As many countries across the world are reeling under the impact of the COVID-19 pandemic, the corresponding vulnerability of women and girls is alarming. Women make up the majority of health care workers – almost 70% according to the World Health Organisation (WHO) – with most occupying nursing roles, placing them on the front lines of efforts to combat and contain outbreaks of disease as well as ensuring their safety and well-being. Consequently, the maternal mortality rate in the region, already one of the highest in the world, increased by 70%. Various studies, including by the World Health Organisation (WHO), have shown that men are more likely to ignore health care for symptoms and, therefore, do not seek care even when needed – hence their mortality and morbidity rates are much lower. When they do get ill, it is women who care for them, which places an increased care burden at home.

In the Ebola outbreak in West Africa, maternal health services, including family planning services, were completely disrupted. As many as 150,000 women and girls became pregnant during the two years following the outbreak, with contraceptive uptake falling by 46% during the protracted Ebola crisis. Households faced severe economic hardships, with family members having to work from home, including caring for sick family members, relatives and children. According to UN Women, 74% of women in sub-Saharan Africa work in the informal economy, with limited to non-existent health insurance. This means that marginalised women and girls are most occupying nursing roles, placing them on the front lines of efforts to combat and contain outbreaks of disease as well as ensuring their safety and well-being. Consequently, the maternal mortality rate in the region, already one of the highest in the world, increased by 70%. Various studies, including by the World Health Organisation (WHO), have shown that men are more likely to ignore health care for symptoms and, therefore, do not seek care even when needed – hence their mortality and morbidity rates are much lower. When they do get ill, it is women who care for them, which places an increased care burden at home.

Governments around the world have put in place measures that are focused on containing the spread of COVID-19, including closing borders, shutting down economies, enforcing lockdown policies, and domestic and international travel restrictions, amongst others. Governments and the global community must recognise the importance of prioritising women’s needs and leadership to strengthen and support coordinated responses to COVID-19. Governments must make sure that women’s financial and economic well-being and their health are protected.

Governments and traders – both formal and informal – must take this reality into account when they make strategies to respond to the epidemic.

Interventions should also focus on promoting and ensuring women’s access to health care services, which are often scarce, expensive and inaccessible to women, as well as ensuring equal access to men in marginalized populations, including migrants, refugees and internally displaced persons. The recent pandemic has also seen an increase in the role of governments and traders – both formal and informal – in protecting human rights. Governments and traders – both formal and informal – must take this into account when they make strategies to respond to the epidemic.

Governments and civil society organisations, the faith and traditional leaders’ communities as well as individuals have a role to play in preventing the further repression of women and girls during this period, exacerbating gender, social and economic challenges. Below are some of the ways in which the organisations, the faith and traditional leaders’ communities as well as individuals have a role to play to prevent the further repression of women and girls during this period, exacerbating gender, social and economic challenges.

Men and boys must share equally in the unpaid care work, ensuring that loaded responsibilities are not on women or men. For example, in South Africa, 12% of women and 47% of men aged 15-49 years said they had to take leave in turns to care for the children. Grant domestic workers paid leave so that they can also be at home with their children while their domestic worker is at work. Interventions should also focus on promoting and ensuring women’s access to health care services, which are often scarce, expensive and inaccessible to women, as well as ensuring equal access to men in marginalized populations, including migrants, refugees and internally displaced persons. The recent pandemic has also seen an increase in the role of governments and traders – both formal and informal – in protecting human rights. Governments and traders – both formal and informal – must take this into account when they make strategies to respond to the epidemic.

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