



TECHNICAL BRIEF

COVID-19: A Gender Lens

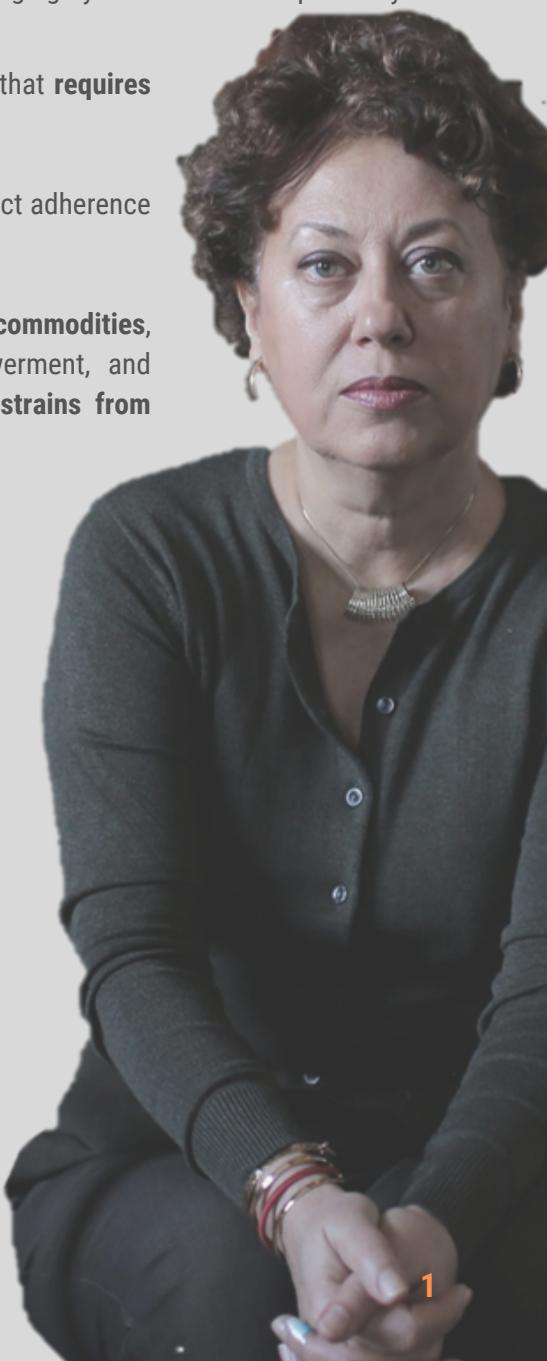
**PROTECTING SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS, AND PROMOTING
GENDER EQUALITY**

MARCH 2020



KEY MESSAGES

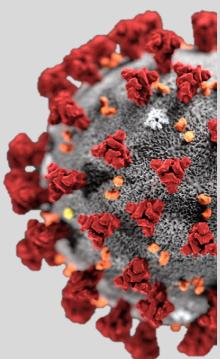
- **Disease outbreaks affect women and men differently**, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men.
- **Women represent 70 percent of the health and social sector workforce** globally and special attention should be given to how their work environment may expose them to discrimination, as well as thinking about their sexual and reproductive health and psychosocial needs as frontline health workers.
- In times of crisis such as an outbreak, **women and girls may be at higher risk of intimate partner violence and other forms of domestic violence** due to increased tensions in the household. As systems that protect women and girls, including community structures, may weaken or break down, specific measures should be implemented to protect women and girls from the risk of intimate partner violence with the changing dynamics of risk imposed by COVID-19.
- **Sexual and reproductive health and rights** is a significant public health issue that **requires high attention** during pandemics.
- **Safe pregnancies and childbirth depend on functioning health systems** and strict adherence to infection prevention.
- **Provision of family planning and other sexual and reproductive health commodities**, including menstrual health items, are central to women's health, empowerment, and sustainable development and **may be impacted as supply chains undergo strains from pandemic response**.
- **Continuity of care must be ensured** in case of severe facility service interruption or other disruption in access for women and girls of reproductive age. **Obstacles and barriers must be addressed**, enabling women's and girls' access to services, including psychosocial support services, especially those subject to violence or who may be at risk of violence in quarantine.
- **Gender based violence referral pathways must be updated** to reflect changes in available care facilities, while key communities and service providers must be informed about those updated pathways.
- **Pregnant women with respiratory illnesses must be treated with utmost priority** due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases.
- **Surveillance and response systems** should include sex, age gender, and pregnancy status disaggregation.
- **Provision of mental health and psychosocial support** for affected individuals, families, communities and health workers is a critical part of the response.



- All health workers, including women, responding to COVID-19 must have personal protective equipment.
- Given women's front-line interaction with communities and their participation in much of the care work, they face a higher risk of exposure. With such proximity to the community, women are also well placed to positively influence the design and implementation of prevention activities and community engagement.
- Provision of accurate and supportive care and messaging must be done with the intention to enhance people's safety, dignity and rights.
- Leveraging UNFPA expertise and experience in community engagement, social mobilization and extensive networks in different constituencies such as youth and women's organizations, religious and traditional leaders, should be utilized to raise awareness, protect and support young people, women, families and communities. This will also support building their knowledge on COVID-19 protection to contain infection spread, promote healthy behaviour change, prevent risky transmission of COVID-19 among communities and reduce stigma and discrimination.
- UNFPA will work closely with governments, WHO, other agencies working on health (H6), and national partners to ensure that accurate information is provided to women, including those of reproductive age and pregnant women, on infection prevention, potential risks and how to seek timely medical care, as well as protection from gender based violence.



COVID-19



Novel coronavirus disease 2019 (COVID-19)

announced as a **pandemic**

by WHO on March 11, 2020 is a new strain of coronavirus first reported on 31 December 2019 and can cause respiratory illness, ranging from the common cold to more severe disease

that can result in death. As of March 18, COVID-19 has been reported in 157 country/region resulting in more than 200,000 confirmed cases and more than 8000 deaths. For number of tracking/mapping dashboards, follow [Global Dashboard](#), [Johns Hopkins](#), and [Italy dashboard](#).

Coronavirus prevention and symptoms

According to WHO guidelines to prevent the coronavirus from spreading, you should:

Reduce your risk of coronavirus infection:

- Clean hands with soap & water or alcohol-based hand rub
- Cover nose and mouth when coughing and sneezing with tissue or flexed elbow
- Avoid close contact with anyone with cold or flu-like symptoms
- Thoroughly cook meat and eggs
- No unprotected contact with live wild or farm animals

World Health Organization

Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste

World Health Organization

Who is at most risk?

Epidemiological analyses by WHO and the Centers for Disease Control showed that people who are at most risk death from COVID-19 belong to the vulnerable groups - including the elderly, chronically ill and immuno-compromised such as people with heart diseases, diabetes and respiratory diseases, who must be at the center of response efforts.



The majority of cases are aged between 30-69



The highest numbers of deaths occurs among elderly and people with pre-existing medical conditions.

Accurate and complete sex-disaggregated data is needed including to support knowledge on age differentials as the severity of infection is associated with age (60+ years) and underlying conditions. It is important to pay key attention to the needs of older women in light of lessons from other infectious diseases, i.e. HIV, where the infection rates among older adults - primarily women - has been a neglected area of focus and by extension a neglected area of the response.

At the same time, disease outbreaks affect women and men differently.

Pandemics make existing gender inequalities for women and girls worse, and can impact how they receive treatment and care.



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IS A SIGNIFICANT PUBLIC HEALTH ISSUE THAT REQUIRES HIGH ATTENTION DURING PANDEMICS

Emergency response of COVID-19 outbreak also means that resources for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections.

Around the world, women make up seventy percent of health and social service workers. Midwives, nurses and community health workers are on the front lines of efforts to combat and contain outbreaks of disease and require personal protective equipment (PPE). Safe pregnancy and childbirth depend on sufficient numbers of skilled healthcare personnel, midwives in particular, and adequate facilities for providing essential and emergency quality care 24/7. Respiratory illnesses in pregnant women, particularly COVID-19 infections, must be treated with utmost priority due to increased risk of adverse outcomes. Infection control measures must include proper segregation of suspected, possible and confirmed cases from antenatal care, neonatal and maternal health units. Surveillance and response systems for women of reproductive age and pregnant women should be in place, including in antenatal clinics. There is currently no evidence to support vertical mother-to-child transmission of COVID-19.

Provision of family planning and other sexual and reproductive health services and commodities, including those related to menstrual health, are central to women and girls' health, empowerment, and dignity, and may be impacted as supply chains undergo strains from COVID-19 pandemic response.



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Surveillance and response systems must also take sex, gender, occupational status and pregnancy status into consideration. Given the toll such outbreaks and pandemics can have on all affected individuals, families and communities, the provision of mental health and psychosocial support must be a critical part of the overall response.

UNFPA supports the leadership role of national and local authorities, communities and beneficiaries in ensuring access to sexual and reproductive health services during the pandemic. Collaboration and partnership with WHO and other UN agencies, in supporting the Ministries of Health and relevant line ministries is key to ensuring that accurate information is provided to women of reproductive age including pregnant women on infection precautions, potential risks and how to seek timely medical care.

WOMEN AND MEN ARE IMPACTED DIFFERENTLY

Disease outbreaks affect women and men differently, and epidemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men, as well as for their overall well-being.

Gender norms pose risk

Women can be less likely than men to have power in decision making around the outbreak, and as a consequence their general and sexual and reproductive health needs may go largely unmet. Drawing lessons from the Zika virus outbreak, differences in power between men and women meant that women did not have autonomy over their sexual and reproductive decisions, which was compounded by their inadequate access to health care and insufficient financial resources to travel to hospitals and health care facilities for check-ups for their children, despite women doing most of the community spread control activities. Many times, there is also an inadequate level of women's representation in pandemic planning and response, which can already be seen in some of the national and global COVID-19 responses.



In terms of other risks, men may exhibit less health seeking behavior as a result of rigid gender norms, wanting to be viewed as tough rather than weak, implying a delay in detection and access to treatment for the virus. Within the context of such norms, men may also feel pressure in the face of economic hardship resulting from the outbreak and the inability to work, causing tensions and conflict in the household. During quarantine, women and men's experiences and needs will also vary because of their different physical, cultural, security, and sanitary needs.

Division of labor in care and workforce for women and men



Seventy percent of the global health workforce are women, emphasising the gendered nature of the health workforce and the risk of infection that female health workers face. Given that women provide the main part of primary health care interventions including front-line interaction at the community level it is concerning that they are not fully engaged into decision making and planning of interventions, security surveillance, detection, and prevention mechanisms. Experience shows that women's roles within communities often puts them in a good position to identify trends at the local level, including those that might signal the start of an outbreak and overall health situation.

Experience from past outbreaks shows the importance of incorporating a gender analysis into preparedness and response efforts to improve the effectiveness of health interventions and promote gender equality and health equity. During the 2014–16 West African outbreak of Ebola, women were more likely to be infected by the virus, given their predominant roles as caregivers within families and as front-line health-care workers.

The closure of schools to control COVID-19 transmission has a differential effect on women economically, given their role in providing most of the informal care within families, with consequences that limit their work and economic opportunities. In general the outbreak experience means that women's domestic burden becomes exacerbated as well, making their share of household responsibilities even heavier, and for many while they also work full time. Additionally, travel restrictions cause financial challenges and uncertainty for mostly female foreign domestic workers or those in service related industries impacted by travel limitations.



Increase in gender-based violence

Pandemics compound existing gender inequalities and vulnerabilities, increasing risks of abuse. In times of crisis such as an outbreak, women and girls may be at higher risk, for example, of intimate partner violence and other forms of domestic violence due to heightened tensions in the household. They also face increased risks of other forms of gender-based violence including sexual exploitation and abuse in these situations. 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.

In addition, life-saving care and support to gender based violence survivors (i.e. clinical management of rape and mental health and psycho-social support) may be cut off in the health care response when health service providers are overburdened and preoccupied with handling COVID-19 cases. Systems must ensure that health workers have the necessary skills and resources to deal with sensitive gender-based violence related information, that any disclosure of gender based violence be met with respect, sympathy and confidentiality and that services are provided with a survivor-centered approach. It is also critical to update gender based violence referral pathways to reflect changes in available care facilities and inform key communities and service providers about those updated pathways.

UNFPA can play a key role in sensitizing national partners to understand the intersections of gender and such outbreaks, as well as the increased risk of gender-based violence and how to safely, ethically and effectively address the issue during this pandemic.

All vulnerable populations will experience COVID-19 outbreaks differently. For the nearly 48 million women and girls, including 4 million pregnant women, identified by UNFPA as in need of humanitarian assistance and protection in 2020, the dangers that COVID-19 outbreaks pose will be magnified. Conflict, poor conditions in displacement sites, and constrained resources are likely to amplify the need for additional support and funding. Containing the rapidly spreading COVID-19 is even more daunting in countries and communities already facing long-running crises, conflict, natural disasters, displacement and other health emergencies. Countries affected by conflict or considered to be fragile often have some of the weakest health systems which makes them vulnerable to COVID-19 in terms of their capacity to detect, confirm, and manage the public health component, and equally to manage the clinical and health impact of the disease in a population.



RECOMMENDATIONS

- **Provide accurate and supportive care and messaging** with the intention to enhance people's safety, dignity and rights.
- **Ensure policies and interventions around response speak to everyone's needs**, which is a fundamental step to understanding the primary and secondary effects of a health emergency on different individuals and communities. At the same time the protection needs of women and girls must be at the center of response efforts.
- **Ensure the response to COVID-19 does not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities.** It is important to recognize that social, culture and gender norms, roles, and relations influence women's and men's vulnerability to infection, exposure, and treatment.
- **Ensure that high attention is given to sexual and reproductive health and rights during COVID-19**, given these issues can be severely impacted during outbreaks, including by adhering to strict guidance for infection prevention for safe pregnancies and childbirth, among other measures.
- **Consider how these may differ among groups of women and men**, particularly those most excluded such as those living in poverty, persons with disabilities, indigenous people, internally displaced persons or refugees, LGBTIQ individuals, and others who face intersecting and multiple forms of discrimination.
- **Consider how the quarantine experience can be different for women and men**, such as whether women's and men's different physical, cultural, security, and sanitary needs are being met. Recognize that the home may not be a safe place for some women and may indeed increase exposure to intimate partner violence.
- **Update gender based violence referral pathways** to reflect changes in available services.
- **Prioritize women's participation as their roles within communities** typically place them in a good position to positively influence the design and implementation of prevention activities. Given their proximity to the local level, their surveillance and insights can help signal the start of an outbreak and improve the overall health situation.
- **Include women in decision making for outbreak preparedness and response**, and ensure women's representation in national and local COVID-19 policy spaces.
- **Incorporate the voices of women on the front lines of the response** including health care workers and of those most affected by the disease within preparedness and response policies or practices going forward.
- **Support meaningful engagement of women and girls** at the community level, including their networks and organizations, to ensure efforts and response are not further discriminating and excluding those most at risk.
- **Ensure that governments and global health institutions** consider the direct and indirect age, sex and gender effects of the COVID-19 when conducting analysis of the impacts of the outbreak.
- **Prioritize the collection of accurate and complete age and sex-disaggregated data** to understand how COVID-19 impacts individuals differently, in terms of prevalence, trends, and other important information.

- **Ensure humanitarian action plans** consider and reflect COVID-19 response and advocate for the rights of refugees, migrants and internally displaced persons, and in all national responses.
- **Apply the humanitarian, development and peace nexus approach** through organizational coherence, collaboration, synergy and partnerships to assist governments' response; and to make the most of the comparative advantages of governments, NGOs and other aid agencies working toward jointly agreed goals.



Sources

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