COVID-19 & Feminist Foreign Policy: Canada's Comparative Advantage

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Abstract

The global COVID-19 pandemic has brought unprecedented attention to the relationship between gender inequality and global health security. Within this context, Canada is well placed, due to its foreign and domestic policy commitments to advance gender equity, to take a leadership role in addressing the disproportionate impact of COVID-19 on women and priority populations. We propose three ways Canada might exercise this comparative advantage, to both be a leader in the global COVID-19 response and to advance a feminist foreign policy: prioritize the care economy within international assistance, champion a feminist global health agenda, and sensitize the security sector to rights-based approaches to health emergencies.

Keywords: Canada, COVID-19, global health, gender, feminist, security

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The global COVID-19 pandemic has brought unprecedented attention to the relationship between gender inequality and global health security (Harman, 2021). Around the world, women are disproportionately affected by the economic crisis, over-represented in formal employment loss and most affected by the collapse of informal economies (Madgavkar et al., 2020). Increased rates of gender-based violence have also been reported globally, with women, gender diverse individuals and people living with disabilities most acutely affected (Mittal & Singh, 2020). Studies report increased barriers to accessing sexual and reproductive health services, and higher levels of mental health threats among women compared to men (Hussein, 2020; Thibaut & van Wijngaarden-Cremers, 2020). Concurrently, there is increased recognition that women form the majority of formal and informal frontline responders. Work most often done by women – such as cleaning, childcare and elder care – is being recognized as essential, often for the first time (Obinna, 2021). In response, advocates, academics and policymakers have mobilized to demand greater action on gender inequality, as part of the efforts to "build back better" (Mlambo-Ngcuka 2020).

Within this context, we argue, Canada is well placed to take a leadership role in addressing the disproportionate and intersecting impacts of COVID-19 on women, gender diverse individuals and priority populations[1] due to its commitments to intersectional feminist approaches within both domestic and foreign policy. In 2017, Canada introduced its Feminist International Assistance Policy and Second National Action Plan on Women, Peace and Security, as well as related initiatives with specific gender equity goals (Global Affairs Canada 2020). In 2020, Global Affairs Canada began consultations to develop a feminist foreign policy (FFP), the details of which are expected late 2021. While recognizing

[1] Priority populations is the term suggested in the BCCDC COVID-19 Language Guide (Purdue, 2020) to describe those groups often made marginal or vulnerable by current socio-economic and political structures.

ongoing debates around how feminist foreign policy is defined, by who and for what purpose, as well as on the current government's particular brand of feminism, it is notable that Canada is one of just a minority of countries who describe their foreign policy as feminist (Paterson & Scala 2020; Tiessen, Smith, & Swiss, 2020). This claim, despite contradictions and contestations within in it, positions Canada to champion equity-based responses to COVID-19 globally.

Furthermore, Canada ranks, among 30 comparable countries, as leading on domestic commitments to gender-responsive COVID-19 action (CARE 2020). Federal announcements around funding childcare and addressing gender-based violence domestically have been celebrated by women's right groups, who have rank Canada's COVID-19 recover plans as demonstrating progress towards gender equity (Oxfam 2021). Coherence with domestic policy legitimizes global demands for increase action on gender equity within the COVID-19 response.

Below we propose three approaches Canada might take to capitalize on this opportunity to strengthen the COVID-19 response, develop a feminist foreign policy and advance equity goals. While the focus is on gender equity, we recognize that such gains require an intersectional approach that also takes into consideration other social positionings such as race, ability, socio-economic status and sexual orientation.

1. Pioneering a care economy approach to international assistance

To date, Canada's Feminist International Assistance Policy has largely focused on supporting women's economic empowerment and political participation (Morton, Muchiri, & Swiss, 2020). The COVID-19 pandemic has revealed how vulnerable gains in both areas are to shocks within the care economy. The care economy can be defined as: "the sector of economic activities, both paid and unpaid, related to the provision of social and material care. It includes care for children, the elderly, and the disabled, health care, education, and as well, leisure and other personal services" (Peng, 2018). The care economy literature demonstrates that when crises hit, women shoulder a disproportionate amount of unpaid care work due to gender norms and persistent inequities, such as wage gaps, which determine family decision-making regarding who gives up paid work when care burdens increase (Hašková & Dudová, 2017; Rosenfeld & Tomiyama, 2021). Within the context of COVID-19, childcare interruptions and increased elder care demands are a key driver of women's declining employment (Madgavkar et al, 2020). In many contexts, racialized women have particularly been forced to leave work due pre-existing inequities in access to paid leave and child/homecare support (Catalyst 2020). As states shed responsibilities for social protections, such as childcare, unpaid care work is shifted further onto women, with little recognition of this downstream effect or effort to mitigate impacts, such as employment loss (Fortier, 2020). While more difficult to measure in the immediate context of COVID-19, increased unpaid care work also reduces time to participate in political and empowerment activities.

Meanwhile in the paid care sector, the frontline of the COVID-19 response is primarily staffed by women. In many contexts these women are racialized and from lower socio-economic positions, are often underpaid and under-valued, working in poor conditions vulnerable to abuse and exploitation

(Folbre 2006). Research with healthcare workers during COVID-19 finds the combination of unmanageable work and unpaid care burdens has discouraged women from taking on leadership roles while increasing their risk of exploitation and abuse (Sriharan, Ratnapalan, Tricco, & Lupea, 2021). These effects demonstrate the importance of the care economy to not only the broader economy, but also within the COVID-19 response, and for overall progress towards gender equity goals.

A care economy approach to international assistance would respond to the crises in care, and downstream impacts on women's economic and political participation, by expanding investments in public education to include early childhood education and social protection schemes focused on supporting elders, those living with disabilities, and others in need of care and their care providers. Such investments should prioritize "care deserts" such as low socio-economic and rural locations (Malik, 2020). It would include investments to increase compensation, improved conditions of, and facilitate greater training in paid care work, which as a female dominated sector would further contribute to women's economic empowerment. Investments in the care economy, have also been found to have a multiplier effect with higher returns than many over sectors (De Heneau, Himmelweit, & Perrons, 2017). Canada's commitment to supporting organizations advancing gender equality must include specific supports for those that represent and advocate for care workers, and organizations that are challenging gender norms regarding unpaid care work. It should particularly invest in those advocating for the rights of migrant care workers and engaging in global processes to enshrine these, mostly women's, rights. By explicitly stating a commitment to the care economy and taking action to strengthen both paid and unpaid care sectors, Canada has the potential to support COVID-19 response and recovery efforts while strengthening the foundations necessary for women's economic and political participation.

2. Championing a Feminist Global Health Agenda

Pre-COVID-19 calls for a feminist global health agenda have only become more urgent in the context of COVID-19 (Davies, Harman, Manjoo, Tanyag, & Wenham, 2019). Yet, the key WHO governing framework for health emergencies, the International Health Regulations 2005 (IHR) barely mentions gender, using the term only twice: to describe a category of travelers whose rights must be protected under Article 32, and in Article 50, and recommending gender parity (which is conceptualized in binary terms) on the IHR Review Committee. The IHR States Parties assessment reporting tool for meeting IHR obligations has no reference to gender considerations and no requirement to collect sex-disaggregated data. Toolkits to manage outbreaks have no mention of gender, nor does the guidance for public health emergencies of international concern.

The WHO has made nascent steps to incorporate gender considerations into its response to COVID-19. An analysis of WHO COVID-19 policies found only 20 percent explicitly mention gender equity and over half do not mention gender or sex differences at all (Tomsick et al. forthcoming). Furthermore, most documents focus only on the experiences of women and girls, pregnancy, and access to reproductive healthcare, neglecting discussions of the experiences and needs of gender diverse individuals, men and boys, or of the socio-economic and political structures that perpetuate intersectional inequities.

In May 2020, the WHO released a Gender and COVID advocacy brief and the IHR Emergency Committee (EC) issued guidance on monitoring the unintended consequences of public health lockdowns, including gender-based violence and access to sexual and reproductive health care (WHO 2020). In September 2020, WHO Director General Dr. Tedros Adhanom Ghebreyesus held an audience with civil society organizations, committing to form a Gender and COVID Working Group. Since September, there has been no public action on this commitment or other progress towards a gender-based response to COVID-19, though Dr. Tedros reiterated WHO's commitment to gender equality at the 2021 Gender Equality Forum in Paris.

Without public action, there is a risk that any momentum towards greater consideration of gender-based responses with the WHO will be lost. There remains no formal institutional process within WHO that ensures the EC and Health Emergency Program consider the gendered effects of the pandemic, nor is there a tradition that legitimizes the inclusion of intersectional feminist approaches (Wenham & Davies 2021). The media attention and press briefings have not translated into institutional change or commitments to country-level monitoring of the gendered effects of COVID-19 health advice and policy.

Canada is well placed to advocate for the institutionalization of feminist approaches within the WHO and global health forums more broadly. In addition to its current commitments to advancing gender equity, Canada has a history of championing equity-based approaches to global health, particularly within the global response to AIDS and the Framework Convention on Tobacco Control (Clark & Horton, 2018). Canada could provide support to develop intersectional gender analysis frameworks for WHO's emergency and pandemic response processes. It must also take a lead role in advocating for the integration of gender transformative processes and goals in the proposed pandemic treaty, ACT-Accelerator or other innovations, that emerge out of the COVID-19 response.

3. Building on the Women, Peace and Security Agenda to improve security sector responses to health crises

Over the past decade there have been increased calls to engage the security sector in global health responses, a trend that has caused feminist scholars to ask critical questions about securitizing health. (Enloe 2020; Wenham 2020; Harman & Davies 2020). Concerns relate to the hypermasculinity inherent within most military cultures, the relationship between gender-based violence and military deployment, and the fact that in many contexts the security sector is ill equipped to protect, and often threatens, the rights of women, gender-diverse individuals and other priority populations. These concerns limit the efficiency of public health responses: for example, security sector presence has been found to deter women from seeking healthcare, including vaccinations for themselves and their children (Woskie & Fallah, 2019).

That said, the security sector has the logistical expertise and ability for rapid deployment that the health sector often lacks, and consequently has been used in multiple countries, including Canada, to deliver vaccines, care for the ill, enforce public health measure like curfews and transport medical

supplies. Furthermore, as the WPS agenda aims to demonstrate, the security sector is not inherently patriarchal or misogynist - there are opportunities to transform norms and practices.

By recognizing the role that the security sector often plays in supporting public health responses, Canada could build on its learnings from the domestic response and the WPS agenda to strengthen security sector understanding of and response to rights violations during health crisis. Initiatives might include developing guidance and supporting training on providing gender-sensitive and rights-based security for healthcare workers, and prioritizing access to sexual and reproductive health as a security concern (Davies & Harman, 2020). Where and when security forces are engaged in pandemic responses, partnerships with civil society can mitigate the risk and fear associated with their presence. For example, during the Ebola outbreak in Sierra Leone, the national army, local women's groups and religious leaders successfully collaborated to enforce curfews and border restrictions - this could be used as a model for engaging the security sector in future outbreaks (Smith, 2019). Building off of its historical commitment to advancing human security agendas, Canada must promote a feminist global health security agenda that prioritizes responding to the "everyday" insecurities' women and priority populations face during crises (Davies & Harman, 2020; Wenham 2020).

Conclusion

COVID-19 has exposed and exacerbated longstanding inequities that now threaten both an effective pandemic response and Canada's foreign policy goals. However, Canada is well positioned to respond to calls for greater action to address these inequities through its international assistance, global diplomacy and security policy. Here we have posed three pathways to act on this comparative advantage: prioritize the care economy, champion a feminist global health agenda, and sensitize the security sector to rights-based approaches to health emergencies. This list is not exhaustive but meant to provide illustrative examples of possible priorities that could advance the global response to COVID-19, Canada's forieng policy commitments and gender equity more broadly. Overall, the focus must be on promoting a response to COVID-19 grounded in feminist economics and global health security that guarantees the health, social, economic and political rights of women and key populations.

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