, displaced person and refugees; persons with disabilities; LGBTI persons; survivors of gender-based violence; persons belong to national minorities and people in detention and institutions. In such crises, it is important to understand and mitigate factors that can exacerbate inequalities, and to identify women and girls who face the greatest risk of being left behind in the access to detection and treatment.

2. Women healthcare workers are playing a disproportionate role in responding to COVID-19.

Women are more likely to be front-line health workers (globally, 70% of workers in the health and social sector are women)² or health facility service staff (e.g. cleaners, laundry) and as such they are more likely to be exposed to the virus and dealing with enormous stress balancing paid and unpaid work roles. Within the healthcare sector, an average gender pay gap of 28% exists³, which may be exacerbated in times of crisis.

3. Exacerbated burdens of unpaid care work on women and girls.

In many countries across the ECA region, social norms continue to place a heavy caregiving burden on women and girls. Recent UNECE data shows that in 30 countries, women spend more time in

domestic and care work than men⁴. Abroad, women migrants, who make up nearly 74 per cent of the service sector industry, mainly in the domestic sector, often face precarious employment conditions⁵. When health systems are overloaded and schools closed, a greater burden is placed on care in the home and that burden lands largely on women. This can mean giving up work to care for children out of school and/or sick household members, impacting their income levels and increasing the burden of unpaid domestic work. When girls are burdened with additional care responsibilities, this can also impede their access to education.

4. Women are hit harder by economic impacts caused by COVID-19.

Because women are more often engaged in short-term, part-time or informal employment which offer limited social insurance, pension and health insurance schemes, they are particularly at risk in an economic downturn. The rapid spread of the COVID-19 in Europe has put on hold many sectors, including tourism and related activities, where women dominate. As providers of services in small-businesses, women remain unemployed or with reduced working hours, being left with a drastic reduction of earnings. Disruptions, including movement restrictions, can remove women's ability to make a living and meet their families' basic needs. Female migrant workers, particularly those engaged in domestic and care work, and families reliant on remittances are particularly vulnerable to the adverse impact of increasingly unpredictable travel bans on employment. Elderly

¹ Adapted from: Inter-Agency Standing Committee Reference Group for Gender in Humanitarian Action and UN Women "Gender Alert for COVID-19 Outbreak: March 20"; Gender in Humanitarian Action Asia and Pacific, the Covid-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific.

² http://www.ilo.org/wcmsp5/groups/public/--ed_dialogue/--sector/documents/publication/wcms_548288.pdf

³ WHO (2019), Gender equity in the health work force: Analysis of 104 countries.

⁴ UNECE: Towards Achieving the SDGs in the UNECE Region: A Statistical Portrait of Progress and Challenges, Geneva, 2020.

⁵ [World Migration Report: Migration and health: Current issues, governance and knowledge gaps.](#)

women, who comprise the majority of elderly around the world, tend to have lower pensions than men⁶, if any, and less possibility to buy care or other services. Many single-headed households in the Western Balkans and Central Asia that have been receiving remittances in the past few years are hit strongly by the contraction of activity in the host countries, job losses and mobility restrictions.

5. When households are placed under strain, intimate partner violence and other forms of domestic violence usually goes up.

During the COVID-19 outbreak, there is increasing evidence to show that movement restrictions, the closure of most businesses, combined with social distancing, fear and stress, place women and girls at heightened risk if they are confined at home with their abusers. Livelihood concerns also present new, gendered risks of exploitation, abuse and violence where women may be prevented from leaving an abusive partner when they lose income due to illness, self-isolation or closure of their job sites. Life-saving care and support to gender-based violence survivors may also be disrupted in one-stop crisis centers in hospitals where health service providers are overburdened and preoccupied with handling COVID-19 cases. Even once quarantines end, lasting economic fallout can expose women to sexual exploitation, as experienced during the 2013-2016 Ebola outbreak in West Africa⁷.

6. Overstretched health services often divert resources away from services women need, including pre- and post-natal health care and contraceptives, and exacerbate a lack of access to sexual and reproductive health services.

Women may be less likely than men to have power in decision-making around the outbreak, and consequently, their sexual and reproductive health needs may go unmet.

RECOMMENDED ACTIONS FOR UN COUNTRY TEAMS:

1. Support multi-sectoral gender analysis as an integral part of a strong COVID-19 response to help governments and key response actors to better understand gendered and intersectional considerations and elements of the outbreak. A gender lens should be applied in all immediate responses, including in the gender dimension of the transmission mechanisms of the crises, as well as in the long-term policies and actions to avoid gender-based discrimination and exacerbation of disadvantages. Gender dimensions also need to be firmly embedded within prevention and response plans to ensure that gender perspectives are properly addressed. Governments should build a recovery strategy from the sharp economic downturn - which has already started - with a strong gender dimension in order to make policies, programmes and measures work efficiently for all.

2. Prioritise investments in sex-disaggregated data collection and design of gender-sensitive data collection tools to ensure that assessments capture differential impacts of the crisis on women and girls. Data should be disaggregated data by sex, age, disability and other relevant vulnerability factors in order to understand the gendered impacts of the outbreak including on differing rates of infection, differential access to treatments, socio-economic impacts, differential care burden, and incidence of domestic violence. Disaggregation of data will also serve to understand and respond to how biology and gender have a different impact in exposure, care needs and health outcomes for men and women.

3. Support women's organisations and women human rights defenders to be on the frontline and ensure women's leadership and participation in all aspects of preparedness and response.

⁶ UNECE: Towards Achieving the SDGs in the UNECE Region: A Statistical Portrait of Progress and Challenges, Geneva, 2020.

⁷ UNGA A/70/723. [Protecting Humanity from Future Health Crises](#): Report of the High Level Panel on the Global Response to Health Crises.

This includes strengthening the leadership and meaningful participation of women in all decision-making processes in addressing the COVID-19 outbreak and ensuring that women-led organisations are active participants in national and local coordination and policy bodies. Gender expertise must also be built into preparedness and response teams at all levels and resources allocated for gender and social inclusion. Engaging community-based women's organisations is also essential in ensuring that access to information on outbreaks and available services reaches women and girls at most risk of being left behind.

4. Ensure that social protection plans and emerging economic schemes are gender-responsive and take into account unpaid care by women, specific constraints for women entrepreneurs and women in the informal sector.

Develop mitigation strategies that specifically target the socio-economic impact of the outbreak on women and build women's resilience. This includes a focus on sectors where women are overrepresented such as daily wage earners, small business owners and those working in informal sectors. For informal sector employees, special efforts should be made to deliver compensatory payments. Continue to focus on programming that builds women's economic resilience for this and future shocks so that they have the resources that they need for themselves and their families.

5. Expand and adapt essential services for prevention and response to gender-based violence to reach women and girls, particularly those socially isolated in refugee and migrant contexts and economically disadvantaged as a result of enforced lockdowns and job loss. This includes the development of dedicated hotlines, additional shelters and specific protocols to address challenges posed by the COVID-19 outbreak. Innovative approaches are needed that incorporate

technology-based solutions such as SMS, online counselling and networks for social support as well as online advocacy and media campaigns to prevent violence against women and girls. Other measures include direct support to government quarantine centers to prevent sexual exploitation and abuse, and training for first responders on how to handle disclosures of gender-based violence.

6. Protect essential health services for women and girls, including ensuring uninterrupted delivery of sexual and reproductive health services.

Overwhelmed health services, reduced mobility and diverted funding will likely hamper women and girls' access to health services, including attended childbirth and other natal services, exacerbating preventable maternal deaths which occur every day from complications of pregnancy and childbirth in emergencies.

7. Provide priority support to women on the frontlines of the response.

This includes creating better access for health and social care workers and caregivers to women-friendly personal protective equipment and flexible working arrangements for women with a burden of care. Placing women frontline health workers in decision-making and policy spaces can improve health security surveillance, detection and prevention mechanisms.

8. Strengthen regional mechanisms and institutions in addressing the COVID-19 impact on women and girls through coordinated actions.

This includes active engagement of all UN regional agencies as well as regional financial and development institutions in a broad range of activities: from policy advice on design and implementation measures to joint projects targeting sector developments and building resilience in communities.