

The background features a dark grey gradient with various data visualization elements. On the left, a woman in a red top and blue skirt walks up a set of grey steps. In the center, a woman in an orange top and green pants walks across a circular chart with concentric rings in shades of purple and pink. On the right, a woman in a blue top and pink pants walks across a bar chart with vertical bars of varying heights. The text 'FROM INSIGHTS TO ACTION' is written in large, bold, white capital letters across the center of the image.

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.

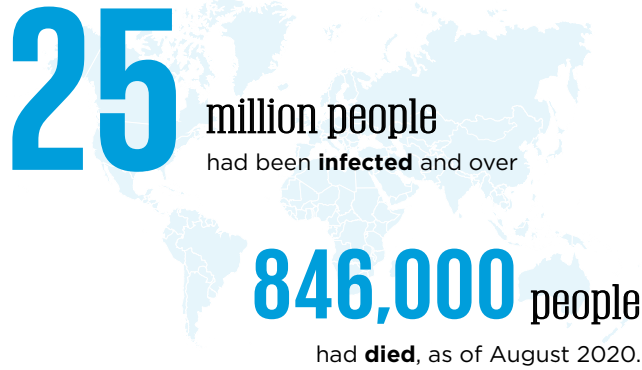
Sexual and reproductive health services must get priority

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

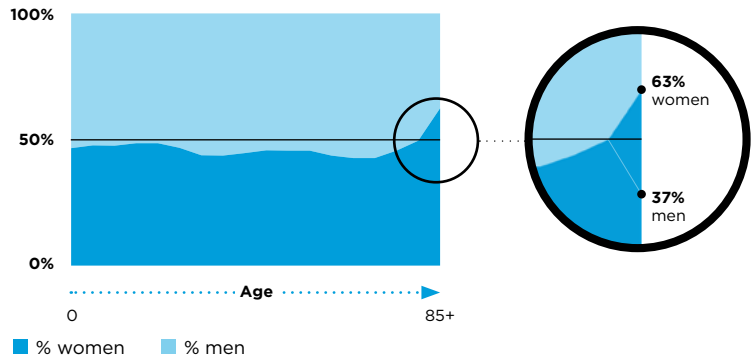
Despite the pandemic's strain on health systems, governments must ensure that health services continue to operate safely and that policies are in place to protect the sexual and reproductive health of women and girls, and their newborns. Including women's perspectives and leadership in decision-making 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

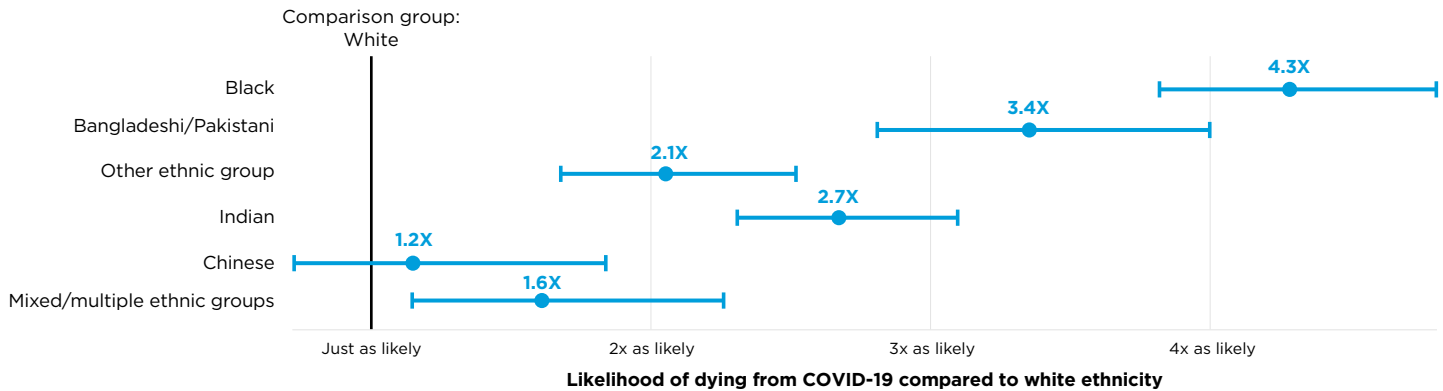


The majority of cases are among men (53%), yet women account for more than 63% of cases in the 85+ age cohort (provisional analysis).



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.



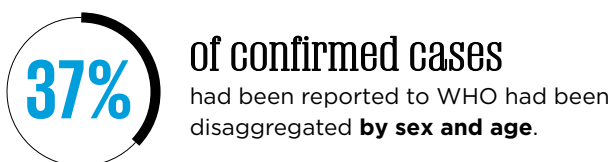
In Brazil, the maternal death rate due to COVID-19 is **2x higher** among Black women than white women.



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.

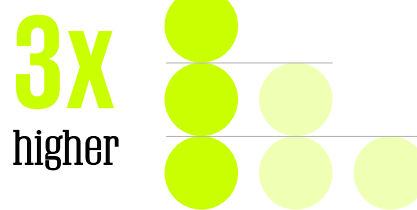
Female essential workers face elevated risks of infection

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 (where 87 per cent of the world's extreme poor live) will see the largest increases in extreme poverty, with an additional 54 million and 24 million people, respectively, living below the international poverty line as a result of the pandemic.²¹

The expected rise of poverty in South Asia as a result of the economic fallout of the pandemic showcases the vulnerability of women and girls living in households that have only recently been able to escape poverty. The pre-pandemic female poverty rate in this region was projected to be 10 per cent in 2021 but is now expected to reach 13 per cent. Moreover, before the pandemic, projections for the region suggested that by 2030 only 15.8 per cent of the world's poor women and girls would be living in South Asia. The revised projections now put that figure at 18.6 per cent.²²

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

Smart investments and sound policies will be crucial to put the world back on track to eradicate extreme poverty. The cumulative cost of doing so by 2030 is about \$2 trillion in purchasing power parity (PPP), or just 0.14 per cent of global GDP. As more women than men live in poverty, closing the gender poverty gap must be a vital part of a broader poverty eradication strategy. A policy simulation analysis emanating from the International Futures Model estimates that over 100 million women and girls could be lifted out of poverty if governments implement a comprehensive strategy aimed at improving access to education and family planning, fair and equal wages, and expanding social transfers.²⁴

Applying a gender lens in designing fiscal stimulus packages and social assistance programmes is crucial for building a more prosperous, equal, inclusive and resilient society.

The COVID-19 crisis will likely increase female poverty

Globally,

247 million women

aged 15+ will be **living on less than \$1.90 per day in 2021**, compared to

236 million men.

Among the 15+ age group in **sub-Saharan Africa** (where the majority of the poorest live),

132 million women

compared to

124 million men

will be **living on less than \$1.90 a day in 2021**.

Gender poverty gaps are deepest in the **prime reproductive years**.

Globally,

60 million women

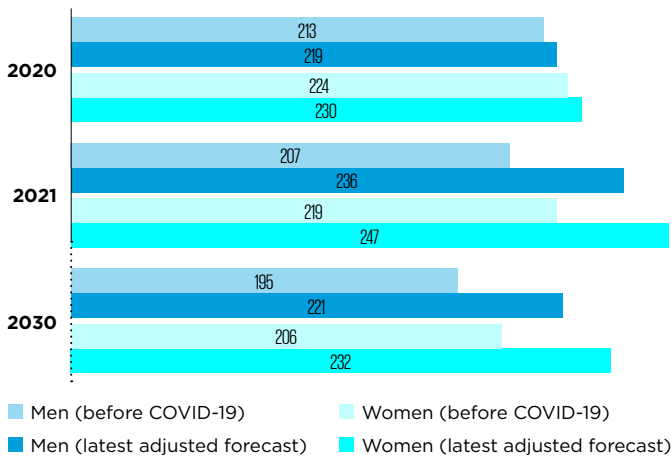
aged 25 to 34 compared to

54 million men

are expected to **live on less than \$1.90 per day in 2021**.

Gender poverty gaps will worsen by 2030

Among those aged 15+, women will still be the majority of the extreme poor in 2030.



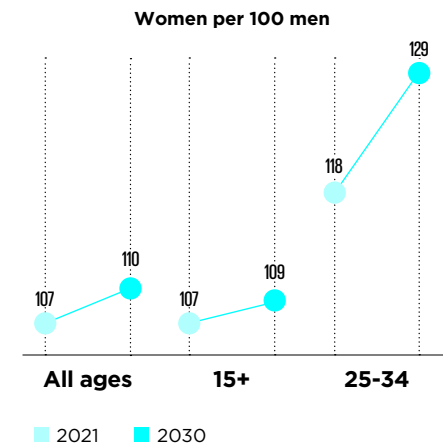
By 2030, the **global gender poverty gap** for ages 25 to 34 will worsen from:

118 women

for every 100 men in 2021 to

121 women.

In **South Asia**, the **gender poverty gap** will worsen further still:

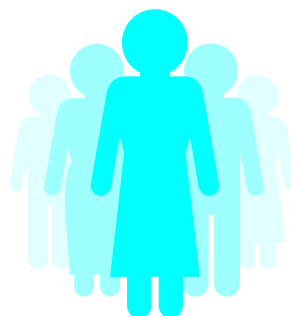


Gender-responsive policymaking is key for closing gender poverty gaps

Over

100 million women and girls

can be **lifted out of poverty globally** if governments implement a comprehensive policy strategy aimed at **improving access to education, family planning, equal wages and social transfers**.



The **cumulative cost of eradicating global poverty by 2030** is estimated at

US\$ 2 trillion,

just 0.14% of global GDP.

Considering that more women than men live in poverty, **eradicating extreme poverty requires investment in closing the gender poverty gap** - estimated to cost

US\$ 48 billion in PPP.

INCOME AND TIME POVERTY CREATE A DOUBLE BIND FOR WOMEN

Beyond lost jobs and reduced incomes, for many women the pandemic has also increased 'time poverty'. Before COVID-19, women did nearly three times as much unpaid care and domestic work as men globally.²⁵ As schools, nurseries and daycare facilities shut down, families — women in particular — began making radical changes in how they spend their time. More bodies at home means more people to feed and care for, often without additional help, increasing tensions and stretching household resources. Many women have found themselves juggling increased unpaid care work while contending with reduced income, and in some cases also trying to do full-time paid work in crowded households. Single mothers face even more stress, as they have no one to share their care burden and are more likely to work in low-paid, vulnerable occupations.

Cross-country data from UN Women's rapid assessment surveys reveal that both women and men report a significant increase in unpaid care and domestic work as a result of the pandemic. While men report doing more, women continue to do the lion's share of this work — with important ripple effects for their physical and mental health as well as their ability to engage in paid work. In the Asia and the Pacific region, 66 per cent of women reported mental health effects as a result of COVID-19, compared to 58 per cent of men.²⁶

Gaps in basic services magnify care burdens

Safe water, sanitation and hygienic conditions are essential for protecting human health during a pandemic. Globally, an estimated 4 billion people lack access to safely managed sanitation facilities, and 3 billion do not have clean water and soap at home.²⁷ Lack of these basic services increases women's unpaid workloads, especially if they have to care for family members who fall sick as a

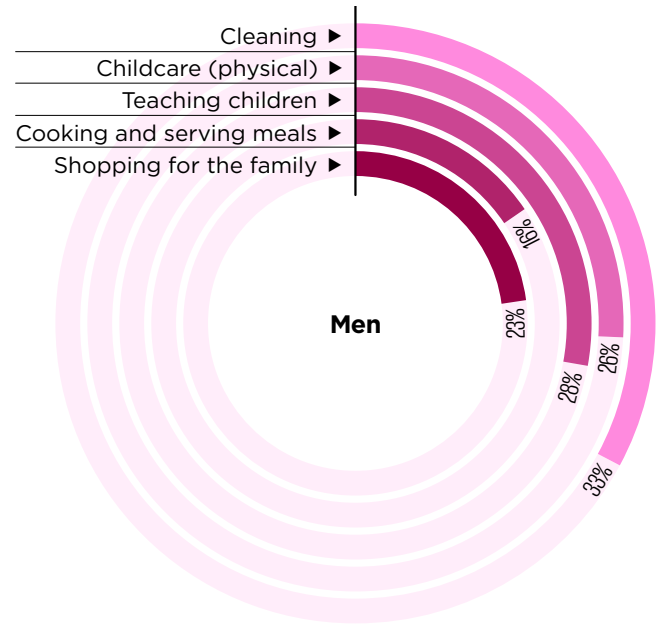
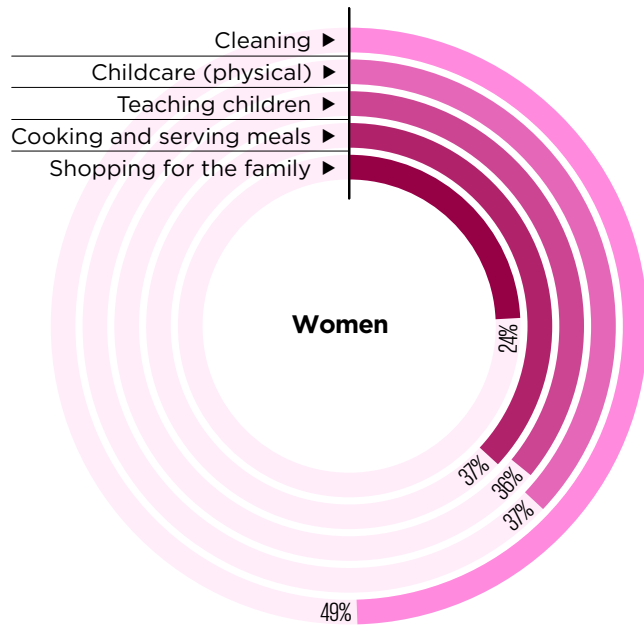
result. In slums and slum-like settings with high population density, women are forced to collect water at crowded community pumps, increasing their exposure to the virus. This also holds true in rural contexts, where women are generally responsible for gathering water and firewood. As the crisis continues to unfold in developing countries, millions are fleeing cities (seen as epicentres for COVID-19) and returning to rural areas, further intensifying women's unpaid care and domestic work burden.²⁸ Emergency response plans must address the challenges faced by communities without access to water and sanitation, in both rural and urban settings.

Reconciling paid and unpaid work: governments and businesses must step up

Care work — routinely devalued by markets and inadequately supported by governments — has taken centre stage during the pandemic. While governments have taken unprecedented measures to address the economic fallout, comparatively few measures have been directed at supporting families to reconcile paid and unpaid work, including care needs. Based on a rapid assessment of initial social protection measures enacted by governments worldwide to tackle the COVID-19 crisis, less than 1 in 5 were gender sensitive.²⁹ These include paid leave for primary caregivers, reduced or flexible working arrangements, monetary compensation for parents in the face of school and day-care centre closures, and childcare services for essential workers. Greater investments in these areas are critical to support women's re-entry and continued participation in paid employment as economies recover. The scramble for care during the pandemic sends a message that this vital sector needs a respected, well-paid workforce and long-term investment in structures and systems.

The pandemic has intensified women's unpaid care and domestic workloads

Share who reported an increase in time spent, based on 22 countries in Asia and the Pacific and Europe and Central Asia:



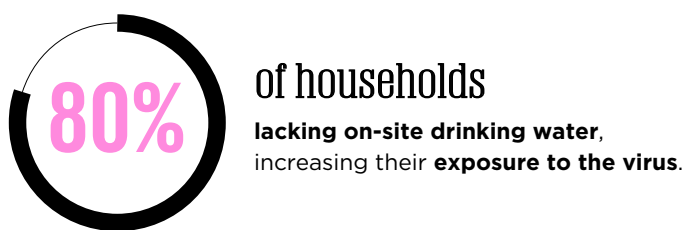
Men are much more likely to say they do not engage in these activities than women.

While only **6%** of women say they never engaged in cleaning,

44% of men report the same.

Access to safe water, sanitation and hygiene is critical for protecting human health and reducing women's unpaid work

Women and girls are **responsible for collecting water** in



Globally,

4 billion

people are deprived of **safely managed sanitation** and

3 billion

people **lack access to clean water** and soap at home.

The pandemic has revealed both the importance and the fragility of care arrangements

Less than **1 in 5** of labour market and social protection measures enacted to tackle the COVID-19 crisis are **gender sensitive**.

Unpaid care work needs to be **measured, recognized, valued** and, most important, **supported through diverse measures**.

Policies should include **expansive and inclusive social protection for unpaid caregivers** and greater **access to paid family and sick leave**.

FOR MANY WOMEN AND GIRLS, HOME IS NOT A SAFE SPACE

Globally, an estimated 243 million women and girls aged 15 to 49 have been subjected to sexual and/or physical violence by an intimate partner in the last year. Emerging data show that violence against women and girls has intensified since the outbreak of COVID-19.³⁰ Violent partners may use confinement to further exercise power and control. At the same time, women have less income, fewer opportunities for social contact, and limited access to services and community support, all of which give them fewer exit options.

In countries such as Argentina, Cyprus, France and Singapore, reports of domestic violence and calls to abuse hotlines increased during the first weeks of the lockdown when physical distancing measures were put in place.³¹ In the United Kingdom, 16 women died at the hands of domestic abusers between 23 March and 12 April – nearly three times more than during the same period over the previous decade.³² In other countries, abuse reports and calls to hotlines are decreasing as women are unable to leave home or access help online or via telephone.³³ Prior to the pandemic, less than 40 per cent of survivors of these crimes sought help of any sort and fewer than 10 per cent of them reported these crimes to police.³⁴ With lockdowns shuttering or reducing services for survivors in some countries, reporting is expected to drop further.

Pandemics intensify other forms of violence and discrimination

Evidence across countries shows that women with disabilities are two times more likely to experience violence from partners and family members than women without disabilities³⁵ and up to 10 times more likely to suffer from sexual violence.³⁶ In the context of

lockdowns, institutionalized women with disabilities may also be at further risk of violence when visitors and monitors are not allowed.

Evidence from previous pandemics reveals increased violence against female health workers, online violence, femicide, harmful practices, and racial and ethnic discrimination and violence.³⁷ In China, Italy, Singapore and countless other countries, there have been reports of both physical and verbal attacks on health care workers linked to COVID-19.³⁸ Similarly, people of Asian descent have been the target of verbal abuse, harassment and violence in public spaces across the globe.

Services for survivors of violence must be part of the pandemic response

Safe access to support services and emergency measures, including legal assistance and judicial remedies, is urgently needed, but it has been curtailed amid lockdowns in some countries. Measures to protect women from violence must be a standard part of government responses to the pandemic, as well as longer-term recovery packages. This includes ensuring shelters stay open as essential services, or repurposing unused spaces to provide shelter to women and girls who are forced to leave their homes to escape abuse. In addition, shelters need more resources so they can expand to accommodate quarantine needs and increased demand. Also required is greater support to hotlines and women's rights organizations working on the front lines. Government responses to the surge in violence against women have been uneven. Analysis reveals a range of measures taken, including awareness-raising campaigns, expansion of hotlines and other reporting mechanisms, support for shelters, and measures to address impunity and strengthen women's access to justice.³⁹

Domestic violence has grown globally in parallel to the virus

Before the pandemic:

18%

of ever-partnered women and girls

aged 15 to 49 had experienced **physical and/or sexual violence** at the hand of a **current or previous partner in the previous 12 months.**

More than

1/3

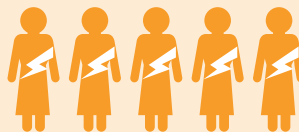
of women

who are intentionally killed are **murdered by a current or former intimate partner.**

Since the lockdown:

Domestic violence calls have increased.

In **Tunisia**, calls to a helpline in the first days of confinement increased **fivefold.**



However, other countries have seen a decline in reports, suggesting that **some women face barriers to reporting violence or seeking help.**



Violence takes many different forms

In **Cuenca, Ecuador**,



of women

in **urban areas** have experienced some form of **sexual harassment in the last 12 months.**

Globally in 2019, over

1,200 incidents of violent attacks and threats

against health care workers were reported — early reports in 2020 indicate the **pandemic will worsen the situation.**

Cyberviolence is also all too common:

In **Australia**, reports of online abuse and bullying have increased by

50% 

since social distancing started.

Women with disabilities are at increased risk

Women with disabilities are up to

2x more likely to experience violence

from **partners and family members** than women without disabilities.

Experience of sexual violence is up to

10x higher for women with disabilities

than women without disabilities.



Women and girls with disabilities may find it **harder to report violence and abuse and access help** due to the nature of disability as well as isolation and dependence on (or fear of) caregivers.

Support is urgently needed for women and girls experiencing violence during the pandemic. Governments need to:

1.

Make urgent and flexible funding available for women's rights organizations and recognize their role as first responders.

2.

Support health and social services to continue their duty of care to survivors and to remain accessible.

3.

Ensure that **services for survivors** are regarded as **essential**, remain **open**, are adequately **resourced** and place a high priority on police and justice responses.

GENDER DATA NEED TO BE PRIORITIZED

The absence of statistics reflecting the lives of women and girls renders many gender inequalities invisible. In the context of COVID-19, accurate sex-disaggregated data on incidence, hospitalization and testing are crucial to fully understand the outbreak's transmission and its related impacts. Case and fatality data by sex and occupation are also vital so that essential workers most exposed to the virus can be protected. It is equally important to collect sex-disaggregated data on job losses and unemployment.

Most countries, however, are either not collecting or not making available data broken down by sex, age and other characteristics – such as class, race, location, disability and migrant status. These acute data gaps make it extremely difficult to predict the pandemic's impact. They also raise the concern that the response will ignore the priorities of the most vulnerable women and girls.

Information gaps in monitoring the well-being and rights of women and girls are not new. Currently, only 45 per cent of the data needed to measure violence against women and girls is available. Time-use surveys are essential to monitor women's unpaid care and domestic work. But in 2020 they were the least prioritized surveys, according to a study of the plans of national statistical systems.⁴⁰

The pandemic is greatly affecting National Statistical Systems

In low- and lower-middle-income countries, 9 out of 10 statistics offices report reduced ability to meet international reporting requirements.⁴¹ The crisis is also exacerbating knowledge and data gaps, as statistics agencies in countries with few resources are facing great challenges in coping with their standard workload, let alone adapting data collection operations to this new reality. More than half of national statistics offices in low- and lower-middle-income countries have experienced budget cuts, making it difficult to operate effectively.⁴² This may push gender data even lower down the list of priorities.

Gender statistics have long suffered from chronic underfunding. Although investments in gender statistics have increased slightly in recent years, they have stayed largely flat over the past decade, as a small percentage

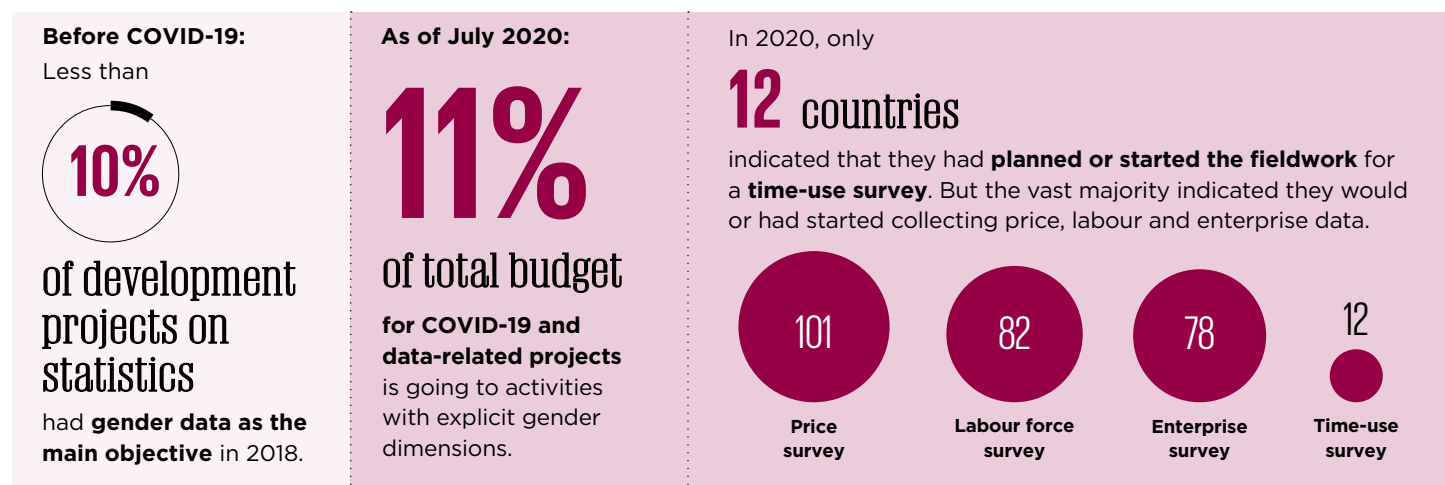
of official development assistance for statistics. Increased investments are needed to ensure that national statistical systems have the resources necessary to address the challenges that they face.

Better gender data are fundamental to building back smarter

Adequate and timely gender data and statistics need to be fully prioritized as part of the COVID-19 policy response. Through the Women Count programme, UN Women is working with partners in 62 countries to roll out rapid gender assessment surveys to obtain much-needed information on the impact of the pandemic. The results of these surveys are helping countries to prioritize the rights of women and girls. But more is needed to fully understand the scale and impact of the crisis on women and girls. Closing the gender data and information gap will require:

1. Collection of real-time COVID-19 data on incidence, hospitalization, testing and mortality. These data need to be high quality, must allow for disaggregation by key (socioeconomic) characteristics and must be made widely available. Scientific studies, research and assessment of the impact and response to the pandemic must be inclusive and consider sex and gender as relevant factors.
2. Greater support to National Statistical Systems, strengthening of gender data collection and integration of a gender perspective in all statistical operations. Gender data must be prioritized during the pandemic as well as when regular activities eventually resume. Collecting and analysing data and monitoring the inclusion of gender in policy responses are also vital.
3. Investments in dissemination and use of gender data. Information on the differentiated impact of the crisis must be accessible and used to inform prevention and response efforts, including targeted efforts to address heightened exposure among certain population groups. UN Women's experience shows that the use of gender data to inform policies can make a big difference in the lives of women and girls.⁴³

Investment in gender data collection is low on the priority list for National Statistics Offices



The needs of marginalized women and girls remain invisible when gender data are incomplete or missing

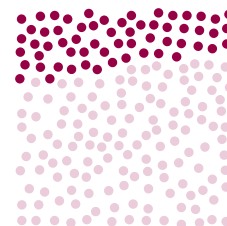
Coverage and completeness of **civil registration of deaths** before the pandemic was already

below **20%** in many low- and middle-income countries.

Collecting data on gender and intersecting forms of inequality is crucial to 'leave no one behind'.

However, **data collection efforts** need to **be improved** and **designed accordingly**.

Only **60 out of 193 countries** (31%) are currently reporting **data on COVID-19 cases by sex and age** to WHO.



UN Women's rapid gender assessment surveys are filling some of these gaps

UN Women is working with

62 countries

to obtain much-needed **data on how the pandemic is affecting women and girls**. As of August 2020, 37 surveys were completed, 2 were ongoing, 23 were planned.

Samoa

UN Women is working with the Ministry of Women, Community and Social Development to design the **COVID-19 data collection plan and promote responses from rural communities**.

Maldives and Pakistan



Rapid gender assessments are being used to inform **socioeconomic impact assessment and integrated policy responses to COVID-19**.

WE HAVE THE TOOLS TO ADDRESS THIS CRISIS

Beyond the public health crisis, COVID-19 has rapidly morphed into a full-fledged economic and social crisis. The effects will likely reverberate for years to come. As governments try to contain the damage, rampant inequalities have once again been revealed. Within countries, the spread of the virus and its impact have been exacerbated by inequalities along class, race/ethnicity, age and gender lines. Globally, rich and poor countries alike are struggling to keep their citizens safe and secure.

The Beijing Platform for Action and the targets of the SDGs continue to be relevant road maps for action, and it is more crucial than ever to achieve them. Without coordinated action to mitigate the gendered impacts of COVID-19, there is a risk that the fragile gender equality gains achieved over the past 25 years will be lost. Immediate action to extend and strengthen health responses and prevent the spread of the virus are urgently needed, in tandem with policies to address the social and economic consequences of the crisis. Women's leadership and perspective are paramount and will help to ensure a more equitable recovery.

Policy action is urgently needed to:

- 1.** Protect women's health and well-being, including ensuring access to sexual and reproductive health services. The response to COVID-19 must also take into account the risks borne by essential health workers, the majority of whom are women. Additionally, the disease-related health vulnerabilities faced by women from poor, marginalized and excluded communities must also be recognized and addressed as a matter of priority.
- 2.** Introduce economic support packages for vulnerable women and measures to confront women's increasing time and income poverty. This includes efforts to recognize, reduce and redistribute the increased burden of unpaid care and domestic work.
- 3.** Address the pandemic's economic impacts and the devastation of jobs and livelihoods. Eliminating inequality in the labour market is more urgent than ever, including to address occupational segregation, gender pay gaps and inadequate access to affordable childcare.
- 4.** Close glaring gaps in social protection. In response to the pandemic, only 54 out of 195 countries and territories have introduced new or amended social protection measures targeting women and girls. Many more are needed. Long-term investments in social protection systems that reach all women and girls are key to economic recovery and future resilience.
- 5.** Prioritize prevention and redress of violence against women and girls in COVID-19 responses and ensure that services for survivors are deemed essential and remain accessible and adequately funded.
- 6.** Improve gender data collection and expand research on the gendered impacts of COVID-19, particularly on those most marginalized. More disaggregated data on cases, deaths, hospitalization and testing are vital to understanding the pandemic's impact on different groups of women. Data on socioeconomic effects and related policies are also crucial.

UN Women

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality. The organization works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; women have income security, decent work and economic autonomy; all women and girls live a life free from all forms of violence; women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and from humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

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