



**REGIONAL THEMATIC GROUP
FOR WEST AND CENTRAL AFRICA**

The consideration of
GENDER
in the framework of
the response to the
COVID-19
pandemic in West and Central Africa



INTRODUCTION

The **coronavirus (COVID-19)** epidemic, which started in the Chinese city Wuhan (Hubei province) at the end of 2019 has been declared a global health emergency by the World Health Organization (WHO) January 30th, 2020.

March 23rd, 332 930 cases have been confirmed across the world, 14 509 people have died from complications of the illness. In Africa, 990 cases have been recorded and 23 people have died. Coronavirus (CoV), which COVID-19 is a variety, are a large family of viruses that cause illnesses ranging from the simple cold to more severe illnesses such as the Middle-Eastern Respiratory Syndrome (MERS-CoV) and the Severe Acute Respiratory Syndrome (SARS-CoV). COVID-19 is a new strain that has not yet been identified amongst humans. The most common signs of infection are respiratory symptoms, fever, cough, shortness-of-breath, severe acute respiratory syndrome, kidney failure, and even death.

COVID-19 constitutes a serious threat for rights to life and health for people around the world. A health crisis like this epidemic puts to the test the resilience of our societies. It demands a coordinated response, based on the complementarity of interventions founded on human rights.

The objective of R-GTG is to support the gender equality agenda by supporting the integration and equality of gender and specific interventions in development programs, humanitarian aid, and consolidation of peace in the region.

In this context, the R-GTG wishes to contribute to the efforts in progress to confront the current pandemic by sharing this note with the Coordinators residing in the region with the intention of encouraging and proposing tools to improve the consideration of the gender issue in the response to COVID-19. In this respect, it addresses the main risks connected to gender when considering the pandemic and makes a specific number of recommendations to respond to it.

As for other epidemics, policies and public health efforts might not be treating the gender specific impacts of COVID-19 in an appropriate manner. So that the response to COVID-19 be efficient and does not reproduce nor perpetuate inequalities between genders and in health matters, it is important to ensure that the existing social norms, status/power and the different vulnerabilities of women, men, girls, boys, and LGBTI individuals be taken into account – both in terms of exposure to pathogen agents and of treatment received as well as in terms of the impact on human rights and political responses implemented by different States.

Women and young girls can find themselves in specific vulnerable situation according to the context to which the illness spread, that will probably be exacerbated in the framework of this pandemic. In countries of the sub-region of West and Central Africa, women, girls, and LGBTI individuals are already confronted with a number of challenges notably when it comes to access to health services including reproductive and sexual health, financial resources and employment, information, decision-making, bodily autonomy, equal participation, and access to efficient aid. These disparities are often supported by social norms and harmful sexist stereotypes that drives gender-based discrimination. Based on the analysis of past experiments, it is important to pay close attention to the risks social groups have been exposed to in order to take them into account in an appropriate manner in the strategic responses to COVID-19 particularly in recommendations that the United Nations' System brings to the governments of different affected countries. Moreover, the success of the response will also depend on the way which gender, in this context, interacts with other factors such as age, race, ethnic group, religion, and immigration status, among others.

1. The increase of gender-based violence and the protection risks : Experience has shown that in a crisis context, women are the most exposed to domestic violence and have more difficulties negotiating protected sexual relations because of growing tensions in the core of the household. The distinctive situation of girls should also be emphasized, notable regarding risks connected to poor treatment, gender-based violence and sexual exploitation, mental health, separation from their parents, and child labor. Furthermore the holistic support services for victims of violence and the coordination between concerned sectors – health, policy and justice, social services – are greatly threatened by the pandemic and its' measures of confinement because the main resources are addressed to mitigate the effects of COVID-19.

2. Hampered access to health services including sexual and reproductive health. In countries already confronting severe insufficiencies in the health field, needs related to the COVID-19 pandemic response can misappropriate

resources allocated to routine health services, such as contraception, but also maternal health. This may have a distinctive impact on young women and produce an increase in non-desired pregnancies, the spread of sexually transmitted infections, flaws in clinical responsibility for rapes, as well as an increase in maternal mortality.

3. The impact on women's abilities to pursue economic activities, notable in the informal sector where they are particularly active and are characterized by the lack of or absence of social protection measures. Those which work in the formal sector may be encouraged to take leave in order to focus on household needs and their employment, in all likelihood, risks to be affected by dismissal. That could result in the aggravation of disparities between sexes regarding livelihood means, limit the economic autonomy of women, knowing that this will have an impact on the well-being of all the family.

4. The increase in responsibility in relation to care responsibilities. Women and young girls primarily assume care taking responsibilities for the family, particularly for sick family members and the elderly. With an increase in the amount of people affected by the virus, this load will get heavier. This will equally be a result of the decisions to close schools, because women must take care of children all while pursuing their income. The difficulty of reconciling their familial and professional life will become more accentuated.

5. The situation of women and girls living in vulnerable spaces such as refugee or displacement camps, prisons, shanty towns, immigrant detention centers, etc. These marginalized women and girls are particularly at risk to be excluded from informational campaigns and provisional services in an appropriate manner.

6. The lack of data break-down. Although early data shows that it is men, elderly people, and people with weak immune systems that are most exposed to death risks, the care taker role which women play increases their exposure and infection risk and is not yet reasonably taken into consideration.

RECOMMENDATIONS

1. **Ensure that human rights be at the heart of the response.** It is essential that governments introduce measures to prevent the spread of coronavirus COVID-19, like confinement or quarantine, undertake a series of additional actions to reduce the potentially negative impact that these measures could have on the lives of individuals, specifically on women and girls. Especially, so that the efforts to combat the virus do not bring their results that are part of a global approach, meaning taking extreme measures to protect the most vulnerable and neglected people of the society, as in the economic medical plan.

2. **Make sure to undergo a quick evaluation/survey across associations,** including women living with or exposed to HIV and/ or domestic violence, to evaluate needs in information, the availability of medicines, and the capacity for people to access support services by telephone or on the community level.

3. An efficient approach is only possible when based on reliable data. In this respect, it is essential to **allocate relative data (at least by sex, age, handicap...)** to the epidemic and **analyzed consequentially** in order to understand the exposure differences and treatment between sexes and to devise preventative measure and differentiated responses. The collection of data concerning the effects of the pandemic on the use of rights of concerned people including on the conditions of household lives should also start as soon as possible in order to understand the consequences, economic as much as social.

4. **Assure that the national preparation and intervention of strategic plans to face COVID-19 are based on an in depth analysis of gender questions,** taking in account the roles, responsibilities, and pre-existing dynamics in each national context.

5. **Give specific attention to members or to people seen as part of LGBTI communities, people living with handicaps, and people living with HIV** so that social existing norms and negative stereotypes do not be aggravated in times of crisis and lead to violent situations. The questions associated to their access to health care, in particular for those who could need to access medicines for pre-existing conditions, should also duly be taken into consideration. This should also be the case for people living in extremely vulnerable spaces like refugee or displacement camps, prisons, shantytowns, immigration detention centers, etc.

6. **The right to information should be guaranteed for all to all.** The resolution to this crisis will not only depend on the ability to access to health care but equally to access precise information about the nature of threats and ways to protect one's self, protect one's family, and protect one's community. Prevention and education programs are essential to prevention efforts, treatment, and epidemic monitoring. Awareness campaigns for audience sensible to the gender dimension, which equally talk about inclusion and solidarity, could assist in the fight against discrimination, stigmatization and harmful stereotypes, and supply information on places and ways to access services.

Supplying advice specific to women that take care of children, elderly people, and other vulnerable groups in quarantine (and that cannot always avoid direct contact) as well as specific

needs on information for pregnant women should equally be prioritized.

7. **Insure the availability, accessibility, acceptability, and good quality of establishments, goods, and health care services to all those who are in need of it, including inflections** other than COVID-19 infections. In this context, particular attention is needed to assure the continuity of health services for women, girls, and LGBTI individuals, and notable complete sexual and reproductive health services. It must also ensure that menstrual hygiene products, obstetric, procreation, and other primary health care be well stocked and available, and that everyone can access preventative measures in the same manner (water, soap, disinfectant, etc.)

8. **The participation of women and girls in all the decision-making processes to fight against the COVID-19 epidemic should be immediate.** This is particularly important given that their frontline interaction with communities and therefore the role that they play in the surveillance of health security, detection mechanisms, and prevention. In addition,

it is necessary to ensure that community engagement teams be balanced in gender distribution and promote female leadership within its leadership; design surveys as we as other engagement activities that allow all women to participate in it, including those living in remote areas or those who take care of children without being paid; make sure that the frontline medical personnel are gendered and that health establishments be made aware of different cultures and those related to gender identity.

Particular attention should be given to the increase of gender-based violence cases, including intimate partner violence (IPV) and domestic violence, and the impact of restrictive public health measures on victims, for those whom movement restrictions could be particularly dangerous to and significantly put them in danger. The continuity of aid services to survivors must first and foremost be assured, notably by effective guidelines and the availability of means to assistance in order to ensure the security of survivors. Contributors that participate in the fight against the epidemic must be trained on how to receive and treat sexual violence witnesses that might be associated with the epidemic and guarantee suitable referencing.

9. **Put together strategies targeted at the economic empowerment of women to alleviate the epidemic's impact and take supportive measures,** notably in assisting them to reestablish themselves over a long period and reinforce their resistance to future blows. These ones must include social protection packets that address women and girls in vulnerable situations, including female head-of-households and those participating on the frontline, as well as financial support measures for enterprises which women own.