



FROM INSIGHTS TO ACTION

GENDER EQUALITY IN THE WAKE OF COVID-19



COVID-19
RESPONSE



ABOUT THIS REPORT:

This publication summarizes the data, research and policy work produced by UN Women on the impact of the COVID-19 pandemic on women and girls, including how it is affecting extreme poverty, employment, health, unpaid care and violence against women and girls. The publication also brings into focus the paucity of gender data and calls for greater investment and prioritization of data on the gendered effects of the crisis. The report draws on the *UN Secretary-General's policy brief on COVID-19 and women*, *UN Women Spotlight on Gender, COVID-19 and the SDGs*, UN Women thematic policy briefs focused on COVID-19, as well emerging data from UN Women's rapid gender assessments. Estimates on extreme poverty by sex and age presented in the publication are the result of a UN Women and UNDP collaboration with the Frederick S. Pardee Center for International Futures at the University of Denver. Additional resources related to the report, including a full list of references, endnotes, data tables and an accompanying technical note for the analysis on extreme poverty by sex and age, can be found at: bit.ly/2G3rL9z.

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INTRODUCTION

A once-in-a-century pandemic

COVID-19 continues its rampage, with more than 25 million confirmed cases globally and more than 846,000 deaths as of August 2020. Measures to slow its spread are keeping people home and halting vital daily activities. More than 1 billion children and youth are out of school,¹ resulting in learning deficits for students, particularly those from poor households. Around 94 per cent of the world's workers live in countries with some type of work closures.²

With the global economy expected to contract by 5 per cent in 2020³ and without measures to shield the most vulnerable, the number of people living in extreme poverty will increase by 96 million in 2021.⁴ The virus is continuing its dangerous upward trend globally, and the worst may yet be to come, unless urgent action is taken to understand and address its widespread impact.

The pandemic has widened gender and economic inequalities

The impacts of crises are never gender neutral, and COVID-19 is no exception. While men reportedly have a higher fatality rate, women and girls are especially hurt by the resulting economic and social fallout. Impacts on women and girls have worsened across the board. Women are losing their livelihoods faster because they are more exposed to hard-hit economic sectors. According to a new analysis commissioned by UN Women and UNDP, by 2021 around 435 million women and girls will be living on less than \$1.90 a day — including 47 million pushed into poverty as a result of COVID-19.

The impacts are not just economic. The shift of funds to pandemic response is hampering women's access to sexual and reproductive health. Violence against women reports have increased around the world, as widespread stay-at-home orders force women to shelter in place with their abusers, often with tragic consequences. More people at home also means that the burden of unpaid care and domestic work has increased for women and girls, literally driving some to the breaking point. Women and girls in communities already reeling from institutionalized poverty, racism and other forms of discrimination are particularly at risk: They face higher rates of COVID-19 transmission and

fatalities and are most exposed to the secondary impacts, including loss of earnings and livelihood.

More data are needed to understand the full impact of COVID-19

As the COVID-19 pandemic lays bare gender and other enduring fault lines of inequality, the limited availability of data is leaving many questions unanswered. The disaggregation of data on cases, fatalities and economic and social impact by sex, age and other key characteristics — such as ethnicity and race, migratory status, disability and wealth — is vital to understanding the pandemic's differential impacts. Most countries, however, are not regularly releasing data disaggregated by multiple dimensions, or on the differential effects of ongoing responses. It is critical that governments start collecting and promoting open access to timely and quality disaggregated data.

Without gender-responsive policies, the crisis risks derailing hard-won gains

COVID-19 is exposing vulnerabilities in social, political and economic systems. It is forcing a shift in priorities and funding across public and private sectors, with far-reaching effects on the well-being of women and girls. Action must be taken now to stop this backsliding. Women must be the architects as well as the beneficiaries of efforts to build back stronger and better in response to these highly visible fault lines. In countries with women at the helm, confirmed deaths from COVID-19 are six times lower, partly due to these leaders' faster response to the pandemic and greater emphasis on social and environmental well-being over time.⁵

Too few women, however, are managing response and recovery efforts. Social and economic policies and programmes to confront the fallout of this crisis must be inclusive and transformative, addressing women's leadership and labour, both outside and within the home. Placing women and girls at the centre of preparedness, response and recovery could finally bring the genuine change that women's rights groups have long advocated for.

IMMEDIATE HEALTH IMPACTS: THERE'S A LOT WE STILL DON'T KNOW

Globally, just 37 per cent of COVID-19 cases have been disaggregated by both sex and age as of mid-July 2020. Those data tell us that men account for a slight majority of confirmed cases (53 per cent), a pattern observed across all age groups except the oldest (85+), in which women represent 63 per cent of reported cases.⁶ Social norms around masculinity – which make men more likely to engage in risky behaviour and less likely to seek health care – may partly explain this disparity. Among the older population, women's greater longevity and propensity to marry or cohabit with older men means many women live alone in old age. Others live in long-term-care facilities, which may raise their risk of infection. In both situations, the social isolation and loneliness that come with confinement are likely to worsen physical and mental health.

Still, many questions remain unanswered, including on the global distribution of confirmed deaths by sex and age. In many countries case reports are not exhaustive, and some countries only test and report on severe cases. The limited information that is reported suggests the case fatality ratio for men is higher than for women. However, as more disaggregated data become available and testing expands, it is important to revisit the gendered effects of COVID-19, including by analysing sex-disaggregated statistics on fatalities.

COVID-19 exposes and exploits pre-existing inequalities

Emerging evidence reveals that poor and marginalized communities are more vulnerable to COVID-19. In the United States, data from New York City show significantly higher COVID-19 death rates among Black and Latinx people compared to white and Asian people.⁷ In the United Kingdom, data from England and Wales show similar disparities by sex, race and ethnicity.⁸ These differences in risks of infection and death reflect pre-pandemic economic

and social disparities, including inequalities in living conditions, such as poor quality and overcrowded housing, as well as greater likelihood of being employed in insecure and low-paid jobs. Inequalities in access to health care and greater propensity for underlying health conditions further compound these disadvantages.

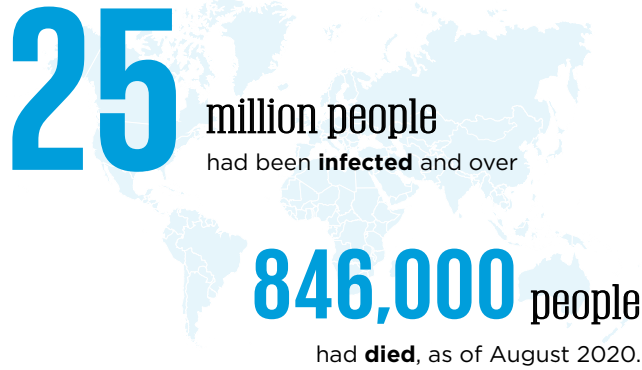
Sexual and reproductive health services must get priority

The surge in COVID-19 cases is straining even the most advanced and best-resourced health systems. At the top of the resource spectrum, Europe and North America averages five hospital beds per 1,000 people, while at the bottom, sub-Saharan Africa has on average just 0.8 hospital beds per 1,000 people.⁹ With resources diverted to fighting the pandemic, and people fearful of seeking routine medical care and worrying about financial pressures, many are neglecting other health-related concerns. UN Women's rapid gender assessment surveys show that in 4 out of 10 countries in Europe and Central Asia, at least half of women in need of family planning services have experienced major difficulty accessing them since the pandemic began.¹⁰ In Asia and the Pacific, 60 per cent of women report facing more barriers to seeing a doctor as a result of the pandemic.¹¹ Although data and studies are still limited, early evidence indicates that COVID-19 has both direct and indirect effects on maternal mortality, with some estimates as high as 56,700 additional maternal deaths.¹²

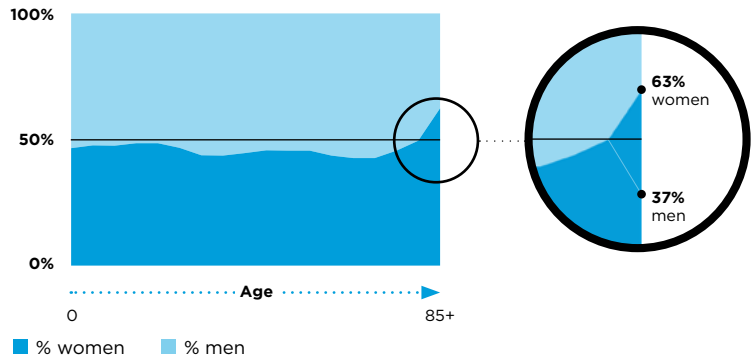
Despite the pandemic's strain on health systems, governments must ensure that health services continue to operate safely and that policies are in place to protect the sexual and reproductive health of women and girls, and their newborns. Including women's perspectives and leadership in decision-making about global health and emergency response are also paramount to bringing these issues to the fore.

COVID-19 is causing unimaginable human suffering

Globally, more than

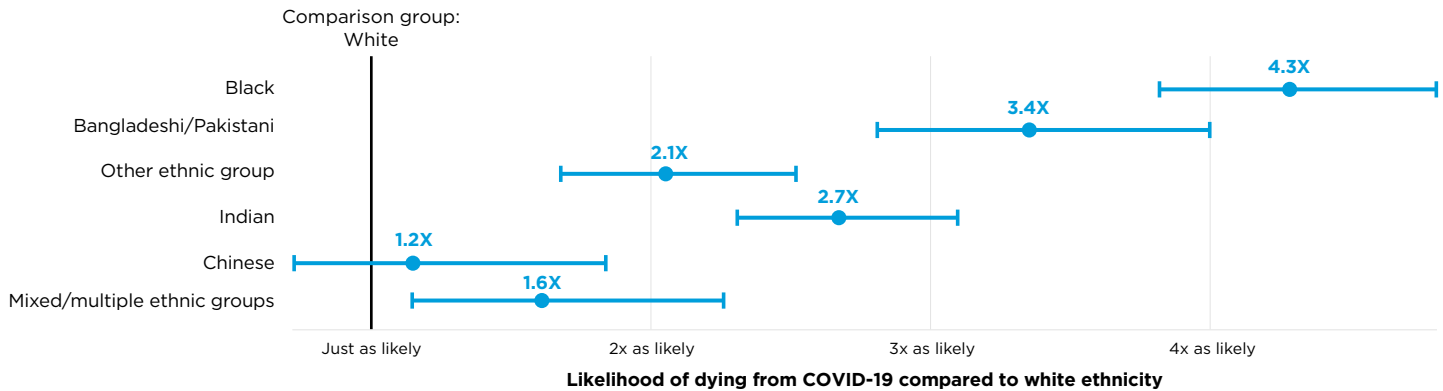


The majority of cases are among men (53%), yet women account for more than 63% of cases in the 85+ age cohort (provisional analysis).



Marginalized groups are more likely to die from COVID-19

In the United Kingdom, Black women are 4.3 times more likely than white women to die from COVID-19.



Women's access to sexual and reproductive health care is paramount



Before the pandemic, **810 women** died from preventable causes related to pregnancy and childbirth every day.



In sub-Saharan Africa, only **60% of births** are attended by skilled health personnel.



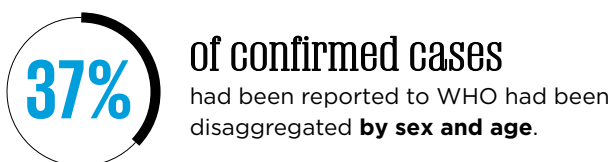
In Brazil, the maternal death rate due to COVID-19 is **2x higher** among Black women than white women.



In Azerbaijan and Turkey, **60% of women** have had trouble accessing gynaecological and obstetric care as a result of COVID-19.

Governments need to gather more and better data

As of July 2020, only



Disaggregated data on COVID-19 are essential to fully understand the virus's transmission and its impacts. **Insights** from these data will ensure that measures in place will reach those who are **highly at risk** and **most in need**.

COVID-19 HAS PUMMELLED FEMINIZED LABOUR SECTORS

Women typically earn less and hold less secure jobs than men. With plummeting economic activity, women are particularly vulnerable to layoffs and loss of livelihoods. Incomes of women working in the informal sector have declined dramatically. During the first month of the pandemic, estimates suggest that informal workers globally lost an average of 60 per cent of their income: 81 per cent in sub-Saharan Africa and Latin America, 70 per cent in Europe and Central Asia, and 22 per cent in Asia and the Pacific.¹³

Some of the sectors hardest hit by the pandemic are feminized sectors characterized by low pay and poor working conditions, including lack of basic worker protections like paid sick and family leave. The accommodation and food service sectors, for example, have been devastated by job losses. In most countries, women are over-represented in these sectors, often with a tenuous hold on their jobs.

Domestic workers are particularly at risk. While the need for caregiving and cleaning services has increased, lockdowns and quarantine measures have made it difficult to maintain pre-pandemic working arrangements, resulting in a loss of income and employment among this largely female workforce. In other cases, employers have refused to pay wages during lockdowns unless staff agreed to shelter in place with them.¹⁴

Women on the front lines are more affected by COVID-19

Many women are sacrificing their health for economic security. Globally, women make up 70 per cent of the health and social care workforce, and they are more likely to be front-line health workers, especially nurses, midwives and community health workers.¹⁵ This exposure raises their

risk of infection. Recent data from Germany, Italy, Spain and the United States show confirmed COVID-19 cases among female health workers are two to three times higher than those observed among their male counterparts.¹⁶ Personal care workers are also at high risk due to their close contact with others. Migrant women and women from marginalized ethnic groups are often overrepresented in these occupations. Economic necessity forces many to continue working, despite the risk of infection for them and their families. Greater efforts are needed to guarantee the health and safety of essential female workers – and to provide affordable, quality care for their children.

Targeted efforts are needed to protect women workers

Women's lesser access to land, financial capital and other assets makes it harder for them to weather a crisis, bounce back and rebuild their small businesses. Emerging evidence from UN Women's rapid gender assessment surveys in Europe and Central Asia highlights the impacts on self-employed women and men. While men are more likely to see their working hours reduced (54 per cent of men vs. 50 per cent of women), more women have lost their jobs or businesses as a result of COVID-19 (25 per cent of women vs. 21 per cent of men).¹⁷

Women-owned businesses need grants and other stimulus funding targeted specifically to them. Moreover, governments must protect the health, safety and incomes of vulnerable female workers, including those in the informal sector. These efforts should be sustained, expanded and anchored in legal and financial frameworks. In Argentina, income support measures such as the Universal Child Allowance and Emergency Family Income cover all domestic workers, regardless of their labour status.¹⁸

The pandemic exposes women's precarious economic security

740 million women work in the **informal economy**.

Their **income fell by 60%** during the **first month of the pandemic**.

In **Asia and the Pacific**, more women than men in formal employment reported **drops in working time**.



In **Europe and Central Asia**,

25% of self-employed women

reported **job losses**, compared to

21% of self-employed men.

Feminized sectors are likely to be hit the hardest

Women's employment is

19% more at risk compared to men's.

72% of domestic workers,

80% of whom are women, have **lost their jobs as a result of COVID-19**.

75.4 million workers

in the **accommodation and food services sectors** (54%) are women.

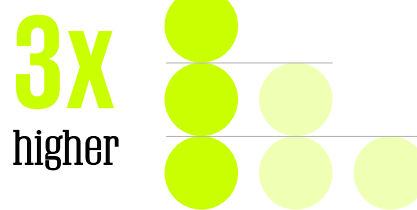
Female essential workers face elevated risks of infection

Globally,

70% of the health and social care workforce

is **female**, and they are more likely to be **front-line health workers**, especially nurses, midwives and community health workers.

Infection rates among female health-care workers are up to



than among their male counterparts.

Migrant women and women from marginalized ethnic groups are often overrepresented in **personal care jobs**, which require close contact with others.

In Italy,

72% of long-term-care workers are **foreign-born**.

A gender-aware response to COVID-19 requires greater support and social protection for women workers, including:

1. **Investments in universal, gender-responsive social protection systems** to support women's income security.

2. **Expanded access to affordable, quality childcare services** to enable women to remain in or (re)enter the workforce.

3. **Reversal of long-standing inequalities**, including unequal division of work at home, the gender pay gap and pervasive undervaluation of work done by women.

COVID-19 WILL PUSH MILLIONS MORE INTO EXTREME POVERTY

A slowing economy, job losses and lack of social protection are expected to push anywhere from 71 million to 135 million additional people into extreme poverty – a heartbreaking reversal after years of steady decline in poverty rates.¹⁹ New economic forecasts by sex and age using the International Futures Model – commissioned by UN Women and UNDP and prepared by the Pardee Centre at the University of Denver – put the figure at approximately 96 million people, of whom 47 million are women and girls.²⁰ The impact, which considers downward revisions in global economic growth, will be even greater if the crisis isn't controlled enough for normal economic activities to resume. Aggravating the impacts for women, increased care burdens, a slower recovery or reduced public and private spending on services – such as education or childcare – may push women to leave the labour market permanently.

The fallout will intensify extreme poverty across regions

Central and Southern Asia and sub-Saharan Africa

Gender poverty gaps will worsen as a result of the crisis

The resurgence of poverty due to the pandemic also threatens to deepen gender poverty gaps, especially for people aged 25 to 34 – a key productive and family formation period for both women and men. In 2021, it is expected there will be 118 women in poverty for every 100 poor men globally, and this ratio could rise to 121 poor women for every 100 poor men by 2030. Not all regions are expected to face the same trajectory. While sub-Saharan Africa and South Asia will be the most impacted, significantly more women than men in South Asia will be affected. In the 25-34 age group, there will be 118 poor women for every 100 poor men in that region, and that ratio will increase to 129 women for every 100 men by 2030.²³

To eradicate extreme poverty, policymakers need to act now

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