

Policy Brief:
The Impact of
COVID-19
on Women

9 APRIL 2020

Introduction

The year 2020, marking the twenty-fifth anniversary of the Beijing Platform for Action, was intended to be ground-breaking for gender equality. Instead, with the spread of the COVID-19 pandemic even the limited gains made in the past decades are at risk of being rolled back. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic.

Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex:

- Compounded **economic** impacts are felt especially by women and girls who are generally earning less, saving less, and holding insecure jobs or living close to poverty.
- While early reports reveal more men are dying as a result of COVID-19, the **health** of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services.
- **Unpaid care work** has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health services.

- As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, **gender-based violence** is increasing exponentially. Many women are being forced to 'lockdown' at home with their abusers at the same time that services to support survivors are being disrupted or made inaccessible.
- All of these impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined and institutional capacity and services are limited.

This policy brief focuses on each of these issues in turn, exploring how women and girls' lives are changing in the face of COVID-19, and outlining suggested priority measures to accompany both the immediate response and longer-term recovery efforts.

COVID-19 is not only a challenge for global health systems, but also a test of our human spirit. Recovery must lead to a more equal world that is more resilient to future crises. Fiscal stimulus packages and emergency measures to address public health gaps have been put in place in many countries to mitigate the impacts of COVID-19.¹ It is crucial that all national responses place women and girls - their inclusion, representation, rights, social and economic

outcomes, equality and protection - at their centre if they are to have the necessary impacts. This is not just about rectifying long-standing inequalities but also about building a more just and resilient world. It is in the interests of not only women and girls but also boys and men. Women will be the hardest hit by this pandemic but they will also be the backbone of recovery in communities. Every policy response that recognizes this will be the more impactful for it.

To achieve this, the policy brief emphasizes three cross-cutting priorities:

1) ENSURE WOMEN'S EQUAL REPRESENTATION IN ALL COVID-19 RESPONSE PLANNING AND DECISION-MAKING. Evidence across sectors, including economic planning and emergency response, demonstrates unquestioningly that policies that do not consult women or include them in decision-making are simply less effective, and can even do harm. Beyond individual women, women's organizations who are often on the front line of response in communities should also be represented and supported.

2) DRIVE TRANSFORMATIVE CHANGE FOR EQUALITY BY ADDRESSING THE CARE ECONOMY, PAID AND UNPAID: In the formal economy care jobs, from teachers to nurses, are underpaid in relation to other sectors. In the home, women perform the bulk of care work, unpaid and invisible. Both are foundational to daily life and the economy but are premised on and entrench gendered norms and inequalities.

3) TARGET WOMEN AND GIRLS IN ALL EFFORTS TO ADDRESS THE SOCIO-ECONOMIC IMPACT OF COVID-19. It will be important to apply an intentional gender lens to the design of fiscal stimulus packages and social assistance programmes to achieve greater equality, opportunities, and social protection.

These three cross-cutting priorities reflect the Secretary-General's recent Call to Action on Human Rights, which singled out measures that, if pursued, would have meaningful impact on the rights of women and girls. These measures have become more vital in the context of the pandemic.

¹ DESA Policy Brief #58, "COVID-19: Addressing the social crisis through fiscal stimulus plans", <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-58-covid-19-addressing-the-social-crisis-through-fiscal-stimulus-plans/>

I. Economic Impacts

The impact of COVID-19 across the global economy will be profound. Already, as described in greater detail in the policy brief ‘Shared responsibility, Global Solidarity’ on the socioeconomic impacts of COVID-19, markets and supply chains have been disrupted, businesses are required to close or scale back operations, and millions have or will lose their jobs and livelihoods.² ILO has estimated that full or partial lockdown measures now affect almost 2.7 billion workers, representing around 81% of the world’s workforce, while the IMF projects a significant contraction of global output in 2020.³ COVID-19 is lurching the world economy towards a global recession, which will be strikingly different from past recessions.⁴

Emerging evidence on the impact of COVID-19 suggests that women’s economic and productive lives will be affected disproportionately and differently from men. Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections and are the majority of single-parent households. Their capacity to absorb economic shocks is therefore less than that of men.

As women take on greater care demands at home, their jobs will also be disproportionately affected by cuts and lay-offs. Such impacts risk rolling back the already fragile gains made in female labor force participation, limiting women’s ability to support themselves and their families, especially for female-headed households. In many countries, the first round of layoffs has been particularly acute in the

services sector, including retail, hospitality and tourism, where women are overrepresented.

The situation is worse in developing economies where the vast majority of women’s employment – 70 per cent – is in the informal economy with few protections against dismissal or for paid sick leave and limited access to social protection. To earn a living these workers often depend on public space and social interactions, which are now being restricted to contain the spread of the pandemic.⁵

The Ebola virus showed that quarantines can significantly reduce women’s economic and livelihood activities, increasing poverty rates, and exacerbating food insecurity.⁶ In Liberia where approximately 85 per cent of daily market traders are women, Ebola prevention measures (which included travel restrictions) severely impacted women’s livelihoods and economic security.⁷ Moreover, while men’s economic activity returned to pre-crisis levels shortly after preventative measures subsided, the impacts on women’s economic security and livelihoods lasted much longer.

From past experience and emerging data, it is possible to project that the impacts of the COVID-19 global recession will result in a prolonged dip in women’s incomes and labor force participation, with compounded impacts for women already living in poverty. For those who, as a result of recent economic growth managed to escape from extreme poverty, they are likely to fall back into this most vulnerable of situations once again.

Economic Recovery Measures

Everything we do during and after the COVID-19 crisis must aim to build more equal, inclusive and sustainable economies and societies. This is perhaps the clearest lesson emerging from the pandemic. This includes gender-responsive economic and social policies and placing women's economic lives at the heart of the pandemic response and recovery plans.

As of March 31, 105 countries had passed fiscal response packages equivalent to a total of US\$4.8 trillion.⁸ A total of 106 countries had introduced or adapted social protection and jobs programs in response to COVID-19 by April 3.⁹ Within these packages, social assistance (non-contributory transfers) is the most widely used tool, followed by social insurance and supply-side labor market interventions. It is important for these interventions to incorporate sex disaggregated data, a gender lens and specific targeting of women. For example, cash-transfer programs are the most widely used social assistance intervention. Sectors where women are a large proportion of workers, and where supply chains have been disrupted, should have adequate access to credit, loans, grants so they can retain the female work force. Similarly, disbursement procedures need to take into account women and girls' care obligations and possible informal status in their employment to make benefits accessible to them.

Beyond this, the whole range of economic policies – for both immediate response and long-term recovery – need to be designed and implemented with a gender lens. This includes removal of barriers that prevent full involvement of women in economic activities, equal pay and equal opportunities, social protection schemes that factor in existing biases, financing for women entrepreneurs and mechanisms to promote women's self-employment. Such economic responses would include both the public and private spheres.

Equally, narrowing gender-based education gaps and ensuring women remain in and expand their participation in the formal labour market will play a significant role in providing many economies with the capacity to 'rebound' with stronger, more equitable and sustainable growth.

Lastly, current social protection systems are not wide enough. Many women will not have access as safety nets frequently depend on formal participation in the labor force. In South Asia, over 80 percent of women in non-agricultural jobs are in informal employment; in sub-Saharan Africa this figure is 74 percent; and in Latin America and the Caribbean 54 percent of women in non-agricultural jobs participate in informal employment. Access to benefits such as health insurance, paid sick and maternity leave, pensions and unemployment benefits need to reach beyond formal employment and be accessible to women in all spheres of work.

2 Shared Responsibility, Global Solidarity: Responding To The Socio-Economic Impacts Of Covid-19 March 2020 https://www.un.org/Sites/Un2.Un.Org/Files/Sg_Report_Socio-Economic_Impact_Of_Covid19.Pdf

3 IMF, add refs <https://blogs.imf.org/2020/04/06/an-early-view-of-the-economic-impact-of-the-pandemic-in-5-charts/> [The IMF will release its global economic outlook only on 14 April]

4 <https://www.forbes.com/sites/miltonezrati/2020/03/18/heading-off-the-covid-19-recession/#651eba9a28e6>

5 Globally, informal employment is a greater source of employment for men (63.0 per cent) than for women (58.1 per cent), but in low and lower-middle income countries, a higher proportion of women are in informal employment than men. In Africa for example, 90% of employed women are in informal employment compared to 83% of men. (https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf, pages 20-21)

6 Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease

7 <https://www.unwomen.org/en/news/stories/2014/11/in-liberia-mobile-banking-to-help-ebola-affected-women-traders>

8 UN Women calculations based on Oxford COVID-19 Government Response Tracker: <https://www.bsg.ox.ac.uk/research/research-projects/oxford-covid-19-government-response-tracker>

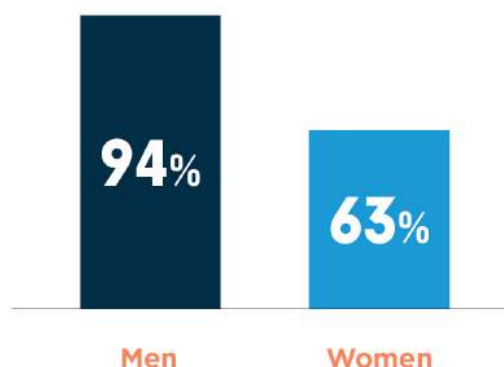
9 http://www.ugogentilini.net/wp-content/uploads/2020/04/Country-social-protection-COVID-responses_April3-1.pdf

There will be aggravated impacts of COVID-19 for women already living on the economic margins

Women spend

3x as many hours as men in **unpaid care and domestic work**, limiting their access to decent work.

More men between the ages of 25 to 54 are in the **labour force** than women:



The global **gender pay gap** is stuck at

16%

with **women paid up to 35% less than men** in some countries.



740 million women

globally work in the **informal economy**.

Globally,

 **65%** of women

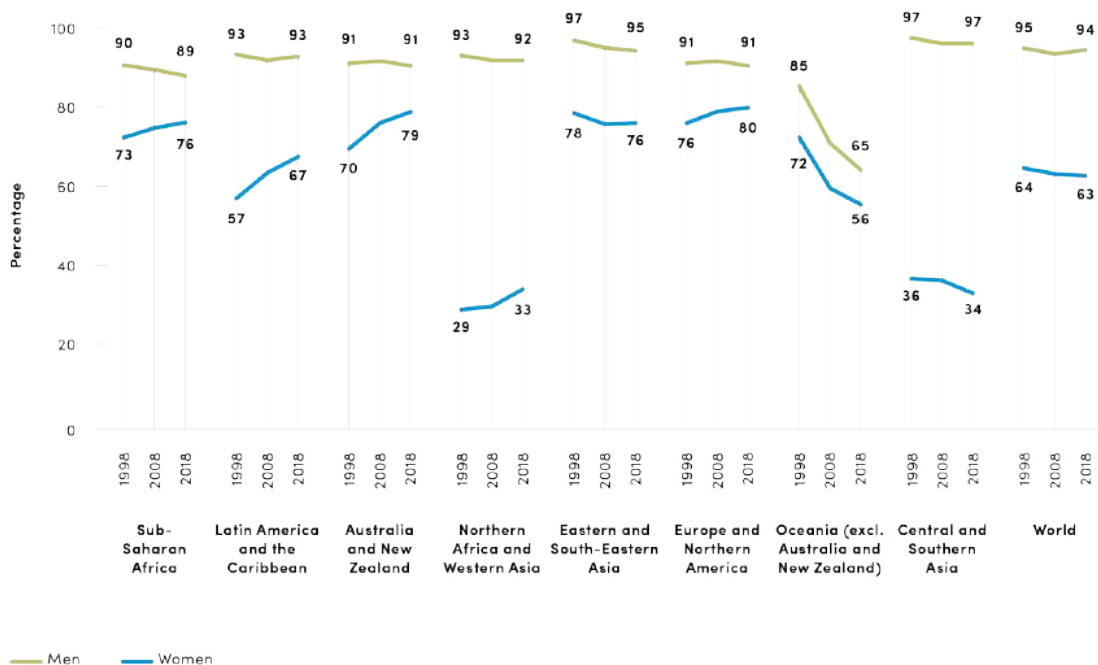
had an **account at a financial institution** in 2017, compared to

 **72%** of men

Women aged 25 to 34 globally are 25% more likely than men to live in extreme poverty



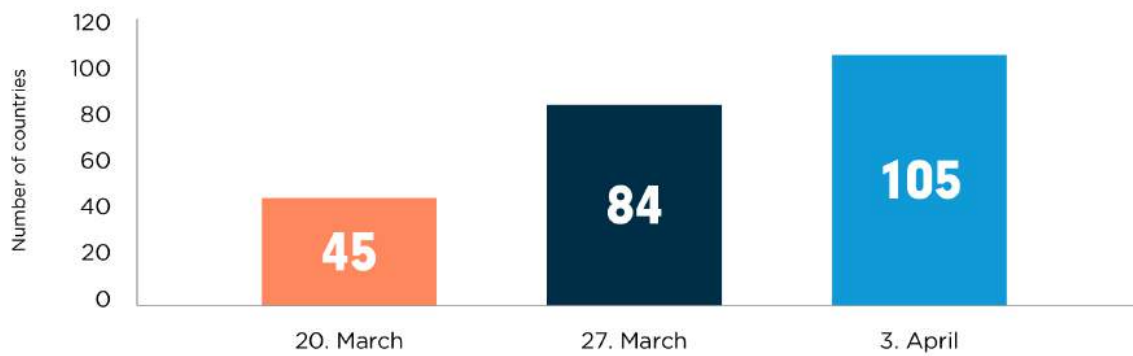
Labour Force Participation Rate Among Individuals Aged 25–54, by Sex and Region, 1998-2018



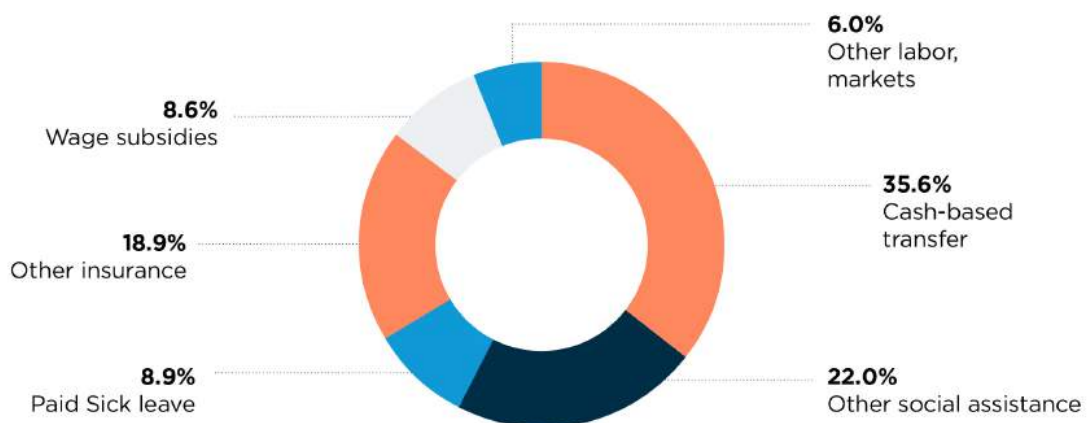
Source: Weighted averages calculated by UN Women using data from ILO 2018c and UN DESA 2017m.

Notes: Data refer to latest available in reference period for 188 countries. The sample of 188 countries covers most of the world's population aged 25–54 in 2018.

Number and type of programmes that have been introduced or adopted by countries in response to the COVID-19 crisis



Social assistance intervention by programme type



It is recommended that national response plans:

- Put cash in women's hands — if a country has an existing program in place that can directly place money in the hands of women, such as conditional cash transfer programs using mobile banking, those programs should be expanded.
- Introduce measures that can either be implemented with low transaction costs (such as temporarily eliminating electricity bills for poor consumers).
- Use pre-existing national social protection programs and adapt targeting methodologies to ensure income for groups affected by COVID-19 and especially where women are heavily represented (tourism, teaching, retail, restaurants, hospitality, etc).
- Extend basic social protection to informal workers.
- Introduce measures to alleviate the tax burden on women owned businesses.
- Use women's networks and civil society organisations, including microfinance and savings groups, to communicate on benefits.
- Integrate a gender assessment in all country assessments to understand the impact of COVID-19 on women and girls, including economic impact, and how to address it effectively.

Direct support to informal workers and women-led businesses is especially critical: Financial support needs to target hard-hit women-led enterprises and businesses in feminized sectors with subsidized and state-backed loans, tax and social security payment deferrals and exemptions. Governments could, for instance, support income replacement measures to informal workers (as in

Thailand and Peru), including measures that specifically cover domestic workers. Public procurement of food, basic supplies, sanitary and personal protective equipment could directly source from women-led businesses. Women in the informal economy need to be supported to access cash transfers or unemployment compensation, especially those who don't have access to banking.

In Costa Rica, the government has reduced all interest rates for credit to cooperatives and for business projects that target priority sectors of the population, including youth, women, older adults, indigenous, afro-descendant, peasant, migrant and disabled people.

How can the UN help?

The UN can provide gender analysis and sex-disaggregated data to inform national policies, including those related to COVID-19 response programs and policies. We can advise governments on what measures can be implemented with low transaction costs, and on how to target programs to provide income for women that are disproportionately represented in sectors affected by COVID-19 quarantine and lockdown policies. In so doing, the UN can advise governments on the most effective ways to put cash in women's hands, including through expanding cash transfer programs, advise on conditionalities, and propose how programs can leverage mobile banking to ensure women can both access and control the use of funds. The UN can support the design of fiscal stimulus programs that are well-targeted to women.

II. Health Impacts

Health pandemics can make it more difficult for women and girls to receive treatment and health services. This is compounded by multiple or intersecting inequalities, such as ethnicity, socioeconomic status, disability, age, race, geographic location and sexual orientation, among others which influences access and decision-making to critical health services and information about COVID-19.

Women and girls have unique health needs, but they are less likely to have access to quality health services, essential medicines and vaccines, maternal and reproductive health care, or insurance coverage for routine and catastrophic health costs, especially in rural and marginalized communities. Restrictive social norms and gender stereotypes can also limit women's ability to access health services. All of this has particular impacts during a widespread health crisis.

Women may be at risk or exposure due to the occupational sex-segregation: Globally, women make up 70 percent of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers.¹⁰ They are also the majority of health facility service-staff – such as cleaners, laundry, catering – and as such they are more likely to be exposed to the virus. In

some areas, women have less access to personal protective equipment or correctly sized equipment. Despite these numbers, women are often not reflected in national or global decision-making on the response to COVID-19.

Impacts on sexual and reproductive health:

The provision of sexual and reproductive health services, including maternal health care and gender-based violence related services, are central to health, rights and well-being of women and girls. The diversion of attention and critical resources away from these provisions may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases. In Latin America and the Caribbean it is estimated that an additional 18 million women will lose regular access to modern contraceptives, given the current context of COVID-19 pandemics.¹¹

How can national responses address the health impacts of COVID-19?

It is critical for all public health preparedness and response plans to COVID-19 to consider both the direct and indirect health impacts on women and girls.

¹⁰ WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries: <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>

¹¹ Out-of-Pocket Spending for Contraceptives in Latin America. UNFPA, Latin America and Caribbean Regional Office, March 2020

The case of Spain

Female health-care workers infected
5,265 | 72%

Male health-care workers infected
2,064 | 28%



Total health-care workers infected in Spain

7,329

The case of Italy

Female health-care workers infected
66%

Male health-care workers infected
34%



Total health-care workers infected in Italy

10,657

● Female ● Male

In the Netherlands, midwife teams have equipped hotels, which are closed amid the pandemic, to provide maternity care

Ensure that women and girls have access to COVID-19 public health messages: Health care response must facilitate the development and dissemination of targeted messaging on public health to the different contexts and concerns of women and girls. With limited access to education and therefore low levels of literacy in some settings, messaging must be accessible, culturally appropriate and understandable by all. Accurate COVID-19 prevention and medical information should also be distributed in

conflict-affected contexts to reach all women and girls, including those in refugee and settlements for internally displaced people (IDPs), as well as in remote and rural communities.

Pay explicit attention to the role of women as frontline health workers: Special attention needs to be given to the health, psychosocial needs and work environment of frontline female health workers, including midwives, nurses, community health workers, as well as facility support staff. Personal Protective Equipment should be the appropriate size for women. It has been found that masks and covers that were sized using the 'default man' size often used in design and production leave women more exposed. It is important to include products such as essential hygiene and sanitation items

(e.g. sanitary pads, soap, hand sanitizers, etc.) for female health workers, women and girls, particularly those quarantined for prevention, screening and treatment. Given the heightened vulnerability of female frontline workers and community volunteers, and cases of violence against them, clear measures need to be in place to prevent and mitigate abuse and gender-based violence. The voices of women on the front lines must be included in response planning.

Make provisions for standard health services to be continued, especially for sexual and reproductive health care: Particular attention needs to be paid to health care services for older women, gender-based violence survivors, as well as antenatal, postnatal care and delivery services, including emergency obstetric and newborn care. Necessary infection control measures should be in place. HIV treatment access needs to be maintained with no interruptions, particularly, but not exclusively in terms of prevention of mother to child transmission of HIV.

How can the UN help?

The UN takes into account the gender dimensions of the pandemic as part of its public health response led by the World Health Organization. In addition, the UN supports the strengthening of health systems from a gender perspective in order to respond to the pandemic as well as avoid interruption of other health services. This includes both policy advice, as well as procurement of health equipment and supplies, including personal protective equipment for health workers. The UN advocates for support to countries with weak public health and social support systems, including countries in humanitarian situations, and supports awareness-raising especially targeted to women and girls, including higher risk groups such as pregnant women, people living with HIV, and persons with disabilities, about how to reduce the risks of contracting COVID-19.¹² In addition, the UN is working with Governments and partners to ensure continued attention to sexual and reproductive health and rights of women and girls.

¹² <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>

III. Unpaid Care Work

The COVID-19 global crisis has made starkly visible the fact that the world's formal economies and the maintenance of our daily lives are built on the invisible and unpaid labor of women and girls. With children out of school, intensified care needs of older persons and ill family members, and overwhelmed health services, demands for care work in a COVID-19 world have intensified exponentially.

The unpaid care economy is a critical mainstay of the COVID-19 response: There are gross imbalances in the gender distribution of unpaid care work. Before COVID-19 became a universal pandemic, women were doing three times as much unpaid care and domestic work as men. This unseen economy has real impacts on the formal economy, and women's lives. In Latin America the value of unpaid work is estimated to represent between 15,2 percent (Ecuador) and 25,3 percent (Costa Rica) of GDP.¹³

In the context of the pandemic, the increased demand for care work is deepening already existing inequalities in the gender division of labor. The less visible parts of the care economy are coming under increasing strain but remain unaccounted for in the economic response.

Health care: As hospitals and healthcare centres struggle to stem the tide of COVID-19 infections, the healthcare burden on families

and communities is invariably increasing by the day. Those affected by COVID-19 patients may be released early to make space for others but will still require care and assistance at home. Non-COVID-19 related health and social services may be scaled back, meaning that families need to provide greater support to members who suffer other illnesses, including chronic ones. Women are at the forefront of the COVID-19 response as the default unpaid family caregivers and the majority of unpaid or poorly paid community health workers.

School closures have put additional strain and demand on women and girls: According to UNESCO, 1.52 billion students (87 percent) and over 60 million teachers are now home as COVID-19 school closures expand. As formal and informal supply of childcare declines, the demand for unpaid childcare provision is falling more heavily on women, not only because of the existing structure of the workforce, but also because of social norms. This will constrain their ability to work, particularly when jobs cannot be carried out remotely. The lack of childcare support is particularly problematic for essential workers who have care responsibilities. Evidence for the US shows that women not only hold 78 percent of all hospital jobs, but also 70 percent of pharmacy jobs and 51 percent of grocery store roles.¹⁴

¹³ ECLAC (2019) Repository of information on time use in Latin America and the Caribbean, available at https://oig.cepal.org/sites/default/files/2019-10_repositorio_uso_del_tiempo_eng.pdf

The unpaid care and domestic work performed by women is critical for sustaining societies, has immense economic value and needs to be supported through adequate policies.



Women on average spend

4.1 hours/day

on unpaid care and domestic work, compared to

1.7 hours/day

for men



Women's unpaid contributions to healthcare equate to

2.35%

of global GDP, or the equivalent of

US\$ 1.5 trillion



When women's contribution to all types of care (not just healthcare) is considered, this figure rises to

US\$ 11 trillion

Care for (and by) older persons is also a critical need in the face of COVID-19:

Across countries, women are over-represented among older persons, especially as they advance in age. Globally, women represent 57 per cent of those aged 70 years and 62 per cent of those above age 80.¹⁵ Older women tend to face lower life incomes and also lower pensions, with fewer possibilities to access care for themselves. Women of all ages provide the bulk of unpaid care for older persons, male or female; the continuity of this care will depend on their own health and wellbeing as well their ability to minimize the risk of contagion for people in their care.

Girls and adolescent girls are also impacted by the care work burdens of COVID-19:

Recent data shows that adolescent girls spend significantly more hours on chores compared to

their male counterparts.¹⁶ School closures do not just mean that girls are taking on more chores at home, it could also lead to millions more girls dropping out of school before they complete their education, especially girls living in poverty, girls with disabilities or living in rural, isolated locations. Even before this pandemic, millions of girls were contending with poor quality education – and millions were not on course to meet minimum proficiency in basic reading and math, nor the secondary level skills, knowledge and opportunities they need for a productive and fulfilling life. Evidence from past epidemics shows that adolescent girls are at particular risk of drop out and not returning to school even after the crisis is over.

What measures are needed to build a gender-inclusive economic response and recovery?

Women's unpaid care work has long been recognized as a driver of inequality. It has a direct link to wage inequality, lower income, poorer education outcomes, and physical and mental health stressors. The unpaid and invisible labour in this sector has been exacerbated exponentially by the COVID-19 pandemic. But the pandemic has also made starkly clear the way in which the daily functioning of families, communities, and the formal economy are dependent on this invisible work. As we rebuild economic structures which are more inclusive and resilient, there is an opportunity to be transformative, and to recognize, reduce and redistribute unpaid care work once and for all.

While women will step in to respond to the COVID-19 pandemic, the unpaid labor they provide is not infinitely elastic.¹⁷ Without adequate support, the long-term costs of stretching women's work to patch up the holes in social protection and public services provision can be enormous. Therefore, immediate action is needed to guarantee continuity of care for those who need and to recognize unpaid family and community caregivers as essential workers in this crisis.

Immediate steps are needed to ensure that COVID-19 does not reverse the gender equality progress achieved in recent decades, in particular with regard to women's participation in the labor force. Decisions on investments now will have tangible impacts later. For example, in the aftermath of the 2008 global financial crisis, support measures were provided to large

infrastructure projects that mainly employed men, while jobs were cut in teaching, nursing and public services, all female-intensive sectors.

Support measures in response to COVID-19 need to go beyond workers who hold formal sector jobs and include informal, part-time and seasonal workers, most of whom are women. This is particularly necessary in female-dominated spheres such as the hospitality, food and tourism sectors, now at a standstill due to confinement measures by governments. Some countries are already moving in this direction. For example, Italy is considering putting into place support measures to cover informal and temporary workers once their contracts are over. Lastly, bailouts and support measures should not only assist large and medium-sized enterprises, but also micro- and small businesses, where women entrepreneurs are relatively more represented. In addition, private sector financial support and access to credit should be equally available to women and men.

Beyond the immediate crisis it is possible that there will be some residual impact on social norms that could contribute to greater equality. With so many companies globally shifting to flexible work arrangements, it is clear that this model of working, which allows for greater balancing of work and care responsibilities, is possible. Equally, with so many women continuing to work outside the home as essential service workers, or for families where both parents are home through this period juggling work and child care, fathers assuming primary or shared caregiver roles may have knock on impacts on the division of labour and entrenched

¹⁴ U.S. Bureau of Labour Statistics, Current Employment Statistics - CES (National), Employment and Earnings Table B-5b, available at: <https://www.bls.gov/web/empsit/ceseeb5b.htm> (February 2020).

¹⁵ United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition: <https://population.un.org/wpp/>

¹⁶ UNICEF, Plan International, UN Women (2020). A new era for girls: taking stock of 25 years of progress: <https://www.unicef.org/media/65586/file/A-new-era-for-girls-2020.pdf>

¹⁷ Elson

gendered roles post-crisis.¹⁸ These shifts will need to be intentionally built on and solidified.

It is recommended that national measures could include:

- Ensure continuity of care for older persons, persons with disabilities and those who recover from COVID-19:
- Exempting unpaid family caregivers from lockdown restrictions and providing them with the support and equipment necessary to do their jobs safely.
- Preparing unpaid caregivers and community health workers with information, training, adequate equipment and livelihood support to respond to the COVID-19 pandemic effectively.
- Expand and provide inclusive social protection for caregivers to mitigate the effects of the overload of unpaid care work by:
- Expanding access to paid family leave and paid sick leave.
- Introducing paid reductions in working time / work-sharing for workers with care responsibilities.
- Expanding the reach and benefit levels of social assistance programmes that disproportionately target women, such as cash transfers and social pensions, and suspending all conditionalities for the duration of the COVID-19 crisis.
- Introducing new cash transfers, including for women with care responsibilities.
- Provide additional bonuses, subsidies and vouchers to hire child services for

workers unable to telecommute and extend this to informal workers.

- Prioritize investments in and access to basic accessible infrastructure and public services, including in rural areas, informal settlements and IDP and refugee camps, by:
- Expanding childcare support for working parents where schools, childcare and respite care services are closed, with a particular focus on safe and accessible services for essential workers.
- Continuing school feeding programmes and adapt them to the crisis context by preparing rations for delivery or pick-up.
- Ensuring access to sufficient and affordable water, sanitation, and hygiene services for vulnerable groups of women, including in informal settlements, rural areas, and refugee camps.
- Procuring goods and services for infrastructure and public services from women-owned enterprises.

How can the UN help?

The UN's strategy to tackle the issue of unpaid care work goes beyond merely increasing the visibility of unpaid work. It also includes policy measures to alleviate the care burden and better redistribute it between women and men, and between families and public/market services. The UN advocates for sufficient and affordable water, sanitation, and hygiene services as well as electricity supply to rural and remote areas to support women's productive and unpaid care and domestic work, which is exacerbated by the crisis; and to reprioritize public expenditure to allocate more funding to social care infrastructure.

¹⁸ Alon, T.; Doepke, M.; Jane Olmstead-Rumsey, Y.; and Tertilt, M., 2020. "The Impact of COVID-19 on Gender Equality": http://faculty.wcas.northwestern.edu/~mdo738/research/COVID19_Gender_March_2020.pdf

IV. Gender-based Violence

On 5 April, the Secretary-General called for a global ceasefire and an end to all violence everywhere so that we can focus our attention and resources on stopping this pandemic.

But violence is not just on the battlefield. It is also in homes. Violence against women and girls is increasing globally as the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. Crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions. Before the pandemic, it was estimated that one in three women will experience violence during their lifetimes. Many of these women are now trapped in their homes with their abusers.

While it is too early for comprehensive data, there are already many deeply concerning reports of increased violence against women around the world, with surges being reported in many cases of upwards of 25% in countries with reporting systems in place. In some countries reported cases have doubled.

These numbers are also likely to reflect only the worst cases. Without access to private spaces, many women will struggle to make a call or to seek help online.¹⁹

Alongside the increase in numbers, violence against women is taking on new complexity: exposure to COVID-19 is being used as a threat;

abusers are exploiting the inability of women to call for help or escape; women risk being thrown out on the street with nowhere to go. At the same time, support services are struggling. Judicial, police and health services that are the first responders for women are overwhelmed, have shifted priorities, or are otherwise unable to help. Civil society groups are affected by lockdown or reallocation of resources. Some domestic violence shelters are full; others have had to close or have been repurposed as health centres.

It is important for national response plans to prioritize support for women by implementing measures that have proven to be effective. These include:

- Integrating prevention efforts and services to respond to violence against women into COVID-19 response plans;
- Designating domestic violence shelters as essential services and increasing resources to them, and to civil society groups on the front line of response;
- Expanding the capacity of shelters for victims of violence by re-purposing other spaces, such as empty hotels, or education institutions, to accommodate quarantine needs, and integrating considerations of accessibility for all;

¹⁹ Equally, as individuals spend more time online, there are concerns about rising gender-based abuse in digital spaces.

- Designating safe spaces for women where they can report abuse without alerting perpetrators, e.g. in grocery stores or pharmacies;
- Moving services online;
- Stepping up advocacy and awareness campaigns, including targeting men at home.

It is important for national responses to include specific communications to the public that justice and the rule of law is not suspended during periods of confinement or lockdown. Gender-based violence prevention strategies need to be integrated into operational plans of the justice and security sectors for the crisis and statutes of limitations on offenses, particularly sexual violence offenses, should be suspended.

How can the UN help?

The United Nations is committed to integrating these steps into our own responses across the board, including in humanitarian emergencies. UN Country Teams and senior officials will advocate with governments to include measures to protect women from violence as a standard part of their immediate response to the COVID-19 pandemic, and in longer term recovery packages. The UN will use the Spotlight Initiative, our partnership with the European Union, which represents the world's largest single investment in ending violence against women and girls, to work with governments to scale up their activities in response to the new challenges created by the COVID-19 pandemic. The UN will also use its existing programmes to prevent and respond to violence against women in a coordinated manner.

A survey conducted in New South Wales, Australia, revealed that 40 per cent of frontline workers have reported increased requests for help by survivors, and 70 per cent have reported that the cases received have increased in their level of complexity during the COVID-19 outbreak.²⁰

In **Canada**, the government's COVID-19 response package includes \$50 million CAD to support shelters for women facing sexual and other forms of gender-based violence. In **Australia** \$150m AUD of the national response was earmarked for family violence response. And in **Mexico** a law is being debated to transfer 405 million Mexican pesos to the National Network of Shelters.²¹ Domestic violence shelters are deemed essential services and must remain open during the lockdown.

INNOVATIVE VIRTUAL SOLUTIONS:

In **China** the hashtag **#AntiDomesticViolenceDuringEpidemic** has taken off as part of advocacy with links to online resources - helping to break the silence and expose violence as a risk during lockdown. Online and mobile service providers are taking steps to deliver support such as free calls to helplines in **Antigua and Barbuda**. In **Spain**, an instant messaging service with a geolocation function offers an online chat room that provides immediate psychological support to survivors of violence. In **Argentina**, pharmacies have been declared safe spaces for victims of abuse to report. Similarly, in **France**, grocery stores are housing pop-up-services and 20,000 hotel room nights have been made available to women needing shelter from abusive situations. In **Colombia** the government has guaranteed continued access to virtual gender-based violence services, including legal advice, psychosocial advice, police and justice services, including hearings.

²⁰ "Domestic Violence Spikes During Coronavirus as Families Trapped at Home" <https://10daily.com.au/news/australia/a200326zyjkh/domestic-violence-spikes-during-coronavirus-as-families-trapped-at-home-20200327>, accessed 2nd April 2020

²¹ Available at <https://comunicacionnoticias.diputados.gob.mx/comunicacion/index.php/mesa/diputadas-piden-que-las-medidas-tomadas-por-el-gobierno-de-la-republica-durante-la-contingencia-por-el-covid-19-tengan-perspectiva-de-genero>

The Shadow Pandemic: Violence Against Women and Girls and COVID-19

Globally,

243 million

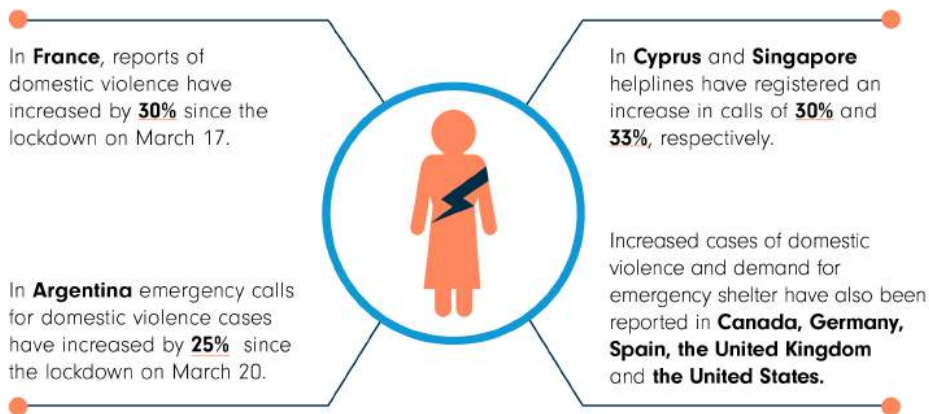


women and girls aged 15-49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months.

The number is likely to INCREASE as security, health, and money worries heighten tensions and strains are accentuated by cramped and confined living conditions.

Emerging data shows that since the outbreak of COVID-19, violence against women and girls (VAWG), and particularly domestic violence, has INTENSIFIED.

Below are just a few of the dozens of countries reporting an increase in violence against women



As stay-at-home orders expand to contain the spread of the virus, women with violent partners increasingly find themselves isolated from the people and resources that can help them.

87,000 women were intentionally killed in 2017. The majority of these killings were committed by an intimate partner or family member of the victim.

Violence against women and girls is pervasive but at the same time widely under-reported. Less

than **40%** of women who experience violence report these crimes or seek help of any sort.

The global cost of violence against women had previously been estimated at approximately.

US\$1.5 trillion

That figure can only be rising as violence increases now, and continues in the aftermath of the pandemic.

V. Impacts in Humanitarian and Fragile Settings and on Human Rights

The COVID-19 pandemic poses devastating risks for women and girls in fragile and conflict-affected contexts. Disruptions to critical health, humanitarian and development programmes can have life and death consequences where health systems may already be overwhelmed or largely non-existent. More than 50 per cent of all maternal deaths occur from complications in pregnancy and childbirth in countries affected by fragility, further impacts on the health sector are likely to drive this number up even further. In settings across the conflict landscape, women – be they displaced, refugee, rural, poor or otherwise marginalised – face isolation, the concerted spread of misinformation and a lack of access to critical technologies. More detail on the humanitarian impacts of COVID-19 were provided in the²²

Restrictions on the movements of police and security forces can create a rule of law vacuum in remote communities and increase the prevalence of sexual and gender-based violence and the targeted killings of women human rights defenders. The shift to online discourse also risks narrowing the space for women’s civil society organizations to operate and to undertake urgent advocacy and service delivery in support of women’s rights.

The effective implementation of the women, peace and security agenda needs to remain a priority through this period. Security Council resolution 2242 (2015) was in fact one of the first Council resolutions to recognize health pandemics as part of the peace and security landscape, and highlight the need for the principles of prevention, protection and equal participation and leadership of women to be part of all responses.

Lastly, the global pandemic has led to a significant increase in restrictions on the freedom of movement of people worldwide and worrisome reports on the misuse of emergency measures to further erode human rights and the rule of law, as will be detailed in a forthcoming policy brief on the Human Rights Impacts of COVID-19. This has led to an adverse impact on civic space and the ability of communities and individuals to exercise their right to peaceful assembly and freedom of expression. Women leaders and activists continue to bear the brunt of harassment and attacks both on and offline. The prospects of a long-term global recession raise serious concerns over how these protection gaps and human rights restrictions will be addressed. Post-pandemic recovery will hopefully lead to an expansion of rights and participation of women in public affairs so that we are more resilient to future such crises.

²² GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19 UNITED NATIONS COORDINATED APPEAL APRIL – DECEMBER 2020
<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

Conclusion

A pandemic amplifies and heightens all existing inequalities. These inequalities in turn shape who is affected, the severity of that impact, and our efforts at recovery. The COVID-19 pandemic and its social and economic impacts have created a global crisis unparalleled in the history of the United Nations—and one which requires a whole-of-society response to match its sheer scale and complexity. But this response, whether at the national or international level, will be significantly weakened if it does not factor in the ways in which inequalities have made all of us more vulnerable to the impacts of the crisis. Or, if we choose to simply repeat past policies and fail to use this moment to rebuild more equal, inclusive and resilient societies.

Instead, every COVID-19 response plans, and every recovery package and budgeting of resources, needs to address the gender impacts of this pandemic. This means: (1) **including** women and women’s organizations at the heart of the COVID-19 response; (2) **transforming** the inequities of unpaid care work into a new, inclusive care economy that works for everyone; and (3) **designing** socio-economic plans with an intentional focus on the lives and futures of women and girls.

Putting women and girls at the centre of economies will fundamentally drive better and more sustainable development outcomes for all, support a more rapid recovery, and place us back on a footing to achieve the Sustainable Development Goals.