

EBOOK

***Gender gap in
the
Mediterranean
during the
Covid-19
pandemic***



S&D

Group of the Progressive Alliance of
Socialists & Democrats
in the European Parliament

The S&D Group is the leading center-left political group in the European Parliament and the second largest group overall. The S&D Group fights for an inclusive European society based on the principles of freedom, equality, solidarity, diversity and justice.

Our MEPs are committed to fighting for social justice, growth and jobs, consumer rights, sustainable development, financial market reform and human rights to create a stronger and more democratic Europe and a better future for all.

In today's times of crisis, the S&D Group's priority is to fight unemployment and to ensure that our society and our markets become fairer. We want to restore people's confidence in the EU and in their future. These principles inspire our daily work, in the European Parliament and beyond.

Ebook completed in February 2021

DISCLAIMER AND COPYRIGHT

The views expressed in this document are the sole responsibility of the authors and do not necessarily represent the official position of the S&D Group. Reproduction and translation for non-commercial purposes are authorized, provided the source is acknowledged and the S&D Group receives notice and a copy.

Summary

Introduction	4
Women on the frontlines of the COVID-19 emergency.....	5
The economic impact of COVID-19 on income inequality.....	7
An End to Violence Against Women and Girls.....	9
A shadow pandemic	10
Women’s economic empowerment in the Middle East and North Africa amid the Covid-19 pandemic. Difficult situation made worse.....	13
In Turkey and all around the world: long live women!	17
The gendered impacts of COVID-19 in the Mediterranean region: A focus on gender- based violence	19

Introduction

COVID-19 continues its rampage, with more than 80 million confirmed cases worldwide and more than 1.7 million deaths recorded from the start of the pandemic through to December 2020. Measures to slow the spread of the virus are forcing people to stay indoors, thus disrupting daily activities: more than a billion young people have been out of school for months, resulting in learning deficits that we will pay for in future generations, and millions of workers who, forced to stop, suffer the economic repercussions of the pandemic, leading to a severe recession for the global economy. The virus continues its dangerous upward trend on a global scale, as we wait for the long-awaited vaccination campaign to begin to take effect.

The COVID-19 pandemic has plunged us into a new era, which among its consequences brings with it an intensification of gender disparities with alarming traits. The data from several surveys confirm that the impact of crises is never gender-neutral, and this pandemic is no exception. The pandemic is exacerbating pre-existing inequalities, amplifying its impact in contexts of fragility, conflict and emergencies where social cohesion is already fragile, with major implications on the lives of women and girls.

Discriminatory practices and social barriers of different sorts, insufficient institutional safeguards and different capacities to access services and resources continue to hinder the process of empowerment in the Mediterranean Region. While most countries in the region are working towards progressive substantive gender equality in education and health, major gaps still exist in employment, the gender pay gap and access to decision-making and leadership.

The goal of this e-book is to analyze the impacts of the COVID-19 pandemic on women in the Region. A correct understanding of the phenomenon is in fact the best prerequisite for the elaboration of a more targeted design of policies and to identify, consequently, strategic measures which will allow an effective collective response to the situation determined by the pandemic.

Women on the frontlines of the COVID-19 emergency

The healthcare industry is facing unprecedented pressure. Healthcare workers are on the front lines of the COVID-19 pandemic and are working around the clock, putting themselves and their families at risk in order to look after their patients. Although both women and men working in this sector are more exposed to the virus, women are potentially more at risk of infection because they make up the majority of the 49 million healthcare workers in the EU, the European Institute of Gender Equality (EIGE) reveals. These figures are probably underestimated because of the high proportion of undeclared work, especially in the domestic care sector. Women were working on the front lines during the pandemic (as health workers, child and elderly care workers, domestic workers, workers in retails, etc.). Women were the protagonists, therefore, of a sector, that of assistance, which was certainly among the hardest hit by the virus.

But it isn't just nursing staff and personal assistants. During this pandemic, women have been on the front lines through essential jobs where contact with others is required, such as supermarket cashiers who have faced increased exposure to the virus. Women are particularly affected as they make up 82% of all cashiers in the EU. Childcare, domestic cleaners and caregivers. These professions are among the most undervalued and underpaid jobs in the EU. When it comes to providing home care for the elderly and disabled, an estimated 4.5 million out of 5.5 million workers in the EU are women. Across the EU, it is estimated that of these 1.8 million caregivers, about 83% are women.



While being more exposed to the dangers of contracting the virus, women are still excluded from the decision-making processes and positions of responsibility. According to the World

Health Organization (WHO) data, women now represent 70% of the global workforce. However, they are still underrepresented in emergency management leadership and decision-making: 70% of executive directors in global health organizations are men and only 5% are women in low and middle-income countries. In countries with women at the helm, COVID-19 confirmed deaths are six times lower, in part because of these leaders' faster response to the pandemic and greater emphasis on social and environmental well-being.

Nonetheless, health-related policies and decision-making processes that do not include women have proven to be less effective, managing to negatively affect the health outcomes of women and children around the world. During the Ebola crisis, the inclusion of women's groups in pandemic management improved responsiveness. The women's organizations that are often on the front lines of the response in their communities should be better represented in decision-making bodies.

The social and economic policies to address the fallout from the crisis must be inclusive and transformative, addressing women's leadership and work, both outside and inside the home. Putting women and girls at the center of preparedness, response and recovery could finally help lead to the real change which women's rights groups have long advocated.

The task of the European institutions, in synergy with the member countries and neighboring states, is therefore to find substantial tools to ensure equal opportunity of representation in decision-making processes in planning the response to the health and social crisis caused by COVID-19. The areas in which Europe's ability to make an impact with real policies in support of women's leadership will be measured are, in particular, health, education and assistance.

The economic impact of COVID-19 on income inequality

The impact of crises is never gender-neutral, and COVID-19 is no exception. While men have a higher mortality rate, women and girls are particularly harmed by the resulting economic and social consequences.

According to research by the UN Women and the UNDP, the impact on women and girls is causing them to lose their livelihoods faster than men, considering the greater economic exposure of the sectors in which they are involved. By 2021, the UN estimates that some 435 million women and girls will be living on less than \$1.90 a day, including 47 million pushed into poverty due to COVID-19.

Emerging data suggest that women's economic and productive lives will be disproportionately affected and in a different way from those of men. Globally, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal economy. Women have less access to social protection and represent the majority of single-parent households. Their ability to absorb economic shocks is therefore lower than that of men. Data released by the United Nations on the economic consequences of COVID-19 in Europe and Central Asia highlight the different gender gap impact on the self-employed. While men's employment is more likely to be reduced in terms of hours (54% of men versus 50% of women), women are more likely to suffer the economic impact of the pandemic in terms of employment, 25% of women versus 21% of men.



In many countries, the first round of layoffs has been particularly acute in the service sector, including retail, hospitality and tourism, where women are over-represented. Some of the sectors most affected by the pandemic are feminized sectors characterized by low wages and poor working conditions, including a lack of basic worker protection such as paid sick leave and family leave. The hospitality and food service sectors, where women are over-represented, for example, have been devastated by job losses. While the need for care and cleaning services has increased, quarantine measures have made it more difficult to maintain pre-pandemic work patterns, resulting in experiencing a loss of income and employment.

Achieving women's empowerment therefore requires nations to invest in social infrastructure from education to health care, allowing for increased employment, earnings, economic growth, and thus gender equality. Such investments would remove some of the barriers that have hindered women's full participation in economic activities, thereby providing an incentive for faster socioeconomic recovery from the pandemic. Countries must therefore identify direct support measures that can effectively address the economic impact on pre-existing economic inequalities by adopting targeting methodologies in national social protection programs for the most affected sectors where women are overrepresented.

An End to Violence Against Women and Girls

According to recent estimates, 243 million women in the world between the ages of 15 and 49 have been subjected to sexual or physical violence by their partner in the past 12 months. Victims of domestic violence, as is documented, tend to increase during any type of social emergency, including pandemics.

Taken from this perspective, the Ebola pandemic represents an interesting case study that can demonstrate how multiple forms of violence have been exacerbated in contexts of crisis, including physical violence, trafficking, child marriage, and sexual exploitation. Similarly, with the outbreak of the COVID-19 pandemic, increased social and economic tension, restricted movement, measures of isolation, and reduced access to support from the network of communities and support associations have contributed to an increase in cases of violence against women in many countries.



As a result of widespread lockdowns, in fact, the number of reports of violence has increased worldwide, in some countries by as much as five times. For thousands of women, being forced to stay indoors has meant sharing more time with their attackers, often with tragic consequences. Conversely, some countries have seen a decline in cases of violence reported to authorities and help desks, suggesting that some women have found greater obstacles to reporting assaults and seeking help. Additional factors that contributed to the difficulty in providing help to female victims of violence were the temporary closure of social and legal assistance facilities, refugee crisis centers, and the transfer of funds to counter the spread of the pandemic.

A shadow pandemic

Pina Picierno

Member of the European Parliament with the Progressive Alliance of Socialists and Democrats. She is a member of the Committee on Agriculture and Rural Development and the Committee on Women's Rights and Gender Equality and in the Delegation for Relations with Israel. She has contributed to the debate on the Istanbul Convention and violence against women.

It is now evident to everyone, as we have repeatedly warned, that the COVID-19 pandemic has and will continue to have profound consequences on the entire democratic system worldwide, with the risk of seriously undermining some of the most important achievements in the field of the rule of law and, in particular, gender equality. The path towards full equality, and the goals achieved so far, cannot and must never be taken for granted: they must be constantly reaffirmed every day, continuing with concrete measures and without turning back. "All it will take is an economic, political, religious crisis to call women's rights into question." So warned the great philosopher Simone de Beauvoir while discussing the struggle for equality.

Today we are witnessing a similar scenario: a crisis of the utmost complexity is highlighting existing inequalities and eroding what has been gained so far. We cannot afford this. On the contrary, we must find an opportunity here to overcome the last resistance of those who stand in the way of gender equality and accelerate decisively towards full equality. The data are not kind to us: before the pandemic, it was estimated that closing the gender gap would take tens of years in the best case scenario; the most pessimistic estimates were in the hundreds. This is because a trend of progress towards equality was being seen, but at an unsustainably slow pace. Now the pandemic has even reversed this trend on every available indicator, marking setbacks.

The Mediterranean area has proven to be particularly fragile in this regard. The problem known as the "Mediterranean paradox" was already well known: despite the fact that the levels of female education in the area have been steadily increasing, with a reduction in the gender gap in education, we have not seen a corresponding increase in employment, but rather in unemployment; this paradox can be explained by the other structural and systemic inequalities still present in our societies, which make access to the labor market difficult or impossible for women, even though they are trained and educated. Particularly in Southern Mediterranean countries, women's participation in the economy stood at around 22% compared to the global average of 46% according to 2017 data provided by the World Bank. Achieving gender equality would benefit everyone, not only in terms of values, but also strictly economic sense, as it would mean an increase in regional GDP of hundreds of billions of euros each year. With the pandemic, the percentage- already the lowest in the world- has dropped by another two points and hundreds of thousands of women have lost their jobs. Due to stereotypes, less bargaining power, discrimination and less access to credit, the situation will not be easily reversed without targeted intervention.

In addition to the increase in economic inequality, we have witnessed another unacceptable phenomenon: the increase in gender-based violence against women and girls. This too, unfortunately, was easily foreseeable: the necessary restrictions due to the pandemic have actually meant that those who suffer physical and psychological abuse remain confined to their homes with violent partners, family members, and cohabitants without having the same access to reporting the violence, protection and advocacy services as before. Recognizing the existence of the problem, however, is also the first step in addressing it: thus, in several countries, alternative solutions have been found, giving the possibility, for example, to report such violence in pharmacies, which in the early stages of the crisis were one of the few places allowed to stay open.

It is therefore correct to speak of a “shadow” pandemic, referring to the consequences of COVID-19 on gender equality and – in the same way that the virus must be tackled with decisive measures- here too we must react strongly against these effects so that they do not become permanent. The exceptional crisis situation allows us today to rethink several models that do not work in our societies. After the season of austerity due to the economic and financial crisis of 2008, too often used as an excuse for not intervening where it was necessary, we are now witnessing the unblocking of public spending and a new phase of investments that should be used for the benefit of future generations. It is the time to have two great gifts: courage and vision. Just as after war there comes a time for reconstruction, here too we must be able to outline new directions for the future in a focused and precise manner, with the aim of bringing the world into a new era. Alongside the two major transitions that are already taking place, the green and digital transitions, we need to flank a reform project that leads to full gender equality by revolutionizing the entire system.

I believe that Europe has a lot to say and, above all, a lot to do in this regard. With the NextGenerationEU we have taken the first fundamental step towards a new world. This has been possible thanks to the work of the European institutions and, in particular, of the European Parliament, which immediately supported an intervention never seen before, finally overcoming the reluctance of national governments. Last but not least, in order to access these important European funds, it will be necessary for Member States to present a plan for gender equality, justifying how and with what measures they intend to overcome the existing gender gap, under penalty of possible loss of funding.

As always, the projects of the European Union also aim to support development and peace in the external regions and therefore a substantial and strengthened program of aid is planned for the Mediterranean area, the so-called “Neighborhood” countries. In the new NDICI Regulation, which will include the previous “Neighborhood Instrument” (ENI) and will soon be debated by the European Parliament in a plenary session, more than twenty billion Euros have already been planned in the so-called “geographical pillar” to promote prosperity and stability in the region. The European Commission has also recently presented the Gender Action Plan III, which plans to promote gender equality in the external action of the

European Union for the years 2021-2025, in line with the EU Strategy for Gender Equality, and which comprehensively addresses the entire issue of equality in all sectors, from agriculture to infrastructure, in collaboration with both members of civil society and the institutions of the states involved.

The tools at our disposal are therefore not lacking. It is up to us now to have clear objectives in mind, to work tirelessly to achieve them in practice and to guarantee a better, prosperous future for all, without discrimination.

Women's economic empowerment in the Middle East and North Africa amid the Covid-19 pandemic. Difficult situation made worse

Katarzyna W. Sidło

PhD | Director of MENA Department at [CASE – Center for Social and Economic Research](#)

The ongoing Covid-19 pandemic has profoundly affected societies and economies all over the world, and the Middle East and North Africa Region (MENA) is no exception. The [International Monetary Fund](#) predicts that the economies in the region will have contracted by -5.0% in 2020 and will only grow by 2.1% in 2021 (down from 3.5% forecasted back in July 2020), while the United Nations Economic and Social Commission for Western Asia (ESCWA) anticipates that the pandemic will cost [1.7 million](#) jobs in the Arab countries. Women are expected to account for approximately [40%](#) of this number, despite the fact that they make up only slightly above one fifth ([21%](#)) of the labour force in the region.

Indeed, the region scores second-worst globally (behind South Asia) on the Economic Participation and Opportunity subindex of the World Economic Forum's Global Gender Gap Index. Even before the outbreak of the pandemic, female economic participation rates in MENA were one of the lowest in the world, ranging from [14%](#) in Jordan and 15.2% in Algeria through 25% in Morocco, up to 47.4% in Kuwait and 58.1% in Qatar. In most countries in the region, the gender gap in labour force participation rates exceeds 50 percentage points. On average, just around one in five women aged 15-64 in the region participates in formal workforce. In comparison, the global average amounts to 47%. Even more worryingly, these numbers have not gone up in [15 years](#) and climbed up by a mere 2.5 percentage points since 1990. Young women are at especially precarious situation – youth unemployment rates in the region are high in general, but for young women reach as high as [42.8%](#). Already, [72%](#) of Arab youth think that it is more difficult to find a new job since the outbreak of the pandemic; in Jordan and Lebanon this number is as high as 90% and 91% respectively.

Women in MENA are also less likely to own their own businesses than men. According to the Global Entrepreneurship Monitor Women Entrepreneurship Report 2018/2019, at [40%](#) the region has the largest gender gap when it comes to established business ownership. Just one in seven start-ups created in 2019 in the region had a female founder (admittedly, if sadly, the situation is not much better in the global scale). One of the reasons for this situation is the fact that it is more difficult for women than men to secure funding to start a business, not least because they lack networks and links to the “old boys clubs”. While low financial inclusion rates have long been a serious problem in the region in general, women are still less likely than men to own a bank account ([38%](#) of compared to 58% of men). It is also more difficult for women to obtain a bank loan and fewer women than men have access to formal forms of savings. As such, preserving their businesses amid the pandemic may be more challenging for female than male entrepreneurs. This holds true outside of the region

as well; the World Bank estimates that SMEs owned by women are 6 percentage points more likely to close down due to the pandemic than those owned by men.

Likewise, women who are not self-employed are believed to be at higher risk of losing their jobs than men due to the pandemic, even though it is cheaper to hire a woman than a man (throughout the region, women earn on average 28% of what men do). This is due to a number of reasons. For one, female workers more often work part time (e.g. 36% women vs 15.7% men in Algeria and 21.2% women vs 11.8% men in Egypt are part-time employees), and thus do not enjoy the kind of legal protection that full-time (more often male) employees do. Equally, if not more importantly, social norms define men as breadwinners responsible for financially maintaining their families, and as such having a priority when accessing jobs (a belief held by three quarters of men in Egypt, Lebanon, Morocco, and Palestine). This is despite the fact that according to ESCWA in 2006/2008 one in every ten households in the MENA region were female-headed (or better: female-maintained) and the official Egyptian data puts this figure in the country at 14%, or roughly 3.3 million families.

Cultural norms and societal expectations (as well as legislation that they helped to shape) are certainly one of the major factors constraining women's labour market participation. A 2017 survey by Gallup/ILO revealed that in the Arab states, 40% of men and 30% of women did not think it is acceptable for women to have a paid job outside of home even should she want one. But even among those who believed otherwise, 49% of male and 52% of female respondents wanted women who held paid jobs to still take care of their families as well. Even young Arabs aged 18-24 who predominantly (70%) are of opinion that a woman can benefit her family most if she works, still lean towards an opinion that it should be a part-time work.

Even before the outbreak of the pandemic, women in MENA region were spending roughly six times as many hours on unpaid domestic work as men. In Jordan, for instance, 74% of married women and around 15% of those never married were inactive due to household duties. During the first lockdown in the country when all schools were closed, it was women who were sent home both by public and private sector employers "citing their domestic care duties". The latest Arab Youth survey revealed 67% of young Arab women admitted that they did have greater or more family responsibilities due to the pandemic.

In professional care services, women make up the majority of workers as well. Nurses, apart from overexposure to the risk of infection, have been facing more precarious working conditions as well, including longer hours and lower salaries (which were lower than those of their male counterparts in the first place).

Indeed, initial data unfortunately shows that predictions regarding the disproportionate impact of the pandemic on women's economic empowerment have not been exaggerated. Taking a look at Jordan once again the latest official numbers put the female unemployment rate in the third quarter of 2020 at 33.6% (versus 21.2% for men). This marked an increase by 9.3 percentage point compared to the first quarter of the year, more than twice the number observed in case of men.

Those numbers do not, of course, encompass women employed in the informal economy (according to ILO [62%](#) of women in MENA are employed informally), many of whom are refugees or migrant workers. As a result of loss of informal labour opportunities, as well as difficulties in securing loans, female-headed households in [refugee camps](#) have been disproportionately affected by food insecurity. Migrant workers, in turn – predominantly female domestic workers from African and Asian countries – were being laid off *en masse* as their former employers were no longer able to afford paying them even the meagre salaries they used to earn. Infamously, in Lebanon – home to an estimated [quarter million](#) domestic workers – as the economic crisis was further exacerbated by the pandemic, Ethiopian nannies and housekeepers were being made redundant and abandoned in front of the Ethiopian embassy by their Lebanese employers (or “sponsors” under the country’s *kafala* system). Those who did keep their jobs were at an increased risk of various forms of verbal and physical abuse as lockdowns prevented them from leaving their employers houses.

Not all is completely bleak, though. One major silver lining of the pandemic, globally and in MENA, has been an accelerated rate of digitalization processes. This is a most welcome development, as before the outbreak of the pandemic the countries in the region outside of the GCC were scoring low on different digitalization measures, from the speed of internet bandwidth, through the government online services index, to the extent of business internet use. Rural populations and women have been at a particularly disadvantaged position. The gender internet penetration gap in 2019 stood at [14.3](#) percentage points, with only 44.2% of women in the region using internet compared to 58.5% in case of men. Worryingly, the internet user gender gap (%) in the Arab states actually increased between 2013 and 2019 by a non negligible 5.2 percentage points. There are hopes, fuelled by some early press [reports](#), that those numbers will improve and women will not only gain more access to internet on the broader digitalization wave, but also that they will be able to leverage this opportunity to grow their businesses online or join labour force with transportation issues and social norms regarding working alongside non-related males not an issue anymore.

On the other hand, many, especially older and rural, women in the region worked jobs impossible to move online. Even those who did, may find securing access to a computer challenging, particularly in larger households with limited number of laptops or desktop computers. More broadly and rather disturbingly, one [recent study](#) in Jordan by Carolyn Barnett, Amaney Jamal and Steve L. Monroe argues that while teleworking might indeed be both an opportunity for women in the region, “patriarchal norms can suppress, constrain or reverse the empowering effects of paid labour and inhibit women’s access to income-earning opportunities.” In other words, economic empowerment does not necessarily always translate into broadly understood empowerment.

To say that the ongoing Covid-19 pandemic is an extraordinary event bound to affect functioning of societies in multiple ways is already a cliché. To make strong predictions regarding how the changes will unfold is foolish. It is, however, justified to express concern about the adverse effect that the pandemic may have on women throughout the MENA region: the levels of their economic participation, earnings, unemployment rates, work

conditions. This is not to mention potentially higher poverty rates (even without the pandemic just being born a woman in Egypt translates into increased probability of being poor by [2.3](#) percentage points in urban and 4.8 percentage points in rural areas), increased risk of domestic violence, or higher chance of dropping out of formal education.

At the same time, the majority ([54%](#)) of young (18-24) men and women from the region interviewed for the latest Arab Youth survey believe that since the outbreak of pandemic women are more likely to look for a job. The same young women are predominantly of opinion that they have the same professional – as well as educational – opportunities as men do as well. Pandemic or not, societies, governments, and international community have a duty to ensure that they do not become disillusioned too soon.

In Turkey and all around the world: long live women!

Gulsum Kav

Gülsüm Kav is a Turkish feminist activist, writer and doctor. She is one of the founders of the organization [We Will Stop Femicide Platform](#), which raises awareness of gender-based violence in Turkey and campaigns for the families of victims of femicide.

As we leave the year 2020 behind with an extraordinary struggle against the pandemic, at the same time studies were being done for life on Mars. On the other hand, we, women in Turkey were still trying to count the lifeless bodies of women. Moreover, "suspicious deaths" are increasingly added to the femicide reports that we have had to keep track of for years. To put it more accurately, we have to pay attention to "suspicious deaths of women" because it means a total "impunity" in crimes against women.

The position of women in Turkey is identified by the problem of gender inequality just as the rest of the world. According to the Global Gender Gap Report published by World Economic Forum, [Turkey is 130th](#) out of 153 countries and has dropped 25 ranks since 2006 when the report was first published. When we look at the reflections of these scales that seem like mathematical calculations to the actual lives of women, we see that the level of violation of our fundamental rights, especially the violation of our right to live has increased. As a result of rising inequality, violence is on the rise and economic weakness which makes women more vulnerable to violence, is also on the rise.

As a result, both news of the femicides that occur every day and the reports that measure gender equality point out that the foremost problem of Turkish women is "violence", followed by unemployment, lack of education, social pressure and harassment on the street, and other rights violations. Violence against women has always been at the top of the list in recent years and has been increasing over the years. It is also significant that in 2020, more women than men put this problem in the first place on the list; [68% of women](#) put violence in the first place, 63% of men put it in the first place.

Consequently, our report published in 2020 also confirms the severity of the problem: in 2020, [300 Women were killed by men](#), 171 Women Were Found Suspiciously Dead.

The Basis of the Increase in Femicide in Turkey: A Modernized Eve Against An Archaic Adam

Thousands of women have been killed by men since the establishment of the We Will Stop Femicide Platform in 2010. Upon analyzing these murders, we can see that at least half of those women were murdered by firearms while "trying to get divorced," and the other half is mostly comprised of young women. This data, in addition to the concrete first-hand experiences that we have had, indicates an increasing attempt to access more rights, the

most significant of which is the right to divorce—a symbol of modern rights. At the basis of the cruel phenomenon of femicide lies the paradoxical struggle of women making a decision upon the course of their lives at the cost of their own lives. We are in a climate in which there is a protected sense of masculinity that believes it will never lose its privileges if women's resistance continues to be suppressed with violence. Deniz Kandiyoti calls this climate that is created through corroding traditions due to women's resistance the "masculine restoration." (Society and Social Politics During the Pandemic - May 22 Science Academy Webinar). Kandiyoti identifies an important phenomenon: women's liberation has debilitated the patriarchal powers resisting it and there is a modern-day attempt to restore the antiquated gender regime. In fact, we can state that the attack against the Istanbul Convention and other modern rights that empower women is a part of this process.

The Way of Reaching for a Violence-Free Life; Istanbul Convention

Femicides are not "destiny", there is a solution: Istanbul Convention. Convention articles do not only describe protection from violence but the elimination of it: by their English terminology which we formulated as 4 P: Prevention (Preventing Violence), Protection (Protecting the Victims), Prosecution (Prosecuting the Perpetrators) and Policy Making (Policy Making for Preventing Violence) solution steps to be applied, the women in Turkey are conducting an unyielding struggle. In fact, even the signature debate which came into question during the circumstances of the pandemic, we were able to stop despite the harsh conditions that prevented women from getting together. However as the convention is still not applied completely, it can be brought in during the political alliance debates as a bargaining issue. Our struggle against the people who are easily rendering women's lives as a bargaining subject and each thing that prevents our freedom is arising. The more invasions towards women's rights there are, there is also an equally arising struggle against it all around the world, there are also resisting women.

On this 8th March also, all women in the world; people who want LGBTIQ+ s and women to be free from violence will get together, will show the power of women to the whole world once again.

The gendered impacts of COVID-19 in the Mediterranean region: A focus on gender-based violence

Emilomo Ogbe, Ateeb Ahmad Parray and Yara Asi

Researchers involved in the [Gender and COVID-19 Research Project](#) which conducts real time gender analysis to identify and document the gendered dynamics of the outbreak, preparedness and response measures.

First detected in China's Hubei Province in late 2019, the Coronavirus disease 2019 (COVID-19) has spread rapidly, leading the WHO to declare a global pandemic on 11 March 2020.

Pandemics can have a catastrophic effect on people, communities, and nations. However, the experience of these effects is not uniform. Some groups suffer more acutely than others and, once the virus is contained, struggle more to recover. It is essential to consider how differences in social characteristics, including gender, and other vulnerabilities shape how pandemics are experienced. It is also important to assess the effectiveness of pandemic control efforts, in order to effectively prevent, address and mitigate the differential effects of disease outbreaks on population groups. The dangers of the pandemic will be magnified for the nearly 168 million people in need of humanitarian assistance and protection worldwide, not least because many reside in fragile settings with weak water and sanitation infrastructure and lack access to quality health services.

In the Eastern Mediterranean region, as of 30 January 2021, there were reported over 5.67 million confirmed COVID-19 cases and nearly 134,336 deaths. For the purpose of this book chapter, we use WHO's Eastern Mediterranean region classification which includes 22 countries: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, the United Arab Emirates (UAE), and Yemen.

Sexual and gender-based violence tends to increase in any emergency, including epidemics. The disruption of social safety structures, customs and social networks, and financial hardships exacerbate vulnerabilities and make women more vulnerable to domestic violence and intimate partner violence. The Eastern Mediterranean Region has the second-highest prevalence of violence against women worldwide (37%). This is due to structural systems that maintain gender inequalities at different levels of society, compounded by political crises and socioeconomic instability in the region. The region also faces more humanitarian emergencies than any other part of the world, with a huge number of refugees and internally displaced populations (IDPs).

Refugees and IDPs living in densely populated camps and informal settlements are acutely vulnerable as overcrowding, lack of access to health services, weaker social accountability structure etc. could exacerbate transmission. Meanwhile, stringent measures like restrictions on freedom of movement, imposed to contain COVID-19, can also harm populations on the move, hampering their access to safety and protective mechanisms.

Europe and the Eastern Mediterranean region, and migratory flows

The COVID-19 pandemic has affected migratory flows to Europe. The pandemic has led to a shift in priorities for most European countries and the focus on migration, has shifted to ensuring safety and security of citizens.

Because of the pandemic, migratory flows around the world are reducing, also travel restrictions have increased, reducing legal and illegal routes of migration. Locations traditionally considered 'attractive' because they are safe, such as rich countries or large urban areas, have suddenly become places of contamination in migrants' perception; as an example, many migrants from Ethiopia and other African countries have left cities to return to their villages of origin.

'Migrations flows from Africa to Europe are already demonstrating this reversed trend. Official data relating to Italy, the main landing destination of the central Mediterranean route, are highly significant. In January and February, the most difficult months of the year for the maritime crossing, the number of migrants were 1,342 and 1,211, respectively, while in March and April, which normally see values three to four times higher, the numbers dropped, respectively, to 241 and 671.5 In May and June, the values increased to 1,654 and 1,831, respectively, half of those in 2018 and comparable to 2019, when the Italian government closed the harbours. If one considers 2017, which was one of the worst years in terms of migrant flows, those numbers are thirteen times lower. However, in July the number of migrants to Italy jumped up to 7,067 after the country demonstrated control of the pandemic. This figure was four to six times higher than in 2018 and 2019, and not far from 2017. The trend seemed to be confirmed in August. It is very difficult to predict what will happen in the near future, and how the pandemic will continue to influence this trend in migration'. (Excerpt from Policy brief by Atlantic Council: The Impact of Covid-19 on Either Shore of the Mediterranean)

Challenges faced by asylum seekers and undocumented migrants

IDPs, refugees, migrants and returnees constitute a sizeable population in the Eastern Mediterranean Region. There were 12 million refugees (half are Palestinians) and 13 million IDPs in the Region as of 2018. These populations are often vulnerable to poor health due to the conditions they live in and limited access to needed quality health care. In addition, those who can access care, are often faced with financial hardships. In many cases, these populations also suffer due to the informality they thrive in because the governance policies

fail to recognize them. There are also 46 million professionals and low-income labour migrants in the Region (of which 22 million are from the Region), with differential access to health services and varied health coverage schemes (WHO 2020).

Asylum seekers', and undocumented migrants were significantly affected by the COVID-19 pandemic. Lack of access to information, financial resources and inadequate insurance coverage meant that they could not access much needed health services, or preventive measures needed to reduce the transmission of COVID-19. Many irregular migrants were afraid to access health services because of fear of being reported to the police, and being deported. However, Bahrain, Kuwait, Morocco, Saudi Arabia and United Arab Emirates have all passed laws allowing irregular migrants to regularize their status without incurring fines.

'While many support and care services provided by civil society organizations had to be closed with countries' lockdown, irregular migrants can find it more difficult to access care, as outside activity needs to be registered with authorities or they may be reluctant to enter medical facilities for fear of being reported if no appropriate firewalls exist regarding data sharing with the immigration and law enforcement authorities.'

Crowded living environments may also affect the implementation of preventive measures such as social distancing. This is for instance the case for irregular migrants in administrative detention, refugees in camps or migrant workers in highly populated migrant labour camps. While it is critical for migrants to receive communications on COVID-19 in a language they understand, calls are more generally being made for inclusive COVID-19 responses to ensure migrants are incorporated into public health strategies and planning'

Women and children who were asylum seekers and undocumented migrants were adversely affected, due to their increased vulnerability to domestic violence, and the fact they are less likely to have sufficient financial resources to seek help and care, outside the formal health care system.

Gendered impact of the Covid-19 pandemic

Increase in Intimate partner violence (IPV) and domestic violence: In three displaced settlements surveyed in South Sudan prior to COVID-19, the rates of IPV ranged from 54 per cent to 73 per cent while the rates of non-partner sexual violence were much lower at 28 per cent to 33 per cent. Current lockdown measures might exacerbate the risks of women to domestic violence and intimate partner violence.

Loss of economic opportunities for women: More women than men have lost access to economic opportunities due to the unequal share of the burden of care. Also, women, especially migrant women are more likely to be employed in care work (domestic services, waitressing, etc), part-time work, that cannot be done remotely. Hence, many women are likely to lose their sources to income, and financial independence, making them more vulnerable to domestic violence.

Life-saving care and support to GBV survivors (clinical management of rape and mental health and psycho-social support): Access to support services especially in humanitarian contexts has been affected due to the COVID-19 pandemic. Access to shelters and humanitarian aid has also been impacted due to the COVID-19 pandemic. Also, women living with disabilities have also been adversely affected and there are insufficient targeted resources to address their experiences of sexual and gender-based violence

Increased perpetration of violence against women in existing humanitarian crisis caused by armed conflicts: In humanitarian contexts, the prevalence of domestic and IPV will increase due to the loss of protective social structures that existed and were used to address incidents of violence against women. Also, increased militarization, exposure to violence and implementation of other stringent measures, promotes aggressive behaviour among men.

'In a research undertaken by WhatWorks before the COVID-19 pandemic, in South Sudan, between 52 per cent and 61 per cent of men reported perpetrating sexual and/ or physical violence against women and in the Occupied Palestinian Territories, around 50% of currently or previously married men reported perpetrating physical and/or sexual violence' (UN Women 2020).

Inadequate gender capacities and expertise in humanitarian coordination, planning and delivery of services:

Evidence from UN Women's IASC Gender Accountability Framework report demonstrated that in 2018, only 46% of official humanitarian response plans were based on gender analysis; sex and age disaggregated data used in only half the clusters, and only 44% of annual humanitarian response plans had a functioning gender working group in place to provide technical gender expertise. A lack of gender and age disaggregated data will make it impossible to understand the pandemic's unequal and long-term impact on crisis-affected women and girls, in responding to COVID-19 and future learning on the impact of health-related humanitarian crises. (UN Women 2020)

Recommendations

In economic and social systems, pandemics exert strain. Governments, often have to make difficult decisions about how best to allocate resources in response to the immediate challenges caused by a pandemic. Any of these decisions are inherently context-driven, but continuing to work towards long-term objectives and sustaining progress at great risk of backsliding is crucial. While the six priority areas summarized below are by no means an exhaustive list, urgent action is required to protect against direct and indirect threats that can cause lasting harm to the health and well-being of people, and thus to national economies.

For example, gender-based violence (GBV) or harm caused to a person-to physical, sexual, or psychological coercion and violence because of power imbalances based on gender norms. Although GBV can be committed against individuals of all sexes, GBV is more likely

to be encountered by women and girls (especially adolescents). In addition to this, the effects of pandemics on mental health are far reaching, with many individuals burdened by fear of infection, social isolation, concern about economic fallout, and grief over personal loss. Studies of past pandemics have outlined the negative psychological impacts of widespread contagion and the resulting socioeconomic fallout and disease prevention measures; early reports from several countries indicate worse mental health outcomes among the general population since the start of the COVID-19 pandemic, including increases in substance abuse, and rates of anxiety and depression.

During a public health crisis, certain groups are at greater risk of worse mental health outcomes, including: women overburdened by balancing work, home and care activities; children, teenagers and older adults struggling with the effects of social isolation; people with pre-existing mental health conditions; the LGBTQI community; and frontline health workers at increased risk of infection.

Policy recommendations

Policy and programming recommendations to support women and girls in humanitarian settings during the COVID-19 pandemic

For donors and policymakers

- Bear in mind that the global COVID-19 response is only as strong as the weakest health system and provide immediate, flexible surge funding to ensure that operations in crisis settings can rapidly adapt and scale up.
- Require that all funding proposals contain adequate gender analyses and protection mainstreaming provisions.
- Ensure that aid and healthcare workers have access to all populations in need, including across borders, to accommodate surges in health personnel and allow the transport of humanitarian and medical supplies as needed for preparedness and response activities.
- Ensure that any COVID-19-related movement restrictions account for the different needs of vulnerable groups.
- Maintain compliance with international legal obligations, including the right to seek asylum.
- In the long term, ensure that emergency preparedness and response plans are grounded in sound gender analyses that consider gendered roles, risks, responsibilities and social norms and that account for the unique capabilities and needs of all vulnerable populations.
- In the long term, devote more resources towards researching the gendered implications of public health emergencies, especially disease outbreaks, so that

public health preparedness and response plans can mitigate harm to women, girls and other vulnerable groups.

Across all humanitarian sectors

- Commit to proactive, early information sharing and coordination to ensure a robust response.
- Ensure the full participation of at-risk populations, particularly women and girls.
- Partner equitably with trusted, locally relevant information channels to engage local communities.
- Work with local communities before, during and after public health emergencies to provide the best possible services and ensure continued access and trust, the WHO says.

The WHO recommends providing water, sanitation and hygiene services along with psychosocial support, essential primary and sexual and reproductive health services.

Principles to be followed while planning responses in pandemics

Reiterating the concerns as cited in ‘Reclaiming comprehensive public health,’ regarding missed opportunities to build cooperation, public trust and effective responses to the COVID-19 pandemic and regarding the resulting suffering and rights violations endured by people across the world. The following principles have been suggested in a call for policy action by many academics, practitioners and policy makers targeting the United Nation General Assembly’s Special Session on COVID-19 (UNGASS) to be followed by the heads of the states, policy makers and the decision makers to plan responses during the pandemics. These principles apply for humanitarian contexts as well:

1. Co-develop and implement comprehensive public health interventions based on collaboration, partnership, shared responsibility, policy dialogue, communication and solidarity at all levels, within and across countries, as the most effective and equitable basis for the widest population health protection and benefit.
2. Recognise the agency of, and critical contributions made by communities to codesigning, co-implementing and monitoring context-appropriate pandemic responses and mitigatory measures. Ensure the meaningful and proactive engagement of health care and frontline workers and their associations, community leaders, civil society, and of diverse communities, especially those that are marginalised or vulnerable and at increased risk in such responses.

3. Ensure the public availability, in local languages, of timely, accurate, accessible and disaggregated information drawn from diverse sources of evidence. Transparently report reliable information on the pandemic modelling, morbidity and mortality, including the social distribution, limitations and diverse analyses and interpretations of such data, as well as on the intervention measures, resources deployed and the impact and distribution of intervention effects. Value, use and share knowledge and evidence from a wide range of disciplines and from communities and implementers to design, communicate and evaluate measures applied and to enhance their effectiveness, equity, acceptability, uptake and local ownership. Enable independent and transparent review and oversight of responses by legislature and civil society.
4. Set clear goals relevant to local contexts. These should aim to promote universal and equitable population health and well-being and to ensure the continuity of essential health services for population health needs in both public and private sectors. Adapt public health guidance to local conditions, context, cultures, evidence, beliefs and knowledge, using measures that facilitate gender and social equity, participation and that build and sustain trust amongst communities, implementers, organisations and authorities.
5. Avoid coercive, militarized interventions; discriminatory measures; and actions that undermine dignity in public health responses. Ensure that national laws and practices, including criminal laws, recognise and comply with international and regional human rights treaties and the International Health Regulations. Do no harm while applying measures to prevent, control or mitigate the pandemic and do not incite fear or anxiety, discriminate, stigmatise, harass, limit peoples' freedoms, including through evictions, arbitrary arrests, detentions or other forms of repression.
6. Ensure that any restrictions on individual freedoms required to control risks to public health and safety conform with the United Nations' Siracusa Principles. Restrictions must be clear, legitimate, proportionate and scientifically based with a public health purpose. They should be developed with community participation, be well-targeted through the least restrictive but effective alternative and be based on the precautionary principle. Measures should be of limited duration, subject to review and applied with respect for human dignity.
7. Protect and support the health workforce and other frontline workers and their families, including lay, contract and community health workers and volunteers. Provide safe and comfortable working conditions; personal protective equipment and infection control measures; access to accurate and timely information, guidance and training; and access to free testing, treatment, care and psychosocial support with social security and guaranteed compensation for injury at work.

8. Ensure that all people, especially those who are most vulnerable, can equitably and safely access essential health products (personal protective equipment, diagnostics, therapeutics, vaccines and related technologies) for the prevention and control of the pandemic, as global public goods. Promote, invest in and strengthen capacities for local production and citizen-led technology and system innovations for health promotion, prevention and care as well as for support of livelihoods, food security and social protection. Support local learning, evaluation and dissemination of innovations. Ensure that digital technologies for pandemic control are free, accessible to all, respect human rights, including the Siracusa Principles, and are not misused for other purposes.
9. Implement and monitor multi-sectoral actions to address the socio-economic and environmental determinants of risk and vulnerability. Provide comprehensive social and economic support to all people whose rights and livelihoods are being restricted through efforts to control the pandemic, ensuring access to food, water, sanitation, shelter, livelihoods, education, digital access and health services, including prevention and care and access to support for mental health concerns, loneliness, gendered violence and other forms of abuse. Enable civil society organisations, media and legislatures to assess the impact of such actions, to give voice to those affected and to publicly report situations where controls have been imposed but less restrictive measures are feasible.
10. Ensure increased, sustained and equitable funding for comprehensive public health, health care and social protection from local to global levels, and for the systems, and research and development, that support the above-mentioned principles and approaches. These principles and approaches should inform laws, standards, systems, programmes and actions, from the local to global levels, and should be reflected in any future updates to the International Health Regulations and the Siracusa Principles.

References

Atlantic Council. (2020). The impact of COVID-19 on either shore of the Mediterranean. https://www.atlanticcouncil.org/wp-content/uploads/2020/09/Covid-on-Both-Shores-Report_Final.pdf (Accessed 15 February 2021)

European Parliament, (2020) The gendered impact of the COVID-19 crisis and post-crisis period. [https://docs.euromedwomen.foundation/files/ermwf-documents/9302_6.35ipolstu\(2020\)658227en.pdf](https://docs.euromedwomen.foundation/files/ermwf-documents/9302_6.35ipolstu(2020)658227en.pdf)

Fuhrman, S., Kalyanpur, A., Friedman, S., & Tran, N. T. (2020). Gendered implications of the COVID-19 pandemic for policies and programmes in humanitarian settings. *BMJ global health*, 5(5), e002624.

Loewenson, R., Accoe, K., Bajpai, N., Buse, K., Abi Deivanayagam, T., London, L., ... & van Rensburg, A. J. (2020). Reclaiming comprehensive public health. *BMJ global health*, 5(9), e003886.

UN WOMEN (2020) Gender-Responsive Humanitarian Life-Saving Response to the COVID-19 Pandemic: Saving Lives, Reducing Impact & Building Resilience, <https://reliefweb.int/sites/reliefweb.int/files/resources/proposal-gender-responsive-humanitarian-response-to-the-covid-19-pandemic-en.pdf> (Accessed 20 January 2021)

World Health Organization. (2020). WHO interim guidance note: health system response to COVID-19 in the context of internally displaced persons, refugees, migrants and returnees in the Eastern Mediterranean Region: 7 April 2020 (No. WHO-EM/CSR/279/E). World Health Organization. Regional Office for the Eastern Mediterranean.

World Health Organization (2020). COVID-19 and violence against women in the Eastern Mediterranean Region, <https://applications.emro.who.int/docs/EMHLP120E.pdf?ua=1> (Accessed 15 February 2020)