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MINISTRY OF PUBLIC HEALTH

SCIENCE, EPIEMDIOLOGY AND RESEARCH COMMITTEE TO FIGHT COVID-19

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POLICY BRIEF

**The impact of COVID-19 on Gender Equality in
Afghanistan**

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Background

On December 31, a cluster of cases of pneumonia of unknown cause was first reported from Wuhan City, Hubei Province of China, subsequently termed the novel coronavirus disease 2019 (COVID-19). On 30 January 2020, the World Health Organization (WHO) declared that the COVID-19 outbreak was a Public Health Emergency of International Concern (PHEIC). On 11 March 2020, WHO categorized COVID-19 as a pandemic¹. As of April 17, the number of reported confirmed cases exceeded two million and about 140,000 deaths in 213 countries and territories.²

Although, the pandemic affects both men and women, biology and gender norms are shaping the burden of the disease. Early sex-disaggregated data for COVID-19 shows equal numbers of cases between men and women, but there seem to be sex differences in mortality and vulnerability to the disease. Meaning that more men than women die potentially due to sex-based immunological or gendered differences, such as patterns and prevalence of smoking.³

However, the pandemic is amplifying pre-existing inequalities, exposing vulnerabilities not only in health but also in social, political and economic systems. The impacts of COVID-19 exacerbates or women and girls from health to the economy, security to social protection.⁴

Regarding the social and economic impacts of COVID-19, UN Secretary General António Guterres urged governments to protect the rights of women and girls during the pandemic, he said; “Gender equality and women’s (and girls’) rights are essential to getting through this pandemic together, to a faster recovery and to building a better future for everyone.”⁵

The government and health institutions need to consider the effects of sex and gender on COVID-19 pandemic and analyze the gendered impacts of the outbreak. It is essential to incorporate the women’s voices and integrate gender equality in the outbreak preparedness, response policies and practices.⁶ Every policy response that recognizes gender equality will have a bigger impact on the recovery of this outbreak.

Scope of the problem

During pandemic, women and girls feel the economic impact who are generally earning lesser, they are saving less and are having insecure jobs and living close to poverty. The relocation of resources and priorities, such as reproductive, maternal health services has generally adversely impact on the health of women. In addition, unpaid care work for women and girls increases since children are out-of-school, care needs to prioritize for ill family members and the elderly⁴ Moreover, gender-based violence increases due to economic and social stress alongside restricted movement and social isolation. These adverse impacts augments the fragile and conflict affected settings where social structure is already undermined and institutional capacity and services are limited.⁴

¹ World Health Organisation (WHO). Coronavirus situation reports. 17 April 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

² World Health Organisation (WHO). Coronavirus outbreak situation. 17 April, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

³ Wenham, Claire et al (2020). COVID-19: the gendered impacts of the outbreak. The Lancet. DOI [https://doi.org/10.1016/S0140-6736\(20\)30526-2](https://doi.org/10.1016/S0140-6736(20)30526-2)

⁴ UN. Policy Brief : The Impact of on Women. 9 April 2020.

⁵ UN. COVID-19 Pandemic Triggers Devastating Social, Ecomic Impact on Women, Girls, Secretary-General Says, Urging Governments to Protect Their rights. 9 April 2020. <https://www.un.org/press/en/2020/sgsm20040.doc.htm>

⁶ Wenham, Claire et al (2020). COVID-19: the gendered impacts of the outbreak. The Lancet. DOI [https://doi.org/10.1016/S0140-6736\(20\)30526-2](https://doi.org/10.1016/S0140-6736(20)30526-2)

In Afghanistan, despite the progress towards the elimination of gender inequality and social exclusion by the government and civil society in the last one and half decade, the status of women remains one of the worse in the world. In the country, the vulnerability of women's basic rights get observed in different aspects of their lives that reflects a multidimensional nature of gender inequality. In addition to a reduced access to health care, they are exposed to different types of violence and abuse, diminished access to education and work activities and restricted participation in public and political activity due to gender norms.⁷ According to AfDHS 2015, 52% of ever-married women have suffered from spousal violence, 15% of women are literate as compared to 49% men, 48% women has access to health facility for childbirth⁸.

Overall, due to the socioeconomic and political uncertainty and unavailability of a responsible social security system, gender inequality index (GII) in Afghanistan is still largely unequal between men and women that reflects a gender-based disadvantage in three dimensions including reproductive health, empowerment and the labor market.⁹

Since the start of COVID-19 pandemic and lockdown measures imposed by the government of Afghanistan, gender inequality have further deepened. Women have disproportionately been prone to further to poverty and unemployment. They further lose opportunities to access education and health services. Lack of mechanisms to offer services to women under such circumstances affects various aspects of their lives including access to food, security and health care services that distinguish them more vulnerable than other population in the society.

To measure and compile the impact of gender inequality in response to COVID-19, Afghanistan needs to track sex-disaggregated surveillance data that highlights distribution of infection and clinical outcomes as well as socio-economic variations among population. Currently, the health information system is collecting only the number cases deaths reported by sex so far. As of mid- April, more than 828 confirmed COVID-19 cases are reported, among them 614 were males and 214 are female. The death toll as result of COVID-19 reached to 36 cases. The health information system should be strengthened to make sure a comprehensive sex-disaggregated surveillance data have been collected and reported that will assist policy makers to form evidence-based policies to tackle the crisis effectively.

Current policy area

Afghanistan is committed to mainstreaming gender in its laws, policies and strategies. The government of Afghanistan has made great progress in highlighting the need for gender equality as noted in the laws of the constitution and several policy documents.

To reduce vulnerability of women under conflict and emergency situations, Ministry of Women's Affairs in partnership with civil society organizations has recently developed a protection policy for women under conflict and emergency situations. Meanwhile, Ministry of Public Health has developed Gender and Human Rights Strategy (2017-2021) to promote and facilitate the implementation of the gender equality in health sector.

Furthermore, the following are some examples of national laws and policies that mandate gender equality:

⁷ CSO and UNFPA Socioeconomic survey: Gender-Provinces Kabul, Bamyán, Daykundi, Ghor Kapisa and Parwan (2015). <https://afghanistan.unfpa.org/sites/default/files/pub-pdf/UNFPA%20SEDES%20Mono%20Gender%20for%20web.pdf>

⁸ Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. 2017. Afghanistan Demographic and Health Survey 2015. Kabul, Afghanistan. 2015

⁹ UNDP, indicators- GDI, <http://hdr.undp.org/en/indicators/137906#>

1. The constitution of the Islamic Republic of Afghanistan, Article 22 states: “any kind of discrimination and distinction between citizens of Afghanistan shall be forbidden.” Hence, the citizens of Afghanistan, men and women have equal rights.
2. The law on elimination of violence against women (EVAW) mandates that the government to protect the legal rights and dignity of women, while fighting against customs, traditions and practices which result in violence against women.
3. Under the Afghanistan National Development Strategy (ANDS), the Gender Equity Cross Cutting Strategy addresses the importance of promoting gender equity across all government policies, strategies, budgets and programs. It highlights the need to improve gender awareness within internal work environments and support women’s Shuras. The ANDS further establishes MOWA as a lead ministry for women’s advancement.
4. The National Action Plan for the Women of Afghanistan (NAPWA) (2008-2018) developed by the Ministry of Women’s Affairs (MOWA) highlights several strategies for improving and expanding gender-sensitive health services and infrastructures, particularly for rural women, while promoting women’s representation in the health sector. It further mandates that all ministries should have a gender department, and that each gender department establish a 5-year national gender strategy and implementation plan. It also recommends that all health-related data should be disaggregated by sex.

To reduce vulnerability of women under COVID-19 emergency situations and to respond to those circumstances affect women health and wellbeing, MoPH in collaboration with related ministries, agencies and local governance entities, women’s rights organizations, international partner organizations and other relevant actors should emphasize on all aspects of protection women and girls’ rights and gender equality during and after COVID-19 pandemic.

Policy recommendations

The following recommendations will help the government of Afghanistan and its national and international partners to narrow the gender-based gaps during COVID-19 pandemic and for a longer-term recovery. The recommendations are aligned with UN agencies’ recommendations on the impact of COVID-19 on women and promoting gender equality.

1. Ensure women’s equal representation in all COVID-19 response planning and decision making in health sector as well as in the national committees on fight against COVID-19.
2. Drive transformative change for equality by addressing the care, economy, paid and unpaid included housewives and girls in personal protective equipment (PPE) production through micro-financing projects.
3. Introduce measures to ease the tax burden on women owned businesses during the outbreak and recovery phases.
4. Target women and girls in all efforts to address the socio-economic impact of Afghanistan’s recovery plan during and after COVID-19 through designing of fiscal stimulus packages and social assistance programs to achieve greater equality, opportunities, and social protection.
5. Equip community health workers with information, training, equipment to respond to the COVID-19 pandemic effectively.
6. Ensure that women, girls and other vulnerable groups, such as pregnant women have access to COVID-19 public health messages with the intention to enhance people’s safety, dignity and rights.
7. Pay extra attention to the role of women as frontline health workers including OBGYNs, midwives, nurses and community health workers and support staff, e.g. PPE are the appropriate size for women and provision of psychosocial support.

8. Strengthen reporting mechanism to make sure that standard RMNCAH care services will be continued during the outbreak in all health facilities.
9. Integrate prevention efforts and services to respond to violence against women into COVID-19 response plans.
10. Designate safe spaces for women where they can report abuse without alerting perpetrators such as provision of services online.
11. Prioritize the collection of accurate and complete age and sex-disaggregated data in terms of prevalence, trends, clinical picture and other important information.

Conclusion

The pandemic increases all pre-existing inequalities. Afghanistan- a country with pre-existing gender inequality-has severely been affected by the impact of this pandemic on health, social and economic sectors. At the national level, the government along with the civil society and international partners needs to minimize the gender impact of this pandemic and include women and girls at the center of every response plan and recovery packages and resources. To response the pandemic, designing health and socioeconomic plans with an intentional focus on the lives of women and girls and effective implementation of the plans will narrow the gaps in gender equality, and will built an equal and more resilient society during the crisis.

Acknowledgment

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