

Women are key to an effective COVID-19 Pacific response

Regional Economic Empowerment Ending Violence Against Women Enhancing Agency Leadership And Decision-Making

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Speaker from Nukulaelae atoll in Tuvalu at the 2019 Tuvalu National Women and Youth Forum. Photo credit: Pacific Women Shaping Pacific Development. by Isabelle Gurney

The impacts of COVID-19 are not gender-neutral. Women and girls face even higher rates of violence and sexual abuse, undertake more unpaid domestic work, access fewer essential health services, and are more vulnerable to economic hardship.

Experience from past international crises such as the Ebola and Zika outbreaks, as well as previous disasters in the Pacific, have demonstrated the vital importance of incorporating a gender lens in planning, response, and rebuilding to ensure government interventions and humanitarian response are effective and promote gender equality.

Understanding how COVID-19 affects women and men differently and recognising women as leaders and decision-makers is fundamental to an effective response for all.

Preventative measures governments have taken to keep communities safe, such as lockdowns, are not safe for everyone.

For many women and girls, home is not always a safe place. For women already living in abusive and violent relationships, enforced social isolation and quarantine is particularly dangerous as they are confined with abusive partners or family members – for [women and girls with disabilities](#) the risks of violence in lockdown situations is even further exacerbated. The Pacific already has some of the highest rates of violence against women and girls in the world. As many as 64 per cent of women and girls in Fiji and 68 per cent of women and girls in Kiribati have experienced physical and/or sexual violence by an intimate partner. [Advocacy groups](#) have highlighted the increase in violence against women in Fiji since the COVID-19 outbreak, as well as the [high rates of violence](#) faced by people of diverse sexual orientation and gender identity, who may be forced to isolate in homes which are hostile. With lockdown and social isolating measures, women and girls are less able to access outside support and help as services and facilities are limited or closed in some places.

Women's unpaid domestic labour is increasing.

The closure of many schools and services has been an important step to counter disease transmission, yet greatly increases the time women must spend on domestic labour and care. As elsewhere, women in Pacific communities already do the vast majority of unpaid labour in the home. In the Asia Pacific region, women perform [80 per cent](#) of total hours of unpaid care work – more than three times that performed by men. With the closure of many schools and services, women's childcare responsibilities will have increased and their time for other activities, such as income-generating work, will have decreased. Concerns around food security and food production (particularly for the North Pacific) increases women's domestic burden as time spent sourcing and preparing food increases.

Women are on the frontline protecting the health and wellbeing of their communities.

Across the Pacific islands region women make up the majority of health care workers. In [Tonga](#) and Tuvalu 70 per cent of health care staff are women. In addition to formal health care, the responsibility for home-based and community infection prevention measures (such as hand washing and supporting the social isolation of the elderly) will often fall to women and girls as the main carers for children, the elderly, and sick relatives.

Women's community networks are important channels for the effective dissemination of public health messaging and mobilising community responses. However, as women in the Pacific generally have lower access to communication devices such as radios and mobile phones, they may be less able to convey and practice important prevention behaviours to protect themselves and their communities.

Despite these critical roles women are often not included in decision-making.

Women are central to the outbreak response as community mobilisers, carers for sick relatives, service deliverers, managers of households and frontline health workers. Yet they often remain **excluded** from senior health leadership and community decision-making. This is particularly pertinent in the Pacific, where women are **hugely under-represented** in formal leadership roles.

Women's participation and leadership is essential for an effective response to the COVID-19 outbreak, to mobilise communities and implement disease prevention measures. Working together, governments, donors, civil society and others must respond to the gendered impacts of the pandemic, starting with increased resourcing for family violence services, accessible public health messaging, equal access to food relief, and livelihood interventions targeted to areas in which women work (see further recommendations [here](#)).

More widely, as communities respond to the long-term social and economic impacts of the crisis, the leadership of women and women's organisation will be critical to ensure efforts to mitigate the impacts of COVID-19 are effective, responsive, and relevant to both men and women.

A response that does not consider the impacts of COVID-19 on women and girls will not only fail to meet the needs and requirements of half of the population but will be less effective for communities overall.

For more detailed analysis and policy recommendations, see "[Gender and COVID-19 in the Pacific: emerging gendered impacts and recommendations for response](#)".

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