The overlooked toll of COVID-19: 47 million more women face poverty

Not only do we know little about the impact of the pandemic on women, the people making key decisions on how to manage it are overwhelmingly male. ***Geneva Costopulos (Women in Global Health)*** *and* ***Arush Lal (LSE)*** *report on an LSE event which revealed the lack of gendered perspectives on the crisis.*

More than 60 million people have been infected by COVID-19, and over 1.4 million have died. However, those figures tell an incomplete story: the pandemic has exposed and magnified structural inequalities that existed long before the pandemic, and revealed that while almost everyone has been affected, some have been far more than others.

"There is an acute need to work together at the global level to manage and mitigate the crisis across marginal groups," said Clare Wenham from LSE as she kicked off the LSE's "COVID-19 and Global Gender Strategy: If Not Now, When?" panel on 23 November. The event brought together a diverse group of gender, economic, policy, and health experts to discuss the implications of the pandemic on women, and what we can do to mitigate these devastating and potentially long-lasting impacts. An intersectional lens will be critical to manage the downstream effects of the pandemic, considering the needs of LGBTQ+ populations, refugee women and girls, and racial and ethnic minorities, and other marginalised groups. Reconfiguring the global response to be more inclusive is necessary to understand the disproportionate impacts of COVID-19 on diverse populations, thus curbing transmission rates in even the most challenging contexts. We have seen that we are only as safe as the most vulnerable individual.

The impacts of the pandemic extend far beyond health. LSE's robust discussion shone a light on three of these — economic loss, increased burden on unpaid care work, and heightened gender inequities across sectors — and concluded with a better way forward.

Women's increased economic burdens

The economic impacts of COVID-19 are compounded for women who earn less, hold insecure jobs, and work in informal sectors (which is significantly higher than men). This means the extreme poverty caused by the pandemic will hit women the hardest. Globally, it is estimated that women are 19% more at risk of job loss than men, and while men are more likely to see their working hours reduced, women are more likely to have lost their jobs or businesses as a result of the pandemic's economic impact. This includes 72% of domestic workers (80% of whom are women) that have been left unemployed due to COVID-19.

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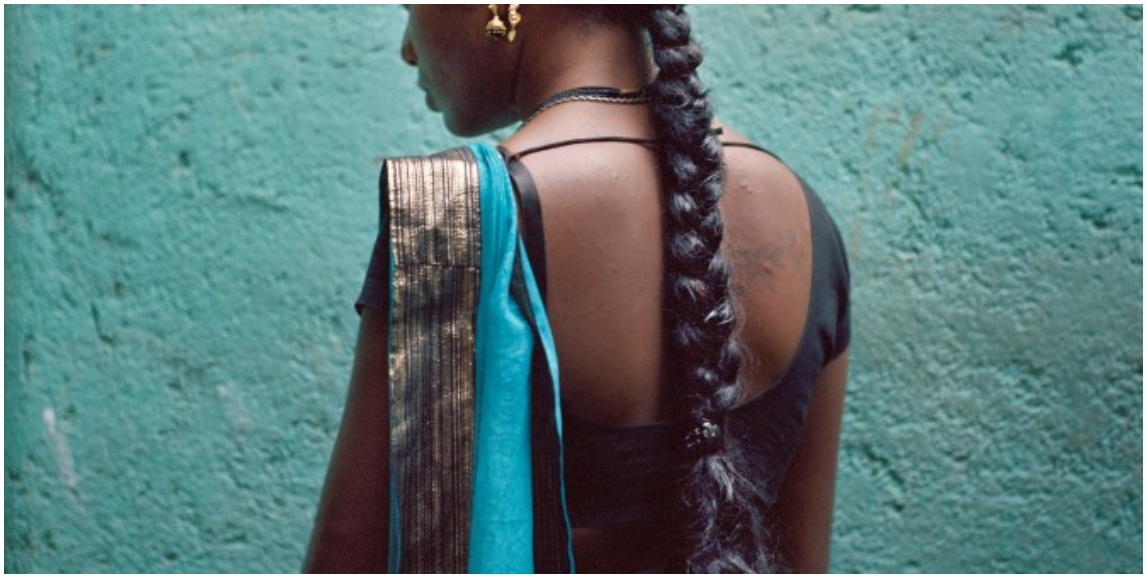

A young woman in Mumbai. Photo: Trafficking in Persons Office via a CC BY 2.0 licence

Labour market instabilities also disproportionately fall on the shoulders of women, with female workers pushed out of the formal labour market into the informal sector at higher rates than men. “Women’s position in labour markets is shaped by their caregiving responsibilities in a way that men’s are not. Gaps in participation and income and jobs become wider when we compare women in households with children versus men in the same position,” said panellist Ginette Azcona from UN Women. As schools and childcare centres have closed, women take on the bulk of responsibility for domestic work, which prevents them from accessing paid opportunities and ultimately negatively affects their health, wellbeing, and financial independence. Because of this, food insecurity and hunger are expected to double in low- and middle-income countries, exacerbating disparities which globally already affect women at 1.2 times the rate of men. Unless urgent measures are taken now to shield the most vulnerable, 435 million women and girls are at risk of living on less than $1.90 a day worldwide by 2021, 47 million of whom will directly experience extreme poverty as a result of COVID-19.

Lack of data

Major gaps in data have long been a barrier to women’s health and wellbeing around the world. Quite simply, we can’t fix what we can’t measure. *We know this.* But unfortunately, there is still a glaring absence of sex-disaggregated data across most sectors and countries that prevents global health leaders and practitioners from understanding the impacts of the pandemic on marginalised groups like women, and how to best respond. When COVID-19 began spreading, health researchers and professionals were looking to national governments for data that simply wasn’t there – such as who exactly is getting infected, who is dying at increased rates, and the additional impacts on specific groups – because the data collected was not disaggregated in these crucial ways.

Researchers have consequently been forced to scrape incomplete data in order to analyse the critical differentiating effects of COVID-19 within countries and inform time-sensitive pandemic response policy. “The reality of the pandemic is that we have been finding data on Twitter, or YouTube, or hard-to-find PDFs buried on ministry websites,” said Sarah Hawkes of University College London. With only a handful of countries producing meaningful sex-disaggregated data and sociopolitical factors further clouding available information, it is hard to get a full picture of what is happening — and it’s women who end up paying the ultimate price.

Do men really know best?

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While 70% of the health workforce are women, only 25% hold leadership positions and fewer than 5% of these are from low- and middle-income countries. This woeful lack of diverse representation in leadership has resulted in a disregard for the unique needs of women. Achieving gender parity in leadership and decision-making positions is the first step towards achieving equitable and sustainable global health security. Those tasked with shaping pandemic policy and response must be intimately familiar with their communities and gaps in their health systems, and should provide a diverse set of experiences for more holistic, inclusive approaches. For example, said Roopa Dhatt of Women in Global Health, "healthcare workers in Wuhan, China did not have PPE that accommodated for women. The hazard suits were not designed with women in mind, and workers had to tape them to fit their bodies. This is how health systems are created in a gender blind manner."

Women in leadership are more likely to consider women's needs in planning and response. Despite numerous global and national commitments to gender-responsive health governance, a mere 3.5% of COVID-19 decision-making task forces currently exhibit gender parity, with 85% being majority men. Key pandemic preparedness and response initiatives, such as the WHO International Health Regulations, National Health Security Action Plans, and After Action Reviews are noticeably silent on the varied effects of health emergencies on different genders. Global health security depends on women (in some places, up to 90% of frontline workers are female), and now more than ever is the time to move beyond empty promises for gender-responsive programming and ensure diversity and gender parity in COVID-19 leadership.

Moving from talk to action

So where do we go from here? Policy and decision-makers now need a new, gender-transformative approach that:

- Addresses the economic impacts of the pandemic with support packages specifically aimed at women and marginalised groups
- Recognises and redistributes women's unpaid work
- Incorporates long-standing women's issues into the response through diverse leadership, advisory groups, and decision-making bodies
- Enforces data disaggregation across multiple dimensions
- Allocates appropriate resources to support women and their movements.

We are sorely missing much-needed global collaboration, solidarity and action, focused on supporting frontline workers and breaking down the barriers that hinder women from leadership positions. Megan O'Donnell from the Center for Global Development made a crucial point: "When we say "gender sensitive", that doesn't necessarily mean using an intersectional lens – we need to take it one step further. Follow-through has been a big theme of the discussion. The responses being discussed now are still in a planning phase. Governments have pledged to take action, but has there been implementation?"

Women in Global Health has proposed 5 Asks for Global Health Security to make this happen and keep our leaders accountable. COVID-19 is a global wake-up call to build back better, more equitable health systems. Women deserve a new social contract that truly protects their health and wellbeing.

This post represents the views of the authors and not those of the COVID-19 blog, nor LSE.

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