



GENDER

EQUALITY

Leaving women and
girls further behind or
a potential
opportunity for
**Strengthening
Gender Equality?**

**Lessons from the
COVID-19 crisis in
the Arab region**



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Leaving women and girls further behind or a potential opportunity for **Strengthening Gender Equality?**

Lessons from the COVID-19 crisis in the Arab region

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Key Messages

1

In times of crisis, economic recessions and crises have placed a disproportionate burden on women, crisis responses mostly follow a gender-blind approach, and crisis-related concerns crowd out other priorities, thus preventing action on gender-related issues.

Despite the numerous positive and encouraging initiatives and measures implemented across the region, limited attention has been given to the specific needs of women and girls and the issues they face, particularly as Arab Governments have, by and large, failed to adopt measures that specifically target women.

2

3

Unless women are included in formal institutional mechanisms and structures as part of the efforts to build back better, women will not be able to contribute to of benefit from these efforts.

Failing to mitigate the lingering consequences of the crisis on gender equality and to trigger the potential contributions of women to the recovery and build back better processes, would seriously affect the hard-won achievements so far and jeopardize the realization of SDG5.

2

Introduction

Almost two years into the global coronavirus disease (COVID-19) pandemic, people's lives continue to be adversely affected. Unprecedented shocks have occurred in economies, food systems and labour markets around the world, including in the Arab region, undermining the income and food security of millions of people. The pandemic has exacerbated many of the challenges facing the Arab region, including anaemic long-term growth, high unemployment among women and young people and low productivity, and has compounded the repercussions of occupation, conflict and political instability, causing widespread human suffering, particularly for the region's poor and middle class (Economic and Social Commission for Western Asia (ESCWA), 2021a).

While the health and socioeconomic crisis caused by the pandemic has affected all individuals and households, there has been a disproportionate impact on individuals and groups who were already vulnerable, marginalized or overlooked prior to the pandemic.

The repercussions of the pandemic have included a dramatic deterioration in the situation of women in many parts of the world, both in terms of their livelihoods and in terms of the degree to which their rights are respected. Across the globe, women tend to earn less, save less, work in more insecure jobs and are more likely to be employed in the informal sector than their male counterparts. Women are also less likely than men to be covered by social protection mechanisms and they head the majority of single-parent households. The capacity of women to withstand economic shocks is therefore lower than that of men (United Nations, 2020). The situation of women in the Arab region is similar to the situation of women in other parts of the world, and the COVID-19 crisis has further exacerbated pre-existing inequalities in many Arab States (ESCWA and United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2020).

To mitigate the impact of the COVID-19 crisis, many governments, including those in Arab States, rapidly designed and implemented policies to protect jobs, infrastructure and economic growth (Bilo, 2020). Although many countries have started easing and even removing COVID-19-related restrictions, it is anticipated that the repercussions of the crisis will continue to be felt for considerable time

(Jordà, Schularick and Taylor, 2020), and appeals have been made to avoid a premature withdrawal of support so as not to undermine recovery.

Evidence suggests that the design and implementation of many response measures has failed to address adequately the specific needs and concerns of women, particularly those related to labour market and unpaid care-related inequalities. Indeed, global data suggest that policy responses to the crisis have failed to take into account the inequalities faced by women (United Nations Development Programme (UNDP), 2020; UN-Women, 2020a, 2020b).

At a time of continuing global recovery, it is vital that recovery efforts do not leave anyone behind and pave the way for more robust responses to future crises. It is therefore important to assess the COVID-19 responses advanced by Arab States from a gender perspective in order to learn from experience and provide policy recommendations with a view to:

- Ensuring that women benefit in an equitable manner from ongoing COVID-19 response and recovery measures.
- Strengthening the contribution of women on recovery efforts.
- Ensuring that women are better prepared and positioned to benefit in an equitable manner from responses to future crises.

Failing to address the lingering repercussions of the crisis on gender equality, failing to support the contribution of women to the recovery, and failing to capitalize on lessons learned during the COVID-19 pandemic in the area of gender equality would seriously affect hard-won achievements and jeopardize the achievement of Sustainable Development Goal 5.

Chapter 1 of the present report provides an overview of gender equality priorities and lessons learned in that area in previous economic crises. Chapter 2 provides a snapshot of gender inequality in the Arab region, while Chapter 3 examines key fiscal and social policy measures adopted by Arab States in response to the pandemic from a gender perspective. In Chapter 4, we present a series of policy recommendations that can support efforts to build back better, enhance preparedness for future crises and promote the achievement of Sustainable Development Goal 5.

The present paper draws on desk-based research and analysis of policy responses adopted by 22 Arab countries.* The paper draws, in particular, on data made available in the United Nations COVID-19 Stimulus Tracker. It also relies on the International Monetary Fund Policy Responses to COVID-19 tracking tool and the UNDP/UN-Women Global Gender Response Tracker. Links to those databases are provided in the References section of the present report.

* The 22 Arab States are:
Algeria, Bahrain, Comoros,
Djibouti, Egypt, Iraq,
Jordan, Kuwait, Lebanon,
Libya, Mauritania,
Morocco, Oman,
Palestine, Qatar, Saudi
Arabia, Somalia, Sudan,
Syrian Arab Republic,
Tunisia, United Arab
Emirates and Yemen.



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1

Responses to financial and economic crises and gender equality

In this chapter, we examine the measures taken by governments to previous crises, identifying the channels commonly used to implement those measures. We then consider the gender dimension of those measures before examining global responses to the COVID-19 crisis.

A. Government responses to previous crises

In recent decades, government policy responses have included stimulus packages to help mitigate the repercussions of economic and financial crises. The measures adopted have depended on the nature of the crisis and the scope of its impact. Steps have often been taken to provide support to populations by making up for lost income and/or reviving consumer demand. Stimulus packages have often been implemented through the adoption of specific fiscal policies, including discretionary policies and automatic stabilization mechanisms. Governments have also implemented a wide range of social policy responses.

Automatic stabilizers are mechanisms incorporated into national budgets with a view to mitigating the impact of economic fluctuations. Those mechanisms trigger automatically when markets are unstable, with no additional authorization required from policymakers or governments. They are thus designed as an immediate response to fluctuations in economic activity. There is evidence that automatic stabilizers can be particularly effective during economic downturns (International Monetary Fund, 2008).

A common example of an automatic stabilizer is a progressive corporate and personal

income tax regime, in which an individual's income tax rate depends on his or her income. The applicable tax rate is automatically lowered when an individual's income decreases due to an economic downturn. Transfer systems, including unemployment insurance schemes, are another example of such mechanisms, as a decline in income may result in an individual or household becoming eligible for assistance.

Discretionary policy initiatives are taken in response to crises. They consist of changes in government spending and taxation and require the authorization of governments and policymakers. Discretionary policy initiatives take the form of changes in budget allocations, changes in the parameters of existing programmes, including eligibility requirements and tax rates, and structural reforms that modify the structure of existing programmes. Structural reforms often affect pensions, labour protection mechanisms and health care.

Social policy responses also address the consequences of crises and can take various forms, including wage subsidies and lump sum payments to mitigate the impact of a temporary loss of income.

While the scope and scale of stimulus packages may vary, their differential impact on women and men has long been recognized. Furthermore, stimulus packages are implemented, primarily, through established institutional mechanisms, programmes and infrastructure.

B. Women's issues and priorities are crowded out

Economic recessions and crises place a disproportionate burden on women. During the Ebola crisis, for example, women were more likely to lose their employment and livelihoods than men. Furthermore, while men's economic participation recovered to pre-crisis levels within a relatively short time, the impact on women's economic security and livelihoods lasted far longer (Morse and Anderson, 2020). In some countries, women may be dismissed from their jobs in a crisis before men, as only the latter are regarded as real employees when employment is scarce, irrespective of which industries are most affected by the crisis. According to a global study conducted in 2005, over 40 per cent of respondents believed that when employment is scarce, the right of men to work outweighs the right of women to employment. The Asian financial crisis reaffirmed that trend, with women in the Republic of Korea laid off at seven times the rate for men. As a result, many more women than men in emerging economies are expected to be driven into the informal economy. In developed countries, women are more likely than men to be employed part-time and are more likely to have their working hours reduced. (Pearson and Sweetman, 2011).

In a gender-perspective analysis of the response to the 2008 global economic and financial crisis, the European Union Advisory Committee on Equal Opportunities for Women and Men suggested that stimulus packages could be designed to target certain sectors rather than others with a view to safeguarding women's jobs. Reduced tax collection and budget cuts often result in cuts to public programmes, including education and social care, with particularly significant consequences for women, who make up the majority of service beneficiaries and employees in those areas.

Furthermore, a male-breadwinner paradigm in certain countries means that men's occupations are prioritized while women are often viewed as merely informal caregivers. Women are also less likely to benefit from unemployment insurance coverage in certain countries (European Union Advisory Committee on Equal Opportunities for Men and Women, 2009).

In an expert report commissioned by and presented to the European Commission Directorate-General Employment, Social Affairs and Equal Opportunities, Villa and Smith (2010) stated that, at the European and Member States level, responses to the 2008 crisis tended to follow a gender-blind approach. Indeed, the level of gender mainstreaming remained poor: a trend the authors described as a result of crisis-related concerns crowding out other priorities and impeding the development of gender-related issues. One consistent theme across countries' national reform programmes was that gender mainstreaming was relatively weak and less prominent than in previous years. The 2008 crisis had a particularly negative impact on gender mainstreaming and, in countries in which gender was, in fact, addressed in national reform programmes, action tended to be limited to certain specific policy areas, such as employment. Because gender issues were given low priority in many national reform programmes, many gender-related challenges were neglected or misunderstood. In some cases, strong gender equity developments at the Member State level were not even listed. (Villa and Smith, 2010).

C. Responses to the COVID-19 crisis

The global COVID-19 pandemic triggered the same response mechanisms and channels as in previous crises, including the 2008 global economic and financial crisis. Actions by governments included a myriad of measures

to protect individuals and households, strengthen public health systems, and support businesses, with particular focus given to small and medium-sized enterprises. Most national responses adopted a three-pronged approach with a view to maintaining financial stability and household economic welfare, and helping companies survive the crisis (Cassim and others, 2020).

Analysis of COVID-19 national plans and responses around the world reveals that little attention has tended to be given in

those plans and responses to the integration of a gender-equality perspective. The United Nations Conference on Trade and Development (UNCTAD) looked in depth at responses to two separate but comparable crises, namely the 2008 global economic and financial crisis and the coronavirus pandemic, and concluded that in neither crisis were significant efforts made to tackle gender inequality in stimulus packages (UNCTAD, 2020). Other reports listed in the UNDP/ UN-Women Global Gender Response Tracker came to the same conclusions.

2

Gender inequality in the Arab region

This chapter provides an overview of the key inequalities experienced by women in the Arab region, thereby providing context for the gender-based analysis of COVID-19 responses that we summarize in chapter 3.

It should, however, be emphasized that the limited availability in the Arab region of sex-disaggregated data continued to impede a comprehensive evidence-based analysis of the situation of women at both the regional and national levels.

A. Health-related gender inequalities and violence against women

While women and girls around the world have often been disproportionately affected by the COVID-19 pandemic, this is especially true for women and girls in the Arab region as a result of domestic violence and the entrenched social challenges they face.

A recent report by the United Nations Population Fund revealed that, even prior to the pandemic, 14 per cent of Arab girls married before they turned 18 years of age (UN-Women, 2020c), while 37 per cent of Arab women were the victims of violence on the basis of their gender at some point in their lives (a percentage slightly higher than the worldwide average of 35 per cent). Furthermore, more than 60 per cent of female victims of violence in the Arab region refrained from seeking support for reasons that included social stigma, discrimination, and limited response capacities (UN-Women, n.d.). The COVID-19 pandemic has further compounded the vulnerability of Arab women and girls, leading to an increase in violence against them, including sexual abuse, domestic violence, child marriage, female genital mutilation and femicide. Furthermore, social distancing measures, implemented with a view to combating the COVID-19 pandemic, have

further limited the capacity of female victims of gender-based violence to access support (ESCWA, 2020).

In addition to the physical and mental trauma it generates, violence against women affects their sexual and reproductive life by making them 16 per cent more likely to produce a low-birth-weight baby, doubling their risk of abortion (World Health Organization, 2013) and increasing their risk of contracting HIV/AIDS by 50 per cent (UNAIDS, 2020). Some 84 per cent of pregnant women in the Arab region receive antenatal care, a relatively high figure compared to the percentage in other global regions (Abdelbaqy, 2019). In situations such as the ongoing COVID-19 pandemic, the high numbers of women receiving antenatal and maternal care can, however, place a considerable burden on healthcare systems.

The COVID-19 pandemic has also occurred at a time when women and girls in the Arab region continue to face numerous obstacles that impede their access to appropriate health care. The most commonly cited barriers to access include inadequate financial resources, relatively long travel times to access health-care services and related logistical difficulties, a shortage of female health professionals and the reluctance of many women to access health-care facilities unless accompanied by another individual (ESCWA, 2016).

B. Labour market- related inequalities

Despite significant growth in women's educational attainment, the proportion of Arab women in the labour force remains extremely low, with only 22 per cent of working-age women actively working or seeking employment in 2019, the world's lowest female labour force participation rate. Unemployment among women is also particularly high, reaching 19.5 per cent in 2019, compared to 9 per cent for men (International Labour Organization (ILO), ILOStat database). Those figures highlight substantial gender disparities in the region and significant inequalities in economic opportunity. This is not to suggest that women in the region are not working. On the contrary, a large proportion of women are employed in the informal sector across the region, including in Algeria (49 per cent), Iraq (48 per cent), Mauritania (87 per cent) and Morocco (83 per cent) (Aita, 2017). Considering that 68.6 per cent of the Arab region's employment was in the informal sector in 2018 (ILO, 2018), where workers enjoy little or no job security, social protection or other fundamental rights, it is evident that women are at greater risk than men of suffering from income inequality.

That situation stems from a series of key factors, including weak regulatory frameworks to promote women's participation in the economy, a mismatch between labour supply and labour demand and prevailing social norms. The low employment rate among women in the Arab region also translates into women's limited access to formal finance. Indeed, women in the Arab region are less than half as likely as men to have a bank account. (El-Zoghbi, 2016). Other factors, including many women's inability to provide necessary collateral, non-legal institutional barriers such as the requirement that financial documents be co-signed by a woman's husband, and higher interest

rates for women-supported projects, all deter women from seeking formal commercial loans in order to establish businesses (Organisation for Economic Co-operation and Development (OECD), 2011). This explains why only 9 per cent of Arab women have started their own business, as opposed to 19 per cent of Arab men (Momani, 2016). Women-owned enterprises are also more concentrated in consumer-oriented sectors, including health and beauty, retail, hospitality and social services, which all tend to have low start-up costs and barriers to entry. Women-owned companies are often started with limited capital, with business owners relying on their personal savings and on informal sources of funding such as family members and friends.

Furthermore, women in the Arab region shoulder the majority of domestic responsibilities regardless of their employment status. Indeed, women in the Arab region carry out 80 to 90 per cent of all unpaid care tasks, and spend, on average, 4.7 times more time than men on those tasks. For employed women, looking after children, their spouse or older family members often limits the time they can dedicate to paid employment, thereby reducing their incomes and affecting their promotion and retirement. Furthermore, caregiving is expensive in itself, with numerous studies revealing that women who care for family members are 2.5 times more likely to live in poverty as compared to non-caregivers (Demitz, 2017).

C. Financial inequalities

As explained above, the limited participation of women in the formal labour market impedes their access to financial services and their capacity to start business enterprises.

According to the 2017 data provided by the World Bank, 65 per cent of women worldwide had a bank account compared with 72 per cent

of men, a gap of seven percentage points that had remained practically unchanged since 2011. In the Arab region, nearly 70 per cent of adults reported in 2017 that they did not have a bank account, with women, individuals on low incomes and young people among those most likely to be excluded from the formal financial system. That figure was as high as 80 per cent in some of the least developed countries in the region (Demirgüç-Kunt and others, 2017; Consultative Group to Assist the Poor and Arab Monetary Fund, 2017). That data underscores the weak financialization of the region's economies, particularly among women. It also reveals that the bank account ownership gender gap in certain Arab countries is significant and warrants attention. In that

regard, Jordan scored the highest gap (30 percentage points) in 2017, followed, in turn, by Algeria, Morocco, Lebanon, and Saudi Arabia. The table below shows bank account ownership gender gaps in the Arab States. The gap for the Arab region as a whole is 17 percentage points.

Bank account ownership in Arab States, 2017

Country	Adults With An Account (Per Cent)	Gap Between Men And Women (Percentage Points)
Algeria	43	27
Bahrain	83	11
Egypt	33	12
Iraq	23	6
Jordan	42	30
Kuwait	80	10
Lebanon	45	24
Libya	66	11
Mauritania	21	11
Morocco	29	25
Saudi Arabia	72	22
Tunisia	37	17
United Arab Emirates	88	16

Source: Demirgüç-Kunt and others, 2017.

The limited participation of women in the job market undermines their potential as entrepreneurs. Women in the region face significant financial challenges that keep them far from obtaining financial credit lines and loans, including: (i) the fact that many banks in the region provide little support for the small and medium-sized enterprises that women tend to establish; (ii) the fact that only a few banks in the region are actively seeking to increase the financial support provided to female-owned enterprises, despite their expressed interest in investing in those enterprises, and; (iii) women's limited collateral and their inability to obtain loan guarantees (ESCWA, 2021b). There is a clear gap between the financial support provided to start-ups founded or co-founded by women and those established by men. Indeed, female entrepreneurs receive, on average, some \$935,000 while their male counterparts receive some \$2.12 million (Abouzahr and others, 2018).

The number of women entrepreneurs in the region remains very low when compared to global averages and there is a significant gap between entrepreneurial intentions among women and their capacity to successfully launch start-ups (ESCWA, 2021b).

D. Social assistance-related inequalities

Compared with the situation in other global regions, expenditure on social protection was already low in the Arab region prior to the COVID-19 crisis, even though many countries in the region were already striving to strengthen their social security systems with the goal of extending pension fund and health care coverage and improving social and health assistance distribution channels to individuals and households. Many gaps were apparent, especially among the most vulnerable and least-protected sectors of society, with informal workers (the majority of whom are

women), forming a significant share of the "missing middle", namely those who were not covered by social protection measures (United Nations Issue Based Coalition on Social Protection, 2020).

Adequate social security coverage is rare in the region: most social insurance plans protect only public and private sector employees with regular contracts while other workers, such as those in the region's sizable informal economy, remain unprotected. As stated above, the percentage of female workers in the informal economy is high in the region. That category includes women working as street vendors, agricultural workers and domestic housekeepers, in addition to the small number of women who run business enterprises, which are often concentrated in consumer-oriented sectors such as health and beauty, retail, hospitality and social services: sectors that tend to have low start-up costs and barriers to entry (Momani, 2016). Public sector employees typically receive more generous social insurance benefits than private sector employees, posing a threat to the financial viability of social security programmes in many countries in the region and undermining labour market mobility. The relatively high rates of informality, low female labour force participation rates and high unemployment levels all lead to social security coverage rates that are far from adequate, particularly for women (ILO Regional Office for Arab States, 2015).

Although there are large regional disparities, countries in the Arab region spend an average of 2.5 per cent of gross domestic product (GDP) on social security besides health (United Nations, 2020). On average, only about a third of the labour force in Arab States contribute into social security programmes. Women's coverage rates are frequently less than half that of men, and the situation of young women is especially dire. Indeed, the labour force participation rate among young women is only 13.5 per cent, while unemployment among young women currently stands at some 49 per cent (ILO, ILOStat database).





3

**A gender-based
analysis of Arab
State responses
to the COVID-19
pandemic**

This chapter examines key fiscal and social policy measures adopted by Arab States in response to the COVID-19 pandemic from a gender perspective. At the outset, it should be emphasized that the participation of women in COVID-19-related policy design and implementation has been almost negligible. While, globally, 24 per cent of COVID-19 task forces have included women, and 19 per cent of those task forces have been female-led, women's involvement in policy design and implementation in Africa and Asia, within which the Arab region lies, has been significantly lower than in other global regions. In fact, in African countries, only 19 per cent of COVID-19 task forces have included female members, while in Asia, only 15 per cent have done so (UNDP and UN-Women, 2021).

The following seven sections provide analysis from a gender perspective of the seven categories of measures established in the United Nations Global Observatory on Social Protection and Economic Policy Responses - COVID-19 Stimulus Tracker, while shedding light on key measures targeting women with a particular attention to measures related to care.

A. Health-related support

In response to the COVID-19 crisis, Arab Governments implemented 148 health-related support measures. Those measures fall into four categories: (i) healthcare systems (38 measures), (ii) stock of basic goods and medicines (28 measures), (iii) COVID-19 awareness campaigns (17 measures), and (iv) targeted health-related support (65 measures). Those measures comprised increased health spending, including for improvements in virus diagnostics, purchases of vaccines and hospital equipment, and the construction of clinics and hospitals.

The Governments of all 22 Arab States have adopted health-related measures in their efforts to mitigate the impact of the pandemic, but it is doubtful that they have succeeded in addressing the needs of women in an equitable manner in the implementation of those measures. In fact, some Arab Governments seem to have assumed that men and women have the same needs, with relatively little attention given, for example, to ensuring ongoing support for women's reproductive health.

Among the steps taken, the Algerian Government earmarked \$100 million for the procurement of pharmaceuticals and related products, protective clothing and analytical devices in order to counter the spread of the COVID-19 virus. In Djibouti,

the Ministry of Health and its partners increased their preparedness by building surveillance, testing, quarantine and health worker capacity. In Egypt, the Council of Ministers announced the establishment of a supreme council of health to support and strengthen the health sector in coordination with the private sector, while in Lebanon, the World Bank approved the re-allocation of \$34 million within the context of the ongoing Lebanon Health Resilience Project in order to support vaccine procurement.

Eight of twenty-two Arab countries, namely Algeria, Egypt, Iraq, Jordan, Kuwait, Morocco, Qatar and the Sudan, have introduced gender-sensitive measures. Only five countries, however, namely Algeria, Egypt, Jordan, Morocco, and Qatar, have implemented measures with a direct focus on women and female employees.

Algeria has permanently expanded social security coverage to include the delivery of babies in private maternal health clinics, thereby encouraging the use of private maternal health-care facilities. Qatar and Algeria have mandated influenza vaccines for specific groups, including health workers, pregnant women, adults over the age of 65 and persons suffering from chronic health conditions such as diabetes and obesity. Tunisia has also taken measures to address the situation of health providers. Meanwhile, Egypt has launched measures to facilitate the dispensation of infant milk formula, contraceptives and medicines for the treatment of chronic diseases.

Nonetheless, Arab States have, by and large, not given adequate attention to and adopted key gender-sensitive health response measures during the COVID-19 pandemic so they were not able to meet the needs of all citizens by strengthening their health-care systems and redistributing health-care burdens across a wider range of health and social care facilities, and they have not effectively managed pre- and postnatal medical visits, which play a crucial role in addressing those burdens.

B. Labour markets

The COVID-19 pandemic has made it more difficult for many women to balance their work and domestic responsibilities and it is likely that large numbers of women have fallen below the poverty line in the last two years. Increasing poverty levels will have particularly significant repercussions for female-headed households across the region (ESCWA and UN-Women, 2020). The challenges faced by women have been compounded by the gender biases inherent in many governmental policies, which have been drafted on the assumption that heads of households are almost always males.

To mitigate the impact of the COVID-19 pandemic on labour markets, 81 measures have been taken by Arab Governments. Those measures fall into five categories: (i) wage subsidies to employers against layoffs (8 measures), (ii) paid leave or work from home (16 measures), (iii) labour regulation adjustments (46 measures), (iv) work hours adjustment (1 measure), and (v) activation (training) (10 measures).

However, the low female labour market participation rate in the formal economy and the high percentage of women working in the informal sector suggest that women are far from being well placed to benefit from labour market-related measures. Most of the labour market support measures implemented by Arab Governments have focused on the formal sector, where women are less likely to be employed. The COVID-19 crisis has thus further underscored the high levels of informality in the region and the fact that many categories of workers are not covered by social protection and labour market regulations and are thus unlikely to benefit from the response measures implemented to combat the COVID-19 pandemic.

Bahrain has announced that the economic sectors that have been most adversely affected by the COVID-19 pandemic will

receive additional support from Tamkeen, a semi-autonomous governmental agency, in accordance with rules and regulations approved by the agency's board of directors. In Qatar, employers have continued to pay basic wages and provide other benefits and allowances, including food and housing, in accordance with relevant contracts in sectors, activities and services where work has continued in order to combat the pandemic. Meanwhile, employers and workers in sectors, activities and services complying with Government instructions to cease operations in order to limit the spread of the virus have come to agreements that employees may take unpaid or annual leave, reduce their working hours, or agree on temporary pay reductions.

Of the 81 labour market-related measures adopted, only 15 measures should be considered gender-responsive, while 8 measures should also be categorized as care policies.

In Bahrain for example, measures were introduced at the earliest stages of the pandemic to allowed female civil service employees to work from home (on their full salaries) so that they could, simultaneously, continue to care for their families.

In Egypt and the Sudan, similar measures have been introduced, with particular focus given to the provision of care to children, adolescents and aged persons. For example, Decree No. 719, issued by Egypt in March 2020, provides for a reduction in the number of public sector employees but extended special protections for women, including by allowing pregnant women, working mothers with children under 12 years of age, and working mothers with children with disabilities to take exceptional leave during the Decree's implementation period. Female workers facing challenges with respect to the implementation of the Decree were encouraged to file complaints using a National Council for Women hotline. Moreover, the Egyptian Government instructed private companies to provide exceptional leave or flexible or home working arrangements for pregnant women and mothers of children under 12 years of age. In the

Sudan, the Government has provided paid leave to public sector workers over the age of 55, pregnant women, breastfeeding mothers and mothers of children under 12 years of age.

In the United Arab Emirates, the Council of Ministers adopted a Decree on flexible working arrangements that grants paid leave to certain categories of employees working with the federal Government. The Decree stipulates that married Government employees may take fully-paid leave in order to take care of their children under 16 years of age. The Decree also applies to employees whose spouses work in vital health-related occupations, including doctors, nurses, paramedics and other technicians whose work necessitates coming into close contact with infected individuals, in addition to individuals employed at quarantine centres.

C. Financial policy support

Of the 883 measures adopted by Arab States to mitigate the impact of the crisis, 241 have been designed to provide financial policy support. Those measures fall into thirteen categories: (i) cash-flow assistance (11 measures), (ii) liquidity support (23 measures), (iii) cash reserve ratio reduction (10 measures), (iv) interest rate reduction (21 measures), (v) soft loans and credit support (50 measures), (vi) lowering risk weights of certain assets/collateral requirements (10 measures), (vii) loans and interest deferment for small and medium-sized enterprises (SMEs)/non-SMEs (24 measures), (viii) tax exemptions/reductions/deferment for SMEs/ non-SMEs (26 measures), (ix) waivers of customs duties for SMEs/non-SMEs (9 measures), (x) rental subsidies for SMEs/ non-SMEs (6 measures), (xi) waivers/reductions of government fees for SMEs/non-SMEs (42 measures), (xii) Price controls for essential food and medicine (5 measures), (xiii) and finance-related multiple measures (4 measures).

Those measures have clearly been adopted with a view to providing assistance to businesses in the formal sector and are implemented through banking and other formal channels where women tend to be underrepresented compared with men. In the light of women's limited access to financial services in the Arab region, their lower involvement in entrepreneurial activities compared to men, their limited access to loans and credit lines and their concentration in the informal sector, it is highly probable that women are unable to benefit on an equal footing as men from the financial support mechanisms put in place by Arab Governments.

In six countries in the region, the central banks lowered the reserve requirement ratio, while twelve countries have reduced interest rates and eased liquidity requirements in order to support the economy. The reduction in preferential interest rates has facilitated access to loans for industry and the tourism sector and has also facilitated the provision of housing for low-income and middle-class families. Furthermore, thirteen countries have provided soft loans and credit support totalling approximately \$13.1 billion, while approximately \$103 billion has been injected by national governments and central banks into the economies of 14 Arab countries in order to address market dysfunction.

Although measures have been drawn up to support small and medium-sized enterprises in the region, those measures have not specifically addressed the needs of women, including women entrepreneurs. Among the 241 financial policy support measures adopted by Arab States, only one measure targeted women, namely women entrepreneurs in Egypt. In fact, the Egyptian Ministry of Social Solidarity has announced that it intends to provide loans to more beneficiaries, including loans with negligible interest rates to female entrepreneurs wishing to establish micro-businesses to support their families.

D. Loan and tax benefit

Most Arab countries have adopted a range of fiscal and monetary policies to help mitigate the negative socioeconomic impact of the pandemic on businesses and households. A total of 44 policy measures have been implemented in the Arab region. Those measures fall into three categories: (i) tax exemptions/reductions/deferment for individuals (13 measures), (ii) waivers/reductions of customs duties for individuals (3 measures), (iii) interest rate waivers/reductions for individual loans (28 measures).

The concentration of women in the informal sector and their limited access to financial services mean that women are less likely than men to run businesses in the formal economy. Furthermore, women's limited access to loans and credit lines means that, on average, they are less indebted than men. Consequently, measures introduced during the pandemic crisis to reduce interest rates and to postpone interest and principal payments on individual loans do not target men and women in an equitable manner.

Many countries have deferred the reporting and payment of income tax by individuals and enterprises. Other countries have announced that no penalties are to be imposed with respect to the late filing of corporate income tax, personal income tax and stamp duty returns, while some countries have provided exemptions from custom duties. Banks in Bahrain, for example, declared that all loan payments could be deferred until the end of 2020, while the Libyan tax authorities announced that no penalties would be imposed with respect to the late filing of corporate income tax, personal income tax and stamp duty returns. The Moroccan Government, also announced the deferment of tax and mortgage payments.

Unsurprisingly, none of the measures adopted have incorporated a gender dimension and no measures have been implemented with a view to supporting the provision of key care services.

E. Social assistance

Arab Governments have implemented 152 social assistance measures in response to the COVID-19 pandemic. Those measures fall into six categories: (i) cash transfers/income support (74 measures), (ii) in-kind transfers/vouchers (26 measures), (iii) rent and housing subsidies (11 measures), (iv) waivers/reductions of utility bills (16 measures), (v) waivers/reductions of government fees (10 measures), (vi) other subsidies for social services (15 measures).

Although those measures can help address the needs of those most in-need, including vulnerable women and girls, the social assistance measures adopted by Arab Governments have often failed to provide effective support to women in the region.

In Egypt, the Government earmarked resources for the provision of assistance to those most affected by the COVID-19 crisis, including, in particular, workers in the informal economy. The Federation of Egyptian Banks launched an initiative in collaboration with the Central Bank of Egypt to support those affected by the pandemic. Under that initiative, a percentage of the profits declared by each individual bank in 2019 was disbursed to irregular workers over a three-month period.

In Saudi Arabia, approximately 2 billion riyals was provided to support some 100,000 job seekers in the private sector and action was taken to facilitate remote work and other alternative working arrangements during the pandemic. In the Sudan, the Government announced a significant increase in the salaries of public sector employees.

Nonetheless, among the 152 social assistance measures taken by Arab Governments to mitigate the impact of the pandemic, only 29 measures could be considered gender sensitive in the sense that they explicitly offered protections to women, including female heads of households, female health care providers

and elderly women, while only three countries, namely Egypt, Kuwait and Mauritania, have taken steps to strengthen care services.

With regard to in-kind transfers/vouchers, Arab Governments have distributed some \$234 million to vulnerable families. However, only the Government of Kuwait has provided assistance to those living in nursing homes and in particular need of social care.

Furthermore, while around 48 per cent of social assistance measures involved cash transfers and income support, only two measures, both implemented in Mauritania, targeted the care economy by providing financial aid to some 30,000 female-headed households, aged persons and persons with disabilities over a period of three months.

In Egypt, the Ministry of Social Solidarity strengthened precautionary measures to combat the pandemic, including for children in foster homes and persons with disabilities, and issued awareness-raising leaflets in welfare homes, correctional institutions, orphanages, nursing homes and social protection facilities. The Ministry also implemented precautionary measures in women's shelters, enhancing, in particular, protections for elderly women and women with disabilities in those shelters; and strengthened measures to prevent violence against women.

F. Social insurance

Recognizing the economic impact of the ongoing COVID-19 crisis on households, Arab countries have implemented 29 social insurance measures, primarily targeting workers in the formal economy. Those measures fall into seven categories: (i) social insurance contributions/waivers (8 measures), (ii) unemployment benefits (10 measures), (iii) sick leave (1 measure), (iv) paid parental leave (1 measure), (v) health insurance (4 measures), (vi) pensions (4 measures), and (vii) disability pensions (1 measure).

As discussed above, social security coverage for many women in the Arab region is non-existent or extremely limited. This is particularly the case for the many Arab women working in the informal sector, where a high proportion of women have been excluded from the social insurance measures implemented.

The Government of Saudi Arabia mandated an automatic renewal of health insurance cards for six months, hence allowing families to continue to make hospital and clinic visits. In Kuwait, the Government announced the payment of pensions to individuals covered by article 112 for a period of six months, but emphasized that it had enacted that and other measures in order to sustain economic activity rather than to compensate companies or individuals.

Only one gender-responsive measure was implemented in Saudi Arabia, where private sector employers were required to provide pregnant women with two weeks of paid leave. One social insurance measure, implemented in Algeria, targeted the care economy and mandated paid leave for all pregnant women, for women taking care of children, and for individuals suffering from chronic diseases and other long-term health conditions.

G. General policy support

Governments in the Arab region have implemented 176 general policy support measures in response to the COVID-19 crisis. Those measures fall into six categories: (i) government spending (fiscal expansion) (14 measures), (ii) creation/expansion of a fund (28 measures), (iii) research and development expenditure (5 measures), (iv) information and communications technology (ICT) and digital solutions (51 measures), (v) enhancing food security (14 measures) and (vi) other support (64 measures). This is in addition to 12 multiple measures. The Government of Algeria established a national fund for collecting citizen

contributions to support efforts to combat COVID-19. In order to facilitate the transfer of domestic workers' salaries to their families, the Government of Qatar introduced a measure allowing those workers to remotely open a bank account free of charge and without a minimum balance requirement by utilizing an electronic application. An electronic account enables employers to pay salaries to workers who can then easily transfer money electronically to their families without leaving their homes.

Only 13 out of 176 general policy support measures are gender responsive. Those measures primarily support women victims of violence, and include support for public sessions to raise awareness of gender-based violence among service providers and the provision of essential protection for women and girls from gender-based violence. Six measures have been adopted to address care services, with particular focus placed on children and adolescents, female victims of violence, and female employees and students. Inter alia, those measures facilitated the provision of free shelters for women victims of violence and their minor children during the lockdown period.

To combat violence against women, Egypt, Jordan and the Sudan have adopted remote care provisions. Egypt and Jordan have established telephone helplines that provide psychological support to victims, while the Sudan has made it easier to report domestic violence. Furthermore, Egypt has launched campaigns to raise awareness of COVID-19 and encourage the adoption of best practice health measures, particularly among women, while the Sudan has adopted measures to enhance the protection of women and girls and limit the spread of the COVID-19 virus. Jordan has gone one step further, sending telephone text messages to promote awareness of both COVID-19 and ways to prevent violence against women. The increased likelihood of violence against women during the crisis also prompted Bahrain to provide free shelter access during lockdowns for women and children experiencing domestic violence.





4

Conclusions and recommendations

A. Conclusion

The Governments of Arab States have developed response plans and numerous policy measures to mitigate the negative repercussions of the COVID-19 pandemic. Given the prevalent structural inequalities that women face in the region, those response measures are unlikely to have been as beneficial or accessible to women as to men. Women in the region are not integrated into the systems that governments usually rely on during economic downturns. Automatic stabilizers, discretionary policies and social policy response measures are designed to assist businesses and individuals visible to and recognized by the institutional policy mechanisms and infrastructure in place. To implement their COVID-19 response plans, Arab Governments have used established channels and mechanisms, since experience has shown that those can be mobilized to ease recession-driven burdens. Regrettably, however, women are not equally and fully included in those channels.

Despite the numerous positive and encouraging initiatives and measures implemented across the region, limited attention has been given to the specific needs of women and girls and the issues they face, particularly as Arab Governments have, by and large, failed to adopt measures that specifically target women. Therefore, it is very likely that women have benefitted less from the support that has been offered than their male counterparts. A set of recommendations is outlined below based on lessons learned during this crisis. The recommendations provide a framework for building back better and enhancing countries' preparedness for future crises and downturns.

B. Policy recommendations

The Sustainable Development Goals provide a framework for building back better and

enhancing preparedness for crises and downturns.

Unless women are included in formal institutional mechanisms and structures, it will be challenging to target them effectively in responses to future crises. It is therefore important to:

- Remove barriers to the participation of women in labour markets by eliminating all discrimination against women in legal frameworks, including personal status and labour laws; advance care policies, namely labour policies and social protections related to the provision of care for children, aged persons and persons with disabilities, and; address harassment in the workplace.
- Promote female entrepreneurship by strengthening appropriate legal and regulatory frameworks; facilitate access to resources, including for financing projects and capacity building; reduce the gender digital divide, and; facilitate women's access to ICT.
- Provide social security coverage for all, including women, by expanding coverage to workers in informal economic sectors and facilitating transition to the formal economy.
- Promote women's financial inclusion by providing them with solutions and alternative sources of collateral and reducing barriers to financial services, such as entry access and usage costs.

Unless the issues women face are explicitly addressed in response plans through specific measures, women are unlikely to benefit fully from recovery efforts. It is therefore important to:

- Build the capacities of national institutions on gender equality so that, during crises and downturns, they are equipped and ready to design gender-sensitive responses that ensure that the needs of women are adequately addressed and that women can reap the full benefits of response initiatives.

- Ensure that national women-focused machineries are involved in the design of response plans.
- Ensure that specific measures targeting women are incorporated into response plans.

The contribution and input of women are crucial for inclusive development and for crisis recovery plans that benefit all members of society. It is therefore important to:

- Increase women's presence in leadership positions in institutions in economic and political spheres so that they can voice their concerns and lobby for the achievement of their rights and needs.

- Eliminate violence against women and girls and ensure their bodily autonomy.
- Support the establishment and activities of women's business associations and networks.
- Address prevailing discriminatory social norms that continue to impede the empowerment of women.

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Almost two years into the pandemic, COVID-19 crisis continues to adversely impact peoples' lives globally. While the health and socioeconomic crisis caused by the pandemic affects everyone, disproportionate economic impact on individuals and groups who may already be vulnerable, marginalized or overlooked is becoming apparent. Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. They have less access to social protection and their capacity to absorb economic shocks is therefore less than that of men. The situation of women in the Arab region is not so different, and the COVID-19 crisis further exacerbated the pre-existing inequalities.

To mitigate the consequences of COVID-19 crisis, governments in the world, including the Arab States, acted at considerable speed to design and implement policy measures to protect jobs, infrastructure and economic growth. These fiscal and social policy measures are structured around the seven categories followed by ESCWA global Stimulus Tracker. As the various policy responses to previous crises have shown, for the COVID-19 response plans, governments used existing 'channels', which can be mobilized and geared to ease the recession burden but in which women are less included and to which they have less access.

