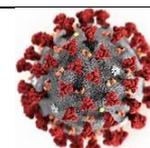


# National COVID-19 Science Task Force (NCS-TF)



<b>Type of document:</b> ELSI Report	
<b>In response to request from:</b>	<b>Date of request:</b>
<b>Expert groups involved:</b> Ethical, legal, social issues with input from the Economics group, the Swiss society for Gender Studies, and the Swiss society for Occupational Medicine	<b>Date of response:</b> 14/05/2020
<b>Contact person:</b> <a href="mailto:samia.hurst@unige.ch">samia.hurst@unige.ch</a>	
<b>Comment on planned updates :</b>	
<b>Title:</b> Gender aspects of COVID-19 and pandemic response	
<b>Summary of request/problem :</b> The Scientific task force was tasked with identifying further gender aspects of COVID19 and pandemic response. The Ethical, legal, and social group worked with the Swiss society for Gender studies and the Swiss society for Occupational Medicine to develop the present brief.	
<b>Executive summary</b>	
In addition to the elements provided to us, we would like to underline 13 elements, some of which are expansion on those already provided, and make 8 recommendations.	
<b>Main text</b>	
In this brief, we will examine gender aspects of COVID19 and pandemic response. We started with a list of gender issues that are already on the radar of the EDI:	
<i>"In contrast to certain countries, it seems to us that Switzerland, at the federal and cantonal levels, has so far not sufficiently taken into account the gender dimension of the CC, except in the field of domestic violence, where a dedicated taskforce has been put into place; however, it would benefit from more <b>coordination</b> with other areas of concern.</i>	
<b>Some facts and likely consequences</b>	
<ul style="list-style-type: none"> <li>· <i>Across the globe as well as in Switzerland, women are in a <b>more precarious economic situation</b>: they earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector (e.g. domestic work). They have less access to social protections and are the majority of single-parent households. Moreover, women spend disproportionately more time on <b>unpaid care work</b> than men. <b>Their capacity to absorb economic shocks is therefore weaker than that of men.</b></i></li> <li>· <i>Crises are often linked with an increase in <b>gender-based violence</b>. In the case of CC, confinement, economic uncertainties and health anxieties are risk factors that can lead to more <b>domestic violence</b>.</i></li> <li>· <i>As women make up the majority of the health care workforce and of care workers for the elderly, they may be exposed to a <b>greater risk of infection</b>.</i></li> </ul>	

- *The fear of contracting the infection or the belief that **sexual and reproductive health services** aren't working can limit the possibilities of women to get support and delay abortions in case of unwanted pregnancies.*
- *Across the globe as well as in Switzerland, many **migrant women** work as **informal care or domestic workers**; lockdown in their host countries may deprive them of income that is also crucial to support their families abroad. »*

## Additional elements

In addition to the elements identified above, we would like to underline the following:

- 1) **The effects of the pandemic and of pandemic response are likely to play out in an unequal manner not only along gender lines, but also in an intersectional manner along other categories such as social class, sexuality, ethnicity, migration, etc.**
- 2) **Human rights obligations forbidding gender discrimination and protecting equality, in law and in practice, between men and women are not suspended during the emergency** but are as relevant now as ever. The Federal Council, as well as all actors implementing the government's decisions (in particular the Cantons and communes, the police, the social workers, the schools and hospitals) are bound by these human rights obligations as always. The extraordinary situation does not reduce but rather increase their duty to prevent all discrimination and ensure equality as the pandemic and the government's responses to it constitute special threats and risks. Recalling and mainstreaming these duties should be part of the pandemic response.
  - a. The **prohibition of indirect discrimination** is a major concern
  - b. Article 4 of the The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) makes it clear that **affirmative actions** are allowed:
 

*Article 4*

*1. Adoption by States Parties of **temporary special measures aimed at accelerating de facto equality between men and women** shall not be considered discrimination as defined in the present Convention, but shall in no way entail as a consequence the maintenance of unequal or separate standards; these measures shall be discontinued when the objectives of equality of opportunity and treatment have been achieved.*
- 3) **Women more frequently occupy jobs that require their physical presence** and their activities cannot be transformed into teleworking. Health professionals, sales staff are typically more exposed to contagion. With the reopening of schools, teachers in smaller grades are also predominantly women and thus they will be more exposed than men in that context. Many of these jobs are low in power and workers who perform them will frequently be unable to demand personal protective equipment when employers fail to provide it. In Italy, women of working age are more susceptible to COVID19 than men in the same age groups (Bertocchi 2020).
- 4) **Risks of COVID19 in pregnancy are unknown but any severe disease during pregnancy can result in fetal loss.** In MERS and SARS, small birth weight was frequent. Pregnant

workers often fear for their job in any case, and will be less able than others to demand personal protective equipment when it is not supplied. On the basis of the precautionary principle, pregnant women should be considered a vulnerable population and protected as such.

- 5) **Health services for prenatal care and childbirth have been deprioritized in the surge efforts to face COVID19.** Midwives had difficulties obtaining personal protective equipment, even when other health professionals did not. As a result, they decreased their visits. Other areas of reproductive health have been affected as well.<sup>1</sup>
- 6) **Death rates for men are, as demonstrated in most studies and epidemiological surveys, significantly greater than death rates for women.** The same was observed during the 1918 influenza pandemic.
- 7) **The pandemic has the potential to reinforce old-established traditional gendered patterns** which go against **gender equality**. There are indications that the (partial) progress Switzerland, and other countries, had on their way towards more gender equality is currently put under pressure. We recommend studies which tackle these issues in detail as these changes might be long-lasting.
  - a. Historically, **some of the major economic crises have largely been absorbed by women**, who are the first to be excluded from labor markets. In the 1970s, for example, 2/3 of job losses were born by foreign workers whose permits were not renewed, and 1/3 by women who exited the labor force and were unaccounted for in unemployment statistics (Gilliand & Mahon 1989, Gnaegi 1998, Weber 2001). This crisis has the potential to do disproportionate damage to women's jobs and incomes. Confinement and distancing measures are threatening to shatter several female-dominated industries, including retail, accommodation services, and food and beverage service activities. This puts many women's jobs at risk (Queisser 2020).
  - b. We observe **a feminization of responsibilities in home office situations**: Home schooling tasks might fall more often on mothers than fathers, which in turn reinforces the pressure on women for their professional careers, particularly as the 'normal structures' – like creches and schools – are closed, or in cases where grandparents were previously part of the family arrangements. There is the risk that the breadwinner model is currently reinforced: in a situation of crisis, old-established gendered representations can gain ground, as we know from all over the world. This could negatively impact women in the long term. These effects have been observed even in academia where submission rates by women -but not men- have fallen since the beginning of lockdowns (Flaherty 2020).
  - c. The crisis seems to reinforce old-established traditional unequal gendered patterns, but **there are also indications that new, less gendered and less unequal arrangements could be the consequence in some cases, for example where fathers take on more parenting duties during confinement**. This outcome should be observed and encouraged.
  - d. **“Unconventional” relationships and family models** are under pressure: these are often not addressed and recognised and guidelines for confinement and social distancing are difficult to implement in divorced

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<sup>1</sup> See [https://centreforreproductionresearch962893217.wordpress.com/2020/04/16/covid\\_19-and-reproduction-digest/](https://centreforreproductionresearch962893217.wordpress.com/2020/04/16/covid_19-and-reproduction-digest/)

couples, patch-work families, multi-local and transnational families, polyamory, and single households.

- 8) **The pandemic has also had effects that could be positive** in the long term from a gender equality perspective (Alon et al, 2020).
  - a. Teleworking has been shown to be feasible for many professional activities, and thus a realistic proposition for both men and women post-pandemic.
  - b. Men, particularly fathers, have been placed in a position to spend more time at home and with their children. This could be valued as a long-term investment by facilitating part-time work for fathers.
  
- 9) **Migrant – especially undocumented migrant – women are more at risk** of income loss, but also of contracting COVID19 and lacking access to care if they do. A specific focus is needed for migrant women in particular vulnerable situations: besides care and domestic workers, this focus needs to include sex workers and undocumented migrants.
  - a. Affected migrant workers might be difficult to reach, because of language and other structural barriers, which puts them into enhanced vulnerability regarding infection but also economic precarity. This is a major public health priority. Singapore is experiencing a major resurgence of COVID19 after being hailed as a success story for near-eradication and the reason is that they have a large migrant worker population in cramped spaces with scarce access to care, among whom the virus started again.
  - b. Many undocumented women work in paid domestic activities and often cumulate employers. While many have lost their job since the confinement and have no income at all, the Federal Council decided not to include domestic work in its panel of economic measures. Trade unions are thus calling for specific measures protecting these workers (SIT 2020). Those who keep working should have access to adequate protection material.
  - c. Migrant women who lose their jobs as a result of the pandemic or the pandemic response will be more exposed to exploitation and trafficking.
  - d. Women in the asylum system are particularly vulnerable regarding the question of violence and the risk of infection.
  - e. Women are globally very engaged in care activities (WHO 2017). For migrant women, this can include transnational parenting practices that are made even more difficult by the Covid-19 pandemic. The global diffusion of the pandemic and its impact on relatives in other countries is another source of stress and anxiety.
  - f. There is evidence that a decline of remittances as a consequence of COVID-19 is occurring, enhancing economic vulnerabilities worldwide: Migrant women are affected both as remittance senders or receivers. This reflects the vulnerable economic situation of many migrant (women) in host countries (World Bank 2020).
  - g. Border closures jeopardise the lives of the most vulnerable, like migrant women who find themselves unable to return to the countries where they are supposed to work or to care for their families.
  
- 10) **LGBT+ people may be particularly vulnerable**: People living with compromised immune systems, including some persons living with HIV/AIDS, face a greater risk from COVID-19. LGBTI people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare.

- 11) **Nationalism, cultural stereotypes and culturalization** of the virus can give the ground to discrimination and racism and new forms of exclusion. We witness a **strong culturalization and racialisation of the pandemic**. The virus is framed as a ‘foreign’ one – originally from China. Culturalization is also taking place when high fatality rates in risk areas are presented as resulting from differences in “culture” instead of differences in socio-economic situations, possibilities for social distancing, etc. Such racialisation, often based on gendered cultural stereotypes and frames, can reinforce racism and is always gendered (Dahinden 2020). Such tendencies have been reported from many parts in the world and should be studied on an ongoing basis.
  
- 12) **The COVID19 crisis has strong gendered effects on public representation and power reinforcing male expertise**, it risks reinforcing the unequal distribution of power between women and men. The language of war to describe pandemic response could reinforce this image. It is interesting to note among the countries facing the pandemic most effectively, several have women leaders. Studying and comparing possible differences in their approaches could be useful.
  
- 13) **Women have been disproportionately performing the anti-pandemic response**. Countries which implemented confinement measures all had to continue essential activities. Many of these essential activities turned out to be performed mostly by women. Of course, this is not the case of *all* essential activities, but health care and grocery stores are prominent among the essential activities and they are predominantly activities performed by women. Moreover, women have also taken the highest load in managing confinement itself within their families. In taking the greater load of child-care, they are also foremost among the persons protecting grandparents.

## Recommendations

We recommend the following:

1. There is a **duty to take actions to ensure equality**, as the crisis itself and the pandemic response both affect men and women differently. This is a constitutional duty binding on all state authorities of all levels to take action to prevent that women suffer more from diseases and the pandemic response (their over-representation in (health) care, education, food provision makes them particularly exposed to infection). These effects must be known and mitigated.
  
2. **Data on the COVID19 pandemic and on the effects of pandemic response measures should be collected as much as possible in a disaggregated manner along all of these categories.**
  - a. These data are required in all fields of economic, social, cultural and political rights. For example, if loans are made to small business owners, it would be important to see what proportion are men vs women; if unemployment benefits are provided, it would similarly be important to provide this data publicly. For Covid-19 positive cases where infection in the workplace is suspected, gender-disaggregated data would again be important to understand to what extent are women or men more exposed to risk.

- b. Further research is warranted to elucidate the gender differences in mortality. It could be important to tease out the proportion of biological and social factors at work in the higher death rate from COVID19 among men. Biological factors could point to treatments. Social factors could point to public health measures.
  - c. There is also a need for a detailed analysis of the economic compensation strategies from a gender perspective, according to the different economic sectors as the situation will be different in each sector.
3. **The transition should be planned and implemented in a gender-sensitive way, including special measures /affirmative action to ensure de facto equality.**
- a. During the transition phase, the duty to accelerate de facto equality (Art. 4 CEDAW) seems particularly relevant as regressions in many fields must be compensated. This comprehensive action plan should relate to all rights and freedoms. For example, it must ensure that women's representation in state authorities does not take a backlog because women overburdened with care duties cannot prepare for elections.
  - b. Strategies implemented by the government to preserve jobs rather than supplement their loss, such as partial unemployment pay, are likely to protect women and should be continued.
  - c. In response to the greater economic precarity of women, economic compensation strategies need to be addressed from a gender perspective, they need to consider particular feminized fields of work and to define strategies that support women who through the Coronavirus crisis risk to fall into poverty or financial dependence (from their spouses or the state).
  - d. Studies are needed in order to tackle the gendered effects of economic compensation strategies and in order to develop measures which are adapted to particular feminized fields in the economy.
  - e. Policies and measures are needed in order to prevent the current feminization of household and childcare tasks (home schooling) from having long-term effects on women's professional careers. Affirmative action should be designed for women who were held back from requirements for advancement in their field of work by childcare duties.
  - f. Particular support for single mothers should be provided when it comes to phasing in education.
  - g. The Federal Council, currently taking the lead, should remind all implementation partners, especially those currently planning for the coming phases (cantons, communes, schools, social services, businesses, etc.) of this duty.
4. As the mode of formulating policies and establishing rules has shifted (to mostly male government representatives and mostly male experts), **special measures must be taken to ensure the right of women to participate equally in political and public life and "to participate in the formulation of government policy and the implementation thereof"** (Art. 7 CEDAW).
- a. Measures are needed to **reinforce the integration of the knowledge, experiences and expertise of women and other marginalized groups**, into political and social organizations as well as in media and other public realms.
  - b. The particular **vulnerabilities of LGBT+ people** need to be taken into account: Collaborations with organizations active in the field of LGBT+ people need to be reinforced in order to grasp the problems and to adopt measures. A state of the art, including key actions that States and other

stakeholders can take, can be found here:[https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf?fbclid=IwAR2uJmc9wf3eE\\_I1U4oFxeIP5zW8YqRfujV4m8dxmfSaPWMc4msVfxNnmzc](https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf?fbclid=IwAR2uJmc9wf3eE_I1U4oFxeIP5zW8YqRfujV4m8dxmfSaPWMc4msVfxNnmzc)

- c. The Federal Office for Gender Equality, cantonal offices for gender equality (as well as the offices of cities, universities, etc.) and civil society experts (including gender delegates of enterprises) should be included in all processes, in particular in the design of the transition. It seems to be the only way to prevent the transition process from being discriminatory (and thus unconstitutional).
5. That a dedicated domestic violence task force exists is a very good thing. **We would encourage this task force to consider that this could also be a unique opportunity to rethink how we deal with domestic violence in “normal” circumstances.** There is no other crime in which the default plan is that the victim is the one who ends up institutionalized.
  6. **Efforts to reach affected and vulnerable migrant women** need to be reinforced:
    - a. Information regarding the Coronavirus crisis needs to be made available in several languages
    - b. Collaboration with existing structures need to be established in order to develop particular measures and to reach the migrant women: This can be done through a collaboration with migrant organisations, Opferhilfestellen, but particularly with organisations having long established expertise in the work with vulnerable migrant women, in the care but also the sex work sector (for example Fraueninformationszentrum Zürich, Aspasia Genève, Appartenances Lausanne, etc.)
    - c. The asylum system needs a particular focus, regarding infection, the possibilities of social distancing measures and prevention of gendered violence.
  7. Reproductive health services, prenatal and maternal care require appropriate protections at all times. Priority should be given to ensuring a return to normal access for these services.
  8. The central role of women in the pandemic response should be highlighted as this is a major opportunity to showcase the essential nature of their visible and invisible work and advocate for pay and recognition more in line with this essential nature.

## Unresolved issues

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## **Appendices**