

COVID-19 and Gender Equality and Women, Peace and Security (WPS)

A. COVID-19 in Conflict and Post Conflict contexts:

Public health emergencies have different impacts on women and men due to gender norms, roles and structural gender inequalities, which are exacerbated in conflict affected countries and post conflict contexts. In majority of these contexts: the existing gender inequalities and exclusion of women from peace and security decision-making are deepened; the political and socio-economic status of women deeply impacted by war and conflict; women experience extremely limited access to critical health services, systems and information; and already strained and poorly equipped primary, sexual and reproductive health care services and infrastructure become severely threatened.

In conflict and post conflict contexts where peacekeeping missions operate, fragile and non-inclusive peace agreements and political solutions under formulation or implementation are the only vehicles to prevent further conflict escalation and drive sustainable peace and political solutions. In these processes, women predominantly remain in the periphery. Yet they lead and participate in innovative community anchored approaches to continuously mobilize political attention for their full engagement, inclusion and participation to influence peace and a protective environment. Their meaningful participation in making decisions on their political and social and economic recovery, protection and access to justice remains elusive. Even in instances where women have been signatories to peace agreements, such as in South Sudan and Central Africa Republic, their levels of influence and participation in the post agreement governance institutions remain limited.

The COVID-19 pandemic has spread across the globe unabated, with countries in different phases of the disease curve. Its devastating impacts further disproportionately deepen the exclusion and discrimination of women and threaten the achievement of a protective environment. Pre-existing structural gender norms and value systems have normalized gender inequalities. Underlying issues, include the facts that women globally predominantly carry the burden of providing primary healthcare¹, are overrepresented in the frontline responses, are employed in the service industries and the informal sector which are amongst those most impacted by the measures to reduce transmissions, are paid less, and bear the household burden and unpaid care work. These are all compounded by the limited voice women have in decision making at all levels.

Tragically, it is in these same contexts that women and girls have been subjected to pandemic levels of normalized Sexual and Gender Based Violence (SGBV) - rape, trafficking, abductions, mutilations, arbitrary arrests, denial of basic social services and gross violation of their human rights. Continued security and protection threats triggered by negative gender norms and the lack of effective justice and accountability mechanisms further risk the denial of women's meaningful participation in advancing peace and security.

¹ Approximately 70% of the global health workers are women.

B. Current evidence and analysis:

The current COVID-19 prevention and response measures may potentially trigger socio-economic unrests, violence linked to stigmatization and deepened community mistrust in already fragile conflict settings. They threaten peace and security gains and progress, including gains on WPS. The Secretary-General's call for a global ceasefire and immediate cessation of hostilities in 'all corners of the world' on March 23 offers a critical framework that has the potential to open corridors of peace, security and humanitarian assistance, and in the long run, sustained peace. To ensure effective endorsement by all parties in peacekeeping mission contexts, political strategies and good offices must continue to leverage the role of women peacebuilders and women leaders and centralize efforts to make the global call a reality and further sustain interim gains to achieve durable and lasting peace. Full implementation and support for this global call will prove vital to creating conditions for community-based peacebuilding initiatives that will involve and benefit women and men. These efforts can also contribute to identifying drivers of mistrust and conflict that might be exacerbated by this pandemic.

In previous health crises, women were a key partner in mobilizing community responses and behavioral change prevention measures. At the same time, evidence shows that social-economic stress, civil strife and public health emergencies, as evidenced by the Ebola and Zika outbreaks,² increase the prevalence of violence against women, particularly domestic violence and early pregnancies in young girls³. A similar pattern is emerging as a result of COVID-19 prevention and responses. Prevention measures, in particular, sheltering in place/stay at home, have already led to reports from many countries of increased intimate partner violence and a growing concern for increased levels of sexual violence against girls, especially incest. Women and girls find themselves at greater risk, with disrupted access to critical and confidential SGBV services. Furthermore, social distancing and stay at home measures are not compatible with the response in refugee and internal displacement contexts, a common characteristic in conflict settings.

While most countries in conflict are still in the early phases of the pandemic, the current trajectory of the virus and women's pre-existing vulnerability factors, call for urgent, targeted and coordinated measures to mitigate, if not prevent, further exclusion of women in peace and security decision-making, deterioration of their livelihood options, access to critical health care and disintegration of a preventive environment for women and girls as enshrined in the spirit of UNSCR 1325 (2020), SDG 5 and 16 and the Action for Peacekeeping (A4P).

² IASC (March 2020). Interim Guidance; Gender alert for COVID-19 outbreak;

³ CARE (March 2020). A policy paper on COVID-19's gender implications

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