# GENDER & DEVELOPMENT NETWORK Briefings

# COVID-19: a feminist response to a global pandemic

The COVID-19 pandemic exposes long-standing structural inequalities. While women and women's rights organisations (WROs) have continued to be frontline responders during this pandemic, they have also been disproportionately impacted by its effects – within the household, in the public sphere and on the frontlines.

This paper seeks to highlight the gendered nature of the global pandemic and the central role of women and WROs in the response. It addresses the role of women and WROs as frontline responders, violence against women and girls, sexual and reproductive health and rights, security measures, economic livelihoods, unpaid and underpaid care, and the differentiated impacts on older women and women with disabilities. The paper also touches on the macroeconomic environment in which the COVID-19 pandemic is unfolding. Finally, recommendations are made both on immediate steps and on the longer-term changes needed to transform society.

# 1. Introduction

As governments and organisations develop responses to the pandemic, many feminists are concerned that the gendered nature of both the impact and response is not being recognised. Put crudely, older wealthier men who shape decision-making are more at-risk of the virus itself and may overly focus, for example, on the need for ventilators in city hospitals while impoverished younger women, particularly those living in the Global South, are far more negatively impacted by lockdown measures and their often devastating impacts. We are not, as the saying goes, 'all in this together'.

Existing inequalities in power and resources are exacerbated by the pandemic and shape its impact. Hard political choices are having to be made. The Gender and Development Network (GADN) therefore argues that three things must shape the response:



- A recognition that women and WROs are frontline responders bearing much of the weight of managing the crisis, and that their voices and priorities must be clearly heard moving forward.
- An understanding that the effect of the pandemic is shaped by deeply entrenched gender norms and structures which determine both the impact of the crisis, and the efficacy of solutions.
- A commitment to ensure that the livelihoods and lives of the most marginalised in society are prioritised in both short term and long-term responses if we are to 'build back better'.

In this briefing, GADN highlights the gendered nature of the pandemic, looking first at the role of WROs in the crisis and revealing that far from being a 'vulnerable group' women are vital first responders and crisis managers. The briefing also stresses the importance of women's political participation in decision-making around responses.

The second part of the briefing then looks at some of the priority areas for action that WROs and feminists have identified including violence against women and girls (VAWG), sexual and reproductive health and rights (SRHR), security measures economic livelihoods, unpaid and underpaid care, and the differentiated impacts on older women and women with disabilities. It concludes with an examination of the economic context in which the crisis has occurred, showing that it too has a gendered dimension.

Finally, recommendations for the way forward are outlined, focusing on three areas women's political participation, valuing care work, and redistributing global resources where both short and longer-term action is needed if we are to have any chance of meeting the often quoted challenge to 'build back better'.

This briefing has been developed alongside GADN's working groups and brings together a variety of shorter papers that GADN has produced as part of its work on COVID-19.<sup>1</sup> Central to our approach is that the analysis and priorities of feminists and WROs in the Global South should shape the global response to the pandemic, and we have sought to base our proposals on this body of work.<sup>i</sup>

<sup>&</sup>lt;sup>i</sup> See GADN's Feminist Responses to COVID-19 webpage. https://gadnetwork.org/gadn-resources/feminist-responsesto-covid-19

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# 2. Women and women's rights organisations as frontline responders

The COVID-19 pandemic is showcasing the leadership and frontline responder roles that women and WROs continually occupy during times of crisis. All too often, women are viewed through a lens of vulnerability in times of emergency rather than recognised for the crucial unpaid and underpaid work that they do within their communities, providing vital services where the state has failed or been unable to intervene.

During the COVID-19 pandemic, women and WROs have been crucial in the provision of essential services. These include the provision of food and basic needs to households that have lost their livelihoods, essential SRHR products and services in place of clinics that have closed or become inaccessible due to lockdown measures, as well as support for survivors of domestic violence. Life-saving services for survivors help provide them with good quality shelters, alongside safe accommodation, healthcare - including sexual and reproductive health - counselling, and facilitating access to the police and justice systems.

In South Africa, WROs such as *Rise Up* Against *Gender-Based Violence* have been supporting survivors leave abusive households during the nationwide lockdown and helped move them into shelters while continuing to provide them with food and care packages. In Liberia, WROs have been sharing self-care information and flyers to raise awareness on the symptoms of COVID-19, best practices and prevention, and translated the information into local languages based on women's knowledge of different communities. In Vanuatu, a WRO has created and shared text messages in the local language, Bislama, to prevent Coronavirus spreading and promote physical distancing, in partnership with the government and private telecommunication providers. Women in Informal Employment: Globalizing and Organizing (WIEGO) are supporting informal worker organizations around the world to track, coordinate and help articulate and disseminate informal worker demands.

Women and WROs and movements provide invaluable knowledge of their local contexts and the needs of their communities. If they are not supported to lead their community responses to the pandemic, there are increased risks that the needs of their communities will not be met, thus reinforcing existing structural inequalities and enhancing the vulnerabilities that their communities face.<sup>2</sup>





Funding for such organisations is even more essential now in order to mitigate both the immediate and the longer-term impact of the COVID-19 crisis on women, girls, communities and society. However, these same organisations have been perpetually underfunded and have less access to international funds created in response to the crisis. They need quick access to flexible funds and have asked that they should be trusted to use their funds wisely and appropriately rather than given bureaucratic reporting requirements.

The knowledge and experience gained by WROs should also serve to shape prevention and response measures to the pandemic. Ensuring the equal and meaningful participation of women and WROs in decision-making at all levels is long overdue. In the meantime, the expressed priorities of marginalised women must drive the nature of prevention and response mechanisms, with recognition that lockdown rather than the virus itself is often the driver of many problems faced. A review of literature from feminists and WROs in the Global South<sup>ii</sup> identifies a number of recurring priorities, which will be discussed in more detail in the following section:

- Enable the greater participation of women and WROs in decision-making around national and community responses to the pandemic, recognising their role as front line responders.
- Increase financial support for services that address Violence against Women and Girls given the upsurge in intimate partner violence witnessed during lockdowns situations.
- Maintain access to sexual and reproductive health and rights services during the pandemic, in the face of fears that existing resources will be redirected to address COVID-19, and recognising problems of access under lockdown.
- Highlight the implications on WROs and women human rights defenders as countries declare 'state of emergencies' that may increase the potential for punitive and **authoritarian measures**.



<sup>&</sup>lt;sup>ii</sup> See GADN's Feminist Responses to COVID-19 webpage. https://gadnetwork.org/gadn-resources/feminist-responsesto-covid-19



- Support national universal social protection systems to cover loss of livelihoods for informal workers who constitute the vast majority of the female labour force.
- Give much higher priority to the funding of **care services**, recognising the immense increase pressure on women's unpaid care work during time of crisis and the role of underpaid women within public health and care services.

# 3. Using a gender lens to respond to the pandemic

In this section some of the priority areas for response identified by WROs are considered in more detail using a gender lens to consider both the impact of the pandemic, and some possible ways forward.

# **Violence against Women and Girls**

Times of crises and unrest have often been linked to increased incidences of intimate partner violence (IPV) as well as VAWG and pandemics are no exception.<sup>3</sup> Existing drivers of VAWG, including increased levels of economic insecurity and lengthy periods of quarantine with limited respite from abusers, alongside reduced access to health and social services, have created the perfect storm for the almost universal increase of VAWG during the COVID-19 pandemic, starting in China.<sup>4</sup> Already, data from multiple other countries, increasingly including low income countries, also shows an alarming increase in IPV reports and a surge in demand for helplines and emergency shelters.<sup>5</sup> The UN has gone so far as to call VAWG the 'shadow pandemic'.<sup>6</sup>

In addition to a rise in IPV, evidence from previous crises and pandemics also show a heightened risk of other forms of VAWG. The 2014 Ebola outbreak in West Africa saw women and girls at greater risk of sexual exploitation and abuse.<sup>7</sup> It also highlighted that social isolation for communities who practice in secret, school closures, lack of law enforcement and scarcity of basic resources prompts increases of Female Genital Mutilation/Cutting (FGM/C) for child marriage and dowry purposes.

The lockdown measures introduced in many countries are likely to result in a rise in trafficking and survival sex as more women find themselves unable to earn a more secure living. There are reports from Bangladesh of police shutting down brothels and evicting women, leaving them homeless, unemployed, without food and forced into



unregulated, unsafe sex work.<sup>8</sup> This has also been the reality for many of Mexico's sex workers.<sup>9</sup>

The lockdowns are also likely to lead to an increase in child marriage as young girls are offered in exchange for dowries to support their families and to protect themselves from social stigma that can result from surviving rape or sexual assault. Already, one in five women globally were married as children,<sup>10</sup> and this number is expected to increase as a result of the COVID-19 pandemic.

At the same time, prevention and response interventions on VAWG are more difficult. Restrictions in movement and the closure of some essential services are likely to see WROs unable to refer survivors of violence to essential services, such as safe houses, sexual and reproductive care and psycho-social support services and law enforcement.

## Sexual and Reproductive Health and Rights

The health epidemic caused by COVID-19 has seen many healthcare systems stretched to breaking point. As a result, SRHR services have been severely limited as is being witnessed in countries such as Zimbabwe and Nepal.<sup>11</sup> This is compounding existing challenges that many developing countries have faced following the introduction of the Global Gag Rule.<sup>12</sup> It is estimated that in 2020 alone - due to the COVID-19 pandemic - between 4 and 9.5 million vulnerable women and girls across the world will lose access to contraception and safe abortion services.<sup>13</sup> In many instances, SRHR services are not being classed as essential, life-saving services that must be provided as part of a complete pandemic response and so WROs have been filling the gaps where the state has retreated.

Moreover, there are further concerns that funds for already limited existing SRHR services will be redirected to the COVID-19 health response.<sup>14</sup> In Ethiopia there are reports of funding being repurposed away from FGM/C towards the COVID-19 response. More recently, the UN's Global Humanitarian Response Plan<sup>15</sup> for the COVID-19 pandemic has faced further challenges with the U.S calling for the UN to remove all reference to SRHR and drop the provision of abortion from its response.<sup>16</sup> In a context where the COVID-19 pandemic is already limiting women's access to contraception and abortion services and causing increased risks of unwanted pregnancies and unsafe abortions, the situation for women in humanitarian and fragile settings is even more acute. Even where services do exist, lockdown measure are



preventing women from accessing clinics or pharmacies due to travel restrictions and limited transportation.

Women giving birth during the pandemic have faced also considerable challenges. In addition to lockdown measures limiting their access to pre-natal services, the lack of accurate and up to date information about giving birth during the pandemic has been an added source of stress and confusion. Furthermore, the pressures on healthcare system as well as fears of contracting the virus in hospitals has led many women to rely on at-home births but without the support of traditional birth attendants - thereby placing theirs and their child's life at enormous risk. In Uganda, there are reports that a number of pregnant women have been denied entry to hospitals to give birth but have also died trying to get to hospital to give birth as a result of curfews and travel restrictions in place.

## **Security Measures**

Across the world, responses to the COVID-19 pandemic have seen a mass increase in authoritarianism and militarism as governments have used their state of emergency powers to limit movement and control the spread of the virus – in some cases, indefinitely. In many instances, such measures have been accompanied by other more draconian policies all under the guise of responding to the pandemic. This has potentially long-lasting and devastating consequences for feminist and women's rights movements which were already under threat in many countries before the start of the pandemic.

For example, in Honduras, President Juan Orlando Hernández declared a Coronavirus state of emergency that also revokes the right to freedom of expression<sup>17</sup> and in El Salvador, journalists have reported being silenced or intimated by the government while covering the pandemic.<sup>18</sup> In Uganda, police raided a shelter for homeless and Lesbian, Gay, Bi-sexual and Transgender (LGBT) youth,<sup>19</sup> beating and arresting dozens under the pretext of stopping the spread of the virus.

There are further concerns that the digital platforms being developed in some countries to track the spread of the virus will be used by governments to conduct mass surveillance on specific populations once the pandemic has been contained. This is of particular concern for highly visible marginalised groups as well as women human

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rights defenders who have often been at the receiving end of threats, violent reprisals and even death<sup>20</sup> prior to the COVID-19 pandemic.

The enforcement of nationwide lockdowns has often been accompanied by increased levels of police brutality, sometimes resulting in death, as witnessed in countries such as Kenya<sup>21</sup> and others. This has been an area of concern highlighted by the UN High Commissioner for Human Rights who has cautioned countries from using their emergency powers to quash dissent and control their populations.<sup>22</sup> For example, at one stage, deaths at the hands of the authorities in Nigeria were higher than the confirmed number of COVID-19 deaths.<sup>23</sup> There are reports that due to nationwide lockdowns, legal services are not being considered as essential services and so those arrested before and during the lockdowns will have to remain in prison without trial until restrictions on movement are lifted.

There is also emerging evidence that COVID-19 response measures are heightening the risk of state sanctioned violence, child marriage, FGM/C, violence against healthcare workers and online violence and abuse against women.<sup>24</sup> Across Uganda and Zimbabwe, there are reports of state sanctioned VAWG by law enforcement officers and other state and community officials enforcing social distancing measures.<sup>25</sup> In Rwanda, there have also been reports of women being raped by the army while enforcing the lockdown.<sup>26</sup> There are concerns for the safety of minority groups, including LGBT communities and sex workers, who are likely to face increased persecution (particularly by the police) as a result of many states' newly acquired emergency powers.

# **Economic Livelihoods**

Over 60 percent of the world is employed in the informal economy with little to no social protections in place, and the majority of paid women workers are employed in the informal economy.<sup>27</sup> Workers in the informal economy often depend on their daily earnings to survive—whether they are self-employed, wage workers, casual day labourers or dependent contractors—and face the risk of falling into extreme poverty as a result of government-ordered lockdowns. They lack legal protection at work and, in many instances, have no right to redundancy, sick leave, health insurance or pensions. In urban areas, moreover, these workers also tend to work in economic sectors that not only carry a high risk of virus infection but are also directly impacted by lockdown





measures and they include waste recyclers, street vendors and food servers, construction workers, transport workers and domestic workers.<sup>28</sup>

The slowdown in consumption driven by countries' responses to the pandemic is also having an immediate and disproportionate impact on women in supply chains, such as the factories that produce clothes for major brands.<sup>29</sup> At the best of times, these workers who are integral to the global economy, face poverty wages, dangerous and unsafe working conditions and very few - if any - social protections.<sup>30</sup> COVID-19-related lockdowns have led to companies cancelling orders and suppliers in the Global South ultimately being forced to shut their doors, leading to factory workers (who are predominantly women) being sent home without pay. As of April 2020, more than a million garment workers in Bangladesh alone have been sent home without pay or social protection<sup>31</sup> after major clothing brands cancelled or suspended US\$3.17 billion of orders due to the collapse in consumer demand caused by COVID-19.<sup>32</sup> Meanwhile in Cambodia, hundreds of garment factories with approximately 500,000 workers are at risk of closure or suspension due to cancelled orders or failure by buyers to honour their contracts.<sup>33</sup> With the media indicating that UK retailers will re-open with a need to reduce prices, it can be expected - as witnessed during the 2008 financial crisis - that there will be a further decline in wages and working conditions for women in these supply chains.<sup>34</sup> Moreover, in parts of Myanmar, COVID-19 is being used to obliterate unions and roll back labour rights.35

Responses such as France's order to stop imports of food<sup>36</sup> also risks the lives of workers further down the supply chain in developing countries yet such policies are developed with little supporting evidence of their efficacy. Women, on average, comprise 43 percent of the agricultural labour force in developing countries<sup>37</sup> and so such decisions are likely to have devastating impacts on women's economic status in the Global South.

There have been some examples of donors recognising their responsibility along the supply chain such as the provision by the European Union (EU) in Myanmar of a  $\in$ 5 million emergency fund to support the country's female garment workers in the wake of the COVID-19 pandemic.<sup>38</sup> As Myanmar's largest trading partner in the garment sector, the EU and its emergency fund will provide direct cash transfers to over 100,000 female workers. However, in the longer-term, support for universal social protection to cover informal sector workers and those in supply chains will need to be part of the solution. Appropriately designed universal social protection systems can be an efficient



and effective way for governments to fulfil their commitments towards gender equality - especially if state resources are targeted in a way that meets *all* women's needs and priorities.<sup>39</sup>

## Unpaid and underpaid care work

The COVID-19 pandemic has demonstrated the centrality of the care economy to the functioning of societies and exposed the global systemic crisis of care provision. Once again we see how, universally, it is women who have had to fill the gaps as care burdens shift from the public to the domestic sphere as part of many countries COVID-19 response. This has led to an increase in childcare responsibilities, including schooling, as well as domestic work and looking after the sick, vulnerable and elderly. In addition to the extra time burdens being placed on women within the home as a result of the pandemic, they are also having to face the psychological impacts and potential stigma of caring for those who are ill or dying.<sup>40</sup>

Moreover, extensive lockdowns have severely limited transportation thereby making it difficult to source food and water; a matter which is made more difficult for many women in the Global South who may be unable to afford key labour-saving devices or live in areas which lack basic infrastructure such as piped water and electricity.

Women provide the majority of care, whether paid or unpaid, in the community or in the home, and the value of this care work has often been devalued as 'women's work'. In times of crises, women's ability to fill the gaps is often seen as elastic, with negative impacts both on their own time and health and also on the quality of care they are able to provide. Even before the COVID-19 pandemic, women have disproportionately borne the lion's share of unpaid care work and, globally, do up to three times that of men.<sup>41</sup> This share can be up to more than five times that of men in rural areas<sup>42</sup> and is an inequality which continues throughout women's entire lives into older age.<sup>43</sup> This has the effect of decreasing the time women might normally dedicate to paid work, education or professional training.<sup>44</sup> Conservative estimates have suggested that unpaid care work accounts for up to US\$10 trillion per year – roughly 13 per cent of global Gross Domestic Product (GDP).<sup>45</sup>

Yet GDP calculations have continually failed to recognise, measure, and remunerate women's unpaid care contributions within the household and within their communities, despite the central role of care work in the functioning of all societies and especially as



part of COVID-19 pandemic responses. Women's time to fill in these new gaps is frequently considered infinitely elastic, with severe consequences. This pandemic has exposed the centrality of care work within societies, and the ways in which it has been disregarded and underfunded. A central response during recovery will have to be to rectify this omission.

The undervaluing of care work and entrenched social norms around this as 'women's work' has also led to the underpayment of health and care workers. Women continue to make up the majority of all frontline responders, accounting for approximately 70 percent of all health and social care workers.<sup>46</sup> These jobs are usually low-paid and have been considered low-skilled despite being an integral part of the care economy, and crucial in the pandemic response.

# The compounding crisis for older women and women with disabilities

Experience from previous crises strongly suggests that women and girls with multiple and intersecting discriminations, who are often the poorest and most marginalised, are at greater risk of violence, and experience additional barriers in accessing a sustainable livelihood and sufficient social protections. Some of the barriers facing women and girls with disabilities and older women are outlined below.

Even before the pandemic, women with disabilities were two to four times more at-risk of IPV compared to those without disabilities.<sup>47</sup> The increased likelihood of sexual violence and unwanted pregnancies while lockdown measures are in place means that women and adolescent girls with disabilities face the added barrier of a lack of accessible information about the appropriate support measures available to them. While in prolonged confinement due to the lockdowns, women and girls with disabilities become even more dependent on their perpetrators (intimate partners, family members, healthcare providers, carers) and are exposed to increased violence with limited ability to seek help from outside the home. They also experience disability-specific forms of violence, for example the with-holding of medication, and they face significant barriers accessing justice, compounded by multiple layers of discrimination.<sup>48</sup>

Women with disabilities and older women are also overly dependent on the informal sector for employment where lockdowns have resulted in the immediate, and potentially long-term, loss of their sustainable livelihoods and income-generating



activities. Previous economic crises have demonstrated that the rate of unemployment among people with disabilities was much higher than for those without disabilities.<sup>49</sup> Access to financial services such as remittances, pension schemes and village, savings and loans associations has also been limited due to restrictions in travel and the curtailment of some services, especially while lockdowns are in place. Existing social protection schemes such as pensions, which are important for older women's income security,<sup>50</sup> have also been disrupted with some people having to rely on unsafe collection methods during the pandemic.

Discriminatory language and messaging about the risks related to the virus also exacerbates the negative impact on women with disabilities. This messaging often reinforces existing stigma and harmful attitudes about women with disabilities being of less worth to society than others; merely another 'vulnerable group' who are passive recipients of assistance. This fails to recognise their capacities to protect themselves and their families and to make autonomous decisions and negates their vital role as responders to assist their neighbours and communities and as advocates within the wider disability rights and gender equality movements.

# The macro-economic context in which the pandemic is taking place

Macro-economic policies are frequently seen as gender neutral when in fact the political choices made around macro-economic policies are highly gendered. The ability of many developing countries to respond to the pandemic has been hampered by the systematic dismantling of the state through successive Structural Adjustment Programmes (SAPs) and the privatisation of critical public services like healthcare, social protection systems and water and sanitation services through loan conditionalities imposed or 'encouraged' by international financial institutions (IFIs) like the World Bank and the International Monetary Fund (IMF). As a result of deeply entrenched gender roles around the provision of care, women are disproportionately reliant on public services as the main providers of unpaid care, are less likely to be able to afford private alternatives, and are more reliant on the public sector as one of the few sources of relatively decent work.



# 4. Building Back Better

Building new societies and economies based on equality, justice and rights must now be the challenge. In this section we have focused on three areas where immediate reforms are needed, which can then act as stepping stones towards the more transformative change that is ultimately required: increasing women's political participation; recognising and valuing care work; and redistributing global resources.

# Women's political participation and feminist leadership

Global responses to the COVID-19 pandemic have demonstrated the critical need for strong gender analyses to help inform decision-making, and the importance of ensuring that women have equal voice in shaping responses with increased participation in local, national and international decision-making. Far from being vulnerable and passive recipients of support, women and WROs have been leading community-level responses and have essential views to share, as well as the right to be heard.

Women and WROs provide invaluable knowledge of the local context and the needs of their communities, which is lost when they are absent from decision-making. Moreover there is evidence that women's increased participation in decision-making leads to collective gains for everyone in society – particularly in both public health and quality of life<sup>51</sup> and that when in policy-making positions women tend to prioritise reforms that support the care economy.<sup>52</sup> Some research further suggests that women's leadership is more democratic and consultative.<sup>53</sup>

Achieving meaningful political participation will require the structure and culture of the decision-making body to be challenged and reframed using quotas, targets and other mechanisms and the removal of barriers to women's meaningful engagement, including travel and security restrictions, support for childcare, financial constraints, and language issues. Participation in decision-making in the workplace is also important, working with employers, including health care providers, to address the specific risk of COVID-19 to women and to take into account women's heightened unpaid care work responsibilities. Support to women human rights defenders by exposing and opposing any attempts by governments to use the cover of crisis to roll back women's rights will also need to be part of the initial responses.

Building back better in the longer-term will mean a change in social norms around women's political participation and, further, will require a recognition of the importance



of feminist leadership which centres wider social goals and structural transformation as part of longer-term outcomes of the pandemic.

#### Recommendations for governments and international institutions:

- Equal voice: Ensure that women and WROs are at the table as equals in authority and influence in the design and roll-out of all response measures. This includes WROs who work on addressing the needs of women from marginalised groups, including older women and women with disabilities.
- Meaningful participation: Ensure the meaningful participation of women and WROs in the design of programme responses by providing accessible information to local partners and creating spaces and opportunities for them to contribute, guided by local knowledge and women's priorities.
- Financial support to enable participation: Enable WROs to participate in decision-making, while carrying out front line work, by supporting them with appropriate funding and ensure that WROs are classified as 'essential services' and so are still allowed to move freely to support the women they work with.
- Longer-term social norm change: Seek to build longer term transformation by promoting the legitimacy and value of women's political activism and leadership and challenging social norms around women's political leadership to ensure that, post crisis, women are not again excluded from decision-making.

## Recognising and valuing the central role of care provision

During the pandemic the importance of care in its different forms has come to the fore. The COVID-19 pandemic has exposed decades of chronic underfunding for essential public services such as healthcare, including SRHR services, social and elder and childcare and water and sanitation services. These are all critical elements of the care economy and of any successful response to the pandemic. Where public services are under-funded and not gender-transformative, the burden of women's unpaid care is increased, inequality exacerbated and poor and excluded women face a major barrier to enjoying their rights.<sup>54</sup> Improving public services is vital for fulfilling women and girls' rights and it also has the potential to help create more equal societies, countering

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social and economic inequalities. Yet all too often, services are under-resourced and inadequate thereby perpetuating exclusion and continuing to rely on women to fill service gaps

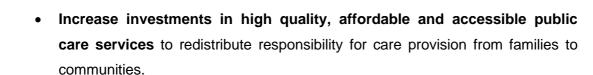
Currently, only 29 per cent of the global population is covered by comprehensive social security systems<sup>55</sup> and the COVID-19 pandemic has highlighted its critical role as part of any comprehensive pandemic response. As has been witnessed in many developing countries, the socio-economic impacts of the lockdown measures have been more devastating than the virus itself with many fearing that they will die from hunger rather than the virus. Unemployment benefits, sick pay and cash transfers to low-income families are a vital part of both immediate and longer-term responses to the pandemic but must be universal and non-contributory (with women further disadvantaged by systems based on past contributions).<sup>56</sup>

This pandemic has demonstrated the urgent need to rethink how our societies are organised and what must now be prioritised. The centrality of the care economy has become apparent with different localities across the world beginning to publish feminist economic recovery plans for the Coronavirus. Examples include the U.S State of Hawaii which has called for the centring of the care economy and avoiding fiscal consolidation measures which would exacerbate the pending global depression.<sup>57</sup> Similarly, the Indian state of Kerala's highly effective response to the pandemic is rooted in long-standing investments in social infrastructure and working alongside local movements in the design and delivery of its pandemic response.<sup>58</sup>

Critically, investment in data collection to measure the contribution of unpaid care work to all economies and its inclusion within national accounts is one of the concrete ways to revalue and recentre the care economy. As is adopting gender-responsive budgeting as a tool for ensuring that government budgets support policy commitments to gender equality and women's rights. In addition, moves towards a global Green New Deal in response to COVID-19 must recognise historic inequalities which have undervalued and obscured women's economic contributions, and centre feminist concerns, particularly around care work in the transition to a green economy.<sup>59</sup>

### Recommendations for governments and international institutions:

• Support the implementation of universal social protection systems for all women, irrespective of past contributions.



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- Recognise the value of unpaid care work, invest in data collection to measure its contribution to the economy and include this contribution in national accounts.
- Improve and increase funding for social infrastructure including healthcare, housing, transportation and social care to improve pandemic preparedness and as part of re-centring and revaluing the care economy.

## Redistributing global resources to respond to the pandemic

The pandemic has also laid bare the gross inequalities within our international financial system and the need for fundamental reform towards equality. The looming global economic depression in the wake of the COVID-19 pandemic sits alongside a growing climate crisis and a weakened multilateral system. Both immediate responses and efforts to build back equitably will require resources. The COVID-19 pandemic has seen countries taking out unprecedented levels of borrowing to fund their health and socio-economic responses. However, for many developing countries, this pandemic has arrived in the midst of an existing global debt crisis which has made it difficult to raise the necessary resources. At the same time trade and investment rules stacked against the Global South act as a further drain.

In addition, for many decades, developing countries have suffered the consequences of an unfair international financial architecture that has seen them lose millions of dollars every year due to illicit financial flows (IFFs). Conservative estimates are that Africa alone loses approximately US\$50bn every year as a result of IFFs;<sup>60</sup> these are critical resources that could have been used to improve pandemic preparedness as well as fund vital gender-transformative public services and universal social protection systems to mitigate both the health and economic impacts of the COVID-19 pandemic.

There are growing concerns that the chronic lack of resources faced by developing countries is likely to be intensified as a result of the COVID-19 pandemic. In particular, developing countries may increasingly turn to unfavourable deals with the private



sector to in an effort to fill this funding gap for vital public services – including the increased use of public-private partnerships (PPPs). However, PPPs have consistently proved to be inefficient and failed to promote gender equality often due to their introduction of unaffordable user fees and the limited coverage of services.<sup>61</sup> Developing countries, encouraged by the IFIs, may also resort to other regressive measures including the introduction of value added taxes (VAT) and a myriad of other fees and special charges to be paid by local residents. Women living in poverty, who on average are on lower incomes than men, are doubly disadvantaged because they disproportionately use more of their incomes to pay for goods and services that attract VAT, consumption taxes, and local fees. Other easy to implement, but regressive, measures that developing countries may turn to include extensive tax holidays and the provision of tax incentives for corporations as a way to encourage foreign direct investment. However, in the long-term, this has the potential of further reducing much-needed government resources which are vital for funding universal social protection systems and gender-transformative public services.<sup>62</sup>

Critically, the COVID-19 pandemic has highlighted the urgent need to overhaul the existing international financial architecture which has created an uneven global playing field in which developing countries are unable to compete fairly. These structural inequalities must be recognised and rectified as part of a more equitable post-COVID-19 world.

### Recommendations for governments and international institutions

- Lead a global call for the full cancellation of US\$1 trillion of existing public (bilateral and multilateral) and private debts owed by low income countries this year so that they can redirect funds from their enormous debt repayments towards the frontlines of their COVID-19 relief efforts.
- Support the development of a universally agreed, multilateral debt workout mechanism to help prevent future debt crises, or resolve them in a fair, responsible and sustainable way if they do occur.
- Support the creation of a new international financial architecture which promotes a global redistribution of wealth through fair international tax and trade policies and increased accountability for transnational corporations.



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GADN brings together expert NGOs, consultants, academics and individuals committed to working on gender, development and women's rights issues. Our vision is of a world where social justice and gender equality prevail and where all women and girls are able to realise their rights free from discrimination. Our goal is to ensure that international development policy and practice promotes gender equality and women's and girls' rights.

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