The COVID-19 Outbreak and Gender:

Key Advocacy Points from Asia and the Pacific

Emerging Gender Impacts

- **Exacerbated burdens of unpaid care work on women and girls:** Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently "downloaded" onto women and girls, who usually bear responsibility for caring for ill family members and the elderly.[1] The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children.

- **Meeting the needs of women healthcare workers:** Women constitute 70% of the workers in the health and social sector globally,[2] and are on the frontlines of the response. Within this sector, an average gender pay gap of 28% exists,[3] which may be exacerbated in times of crises. Women healthcare workers have called attention to their specific needs beyond personal protective equipment, including to meet menstrual hygiene needs. Psychosocial support should also be provided to frontline responders.

- **Increasing GBV and protection risks:** Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household.[4] Other forms of GBV are also exacerbated in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at greater risk of exploitation and sexual violence.[5] In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.

- **Impacts on women's economic empowerment:** As noted for the Ebola outbreak[6], crises pose a serious threat to women's engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods.

- **Impacts on women migrant workers:** Women migrant workers, in particular those engaged in domestic and care work, in the region have called attention to the adverse impact of increasingly unpredictable travel bans on their employment, with strong financial implications, and ability to support their families.

- **Interrupted access to sexual and reproductive health:** Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives,[7, 8] and exacerbate often already limited access to sexual and reproductive health services[9]. Adolescents have particular needs in this regard. Furthermore, critical needs include access to clean and safe delivery, particularly for treatment in complications in pregnancy, treatment of STIs, availability of contraception, and provisions for clinical management of rape.

1   Harman, Sophie (2015). Ebola, gender and conspicuously invisible women in global health governance. Third World Quarterly 37(3).
2   WHO (2019). Gender equity in the health work force: Analysis of 104 countries.
3   Ibid.
4   IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.
5   UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p. 2.
6   European Parliament A8-0281/2015. Report on the Ebola Crisis: The long-term lessons and how to strengthen health systems in development countries to prevent future crises.
7   UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises.
8   Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data. Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).
9   Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

- **Exclusion from leadership roles:** Despite women constituting a majority of frontline healthcare workers, placing them in prime positions to identify trends at the local level, they continue to form only small minorities in national and global health leadership.[10] Better inclusion of women frontline workers in health and other sectors in all decision-making and policy spaces can improve health security surveillance, detection, and prevention mechanisms.[11]

- **Need for targeted approaches to reaching all social groups with risk communication and services,** taking into account gender, age, disability, education, migration status. Evidence from other outbreaks suggests that education status impacted knowledge uptake for certain groups.[12] In addition, recognition needs to be made of the specific health and communication needs of especially marginalized groups, including LGBTIQ persons, people living with HIV, and migrants.

Recommendations[13]

- **Disaggregate data related to the outbreak by sex, age, and disability.** Data related to outbreaks and the implementation of the emergency response must be disaggregated by sex, age, and disability and analysed accordingly in order to understand the gendered differences in exposure and treatment and to design differential preventive measures.

- Country strategic plans for preparedness and response must be grounded in strong gender analysis, taking into account gendered roles, responsibilities, and dynamics. This includes ensuring that **containment and mitigation measures also address the burden of unpaid care work and heightened GBV risks, particularly those that affect women and girls.**

- **Strengthen the leadership and meaningful participation of women and girls** in all decision-making processes in addressing the COVID-19 outbreak.

- **Ensure that women are able to get information about how to prevent and respond to the epidemic in ways they can understand.** Women play a major role as conduits of information in their communities. They have typically less access to information than men. Thus, reaching women and girls and educating them on the disease is crucial to tackling the spread.

- **Ensure human rights are central to the response.** "Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk -- but even when they are, they may have serious repercussions on people's lives"[14].

- **First responders must be trained on how to handle disclosures of GBV.** Health workers who are part of an outbreak response must have basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centres to provide care on the spot. Holistic support to women first responders should furthermore include psychosocial support.

- Primary and secondary healthcare facilities may be requested to take on the caseload of GBV survivors and only refer to tertiary hospitals when higher level of care is needed. **GBV referral pathways should be updated to reflect these healthcare facilities.**

- **Psychosocial support should be available for women and girls who may be affected by the outbreak and are also GBV survivors.** Related to the previous point—being affected—whether directly or indirectly by an outbreak of an infectious disease—can be traumatic as can be an experience of GBV. Recognizing that these may be co-occurring for some women and girls is incredibly important and requires that psychosocial support be available and accessible for women and girls in general.

- Measures taken to relieve the burden on primary healthcare structures should **prioritize access to sexual and reproductive health services,** including pre- and post-natal healthcare.

- **Develop targeted women's economic empowerment strategies, or explore cash transfer programming,** to mitigate the impact of the outbreak and its containment measures including supporting them to recover and build resilience for future shocks.

10   Mathad, Jyothi et al (2019). Female global health leadership: data-driven approaches to close the gender gap. The Lancet 393(10171). DOI: https://doi.org/10.1016/S0140-6736(19)30203-X

11   Menham, Claire et al (2020). COVID-19: the gendered impacts of the outbreak. The Lancet. DOI https://doi.org/10.1016/S0140-6736(20)30526-2

12   Korkoyah, Dala et al(2015), EBOLA IMPACT REVEALED, An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia

13   Recommendations build upon UNICEF Helpdesk (2018). GBViE: Emergency Rsponses to Public Health Outbreaks.

14   UN High Commissioner for Human Rights statement: https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25668&LangID=E