

Gender Equality Post COVID-19



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GENDER
IN HUMANITARIAN ACTION
Asia and the Pacific

The social and economic impacts of COVID-19 on women in Asia and the Pacific

Over one year into the COVID-19 pandemic, secondary waves continue to unfurl across fragile economic and social landscapes, with the most devastating consequences for individuals and groups with pre-existing vulnerabilities.

The Asia-Pacific region continues to struggle with catastrophic COVID-19 outbreaks. As lockdowns and restrictions persist, inequalities that underscore the pervasive impacts of the pandemic threaten to further exacerbate conditions for those most vulnerable. Disproportionate increases in inequalities for women across health, protection, education and livelihoods have resulted from the pandemic. Emerging evidence over the past year confirmed that the pandemic had a regressive effect on gender equality.¹ Globally, women's employment is 19 per cent more at risk than men's, and the gender poverty gap is expected to worsen well into 2030.²

With vaccines now being distributed in over 165 countries, hope for a transition into a post-COVID-19 world is on the horizon, however, what will that look like for women and those most vulnerable? Globally, 84 per cent of

vaccines have been administered in high-and upper-middle-income countries, and only 0.3 per cent of doses have been administered in low-income countries.³ The vaccine rollout in Asia and the Pacific has been relatively slow and unevenly staggered amid devastating secondary and tertiary outbreaks. Countries with widespread conflict and long and protracted crises, such as Afghanistan and Myanmar, face complex vaccine rollout plans with additional challenges for supply chains and fragile response systems, and increasing risks for the largely female health-care workforce and vaccination teams.⁴ Vaccination campaigns are struggling to reach those most vulnerable. Marginalized populations living in the most fragile humanitarian contexts are also facing overwhelming compounding inequalities that will be further exacerbated by prolonged COVID-19 outbreaks. Vaccine equity and women's participation in COVID-19 response mechanisms are essential to achieving herd immunity and developing the resilience to recover from wider social and economic impacts.

Asia and the Pacific is the most disaster-prone region in the world, with 75 per cent of disaster-affected populations living in the region and more than one quarter of the world's conflicts taking place there.⁵ Too often a disproportionate number of women are left behind, as are members of other vulnerable communities, including people living with disabilities; lesbian, gay, bisexual, transgender, queer, intersex and other

1 UN Women (2020) [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#); GIHA WG (2020) [The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific](#).

2 UN Women (2021) [From Insight to Action: Gender equality in the wake of COVID-19](#).

3 New York Times (2021) [Tracking Coronavirus Vaccinations Around the World](#).

4 New York Times (2021) [In Myanmar, Health Care's Collapse Takes Its Own Toll](#); Al Jazeera (2021) [Afghanistan faces vaccine delay as it battles COVID surge](#).

5 UNOCHA (2021) [Global Humanitarian Overview Asia and the Pacific](#).

The lack of progress on gender equality is proving to be economically costly.

people (LGBTQI+); and people with diverse sexual orientation, gender identity, gender expression, sex characteristics; refugees and internally displaced people; migrant workers; indigenous peoples; and those living in rural or hard-to-reach areas. These vulnerable groups are continuously disproportionately affected by conflict and/or natural disasters, yet their unique insights, particularly in humanitarian settings, are usually overlooked and undervalued as resources that ought to be leveraged to improve crisis responses.⁶ COVID-19 presents an opportunity for restructuring and creating a “new normal” in which no one is left behind.

Estimates suggest that global gross domestic product (GDP) growth could be \$1 trillion lower in 2030 than it would be if women’s unemployment simply tracked that of men’s in each sector.⁷ However, if action is taken now to achieve best-in-region⁸ gender-parity improvements by 2030 (including making investments in education, family planning, maternal health, and digital and financial inclusion and correcting the unequal burden of unpaid-care work related to child care and caring for older people), an estimated \$13 trillion could be added to the global GDP, and \$4.3 trillion could be added to the GDP of Asia.⁹ Additionally, women workers contribute

an estimated \$3 trillion annually to the global health sector, half of which is in the form of unpaid care work.¹⁰ COVID-19 has highlighted the extraordinary and indispensable contributions of women across sectors, particularly in areas crucial to response and recovery efforts. However, women and people from diverse social groups and geographies need to be given equal opportunities in leadership and decision-making roles to ensure response efforts maximize outcomes for everyone and “building back” is inclusive and sustainable.

Data and informed policy response

More than a year into the crisis, there remains a limited understanding of the differentiated impacts of COVID-19 on men and women, including youth and children, due to the lack of comprehensive sex-, age- and disability-disaggregated data (SADDD) on testing, cases, mortality and vaccines.¹¹ The minimum starting point for analysing the contribution of sex and gender to the COVID-19 pandemic and identifying opportunities for reducing health inequities requires data that is sex-disaggregated. This data can be analysed to understand and explain gendered inequalities and yield important evidence on both the biological mechanisms that underlie differences in illness outcomes and the social and structural dynamics that influence individuals’ risk and vulnerability.¹²

6 UNFPA (2020) [Dignity and Disasters: Prioritizing the needs of women and girls across Asia and the Pacific](#).

7 McKinsey Global Institute (2020) [COVID-19 Impact on Women and Gender Equality](#). References to dollars (\$) are to United States dollars unless otherwise noted.

8 In a “best-in-region” scenario, each country matches the rate of progress of the fastest-improving country in its region. McKinsey & Co used best-in-region parity rates over a decade-long period from 2004 to 2014 across 125 countries. For more information please read [methodology](#).

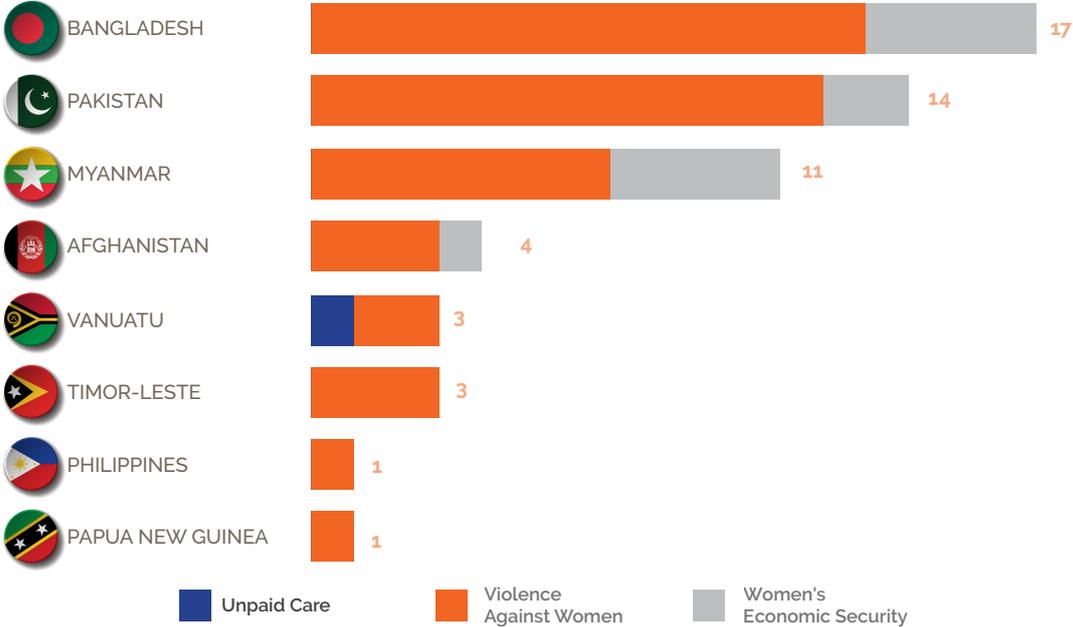
9 McKinsey & Co (2021) [Seven charts that show COVID-19’s impact on women’s employment](#); McKinsey & Co (2020) [The impact of COVID-19 on women in the workplace in Asia](#).

10 WHO, GHWN, WGH (2021) Closing the leadership gap: gender equity and leadership in the global health and care workforce

11 Seck et al. (2021) [Gendered Impacts of COVID-19 in Asia and the Pacific: Early Evidence on Deepening Socioeconomic Inequalities in Paid and Unpaid Work](#).

12 Sarah Hawkes et.al (2021) Recorded but not revealed: exploring the relationship between sex and gender, country income level, and COVID-19, in Correspondence Vol. 9, issue 6, E751-E752, 1 June. Available at [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00170-4/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00170-4/fulltext).

FIGURE 1: Gender sensitive measures in COVID-19 response in Asia and the Pacific



Source: UNDP COVID-19 Global Gender Response Tracker (accessed May 2021)

The United Nations COVID-19 Global Gender Response Tracker indicates more needs to be done in the region: of 55 Asia-Pacific jurisdictions, 43 per cent have no gender-sensitive measures at a time of heightened social and economic vulnerability among women and girls, compared to 20 per cent globally.¹³ Additionally, only four countries in the region (7 per cent) have introduced policies addressing all three tracked risks: violence against women and girls, unpaid care work and women’s economic security.¹⁴ Available data for the region indicates unpaid care work is the most neglected area, with scarce or absent social protection measures, particularly for highly vulnerable

countries (figure 1). The unprecedented and disproportionate increase in unpaid care and domestic work for women in Asia and the Pacific as a result of COVID-19 is irrefutable, with consequences for women’s economic participation and gender parity.¹⁵ Highlighting these gaps is essential to accelerate policy reform to guide national efforts and funding to achieve best practices that prioritize social justice and gender equality while maintaining essential and life-saving services for survivors of gender-based violence (GBV), particularly in fragile humanitarian contexts where services are even more heavily impacted.

13 [UNDP \(accessed 2021\) COVID-19 Global Gender Response Tracker.](#)

14 [Asia Pacific Foundation of Canada \(nd\) Large Gender Gaps in Asia Pacific COVID Fight: New UN Data.](#)

15 [UN Women \(2020\) Surveys show that COVID-19 has gendered effects in Asia and the Pacific; UN Women, Amnesty International, Oxfam \(2020\) Women’s unpaid and underpaid work in the times of COVID-19.](#)

Recommendations from the United Nations COVID-19 Global Gender Response Tracker

Findings suggest that even where countries have adopted an impressive number of gender-sensitive measures, these will only be effective if they are adequately financed and sustained over time. Further recommendations include:

- Services to respond to and prevent violence against women and girls must be treated as essential services, should be adequately funded and an integral part of national and local COVID-19 response plans;
- Fiscal packages must be devised to ensure that women are not left out of the pandemic response and recovery; and
- Governments must support women's active participation in leadership and decision-making processes in their COVID-19 response and invest in sex-disaggregated data to ensure that the gender-differentiated impacts of the pandemic are recognized and effectively addressed.

Source: UNDP (2020) [UNDP and UN Women launch COVID-19 Global Gender Response Tracker](#).

Overburdened response systems

The COVID-19 pandemic has placed unprecedented strain on countries in Asia and the Pacific, exposing severe gaps in public health and protection systems (including social services) and exacerbating chronic inequities, particularly for countries with existing fragile humanitarian contexts. In past pandemics, to ease the burden on overwhelmed response systems, women's services were often deprioritized, which threatened to reverse hard-earned gains toward gender equality. Previous pandemics have illustrated increases in indicators, such as maternal mortality, as a result of fewer pregnant women accessing compromised maternal health services.¹⁶ Similarly now, due to the fear of contracting COVID-19 and restrictive lockdown measures, many women are not accessing routine and essential primary, sexual and reproductive health (SRH) services for themselves and fewer children are accessing primary care, as shown in decreased rates of childhood vaccinations, including the MMR vaccination.¹⁷ Countries such as Nepal already face existing geographic, economic and social issues which prevent access to health-care services for women. Prior to the pandemic only 58 per cent of births in Nepal were attended by skilled personnel.¹⁸ Now, women are facing additional barriers, including restriction on movement, transport challenges and anxiety over possible exposure to the virus. Sixty per cent of preventable maternal mortality takes place in settings of conflict, displacement and

16 Talha Burki (2020). The indirect impact of COVID-19 on women, in *The Lancet*. August. Available at [www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30568-5/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30568-5/fulltext).

17 Obasanjo Afolabi Bolarinwa et. al (2021). Mapping Evidence of impacts of COVID-19 outbreaks on sexual and reproductive health: A scoping review, in *Healthcare (Basel)*. April; 9(4): 436.

18 UNFPA (2020) [In Nepal, COVID-19 turning pregnancy excitement into fear](#).

natural disasters.¹⁹ Research in Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka suggests disruptions caused by COVID-19 reduced coverage of SRH, maternal and child health services – including nutrition assistance, immunization programmes, family planning services, and antenatal care – by more than 50 per cent in the second quarter of 2020, likely contributing over 239,000 maternal and child deaths, an additional 3.5 million unintended pregnancies and a 50 per cent increase in unsafe abortions.²⁰ At a time when SRH services are increasingly inaccessible and access to education is compromised, adolescent pregnancies, the leading cause of death for girls age 15–19 years globally, are rising in low- and middle-income countries in Asia and the Pacific, particularly in Cambodia, Fiji, Malaysia and Mongolia, further impacting girls’ ability to access education.²¹ The polarizing divide between rich and poor continues to be accentuated by the pandemic with stark differences noted between adolescent pregnancy rates at the household level. In Viet Nam, for example, adolescent pregnancy among girls in the richest households is just over 1 per cent compared with 20 per cent in the poorest households.²² Despite strong and sustained economic growth, and in contrast to almost all other regions, inequality has increased in Asia and the Pacific, with an increase in the Gini Coefficient of more than 5 percentage points in the past 20 years.²³ Sustainable progress cannot be made until these gaps are addressed and the economic growth seen in the region begins benefiting those most in need.

Without adequate gender-specific protection mechanisms, reports indicate that the pandemic-related increases in GBV and early marriage are mirroring previous pandemics, with noted increases in early and forced marriages, transactional sex to cover basic needs and sexual abuse, particularly with measures such as school closures.²⁴ A survey conducted in Papua New Guinea found that 45 per cent of respondents reported an increase in physical violence against women and children during the lockdown, and many women were confined with their abusers.²⁵ Notable increases in GBV have also been documented in Fiji, Malaysia, Mongolia, Thailand and Viet Nam.²⁶ The noted increases in call volume to domestic violence helplines and demand for GBV response services resulting from COVID-19 impacts, such as movement restrictions and economic strains on families, have been particularly overwhelming on systems that previously relied on face-to-face delivery of services.²⁷ The need for adaptive services becomes even more essential given the threat of natural disasters in the region. Reports on Bangladesh, India, Indonesia, Malaysia, Nepal, the Philippines, Singapore and Thailand found that Internet searches related to physical violence increased significantly between October 2019 and September 2020, specifically for help-seeking keywords, while concurrently, online misogyny rose, including trolling, sexual harassment and victim-blaming.²⁸ However, the reports also found online support for survivors increased as did awareness campaigns by service providers,

19 UNOCHA (2021) [Gender and Gender-based violence in humanitarian action](#).

20 UNICEF ROSA (2021) [Direct and indirect effects of the COVID-19 pandemic and response in South Asia](#).

21 Save the Children (2020) [The Global Girlhood Report 2020](#); UNICEF (2020) [COVID-19 and Girls’ Education in East Asia and Pacific](#); WHO (2020) [Adolescent Pregnancy](#).

22 Save the Children (2020) [The Global Girlhood Report 2020](#).

23 ESCAP (2018) [Inequality in Asia and the Pacific in the era of the 2030 Agenda for Sustainable Development](#).

24 UNICEF (2020) [COVID-19 and Girls’ Education in East Asia and Pacific](#).

25 UNICEF (2021) [EAPRO Humanitarian Situation Report No. 1](#).

26 Ibid.

27 UN Women (2020) [Across the Pacific, crisis centres response to COVID-19 amid natural disasters](#).

28 UNFPA (2020) COVID-19 and Violence against Women: The evidence behind the talk – Insights from big data analysis in Asian countries. Available at https://asiapacific.unfpa.org/en/publications/covid-19-and-violence-against-women-evidence-behind-talk?_ga=2.132409224.76692773.1621845286-2069682672.1621845286.

identifying digital support mechanisms as a potential method to help supplement overwhelmed prevention and response services.

It is evident that across the region, domestic violence, particularly intimate partner violence, has been exacerbated by COVID-19 quarantine measures as victims and survivors are confined with their abusers. However, women and girls in humanitarian contexts are often disproportionately affected, often experiencing heightened risks of food and housing insecurity, loss of livelihoods, vulnerability to GBV and an increased burden of unpaid care work.²⁹ Pre-COVID-19, 70 per cent of women experienced GBV in humanitarian contexts compared with 35 per cent of women worldwide, and women in these contexts continue to experience heightened risks of sexual exploitation and abuse in humanitarian emergencies compounded by the “shadow pandemic” of domestic violence amid COVID-19 health crisis.³⁰ With vaccine rollouts occurring across the region, it is imperative that Governments address potential sexual exploitation and abuse risks related to the vaccine roll-out.³¹ They must also implement measures to provide essential SRH services and GBV services. GBV Sub-Clusters within Humanitarian Response Plans in the region indicate the need to include the provision of psychosocial, health and legal services, especially to conflict- and natural disaster-affected populations, and GBV assistance with special consideration for at-risk groups, such as people with disabilities, older women, adolescent girls and women and girls in populations of internally displaced people and returnees, as they face more barriers to accessing services.³²

29 UN Women (2020) [Women, Peace and Security and COVID-19 in Asia and the Pacific](#).

30 UNOCHA (2021) [Gender and Gender-based violence in humanitarian action](#).

31 GBVAoR (2021) [COVID-19 vaccination and implications for gender-based violence \(GBV\) prevention and response in humanitarian settings](#).

32 OCHA (2021) [Humanitarian Response Plan Afghanistan 2018 – 2021](#).

The pandemic risks further destabilizing emergency response systems that are already delicate and that have become increasingly difficult for vulnerable and marginalized populations to navigate. Social protection services for women and gender-diverse individuals that occupy vulnerable intersectional identities, such as migrant workers, internally displaced people, refugees, indigenous and ethnic minorities, and conflict- and disaster-affected communities, are particularly at risk of being underprioritized within response systems, due to issues such as inadequate documentation or systemic discrimination. Those population groups need to be explicitly targeted in response plans and protection services.³³

The gendered economy

Over the course of the pandemic, working hours in Asia and the Pacific have decreased by over 15 per cent relative to pre-COVID-19 levels, including a decrease more than 27 per cent in South Asia, where the 2020 employment estimate provided by the International Labour Organization (ILO) is below the pre-crisis baseline by nearly 50 million jobs.³⁴ Women in Asia and the Pacific experienced the brunt of these decreases, including a larger decline in working hours and employment than men and an increased likelihood of moving into inactivity. Young people have also been significantly affected in the region, sharing an overall employment loss 3 to 18 times higher than their share in total employment.³⁵ With fewer paid hours of work available, median incomes are dropping in the region, and low levels of social security

33 UN Women (2020) [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#); GiHA WG (2020) [The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific](#).

34 International Labour Organization (2020) [81 million jobs lost as COVID-19 creates turmoil in Asia-Pacific labour markets](#).

35 Ibid.

coverage and limited institutional capacity in many countries, particularly in humanitarian contexts, have made it even more difficult for people to recover.

Analyses suggests that the gendered nature of work across industries explains only a fraction of gendered differences in job loss rates. The core reason is the lack of systemic progress to resolve societal barriers for women.³⁶ While women are disproportionately represented in sectors negatively affected by the COVID-19 crisis, driving factors also include the burdens of unpaid care work, the lack of female representation in leadership positions and restrictive gender norms exacerbated during the pandemic. Evidence from 11 countries in the Asia-Pacific region indicates that women are disproportionately shouldering the burden of substantial increases in unpaid care and domestic work resulting from COVID-19 with children out of school, intensified care needs of older and ill family members and labour markets in turmoil; all of which is exacerbated further in crisis and conflict settings.³⁷

Women are more vulnerable to COVID-19-related economic effects because of existing gender inequalities, which are amplified in crisis and conflict settings.

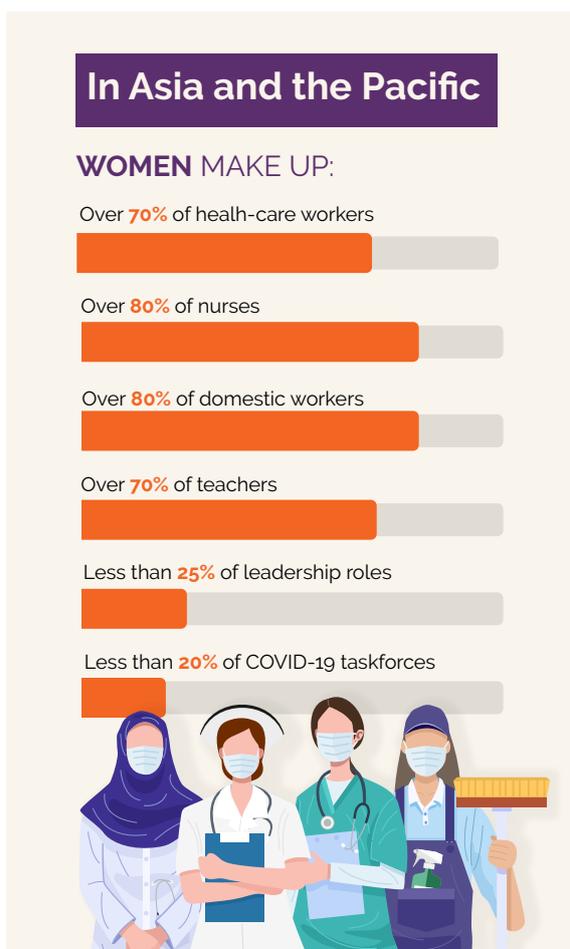
The gendered care economy is a reflection of the unbalanced division of leadership between men and women. Globally, women account for at least 70 per cent of health-care workers (more than this in the Asia-Pacific region), yet they hold less than 25 per cent of senior roles.³⁸ Although women account for the majority of frontline health workers

36 McKinsey Global Institute (2020) [COVID-19 Impact on Women and Gender Equality](#).

37 Seck et al. (2021) [Gendered Impacts of COVID-19 in Asia and the Pacific: Early Evidence on Deepening Socioeconomic Inequalities in Paid and Unpaid Work](#).

38 WHO (2021) [Inspiring change: women's leadership in health care is vital during the COVID-19 pandemic and beyond](#).

in Asia, women make up only 15 per cent of COVID-19 taskforces.³⁹ This reinforces a trend seen across many sectors: women are not occupying leadership roles, a stagnant trend that has remained pervasive in the Asia-Pacific region, particularly in fragile or conflict-affected areas.⁴⁰



The ILO estimates the informal economy in Asia and the Pacific constitutes over 70 per cent of economic activity. Informal work includes a broad category of jobs that cannot be transitioned to home or online work. Women at the intersection of class, caste, race, age and migration status who are engaged in part-time and informal economic activities are the most disproportionately impacted by restrictions enacted to contain

39 UNDP (accessed 2021) [COVID-19 Global Gender Response Tracker](#).

40 ESCAP (2021) [Women in leadership: achieving an equal future in a COVID-19 world](#).

the pandemic.⁴¹ In fragile, conflict, or violent settings, only four in ten women are in formal employment, and in protracted conflicts only two in ten women are in formal employment, and women in informal employment are excluded from social protection measures and economic opportunities during the pandemic.⁴² In Cambodia and Myanmar, 94 per cent and 87 per cent of women, respectively, are engaged in informal employment.⁴³ Domestic workers and sex workers, for example, who are already vulnerable due to lower literacy rates, risk of exposure to sexual exploitation and abuse (as well as other forms of violence) and who experience stigma and discrimination in accessing health care and social and economic opportunities, are facing additional barriers to services and information. Moreover, they are at risk of destitution due to their reliance on daily wage work. An estimated 300,000 sex workers in Thailand, the majority of whom are women, are without work due to lockdown restrictions. Assessments during the pandemic indicated that 75 per cent of sex workers in Thailand no longer made enough money to cover daily expenses, and more than half could no longer cover the cost of housing. Additionally, sex workers are not able to access the \$58 billion stimulus package from the Thai Government due to lack of documentation to prove self-employment status.⁴⁴

In the Pacific, the most dramatic economic impact was seen in tourism with the closure of borders and cessation of travel. Despite the importance of tourism for Pacific economies, many who are employed in the industry have irregular or precarious work arrangements,

seasonal employment, part-time or excessive hours. Informal hiring means that workers lack social safety nets. In Fiji, women account for nearly two thirds of university students in tourism courses, yet they hold just one-quarter of the professional and managerial jobs in the industry, which is a reflection of gender bias in leadership roles.⁴⁵ Those linked to the industry through production activities, such as handicrafts, are even more vulnerable as they have no income or social protection to fall back on. Assessments indicate most market vendors in Fiji, 85 per cent of whom are women, did not have enough savings to withstand an income disruption of more than two weeks.⁴⁶ The precarious economic conditions in which women live are heightened by impacts from natural disasters, as was seen in Fiji with Cyclone Harold.⁴⁷

As women's labour force participation is rebuilt following COVID-19, progress cannot be achieved without addressing the digital gender gap. In Asia and the Pacific, the gender gap in mobile ownership is almost 50 per cent, and the gap is wider in South Asia given systematic exclusion of women from access to critical infrastructure.⁴⁸ The use of mobile phones in refugee camps, such as Cox's Bazar, highlights opportunities to provide women with life-saving services. However, equitable access to mobile phones needs to be ensured for those most vulnerable to benefit from connected services. A key barrier to mobile ownership and connectivity among refugee populations is limited livelihood opportunities for women and people with disabilities.⁴⁹ In an increasingly digital world where jobs are either already digitized or becoming automated, a

41 Institute of Development Studies (2020) [Gendering pandemics: identifying the unequal impacts of COVID-19](#); UN Women (2020) [Guidance for Action: Addressing the emerging impacts of the COVID-19 pandemic on migrant women in Asia and the Pacific for a gender-responsive recovery](#).

42 World Bank (2020) [Gender inequality exacerbates the COVID-19 crisis in fragile and conflict-affected settings](#)

43 UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).

44 Ibid.

45 The Asia Foundation (2021) [The Future of Work for Women in the Pacific Islands](#).

46 Ibid.

47 UN Women (2020) [Women confront the dual impact of a pandemic and a tropical cyclone](#)

48 Sorgner, A. et al. (2020) [Bridging the Digital Gender Gap](#); Aggarwal, A. (2020) [How COVID-19 Fuels the Digital Gender Divide](#).

49 GSMA (2019) [The Digital Lives of Refugees: How displaced populations use mobile phones and what gets in the way](#)

trend that accelerated during COVID-19 and shifted health care information, education and economic activity online, it is imperative that women and girls receive the same training and formal employment opportunities with technology as men and boys. As COVID-19 increases communities' reliance on digital services for information, given office closures and lockdowns, men have already benefited disproportionately from greater access to life-saving information, while women's reliance on informal groups for life-saving information has been jeopardized.⁵⁰

The pandemic has highlighted the layered inequities in women's labour force participation and unpaid care roles prior to COVID-19. It has also underscored the particular vulnerability of women in informal work, and conflict- or disaster-affected settings, who face barriers to small-scale income generation owing to COVID-19 restriction measures and economic impacts. For Asia and the Pacific to "build back better" after COVID-19, investments are needed in opportunities for the economic empowerment of women, and systems need to be restructured to include proactive policies for women's leadership beyond COVID-19 to deal with anticipated challenges related to climate change and the impact of increasing automation/digitization on employment.

Intersecting vulnerabilities

A multitude of insidious layers of inequality perpetuate cycles of disparate distributions of wealth and resources during the COVID-19 pandemic. Lived experiences during the pandemic are starkly divided along gender lines and are exacerbated by intersecting identities and vulnerabilities.

- **Refugees and internally displaced people** are uniquely and disproportionately impacted by COVID-19. With over 4.4

50 USAID (2020) [COVID-19 and Digital Development](#).

million refugees and asylum seekers in the Asia-Pacific region, and over 3.2 million internally displaced people, the potential challenges of outbreaks within refugee camps were of grave concern. However, it appears that more pernicious impacts have arisen from border closures, slowed economies, the overlapping of crises, increased xenophobia and the use of the virus as an excuse to restrict asylum access.⁵¹ As vaccines are distributed specific inclusive measures need to be addressed to ensure vaccines are available to refugees and internally displaced people, regardless of documentation.

- **LGBTQI+** communities experience historic barriers in accessing health services and are strongly stigmatized and often excluded from formal job markets. With overburdened health systems, key services for LGBTQI+ populations are disproportionately de-prioritized, and populations have reported that access to services has been denied, suppressed, curfewed, locked-down or made unaffordable.⁵² To better understand these impacts and the needs of LGBTQI+ populations, disaggregated data and research that is inclusive of sexual orientation and gender identity needs to be prioritized.
- **People living with HIV** experience a unique risk related to COVID-19 as they are immunocompromised. Additionally, people living with HIV have reported barriers in accessing HIV prevention and treatment services since the pandemic began and difficulty in accessing support through families and friends.⁵³

51 Reidy, E. (2021) [One year on: How the pandemic has affected refugees, asylum seekers, and migration](#).

52 ADB (2021) [IDAHOTB 2021: The face of LGBTQI exclusion in the COVID-19 pandemic](#); APCOM (2021) [COVID-19 Effect Series: Reflecting the Current Realities Faced by the Communities We Serve](#).

53 APCOM (2021) [COVID-19 Effect Series: Reflecting the Current Realities Faced by the Communities We Serve](#).

- **People with disabilities** are often disproportionately impacted by disasters as warning and information systems often do not take diverse communication needs into account. Especially with the distribution of COVID-19 vaccines underway, people with disabilities are at risk of being neglected from life-saving information. There are over 690 million people with disabilities in Asia and the Pacific, with projected estimates increasing due to ageing, non-communicable diseases and climate related disasters.⁵⁴ However, regionally accessible infrastructure is not adequate: 70 per cent of public buildings in Mongolia, 96 per cent of public websites in China and 90 per cent of election polling stations in Jakarta, Indonesia, are not accessible for people with disabilities.⁵⁵ Compounded by stigma and discrimination, people with disabilities face access barriers in almost every domain, including health care, education, employment, public transport, banking and criminal justice systems. These access barriers mean that people with disabilities are left behind while others benefit from socioeconomic development and opportunities.

- **Young girls, adolescents girls, and youth** made huge strides in education prior to COVID-19. The number of out-of-school girls dropped by approximately 70 million in the region in the decade preceding the pandemic.⁵⁶ Unfortunately, due to school closures over the course of the pandemic and compounding economic and social impacts, reports have documented increased child marriage, sexual and gender-based violence, online sexual exploitation and early pregnancies.⁵⁷

54 UNDP (2021) [Improving accessibility for people with disabilities – a neglected priority in the response to COVID](#).

55 Ibid.

56 Plan International (2020) [Hear it From the Girls Asia and COVID-19](#).

57 UNICEF (2020) [COVID-19 and Girls' Education in East Asia and Pacific](#).



Photo: UN Women/Fahad Kaizer

Adolescent girls in conflict zones are 90 per cent more likely to be out of school than girls in non-conflict settings.⁵⁸ The most marginalized, including girls with disabilities, those in conflict-affected contexts, remote and rural communities, and those in the poorest quintile, are expected to be most affected by COVID-19-related school closures, with additional constraints on their right to education, health and protection.⁵⁹

- **Migrant workers** have been disproportionately affected by the pandemic, particularly women migrant

58 UNOCHA (2021) [Gender and Gender-Based Violence in Humanitarian Action](#).

59 UNESCO (2021) [#HerEducationOurFuture](#).

workers in domestic work who are not covered by labour laws and who have no shelter if they lose their job. The number of migrant women increased by almost 50 per cent in the decade prior to COVID-19. Asia-Pacific is home to 48 million international migrants, the majority of whom are migrant workers.⁶⁰ Examples of poor social distancing, insufficient PPE, and substandard and crowded accommodation, have been reported among migrant workers and fuel their risk of infection. For example, 90 per cent of infections in Singapore in August 2020 were from migrant workers' dormitories.⁶¹ Additionally, many populations in Asia and the Pacific rely on remittances, and estimates suggest remittances rose in South Asia over 2020, but fell 7.9 per cent in East Asia and the Pacific.⁶²

- **Minorities and indigenous populations** already experience stigma and discrimination and poor access to health care, significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, sanitation and other key preventive measures such as soap/disinfectant.⁶³ Given indigenous language barriers, traditional gatherings and traditional livelihoods often in subsistence economies or in the informal sector, indigenous populations in Asia and the Pacific may experience a higher degree of socioeconomic marginalization related to the impacts of COVID-19.
- **Populations living in rural or hard to reach areas** are often low resource communities. As seen in India currently,

populations in rural villages are unable to handle the virus because they are not equipped with medical infrastructure, and they lack sufficient health care workers. Vaccine supply chain management is complex, and rural areas without cold chain storage will experience significant barriers in delivering vaccine services. Rural residents are also at a disadvantage given they are less likely to own smart phones or have Internet access. Thus they are more likely to go without access to daily information around COVID-19 protocols.⁶⁴

- **People living in climate-affected communities** are experiencing impacts of natural disasters in addition to the impacts of COVID-19. Countries along the Mekong Delta are struggling with conditions of drought that impact food security and water and sanitation hygiene, that disproportionately impact women and girls.⁶⁵ Small Pacific island countries struggle with the dual impact of cyclones amid the pandemic; for example, Cyclone Harold hit Fiji, Solomon Islands, Tonga and Vanuatu, causing severe destruction to infrastructure and communities.⁶⁶ Due to a combination of climatic shocks and socioeconomic challenges, food security in Asia and the Pacific is expected to worsen in 2021, particularly in countries such as, Afghanistan, Bangladesh, Cambodia, Myanmar, Nepal and Sri Lanka.⁶⁷
- **Extreme Poverty** had been declining steadily in the past two decades, however, as a result of COVID-19, the number of women living on less than \$1.90 a day is projected to increase by 11

60 International Labour Organization (2021) [Pandemic realities for Asia-Pacific's 48 million international migrants](#).

61 Ibid.

62 The World Bank (2021) [Defying Predictions, Remittance Flows Remain Strong During COVID-19 Crisis](#).

63 United Nations (accessed 2021) [COVID-19 and Indigenous Peoples](#).

64 Pasricha, A. (2021) [Pandemic's Second Wave Inundates Rural Areas in India](#).

65 UNICEF, UN Women, CARE (2021) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).

66 UN Women (2020) [Women confront the dual impact of a pandemic and a tropical cyclone](#).

67 UNOCHA (2021) [Global Humanitarian Overview Asia and the Pacific](#).



Photo: UN Women/Christine Chung

per cent, with 13 per cent of the world's women and girls – 469 million people – living in extreme poverty.⁶⁸ In South Asia particularly, significantly more women than men are at risk of poverty because of the pandemic. In the 25–34 year age group, there were an estimated 118 poor women for every 100 poor men in 2021, and the ratio expected to rise to 129 women to every 100 men by 2030.⁶⁹ The rise in poverty during this age group could be due to the impact of prioritizing family obligations and unpaid care work over paid work which has ripple effects on income security in old age, and has been exacerbated as a result of the pandemic.

In defining a “new normal” post-COVID-19, these inequalities need to be addressed to

prevent perpetuating cycles of poverty that disproportionately affect women and reinforce gender inequalities. COVID-19 has laid bare the existing structural and discriminatory gender norms, and the pandemic has presented a social and economic opportunity to build back better for the women, girls and marginalized communities of Asia and the Pacific. In doing so, it is crucial that women are included in response efforts and are given equal opportunity to take on leadership roles and participate in designing appropriate programming, prevention and responses to COVID-19 to ensure they are tailored to the specific and different needs of women, men, boys, girls, and at-risk groups. Countries need to invest in data systems and prioritize disaggregated data collection and reporting on sex, age, disability and other at-risk groups.

68 Open Society Foundation (2021) [After the Pandemic Rebuild for Gender Justice](#).

69 UN Women (2021) [From Insight to Action: Gender equality in the wake of COVID-19](#).

Key recommendations

The following recommendations were adapted from the recommendations for the Mekong region issued by UN Women, UNICEF and Care International. They echo existing humanitarian guidelines and best practices to ensure gender-responsive COVID-19 measures in the wider Asia-Pacific region.⁷⁰

RECOMMENDATION 1

Collect and ensure the availability of sex and age disaggregated data, as well as data and information on people with disabilities and other at-risk groups. This should include rates of morbidity and mortality, differential economic impacts and care burdens, access to protection, health services (including SRH), education and technology.

RECOMMENDATION 2

Ensure information, messaging and community outreach on COVID-19 is inclusive and accessible to diverse gender identities and those from marginalized communities, such as people with disabilities or indigenous and ethnic minorities, and ensure it does not reinforce harmful gender stereotypes.

RECOMMENDATION 3

Provide immediate emergency relief support to those most affected by COVID-19 and who are experiencing barriers to accessing social protection mechanisms. This includes a focus on those living in conflict- and disaster-affected areas, working in the informal economy (the majority of whom are women), informal migrant workers and sex workers (also the majority being women), people with disabilities, rural communities, people living in urban slums and female-headed households.

RECOMMENDATION 4

Develop mitigation strategies that specifically target the economic impact of the outbreak on women and build women's economic resilience and leadership opportunities. A particular focus should be on those in sectors hit hardest by the pandemic including tourism, sex work, garment factories and those working in informal sectors.

RECOMMENDATION 5

Ensure women with diverse backgrounds and from different socioeconomic strata are given opportunities to meaningfully engage in the structures, measures and processes established to deal with COVID-19.

RECOMMENDATION 6

Prioritize and strengthen services for prevention of and response to GBV and SRH services in communities affected by COVID-19 in addition to other types of disasters, with an emphasis on mitigating barriers identified for specific groups in this report.

RECOMMENDATION 7

Prioritize mental health and psychosocial support services in communities.

RECOMMENDATION 8

Ensure school closures, where they exist, do not further disadvantage girls or at-risk populations, such as children with disabilities, ethnic minorities and those from remote communities.

⁷⁰ UNICEF, UN Women, CARE (2021) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#)



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Funding for this publication was provided by the Government of Japan.



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the People of Japan**



OCHA United Nations Office
for the Coordination of
Humanitarian Affairs

