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Inter-American Commission of Women

COVID-19 in Women's Lives:

Reasons to Recognize the
Differential Impacts



The Organization of American States (OAS) brings together the nations of the Western hemisphere to promote democracy, strengthen human rights, foster peace, security and cooperation and advance common interests. The origins of the Organization date back to 1890 when nations of the region formed the Pan American Union to forge closer hemispheric relations. This union later evolved into the OAS and in 1948, 21 nations signed its governing charter. Since then, the OAS has expanded to include the nations of the English-speaking Caribbean and Canada, and today all of the independent nations of North, Central and South America and the Caribbean make up its 35 member states.

The Inter-American Commission of Women (CIM) is the main hemispheric policy forum for the promotion of women's rights and gender equality. Created in 1928 - in recognition of the importance of women's social inclusion to democratic strengthening and human development in the Americas - CIM was the first inter-governmental organization established to promote women's human rights and gender equality.

COVID-19 in women's lives: Reasons to recognize the differential impacts

This publication is an initiative of the Inter-American Commission of Women (CIM), coordinated by Alejandra Mora Mora, Executive Secretary of the CIM, with contributions from Marta Martínez, Hilary Anderson, Beatriz Piñeres, Eva Villarreal, and Javiera Sandoval.

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Introduction

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The emergency stemming from COVID-19 has specific impacts on women and is deepening existing gender inequalities, both inside and outside homes, in hospitals and health centers, at work, and in politics. This reality requires that women's equal participation in decisions and a gender perspective be central elements of crisis mitigation and recovery policies. Lessons from recent pandemics (Ebola, Zika, SARS) have shown that incorporating the needs of women in addressing the emergency is no small matter. On the contrary, not considering a gender perspective will deepen inequalities with long-term effects that will be difficult to reverse.

Confinement measures seek to protect public health and prevent the collapse of health services; however, their application is not gender neutral. Households have become the space where everything happens: care, education of children and adolescents, socialization, and productive labour, which has exacerbated the care crisis. The workload related to care and attention to people has increased, whose response should be collective. However, the reality is that this labour is not equally distributed, but falls mainly on women, and is valued neither socially nor economically. Outside of homes, women also constitute the largest contingent taking care, in the health sector, in paid domestic work and in specialized care centers for minors, older adults and people with disabilities, a situation that carries differentiated impacts on women's health and exposes them to a higher risk of contagion.

Globally, women are poorer than men and are already feeling the effects of this crisis in the economic sphere and in the labour market, which is already segregated by gender. Women represent a larger proportion of the informal economy in all countries, and the data indicates that the sectors of the economy most affected by social isolation measures affect women significantly. Regardless of the sector, the effective participation of women in the paid work that is recovered after COVID-19 will be necessary for their economic empowerment and for the economic reactivation of countries.

In addition, indicators show an increase in gender violence, which is exacerbated by confinement and by the limited access of women to public services for the care, prevention and punishment of violence. These are considered non-essential services, and although

most governments are tailoring measures to the context of the emergency, extraordinary measures are required for a situation that is extraordinary. Additionally, women are encountering excessive limitations to access sexual and reproductive health services, such as hospital-based deliveries, which could increase maternal mortality. The intersection of gender with other conditions of vulnerability exacerbates the negative impact of the crisis; therefore, it is a priority to pay attention to the most vulnerable groups such as migrant women, domestic workers, women deprived of liberty, women heads of household, women from the LGBTBI community, and the most disadvantaged women from rural areas.

The gender perspective becomes even more important in addressing this crisis when, at the international level, some sectors have questioned basic agreements regarding the rights of women established over 25 years ago, including: the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Platform for Action of the Fourth World Conference on Women (Beijing), and the Inter-American Convention on Prevention, Punishment and Eradication of Violence against Women (Belem do Pará Convention). In this context, it is more necessary than ever that international and regional organizations such as the Organization of American States (OAS) and its Member States, strengthen the gender perspective in their analyses and decisions, strengthen their spaces for addressing and defending women's rights such as the Inter-American Commission of Women (CIM) and the National Mechanisms for the Advancement of Women, and ensure the equal participation of women in crisis response cabinets.

Similarly, the leadership of the countries of the region most committed to gender equality is critical. They have incorporated the standards of international treaties on equality, they have high levels of political and economic participation of women, with measures to support care, that address violence against women, that evolve with feminist policies even in foreign affairs, that incorporate new paradigms to measure and combat poverty. All this makes these countries less unequal and more competitive.

The challenge of governments and international organizations to implement policies that seek equality in the mitigation and recovery of this crisis may create opportunities for these policies to be more appropriate and effective, insofar as they respond to the needs of the whole population, including women. The region has an opportunity to establish new pacts, new alliances and new perspectives that compensate for the certainties that tumble in the advance towards the paradigm of equality.

In this regard, the CIM, with the aim of supporting Member States, presents this document with information and arguments on impacts, challenges, and actions to develop policies that respond to the different needs of the population, focusing on gendered impacts and the needs of women. This work is based on the knowledge generated during previous

health emergencies, on the available evidence and analysis of the gendered impacts of the current emergency, and on the information gathered from various meetings organized by the CIM over the last few weeks. These meetings have included the Ministers of Women and high-level authorities of the National Machineries, the Committee of Experts of the Follow-up Mechanism to the Belém do Pará Convention (MESECVI), and civil society organizations.

The document focuses on the areas of decision-making, security and violence against women, care and economic rights of women, and women's health, with special emphasis on sexual and reproductive health. It also addresses groups that were vulnerable before the emergency and that now confront increased risks, as well as other actions that are essential to adequately addressing the crisis, such as the availability of gender-disaggregated data. In sum, the document offers information that supports the incorporation of the needs of women in decisions as a priority in the exceptional times we are living.

Cross-Cutting Approaches¹

The rights-based approach. Public policy with a rights-based approach is the set of decisions and actions designed, implemented, monitored and evaluated by the State - based on a permanent process of inclusion, deliberation and effective social participation. The aim of this rights-based policy is to protect, promote, respect and guarantee the human rights of all the people, groups and collectives that make up society, under the principles of equality and non-discrimination, universality, interdependence, indivisibility and progressiveness.

The gender perspective is an analytical strategy that includes three elements: (i) the differential impact that measures may have on men and women; (ii) the opinions, experiences and concerns of women and men at different points in the policy cycle; and (iii) the benefits that the measures bring in terms of reducing the inequality gap between men and women.

Inter-sectionality alludes to the importance of adopting differentiated measures that consider the particularities and diverse identities of women in special situations of risk. This leads to taking into consideration the intersection of factors such as race, ethnicity, age, sexual orientation, and gender identity and expression, among other variables that may accentuate a situation of risk to violence and discrimination.

Decision-Making

- **Equal participation of women in decision-making is essential to effective and appropriate responses to the crisis.**² Decisions that do not include women are partial, less effective and can even be harmful. During the Ebola crisis in 2014,³ any response to the specific challenges faced by women was made more difficult due to underrepresentation of women at all levels of the national and international response. The equal participation of women in the response and recovery efforts of the COVID-19 crisis is important in itself for reasons of equality, justice and democracy. Women represent half of the population in all the countries of the region, bring different perspectives and assume greater leadership on the differentiated needs of women. The participation of women in spaces where real power resides is what makes the difference.⁴ These arguments show that this crisis cannot be addressed without the effective participation of women that allows the visibility and incorporation of these different realities in the design and actions of public policy.
- **The incorporation of the Ministries for Women or the National Machineries for the Advancement of Women into the government crisis cabinets,** special task forces or other bodies will ensure that the gender perspective and the needs of women are taken into account in the decisions of governments in the face of the crisis.
- **The participation of experts and women's organizations** will provide an independent, specialized and multiplying voice for the gender perspective in crisis mitigation and recovery policies at all levels. During the Ebola emergency, women's groups used their networks to amplify messages on social distancing in communities, and played an important role in strengthening the response to the crisis.⁵
- **No setback is acceptable in terms of the rights earned by women to participate in decision-making, even during a crisis.** The region has been a pioneer in the world in the acceleration of equality in politics, with the adoption of quota laws and parity. Despite these efforts, women continue to be underrepresented in power in all state institutions (in regional averages: 30.6% of parliaments,⁶ 28.5% of ministerial cabinets, 15.5% of mayors and 32.1% of the highest courts of justice),⁷ which is why States must redouble their efforts to ensure the equal participation of women in crisis response mechanisms.

Among the OAS Member States, only eight countries have women Ministers of Health,⁸ they make up 70% of the workforce in the health sector, but they represent only 25% of leadership positions.⁹ The WHO notes that “women provide health and men lead it” and has estimated that achieving gender equality in the health sector will take 202 years. We must continue promoting acceleration and affirmative action measures that guarantee the equal presence of women in all spaces.

“Equal participation of women in decision-making is essential to effective and appropriate responses to the crisis”

- **Women leaders are excelling in managing the crisis.** Women lead some of the countries that are fighting this crisis most effectively,¹⁰ which is contrary to data that indicates that 50% of the population, including a majority of men, considers men to be better leaders than women.¹¹ Keeping these positive references in mind can help neutralize gender biases, leading to positive evaluations of women’s leadership abilities and transformations in the exercise of power.

Violence against Women and Girls

- **Confinement forces women to be locked up with their abusers.** Considering that the home is the most dangerous place for women,^{12,13} confinement increases the risk of violence against women as the length of co-habitation increases;¹⁴ conflicts arise around domestic and family issues; the violence continues without interruption and generates a perception of security and impunity for the aggressor.¹⁵ It is essential to declare the hot-lines on violence, counseling centers and psychological, psychosocial and legal care as essential services and to reinforce them. Information campaigns on the prevention and care of violence, guaranteeing that complaints will be attended and that the victims are not alone are also key measures.
- **The confinement of girls generates an increase in sexual violence against them and more obstacles against their permanence in school.**¹⁶ Confinement exposes girls to more abuse and violence, added to which is the risk of school dropout and exclusion after the pandemic. States must guarantee girls' safety and additional support to minimize the increase in the risks of violence and dropping out of school once the confinement ends.¹⁷ Online school classes (primary, secondary and tertiary levels) must include information on available resources to report cases of violence, the teaching/academic team must be prepared to deal with these situations and remotely identify situations of risk of violence, abandonment or exclusion.
- **Increase in violence against women and girls on the internet (cyber violence).** During this time of emergency and isolation, technology is a fundamental tool for access to information, education, work, and even facilitates access to services for women victims of violence, but it also opens new paths for perpetrators.¹⁸ It leads to greater exposure of victims online and activates the network of sexual predators.¹⁹ In order to confront this problem, measures known as the 3 "S"²⁰ should be adopted to: (i) sensitize, to prevent cyber violence against women and girls through training, learning, campaigning and community development to promote changes in attitudes and social behaviors; (ii) generate safeguards for supervising and maintaining a responsible Internet infrastructure, and having well-founded user care practices; and (iii) enforce sanctions through laws, regulations and governance mechanisms to discourage and/or punish violators from committing these crimes.

- **Violent attacks and harassment against health personnel - a collective made up of a majority of women - in homes and on means of transport cannot be tolerated.** Taking into account that health personnel are mostly women, these violent protests take specific forms against women and generate differentiated impacts. In response to this new risk, governments can launch campaigns to prevent this violence, provide safe means of transportation for nurses and other health personnel at risk of violence in public spaces, provide psychological support and mechanisms to report these forms of abuse.

“Confinement forces women to be locked up with their abusers”

- **Complaints are more difficult for gendered reasons.** Women have an enormous fear of breaking quarantine orders and restrictions on health and movement²¹ that is exacerbated by their roles in care and protection, making it essential to ensure mobility for women victims of violence and their relatives without special authorization. Likewise, special measures should be adopted to facilitate complaints, reinforcing existing mechanisms and contemplating alternative measures. Technology should also become a facilitating means for filing complaints, through mediums such as smart phones and silent messaging, virtual police stations, panic buttons, geolocation, and even the use of social networks (WhatsApp, Facebook and Instagram). Likewise, the suitability of filing complaints can be evaluated in easily accessible places such as pharmacies, supermarkets or other essential services, which are those closest to the communities where women live.

- **Services for the care and protection of violence against women are not adapted to respond to the COVID-19 emergency.** The services must also be adapted to ensure access for women victims of violence throughout the national territory, and overcome difficulties in reaching rural areas,²² as well as be adapted to specific needs in each territory. Gaps in the number, availability and specialized training of police and security forces between urban and rural areas can create a void in the rule of law in rural, remote or marginal communities, which face less access to all kinds of public services, worsening the risk and situation of women victims of violence.²³

Likewise, services must have routes of action to ensure the safety of women at risk during the emergency, adapting protocols to reinforce their effectiveness during the crisis period. A relevant measure in this special period is the automatic extension of judicial protection measures and precautionary measures to women victims of violence, which many of the region’s governments have already ensured.²⁴ Regarding care services, governments can strengthen access to smart telephony and silent messaging as new measures. It is necessary to declare the hotlines for violence and

existing psychological, psychosocial and legal counseling and care centers as essential services, and to reinforce them, guaranteeing their access to resources during this exceptional situation.

- **The infrastructure of shelters or places of refuge for women victims of violence and their families face capacity, health and budgetary limitations.**²⁵ This situation will become more complicated as confinement intensifies, so it is necessary to consider measures to exclude aggressors from the home, and not only think of shelters for women and their families; as well as launching extraordinary temporary shelters; and/or enabling hotels and other accommodations for women, children, and older adults, with adequate budgets and care protocols.

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- **It is urgent to carry out emergency monitoring of data and public records of violence before and after home isolation.** Data that includes the forms that violence takes during confinement,^{26,27} in both homes and public spaces, will make it possible to understand the impact of violence against women and improve the planning of the corresponding public policies.

Care and Women's Economic Rights

- **Confinement exacerbates the care crisis, increasing the women's global workload.** According to the ILO, women are responsible for 76.2% of all hours of unpaid care work (more than triple that of men),²⁸ and they work double or triple hours, a situation that has worsened with confinement measures, particularly in families with children of preschool age or who cannot independently assume distance education. The current situation has also worsened in families that include dependent older adults or where a member suffers from chronic disease, both groups at risk for coronavirus. **This increased workload negatively affects paid work and women's health, especially in the absence of institutionalized care systems.**

Women's increased job insecurity is explained by the gender roles and care responsibilities assigned to women. Care is collective; however, social gender norms attribute the role of care to women, which limits their participation in the labour market, causes the wage gap and limits their access to quality employment. In the past, the Ebola virus has shown that quarantines significantly reduce women's economic and survival activities, and their post-crisis resilience when preventive measures are in place is much lower, leading to a deepening of gender inequalities in the post-Ebola situation.²⁹

- **In this crisis, the importance of caring for people at home and abroad has been highlighted, as well as the need to adopt measures to redistribute this burden among the State, the market and within families.** It is essential to promote co-responsibility between men and women, both in the workplace and in the home. During containment measures, governments can address this issue through campaigns aimed at both women and men to promote co-responsibility. Companies that have the option of facilitating teleworking for their staff should promote flexibility that allows both men and women and all their staff to equally reconcile household and care responsibilities with work activities, from recognition of the higher workload in families that is mainly assumed by women

Likewise, it is important to guarantee care-related leave for both men and women. With an equal balance in productive and reproductive responsibilities, both women and men can continue in the labour market on equal terms, without women being affected to a greater extent by cuts or dismissals due to their unequal distribution of household work.

In the medium term, States should prioritize and invest in care services, offering progressively more coverage under the consideration of essential service, as a condition to facilitate the insertion or reintegration of women into economic and productive life. At the legal level, progress must be made in recognizing reproductive and care work as a right.

- **In times of economic crisis, the risk to poor women increases.** In 2017, for every 100 men living in poor households in the region, there were 113 women in a similar situation.³⁰ On the other hand, around 2017, the percentage of women without their own income reached a regional average of 29.4%, while the figure for men was 10.7%.³¹ In other words, almost a third of the women in the region depend on others for their livelihoods, which may pose a particular vulnerability in the context of the current emergency.

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- **The COVID-19 crisis cannot lead to a decline in women’s labor participation, and therefore their access to economic rights must be guaranteed. Furthermore, the participation of women in the labor market is relevant for countries’ economic growth.** Women start from worse conditions in confronting this crisis, have lower labour market participation, are more affected by unemployment and are more concentrated in vulnerable and low-productivity sectors. In the region, the labour participation of women is 50.3%, 25 percentage points below that of men.³² The unemployment rate in 2017 was 10.4% for women compared to 7.6% for men.³³ Similarly, 51.84% of women in the region work in low productivity sectors, and of these 82.2% are not affiliated or contributing to a pension system.³⁴ There is a strong link between informality and poverty,³⁵ which is why the high percentage of women in the informal sector contributes to their situation of poverty. This despite the relevance of women’s labor participation for GDP. The IMF has stated that, in countries with the largest gaps in participation rates, closing these gaps adds, on average, 35% to GDP.³⁶ The job insecurity of many women puts them at greater risk; in the recovery period they may be without income for their well-being and that of their family. This is aggravated for single-parent families, most of which are headed by women. According to ECLAC data, as a result of the 2008 global economic crisis, the unemployment rate increased more for women than for men between 2008 and 2009.³⁷ In the face of the inevitable economic crisis, the only way to avoid the sexual segmentation of work – meaning that women are assigned to unpaid work in the home and men to paid public work, which would reinforce gender inequalities in households and in the world of work – will be with affirmative action measures by productive sectors and public

information campaigns on the individual and collective importance of women's reintegration into the workplace.

- **Economic sectors most affected by unemployment have a high concentration of women.** Initial global data³⁸ indicates that the sectors of the economy most affected by the COVID-19 emergency are retail, lodging and food services, and manufacturing industries. In Latin America, on average, 21.9% of women work in the commerce sector, which also has a high percentage of men (17.7%). Women are the majority in accommodation and food service activities. Specifically, in the tourism sector, women represent 54% of the workforce and face the almost total disappearance of their livelihoods, as COVID-19 has paralyzed tourism worldwide. In the absence of alternatives, particularly in countries like the small islands of the Caribbean where tourism represents the main economic activity, women could face devastating economic situations. In the recovery period, affirmative action measures are required for women.

- **Most single-parent households are headed by women and the current situation may exacerbate their vulnerability.** In all the countries of the region during the last two decades, the number of female-headed families (households headed by women as single mothers) has increased.³⁹ The ILO indicates that women, who assume the economic and care responsibilities of children and older, sick or disabled adults, and who carry out the bulk of unpaid care work, head 78.4% of single-parent households. These households, in general, have less access to safe housing and associated resources (drinking water, sanitation) and higher levels of poverty.⁴⁰ In the face of COVID-19, these households face a particular vulnerability, since women have to continue managing productive work, if they still have it, and reproductive work (child and other dependent care, domestic work, and the education of children) in the extremely limiting circumstances of confinement or quarantine. The indicators "not working because of care work" and "single-parent household headed by women" must qualify to receive benefits and affirmative actions, in the form of cash transfers or other immediate relief measures, as well as opportunities in the medium and long term.

- **Domestic workers are more exposed to the loss of their jobs in conditions that condemn them to poverty.** In Latin America, 11.2% of women work as domestic workers, the sector with the lowest income in the economy and little or no protection. Domestic workers face the double risk of contagion for continuing to work, or poverty for stopping working in informal situations where they do not have access to paid leave.⁴¹ This sector requires specific affirmative actions to mitigate the impact on this group.

- **Migrant workers are experiencing serious economic and health consequences.** In particular, migrant women engaged in care and domestic work are experiencing serious economic and health consequences as a result of the crisis. Travel restrictions can

prevent women from reaching their jobs or they may leave their jobs due to health risks,⁴² while the irregular situation of migrant workers can impact their access to health services and other resources. Fear and specific concerns about the crisis, together with xenophobia, may also have particular repercussions on the safety of migrants and their access to justice resources and general health services, and in particular, sexual and reproductive health, therefore, specific actions are required to mitigate the impact on this risk group.

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- **Women’s economically precarious situation must be central to fiscal and economic policies.** Fiscal policy has enormous redistributive power and is not neutral from a gender perspective. As a general guideline, the groups most affected by the economic crisis - households, workers and companies - must be treated as a priority and mechanisms and affirmative actions when necessary must be incorporated within all groups to avoid discriminating against women. These should apply to the most immediate measures aimed at alleviating poverty, supporting the informal sector, within the framework of credit policies, as well as in the design of other tax reliefs. These priorities should also be reflected in measures aimed at those who employ women, women employers, and those who generate linkages with women’s companies.
- **Immediate economic relief measures must ensure the principle of non-discrimination and include affirmative actions to ensure that women are not left behind, particularly women from the highest risk groups.** Accelerating the development of instruments to ensure that social and economic policies do not discriminate against women is important now and will define the society that emerges from the crisis. Among the measures that governments can implement are to extend access to social protection in low-productivity sectors; secure alimony payments; facilitate access to baskets of basic foods and other basic necessities; grant cash transfers and provide alternative temporary jobs (for example, in the manufacture of personal protective equipment). Ensuring non-discrimination, particularly in groups that are in poverty and in the informal economy, implies paying attention to possible problems of under-registration in

the civil identification necessary to be able to access government support, a problem that particularly affects women.

Likewise, in the search for solutions through social dialogue and in relations with trade unions, analysis and solutions must take into account the gender-differentiated impacts of the crisis.

Women's Health

- **Women are more exposed in health services.** In the region, half of medical personnel and more than 80% of nursing personnel are women, the highest percentage in the world.⁴³ They are however, a minority in decision-making positions and face a salary gap of 28%.⁴⁴ The global shortage of necessary protective equipment such as masks, gloves and goggles will have a particular impact on the risk of contagion for women.⁴⁵ Women may have different needs in this key sector facing the emergency, including transportation between their homes and places of work and services for the care of their dependents.
- **Policies must assess the overload of productive and reproductive work responsibilities and its impact on women's physical and mental health.** The additional burden of balancing reproductive work including the care of children and other dependent people, teaching, and more demanding hygiene routines, with paid work, can cause and exacerbate physical and mental health problems in women, in a context of little access to financial and health resources to mitigate them. It is important to assess the measures that are taken based on their gendered impacts, such as those referring to the division of the population by sex to structure outings during the confinement stage. These have shown weaknesses as the risk of contagion for women in the markets increases, since they are the ones who do the shopping en masse due to their gendered household roles. In the design of emergency measures, governments should consider this increased workload on households that women assume.
- **Increased need for health services. Especially access to sexual and reproductive health services,** including access to contraceptives, the need for which will increase as a result of the quarantine and other measures implemented to deal with COVID-19.⁴⁶
- **Lack of attention and critical resources for sexual and reproductive health services directly affects women, adolescents and girls.** The absence of these services could increase maternal mortality and morbidity, increase rates of teenage pregnancy, HIV, and other sexually transmitted infections.⁴⁷ In Latin America and the Caribbean, an estimated 18 million additional women will lose their access to modern contraceptives, given the current context of the COVID-19 pandemic. Governments may consider using mobile phones to deliver certain sexual and reproductive health services.

“Women are more exposed in health services”

- **Pregnant women may face greater risks.** The region of the Americas comes to this crisis with a significant lag on the issue of maternal mortality, which was the only Millennium Development Goal that the region did not achieve. During the Ebola emergency, maternal mortality increased by 75% and the number of women giving birth in hospitals decreased by 30%.⁴⁸ There is still little evidence on the impact of COVID-19 on pregnancies, although it is already known that the immunological changes experienced by pregnant women increase their risk of infection from a multiplicity of diseases.⁴⁹ Pregnant women are in greater need of health care services, putting them at high risk of contagion, while facing a shortage of health care services and hospital overcrowding. As part of the general measures to limit contact, several countries have prohibited the entry of midwives, partners and other family members during childbirth/postpartum, which leaves women in a situation of isolation. Other women are opting for home births, but not necessarily with the appropriate conditions to face them, so special information and attention measures must be taken.

Groups at Higher Risk

- **Migrant women**, including women refugees and displaced by conflict and other emergencies, may also face particular challenges, especially lack of access to health services. In March 2020, more than 4.9 million people had left Venezuela, mainly for other countries in South America.⁵⁰ In addition to the shortage of essential supplies and health services, migrant care centers, shelters or immigration detention centers can present overcrowded conditions that create higher risks of infection.
- **Afro-descendant and indigenous women may face greater risks.** This due to socio-economic inequality and other associated factors such as lack of drinking water and malnutrition.⁵¹ In addition to facing a higher risk of contagion, they may face less access to health and health resources. Several indigenous communities in the region have made the decision to isolate themselves voluntarily, to try to avoid the risk of infection.⁵² In general, Afro-descendant populations do not have that option, since they live more in urban areas in overcrowded conditions and lack basic sanitary infrastructure.⁵³ It is key to ensure that all essential information on health, mobility (and mobility restrictions) and the economic situation and associated measures is available in indigenous languages and communicated through multiple channels accessible to poor households.
- **COVID-19 presents a particular risk of mortality and morbidity for older women.** The risk of contagion in older people,⁵⁴ a majority of whom are women, increases in situations of institutionalization or where older women do not have the possibility of isolating themselves, or through situations of cohabitation or their own care responsibilities.
- **Women deprived of liberty face an especially serious threat.** Extreme overcrowding, inadequate basic infrastructure, and poor access to health services increase both the risk of contagion and the severity of the impact of the virus.⁵⁵
- The absence of accessibility mechanisms for **women with disabilities** can increase their risk of infection.⁵⁶ It is key to ensure that all essential information on health, mobility (and mobility restrictions) and the economic situation and associated measures is available to people with disabilities who may have limited access to this information. Likewise, it is essential to ensure that access to the health services that persons with disabilities may

need, or the support services that their carers may need, is not interrupted as a result of the diversion of attention and health resources to the response to COVID-19.

- **Existence of greater risks for women and girls living in fragile contexts and/or affected by conflict.** COVID-19 presents devastating risks for women and girls in fragile contexts, affected by conflict or other humanitarian emergencies. Disruptions to critical health, humanitarian and development programs can have life-and-death consequences where health systems may already be overwhelmed or largely non-existent.⁵⁷

“Migrant women, including women refugees and displaced by conflict and other emergencies, may also face particular challenges, especially lack of access to health services”

- **People from the LGBTBI community may be more affected** when accessing services, due to the discrimination they may suffer from gender stereotypes.
- COVID-19 can present high risks for people in situations of insecure housing or homeless people, most of whom are women, since they do not have access to sanitation and hygiene resources and may be in contexts of institutionalization or overcrowding in shelters.

Other Relevant Considerations

Sex-disaggregated data

The absence of sex/gender-disaggregated data hampers sound decision-making. Past health emergencies, such as the 2014-16 Ebola epidemic⁵⁸ and the 2012 cholera outbreak in Sierra Leone⁵⁹, show that the absence of sex/gender-disaggregated data hampers sound decision-making, appropriate responses, and mitigation of impact. Although these health emergencies are different from COVID-19, the need for evidence-based solutions supported by quality data continues to prevail. Likewise, it is important to disaggregate the data by other factors such as socioeconomic status and ethnic-racial origin, in order to understand the impacts of COVID-19 on specific populations such as Afro-descendants and indigenous persons.

Unequal access to technology

Women have less access to technology. Globally, there are 200 million more men than women with Internet access, and women are 21% less likely to have a mobile phone, a key resource in developing countries where phones provide access to security, containment networks/organization, early warning systems, mobile health care and money transfers.⁶⁰ In the context of COVID-19, this digital gender gap has crucial implications for women's access to health information and services, and public news about isolation and quarantine measures. In addition to strengthening women's access to these information technologies, it would be important to ensure the use of traditional media such as radio, print and television to transmit essential information, including on violence against women.

Pay attention to territorial governments

It is necessary to reinforce measures to ensure that the policies established by national governments are implemented in all regions of the country. Territorial government linkages can be strengthened, communication channels with local governments can be improved, and women's organizations and groups operating in communities can be consulted.

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