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BRIEFING NOTE:

**THE ECONOMIC IMPACTS OF
COVID-19 AND GENDER INEQUALITY
RECOMMENDATIONS FOR
POLICYMAKERS¹**



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COVID-19 is a crisis that demands urgent responses. As the pandemic spreads, a coordinated and integral response to healthcare, care policies and other measures are required in order to mitigate the social and economic impacts of the crisis. Women are often at the front line of health and care response in healthcare centers, social services, communities and households², often ensuring the well-being, care, and resilience of affected persons, the elderly, children, girls and boys and their families. Economic consequences will be far-reaching and will deepen existing inequalities, including in gender inequalities.



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To support policymakers at this time, UNDP has identified three inter-linked policy areas in which support can be offered:

- **Offer 1:** Health system strengthening, including procurement and supply chain strengthening
- **Offer 2:** Inclusive and Multisectoral Crisis Management and Response
- **Offer 3:** Social and Economic Impact: Assessment and Response.

This **briefing note seeks to guarantee the integration of gender equality and women's empowerment in the three inter-linked support areas** and provide recommendations to Country Offices and governments in the Latin America and the Caribbean region for the implementation of gender-responsive policy measures to the COVID-19³ emergency, ensuring that as a final goal no one is left behind. However, it will develop in detail recommendations for Offer 3 regarding the social and economic impacts of the crisis.

In response to the global health, social and economic crises caused by the pandemic of COVID-19, an unprecedented breadth and depth of measures have been taken by local and national governments to minimize spread of the disease. From preventive social distancing to the restriction of movement of people and border closures, to the confinement of entire cities, regions and countries, as well as the temporary closure of formal and informal economic activities. Consequently, daily lives of people have been dramatically disrupted, as well as the economic, social and productive fabric that sustain societies.

The guidelines and recommendations of this Technical Note seek to ensure for that the response to the COVID-19 emergency will be gender responsible thus guaranteeing no one is left behind.

Past experiences faced by countries in other epidemic outbreaks such as the Ebola virus EVD⁴, Zika, MERS, SARS or AH1N1⁵ have revealed that the most vulnerable, such as the elderly, people with disabilities, low-income households, households highly exposed to shocks, and



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in general informal workers without social protection or any kind of insurance, are disproportionately affected – both by the disease and by government responses to it.

Policy responses to counter the impacts of COVID-19 must incorporate a gender perspective as social norms and cultural patterns are determining factors of the differentiated impacts for men and women.

It is anticipated that the COVID-19 crisis will trigger an economic recession even deeper than the 2008 financial crisis. The **global economic decline** due to this crisis forecasts an annual GDP growth below 2.5% and an impact on global income of at least 1 trillion US dollars⁶. According to ECLAC, in a moderate scenario **Latin America and the Caribbean will see negative growth of -1.8% for the year** fueled by the decline in economic activity of trade partners, the drop in commodity prices such as oil, the interruption of global supply chains and the intensification of risk aversion and worsening of global financial conditions . The resultant recession will disproportionately impact the income and employment of the most vulnerable, particularly women. Initial estimates forecast an **increase of global unemployment between 5.3 and 24.7 million people**, situated in 2019 in 188 million people globally⁸.

Neither analysis of potential impacts from the pandemic nor the policies required in response to it can be effectively completed without the **proper integration of a gender perspective**. Quite beyond the distinct biological responses brought about by the disease⁹, **gender norms and cultural patterns determine the roles women and men play in a society in response to crisis, as well as the differentiated impacts they experience¹⁰**. Conditioning factors associated with the depth of those impacts, are related to violence and insecurity, healthcare responses, access to livelihoods and resources, as well as the social, economic and territorial environment.

Latin America and the Caribbean is the most unequal region in the world, and as such is more vulnerable to a socioeconomic crisis



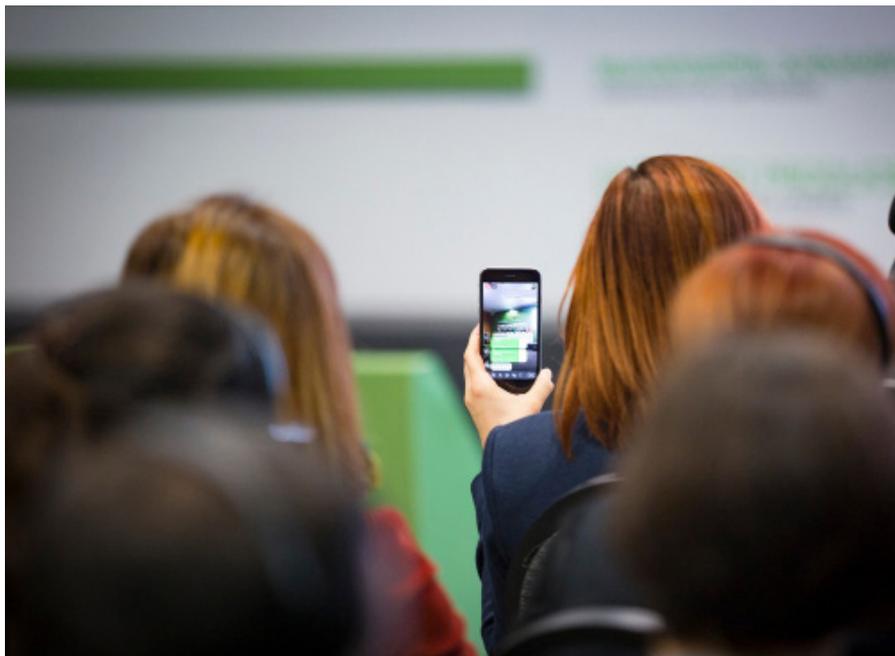
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arising from the spread of COVID-19. Poverty has a gender dimension – and it is becoming more pronounced. While in 2002 for every 100 men living in poor households there were 105 women, in 2017 the number increased to 113 women. Extreme poverty also exhibited a similar trend, from 108 to 116 women for every 100 men, within the same time period¹¹. The gender dimension of poverty in the region means that women are relatively more vulnerable to socioeconomic crisis caused by disease.

Women comprise 75% of the health workforce in the world and in Latin America they are 57% of medical personnel ... 9 out of 10 of the nursing professionals are women.

In this context, **women in poverty and high vulnerability** will be affected, not only by the increase of the care burden and the loss of income for those in informal jobs, but also by the **material conditions and infrastructure** of their households, neighborhoods and communities. Women and families living in **marginalized urban areas and remote rural areas** that feature low access to drinking water and sanitation, dirt floors, overcrowded and unhealthy households and communities¹² face difficult challenges in complying with social distancing measures established by governments to contain the spread of the virus. Social distancing policies are difficult to apply in contexts where the effectiveness of the measures designed to prevent the spread of the pandemic are associated with class distinctions and privileges, even in some cases increasing the risk of transmission in precarious and marginalized communities and territories.

Non-remunerated care work has increased as a result of COVID-19¹³. Women and girls are often the primary caregivers at home and in general have more domestic chores and care responsibilities relative to men, spending on average 2.5 times more time in non-remunerated care work. With school closures and rising numbers of infected persons in many countries and the need to care for patients and children at home, the double burden on women will probably increase.



One of the consequences of the quarantine implemented in many countries the wake of COVID-19 has been the increment in the unpaid work for women and girls within their homes.

Migrant women, particularly those involved in domestic care, face a higher likelihood of exposure to the disease. When unable to remain economically active, as a consequence of movement restrictions, for example, they experience a disproportionate loss of income. Unequal power relations and discriminatory social norms may impose additional risks for migrants in contexts where xenophobia and discrimination may prevent them accessing employment. For instance, housing conditions of migrant persons are extremely precarious, since short-stay hotels, shared houses or detention centers for irregular immigrants are usually overcrowded, becoming vehicles for the spread of the virus. Likewise, **women refugees** face vulnerabilities, especially within the context of human mobility due to violence they face during travel in the region, while **women in state prisons** and their children face particular challenges due to overcrowding.

The FAO has recognized that “the basis for the vulnerability of women, **especially rural and indigenous women to chronic poverty**, is found in discriminatory labor markets and the social exclusion of political



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and economic institutions”¹⁴. Changes in markets and consumption patterns caused by COVID-19 could exacerbate the level of vulnerability due to a sudden reduction in demand and markets for the sale of agricultural products, reducing available income. Furthermore, the restriction of movement prevents women from carrying out agricultural and livestock activities and obtaining essential resources for their families (e.g. water, firewood, natural food resources, etc.), putting both their well-being and that of their families at risk.

Similarly, the ILO warns that the **employment crisis derived from the COVID-19** response could disproportionately affect specific groups, and in consequence exacerbate inequality. Among them are those unprotected and poorly paid, in particular youth people, elder workers, women and migrants¹⁵.

Within the context of the COVID-19 emergency, migrant and refugee women are in a particularly precarious situations as they are exposed to xenophobia, which makes them targets of violence and limits their chances of finding fair employment.

Women comprise 70% of the healthcare workforce worldwide¹⁶, while in Latin America nearly 57% of doctors and 9 out of 10 nursery professionals are women¹⁷. An overrepresentation of women as frontline staff in the healthcare sector creates a higher exposure to bodily fluids and lab samples from potentially infected patients. Additionally, women are overrepresented in sectors that have been highly affected by the crisis, such as tourism, transport, entertainment, cleaning and remunerated domestic services. In fact, Latin America is the region that generates more female employment in tourism services and there are nearly twice as many businesswomen in tourism than in any other sector (51%)¹⁸.

The informal economy poses a particular set of problems for policymakers responding to the COVID-19 crisis. Quarantines, social distancing measures, restriction of movement and closures of business and economic activity **may disproportionately affect those individuals and families who derive their livelihood from informal activities, in**



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particular women who depend in a greater proportion from it. High levels of labor informality are also a persistent reality in the region. In total, 54.3% of women compared to 52.3% of men work informally, while the level of informality for young people is even higher, reaching 60% of the population in working age¹⁹. **Informality translates into low wages, precarious working conditions and the absence of social protection.** Nearly 15% of women compared to 25% of men aged 15-65 are affiliated to social security, disproportionately affecting those who live in poverty. Likewise, 83% of **remunerated domestic workers, most of them migrant women**, face the precarious conditions of informality²⁰. In 2017 they represented 14.6% of women workers in Latin America²¹ and only a third was contributing to pension systems.

In most countries in Latin America and the Caribbean, current **social protection and social security systems do not correspond to the reality of labor markets, nor the socioeconomic and demographic transitions** of recent decades. As such they are ill prepared to face the shock of measures required to minimize the spread of COVID-19 or mitigate its impacts.

School closures also endanger the **accumulation of human capital** of boys, girls and adolescents, despite government efforts to implement distance learning methods. Low internet penetration in urban and rural vulnerable households, as well as low digital skills, especially of women, put at risk educational processes of those learning from home. Likewise, school closures impact the capacity of many girls and boys in positions of vulnerability to receive sufficient nutritional intake, undermining both their health and their long-term human capital.

On top of this, the WHO has clearly stated that gender-based violence is a “global health problem of epidemic proportions”. **Social distancing**

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