

# TOWARDS A GENDERED RECOVERY IN THE EU

## Women and Equality in the aftermath of the Covid19 pandemic

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A report by Gender Five Plus

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*« N'oubliez jamais qu'il suffira d'une crise politique, économique ou religieuse pour que les droits des femmes soient remis en question. Ces droits ne sont jamais acquis. Vous devrez rester vigilantes votre vie durant. »*

Simone de Beauvoir, *Le Deuxième Sexe*, 1949

## FOREWORD

The current COVID-19 pandemic is one of the most dramatic events of the past decades, affecting all levels of society and social organisations, having produced serious, destabilizing effects and tragic consequences for human lives around the world. The health crisis in Europe and the subsequent emergency measures implemented by European countries have highlighted the very fragile foundation of EU gender equality policies. Because the pandemic's particular impact on women, as well as the new forms of gender inequality emerging from the crisis are likely to continue for a long time to come, the women participating in Gender Five Plus, a European feminist think tank, cannot remain silent and inactive. We therefore offer our analysis of the current situation, which is constantly evolving, along with our proposals for a sustainable, gendered recovery of the European economy. We believe that a feminist concept of care should serve as the main engine fuelling future economic activities. Gender equality must serve as one of the main drivers of recovery and progress.

The COVID-19 pandemic has resuscitated many old restrictions and imposed many new ones on people's working lives, social mobility and family relations, but women have been the most directly affected by this new situation. The new reality is being defined by persistent assumptions that women will carry on with their caring roles, both professionally and with regard to family life. While women's roles as nurses and care-takers have intensified in servicing the special demands generated by the pandemic, women are simultaneously expected to shoulder multiple domestic burdens, such as looking after their families and educating their children at home; many have also been subject to increasing incidents of domestic violence. The lack of coherent, coordinated and gender-sensitive EU policies, coupled with many retrogressive measures being undertaken by individual national governments, are very worrying. There is an urgent need to realign and expand policies in order to improve women's present economic circumstances, as well as to foster greater gender equality in social and political life.

EU responses to the COVID-19 crisis have been largely gender-blind to date. Despite pressure from feminist groups, the Recovery Fund has not incorporated a gender budgeting approach. Women have been at the forefront of the fight against the pandemic, yet they risk becoming the main victims of measures being taken to combat it. We believe that European efforts to plan a road to recovery offer a crucial opportunity for introducing new EU thinking, new gender-based directions and equitable policy

responses. This is the right moment for a paradigm-shift towards a care-based economy, replacing the belief that only competition can lead to a successful economy; Policy-makers must recognize that care-giving is an essential activity, lying at the core of broader societal and economic needs.

The time has also come to challenge a belief in the need for persistent and unlimited economic growth that relies on the primacy of GDP as the most important indicator for guiding policy decisions. Many forms of social injustice, including but not limited to gender inequality, environmental destruction and climate change, make it clear that the moment has come to start making political decisions on the basis of measurable social, environmental, and gender balanced indicators and to reflect on a new model for growth in Europe. It is time to reverse current trends, in order to concentrate on a more just European future, on a Europe ensuring parity democracy: there can be no true democracy without gender equality.

***Gender Five Plus***

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## EXECUTIVE SUMMARY

The on-going COVID-19 pandemic has generated negative socio-economic consequences for women and girls at many levels. Many are facing a surge in gender-based violence, exacerbated by conditions of confinement, overcrowding and growing socio-economic insecurity. Despite various lock-downs, women continue to be at the forefront of the struggle, carrying out essential tasks in their capacities as nurses, midwives, domestics, janitorial workers and care-takers. Although they are risking their own health and safety, the work they perform continues to be undervalued and underpaid. Those who are engaged in teleworking at home have faced enormous pressures; they are expected to remain available and productive online, while also caring for others. Lock-downs have increased the obstacles that women face in the labour market, rendering them more vulnerable to unemployment, precariousness, and a loss of income. The medical emergency triggered by the surge in COVID-19 cases has resulted in the neglect of sexual and reproductive rights, as demonstrated by the severe restrictions that have limited their access to anti-natal, prenatal and natal care in many places. Finally, the COVID-19 crisis has been used to advance anti-gender equality politics; several EU governments have exploited the pandemic to adopt regressive legislation targeting abortion rights. Religious groups have likewise advanced anti-equality policies, relying on stigmatising rhetoric. Women who experience multiple forms of discrimination due to their age, ethnicity, race, sexual orientation and socio-economic status have become even more vulnerable, thanks to COVID-19. A lack of women in key decision-making positions, starting with their representation on scientific committees, has resulted in the absence of a feminist perspective which, in turn, is responsible for a failure to mainstream gender equality in the responses to COVID-19.

European economies and societies will not be the same after the COVID-19 crisis has passed, given the countless challenges that are emerging with unprecedented force. Many of the troubling tendencies witnessed in some EU member states prior to the crisis have been amplified during the pandemic. A surge in gender-based violence, the devaluation of essential work in female dominated sectors, the unequal distribution of unpaid care and domestic labour, gender gaps across the labour market, obstacles in accessing sexual and reproductive services, and the rise of anti-gender equality politics: these tendencies all pre-dated the current crisis conditions, but the lock downs have also exacerbated them. At the same time, the pandemic has brought new equality challenges to the forefront of public debate. Recognizing the centrality of care-taking in ensuring the sustainability of European societies opens up possibilities and challenges for the future. It is essential to re-evaluate the role of healthcare work, the provision of comprehensive services in response to gender-based violence, along with the need for regular access to sexual and reproductive rights during emergencies; this also requires better strategies for a more equitable distribution of domestic and care responsibilities between women and men. Implicit in the EU fight against anti-gender equality policies and politics is the need to

eliminate domestic and sexual violence; ratification of the Istanbul Convention would be an important first step in this direction. Women's absence and exclusion from decision-making organs at all levels render the push for parity democracy as an EU priority even more urgent.

The recommendations found in this report emphasise the need to create an economy in which women will no longer be expected to shoulder the main burdens of care at the expense of their own participation in the economy/labour market. Removing all obstacles and adopting effective measures to eliminate the persistent gender pay gap should underpin all EU labour market policies. Parity democracy must become a further political priority for the EU. European policy-making should embrace new directions In the aftermath of COVID-19, thereby altering the current policy framework: our proposal centres on the need for a sustainable, care-driven economy, embedded in the context of gender parity. These should comprise the main building blocks of a modern democracy, incorporating gender budgeting and mainstreaming into a new model for growth, held against the standard of its ability to foster well-being for all.

## **1. Impacts of COVID-19 on Gender Equality**

Although COVID-19 poses more severe health risks in some countries than in others, and often results in a higher death toll among men than among women (Jin et al, 2020), the pandemic has had a significant socioeconomic impact on women's lives at many levels, producing immediate as well as longer-term effects with regard to gender equality. Gender inequalities are being amplified in more ways than can be briefly described here; this needs to be recognised in order to take the necessary steps to move forward.

### **1.1 Gender-based violence**

Although there are no comparative EU data available at this time, evidence from selected countries and organisations indicates that social isolation and overcrowding in confined spaces, often combined with alcohol and substance abuse, has created the conditions for a rapid increase in gender-based violence during the pandemic (EIGE, 2020). In some countries like France, increasing calls to shelters in search of help suggest an increasing number of incidents. In others, like Italy, relevant organisations note that there is significant under-reporting of cases involving gender-based violence (GBV), insofar as access to essential support services for GBV victims has been very limited. Overall, lock-downs have increased women's vulnerability to violence inflicted by abusive partners, family members or care-takers (CEDAW, 2020). At the same time, the threat of viral infection, compounded by socio-economic deprivation due to general economic slow-downs, both intensify stress and render violence survivors more economically dependent on abusers; women targeted by abusers are prevented from seeking assistance or availing themselves of other escape avenues (UNDP, 2020). Reliance on digital technologies has enabled some women subject to violent treatment to reach out for help, but it has also given abusers the means to control their victims' digital interactions (OECD, 2020).

**“Social isolation and overcrowding in confined spaces created the conditions during the pandemic for a rapid increase in gender-based violence”**

While gender-based violence is on the rise, policy measures to prevent the spread of the virus and provide care for COVID-19 patients has directed efforts and funding away from services previously devoted to victim protection and support, along with violence prevention measures. Health-care and judicial services have been closed, while special units in hospitals, shelters and relevant response centres have slowed or halted their operations. Moreover, local community and feminist groups, that have traditionally played a pivotal role in disseminating information and offering day-to-day support to GBV survivors cannot function as actively as before. Deprived of access to health-care, judicial services and community support, many women subject to violence are left to struggle on their own against their

abusers (CEDAW, 2020).

Women experiencing multiple forms of discrimination, including female migrants and asylum seekers in detention centres, as well as women and girls threatened with culturally specific forms of violence, e.g. female genital mutilation or honour-based violence, have also become more vulnerable to gender-based violence in private, uncontrolled settings during lock-down periods (European Women's Lobby, 2020).

## 1.2 Women's exposure to COVID-19

Women's and men's exposure to COVID-19 at the workplace varies according to gender-based forms of occupational segregation. While some male-dominant sectors were initially subject to higher levels of COVID-19 infection (e.g., platform work, delivery, transport, or logistics), women now constitute a majority of those working in the frontline healthcare and service sectors; especially affected are nurses and midwives, health-facility and maintenance providers (e.g., cleaning, laundry and catering services), child-care and elder-care providers, teachers, domestic workers and shop assistants. Women constitute 76% of all health-care workers, 86% of the personal care workers in home-based settings or institutions, 82% of all supermarket cashiers, 93% of childcare providers and teachers, 95% of domestic cleaners and helpers, and 83% of care-givers for the elderly and people with disabilities (EIGE, 2020).

From a gender perspective, EU member states that have registered significantly better outcomes in containing the virus and preventing Covid-19 deaths are those that already have more robust public health-care systems in place, in which workers also tend to enjoy decent working conditions. The current pandemic clearly points to the need to adopt new, long-term policies that recognise the pivotal role played by paid and unpaid healthcare workers; the vast majority are women, meaning that the latter will also play a significant role in guaranteeing the sustainability of various socioeconomic systems after the pandemic.

**“The pandemic points to the need to switch to new long-term policy priorities based on the pivotal role played by paid and unpaid healthcare workers, in their vast majority women”**

Because it is essential for the continuation of socio-economic life during the pandemic, work in female-dominant sectors requires the kind of physical presence and social contacts that expose female workers to higher risks of infection; this implies that they also face mounting psychological and social pressures. Health-care workers, in particular, tend to be extremely vulnerable because of their years of exposure to other health-related risks prior to the outbreak of the virus. According to the OECD, over one-third of all doctors world-wide are over 55 years of age; 60% of the long-term healthcare workers — primarily female -- suffer from physical risk factors; 44% have experienced mental health problems

(OECD, 2020). Nevertheless, most of these health-care professionals have continued their intensive labour throughout the crisis, sometimes without suitable protective equipment, such as masks and body-suits based on female measurements; they often function without medical and psychological support (UN-Women, 2020). Nor are these workers receiving decent wages, insofar as their professions still count among the least well-paid in the EU (EIGE, 2020).

### 1.3 Gender gap in work-life balance

Women play a critical role in the broader COVID-19 response, not only by serving in jobs that directly expose them to the virus but also “as the default unpaid family caregivers and the majority of unpaid or poorly paid community health workers.” (UN-Women, 2020, p. 13). Prior to the COVID-19

pandemic, women across the EU spent 13 more hours per week than men engaging in unpaid care- and housework (EIGE, 2020). One gender gap, defined in terms of the time women already spend on household and family-related tasks, increased significantly, as did their other workloads, once Covid struck. Due to lock-downs, the hours spent on these tasks increased immediately with the elimination of public and private services, marked by the closing of

day-care centres, kindergartens, schools, and facilities for the elderly and the disabled. In many instances, even relatives who had helped with childcare had to withdraw their assistance, as did many domestic workers. Women’s workloads have likewise increased in households with COVID-19 patients or with family members suffering from other illnesses; women have been called upon to provide full medical care and assistance at home without proper training (UN-Women, 2020).

While their unpaid burdens have grown, women must continue to fulfil their professional duties either outside the home or working from home, highlighting the unequal distribution of domestic and care work even more dramatically. According to a Eurofound survey, over one-third of those in employment began working remotely from home as a result of the pandemic. Over a quarter of all remote workers are parents with children under the age of 12, 22% of whom have struggled “much more than other groups to concentrate on work and achieve an adequate work-life balance” (Eurofound, 2020). For women with these care responsibilities, working from home has been undermined by several factors, including a lack of quiet spaces, where they can work without interruption; they also lack sufficient time to devote to paid work, since care-taking uses up a large share of their productive time. Single-parents across the EU, 85% of whom are women, are especially vulnerable: the pressures caused by the pandemic have threatened their already fragile work-life balance; this makes their economic situation even more precarious, since they rely on a single source of income (EIGE, 2020).

**“The gender gap in the time spent on household and family-related tasks increased during lock-downs”**

EU governments have resorted to a variety of measures to deal with the work-life balance issues that have emerged during the lock-downs. Positive examples include extending paid leave for parents with reduced payment, or providing vouchers for alternative care arrangements, as in Italy and Portugal; France has opened day-care centres for a small number of households involving front-line workers. (OECD, 2020). Wherever efforts to redress work-life balance have been undertaken, the measures have primarily targeted those who cannot work from home. Such measures do not automatically take the unequal burdens of men and women into account, nor the special needs of single-parent families, who are more likely to receive reduced payments during their parental leave, despite the fact that they depend on a single source of income. Some EU member states have closed both child-care and school facilities throughout the pandemic; in some cases, like Greece, they did not re-open immediately after the quarantine was lifted, even though parts of the commercial and public sector had already opened.

The increasing amount of time spent performing unpaid care- and domestic work during the lock-downs has held immediate repercussions for women's professional lives. There are indications that women who are engaged in demanding, competitive and/or high-skill sectors, e.g., in academia, have been particularly hard hit by these pressures (Viglione, 2020): unpaid care and domestic tasks have reduced their opportunity to pursue productive labour, undermining their professional prospects to accrue raises and promotions. Similarly, female entrepreneurs heading small and medium businesses have experienced major time and financial constraints in their efforts to sustain their businesses beyond the lock-downs.

#### 1.4 Gender inequalities in the labour market

COVID-19 lock-downs and the on-going pandemic have moreover triggered a global recession, which is likely to affect women disproportionately, and in different ways than is true for men. Unlike earlier crises (2008/2009), in which the male-dominated manufacturing and construction sectors were the first to be hit, the pandemic has had a negative impact in female-dominant sectors (ILO c, 2020). According to the International Labour Organisation (ILO), four sectors have proven to be especially vulnerable to the COVID-19 crisis, not only due to job losses, but also because of reduced working hours: they include: a) the hospitality, accommodation and food service sectors; b) sectors involving real estate, business and administrative activities; c) manufacturing; and d) wholesale and retail trade domains (ILO c, 2020). In high-income countries, women represent 40%-50% of the labour force in these sectors; they often work as entrepreneurs or as self-employed persons, causing them to encounter new obstacles in accessing credit.

**“The pandemic has caused a lot of damage on female-dominated sectors”**

In this context, the economic crisis may well reduce overall female labour participation rates and boost female unemployment. Because many companies are still reluctant to introduce gender-sensitive strategies in relation to personnel management, more women will be forced to quit their jobs or to reduce their work-time loads; caring for others contributes to their loss of income and thus economic independence. The COVID-19 crisis has moreover boosted online product delivery and services, following a significant drop in sales during the initial lock downs; this has been especially obvious in the retail sector which has traditionally employed a high percentage of female workers.

Another sector that has been quite negatively affected is the tourism and hospitality sector, where women constitute 52% of all workers (UNWTO, 2020). Extensive salary cuts and lay-offs in this domain are more likely to hurt women than men. In contrast to males, who tend to occupy a majority of the highly paid, highly skilled positions, most females employed by the tourism and hospitality industries hold low-paid, low-skill jobs in housekeeping and customer services; these positions, usually fall under informal or casual labour relations, involving part-time and temporary jobs (EIGE, 2016). Women are also more likely to perform unpaid labour for family businesses (EIGE, 2016). These female workers usually lack legal protection against dismissals or wage-cuts, at the same time they are deprived of access to various forms of state assistance and relief as the recession deepens. Since a large segment of those who secure informal or casual work in the tourism industry tend to be young migrant women, there is a further risk that the COVID-19 crisis will increase the precarious nature of these jobs for already vulnerable groups, forcing women to accept even longer working hours and lower wages. They may also encounter gender-based discrimination and violence, while being denied social protection, access to work-place benefits and other allowances (ILO a, 2020).

More broadly, various post lock-down forecasts indicate that EU residents working under precarious conditions in the informal sectors, are often hit more severely than those enrolled in stable, formal employment (ILO c, 2020). This is a gender issue insofar as women remain over-represented in the informal sectors, where they are assigned more precarious jobs than men. According to EIGE, prior to the pandemic, 26.5 % of working women held precarious jobs, resulting in lower pay, weaker legal protections and less access to social security benefits, compared to 15.1 % among men (EIGE, 2020). Their job prospects have been undermined as a result of COVID-19 lock-downs, depriving precarious workers of emergency state support, such as cash transfers, tax reductions, and subsidized loans. Overall women's incomes deriving from precarious work are likely to shrink even more in the post COVID-19 era, "with compounded impacts for women already living in poverty" (UN-Women, 2020, p. 4). Already vulnerable categories of women, including younger, minority, migrant, refugee and asylum-seeking women, face a far greater risk of poverty and precariousness.

## 1.5 Impact on health, sexual and reproductive rights and on vulnerable women

Data revealing that men are more likely to be seriously infected with COVID-19, and to face a greater risk of death, should not divert attention from the fact that women's health prospects have been deeply affected due to the COVID-19 pandemic. Although they evinced lower rates of serious infection and mortality (at least at the outset), many women have become more vulnerable to physical and psychological stress, fatigue and exhaustion as a result of their double burdens, working and caring for dependent and sick family members without assistance.

Women's sexual and reproductive rights have come under threat at the same time. During the lock-downs, pregnant women in many EU member states found themselves cut off from information and pre-natal services, affecting their health during pregnancy and after childbirth. Partners have been prevented from being present during childbirth; family members have also been denied the right to assist mothers during their hospital stays (European Women's Lobby, 2020). Medical decisions taken in order to avoid spreading the virus have negatively affected mothers, having failed to take into account the extra strains that mothers face in caring for new-borns, raising their risk of post-natal depression and exhaustion. The COVID-19 pandemic has also imposed new limits on women's and girls' access to contraception, safe abortion and post-abortion services; the interruption of these services poses serious threats to their physical and psychological health, as well as to their ability to control their own bodies. Access to contraception and abortion has been restricted for female adolescents, in particular, owing to greater parental control during lock-down periods, along with a shortage of online services and information concerning the options that might be available to them.

Women facing multiple inequalities experience increased exposure not only to the virus but also to psychosomatic vulnerability, either at the workplace or in their places of residence. More vulnerable groups include older women living alone, those who work in hospitals, private homes, retirement facilities or mental institutions and supermarkets; women incarcerated in prisons and migrant detention centres are just as vulnerable as seniors in retirement homes and women housed in mental facilities (UNDP, 2020). Older women face greater risks of contracting the virus, becoming seriously ill and dying when they live alone or reside in homes for the elderly. Women over 65 are under greater pressure

than younger women and men to respect social isolation and confinement principles; as a result, they may experience psychological problems which go largely untreated (European Women's Lobby, 2020). They moreover encounter problems linked to everyday survival, for example, if they lack access to essential household goods and medications. For many, not possessing digital

**“Women’s health has been deeply affected as a result of the COVID-19 pandemic in various and different ways”**

skills or home computers means that they are quite limited when it comes to securing information, necessary forms of medical or psychological assistance, or communicating with experts. Disabled

women also encounter new obstacles to health-care access, finding shelters if subject to gender-based violence, and acquiring household supplies. Many have also lost out on familiar sources of health and social support, and Covid-relevant information. Blind and sight-impaired women find it more difficult to inform themselves about measures that might protect them against infection, insofar as most websites and information campaigns were designed without consideration of their special needs (European Women's Lobby, 2020).

Migrant, refugee and asylum-seeking women find it hard to avoid increased exposure to the virus. During the lock-downs many have been living in overcrowded detention centres, in which they have limited access to adequate food, water, and healthcare -- and no way to physically distance themselves or respect hygiene rules (Human Rights Watch, 2019). The situation has not necessarily improved since then. In addition, women and children in these centres have reportedly experienced uncontrolled sexual harassment and violence (UNHCR, 2018). While lock-downs have eased in some member states like Greece, restrictions continue despite the fact that there are no health emergencies. The migrants include victims of gender-based violence, older or pregnant women and girls, or those in need of contraception or abortion services. In many cases, girls living in closed camps are deprived of their right to schooling, even when schools have reopened. Women in confined spaces, such as mental health institutions and prisons, also face heightened risks of contracting the virus; they have moreover been deprived of access to relatives and other social relationships (CEDAW, 2020, p.3).

## **1.6 Democracy under threat and anti-gender politics**

The state of emergency declared by many governments around the world in response to COVID-19 has given rise to undemocratic decision-making practices, along with anti-gender equality policies and rhetoric. Wherever democratic values are being threatened, there is always a serious risk that women's rights will be marginalised, and vulnerable social groups will be stigmatised or oppressed, further undermining gender equality (UN b, 2020). For example, after the Hungarian Parliament adopted a law enabling the Prime Minister to rule by decree, it approved legislation depriving people of a right to change the biological sex assigned to them during birth; this passed as part of a bill allegedly combatting the COVID-19 pandemic (Holroyd, 2020). Access to abortion and contraception has been restricted in other EU countries as well; in Italy, for example, some hospitals have suspended medical abortions (Mijatovic, 2020). Many other examples illustrate that certain EU governments are using the exceptional circumstances arising from COVID-19 to revoke earlier legislation regarding gender equality.

**“While anti-gender politics were influential before the crisis, the extraordinary powers given to executives and prohibition of public demonstrations and protest made it easier to pass measures against gender equality”**

Granting authoritarian powers to national governments during the pandemic seems especially alarming, given the rise of ultra-right-wing politics in Europe. These groups are contributing to a resurgence of anti-feminism, homophobia, transphobia, xenophobia and racism. In Poland, for example, LGBTQ people have been prohibited from utilizing certain public spaces during the pandemic (Amnesty International, 2020). While misogynist politics were making headway prior to the onset of the crisis, the extraordinary powers granted to national executives, coupled with prohibitions on public demonstrations and protests, have made it easier to adopt measures undermining gender equality.

Correspondingly, conservative and religious groups involved in anti-equality campaigns have reacted negatively to rules concerning social isolation, e.g., by defying restrictions on public worship. In some cases, religious leaders have issued public statements interpreting the pandemic as divine punishment for sexual promiscuity, abortion and feminism (Sexuality Policy Watch, 2020). The rise of racist violence in various member states, in Eastern and Southern Europe for example, mean that migrants, Roma and even minority women will be falsely accused of spreading the virus. This makes them vulnerable to further stigmatisation, isolation, possible attacks by misogynist, right-extremist or fundamentalist religious groups, and even the police. Governments that have introduced emergency measures increasing surveillance of their citizens, by using new digital technologies, also pose a threat to gender equality (UN b, 2020), by targeting and profiling women and men who defy heteronormative gender roles, for example.

### **1.7 Under-representation of women and gender issues in decision-making**

EU women are under-represented in decision making bodies across the board. Only 15% of all EU presidents and prime ministers are women; they comprise only 30% of those in member state governments. They are grossly under-represented in the decision-making bodies responding to the COVID-19 crisis, at both the European and national levels (Blasko et al., 2020). Women's voices, in general, and those belonging to groups most exposed to COVID-19, are not sufficiently represented, nor are their specific needs being considered in the pandemic responses. A limited number of female scientists and qualified medical professionals have thus far participated in the committees making key decisions about pandemic measures, despite the fact that women constitute a majority of workers in jobs considered critical for Covid-19 responses -- amounting to another major democratic deficit afflicting European societies.

**“Women have been  
overwhelmingly under-  
represented in the  
decision-making bodies  
responding to the COVID-  
19 crisis”**

According to the OECD, almost 50% of all doctors worldwide and over 90% (on average) of the long-term health-care force in OECD countries are female. Women remain critically underrepresented among those leading health-care institutions, organisations and networks (OECD, 2020). In January 2020,

female experts made up less than a quarter of the 21 member expert-groups on COVID-19 within the World Health Organization (WHO). Operation 50/50 has published a list of the top female scientists around the world who could make a difference in handling the pandemic (Operation 50/50, 2020). It is also noteworthy that feminist and women's groups have been excluded from consultations, deliberations and debates on the COVID-19 pandemic and its aftermath.

## **2. Challenges to Gender Equality following the COVID-19 Crisis**

Gender inequalities have been rendered more visible during the pandemic, but most forms have pre-dated the COVID-19 crisis. The ways in which even democratic societies addressing pandemic are intensifying inequality in turn, further aggravating the crisis. This is posing bigger and broader challenges at all levels, in particular, among EU institutions and EU member state governments. To avoid back-tracking on the progress made thus far requires that we work towards a gender-equal, sustainable recovery.

### **2.1 Combatting gender-based violence and its effects**

Most EU governments have acknowledged a surge in gender-based domestic violence during the lock-downs and are undertaking measures to address it. The real challenge is to address the underlying causes in order to formulate more effective, longer-term strategies. It is encouraging to see that several member states have launched national information campaigns. Community groups are being mobilised, and emergency services are being funded to ensure that those in need shelter find it. In France and Spain, for example, grocery stores and pharmacies are housing pop-up-services; 20,000 hotel room nights have been made available to women seeking refuge from abusive situations (UN-Women, 2020; European Women's Lobby, 2020). Nevertheless, in most EU member states, related services have been put on hold, or are only being re-opened after long delays; moving some services online, such as counselling, consultation and psychological support, can prove to be too costly and/or complicated.

The sustainability and effectiveness of measures to combat gender-based violence depends on a broader acknowledgment of the importance of victim protection, support for survivors and violence prevention, not only in the Covid-19 context but also in the longer run. Ensuring that priority is accorded to keeping services open during a crisis, avoiding reductions or the transfer of funds to other services is critically important (UNDP, 2020). As the lock-downs ease, there is moreover a need to confront violence and harassment not only in domestic spaces but also in places of confinement and informal sector work spaces hit by the crisis, e.g. in the tourist domain or sex industry (CEDAW, 2020). Re-opening such sectors multiplies the challenges

**“Ensuring that during a crisis priority is given to keeping services for gender-based violence victims open is critically important”**

because financial strains, precariousness and the threat of unemployment may force women to accept abusive, harassing and violent relations with bosses, clients and colleagues. It is important to develop an EU-wide media campaign exposing the insidious, degrading aspects of domestic and intimate partner violence, as well as gender-based violence at the workplace and spaces of confinement.

We need a comprehensive legal framework at the EU level to combat gender-based violence. Member states should be urged to sign, ratify and effectively implement the Council of Europe Convention on Combating and Preventing Violence against Women and Domestic Violence (Istanbul Convention). As proposed by *Gender Five Plus* in a previous report (GenderFivePlus et al, 2016), the EU should also adopt a framework directive on gender based violence. It is hard to grasp why there are no reliable, comparable EU data on gender-based violence when the phenomenon is so widespread. Data are essential for developing targeted policy measures; collecting relevant, EU wide-statistics must become a clear priority for EUROSTAT and the ESS (European Statistical System).

## **2.2 Recognising the value of jobs in female dominated sectors and the contribution of migrant women**

Public displays of gratitude towards medical workers in several EU member states during the lockdowns points to a shift in public attitudes towards professionals working in female-dominated sectors. Not only have these workers become visible and valued; their courage and skills have been openly acknowledged. Nevertheless, the prevalence of precarious working conditions in female-dominated sectors highlights persisting inequalities. There is a risk that expressions of public gratitude will not bring actual changes (e.g. pay equality), suggesting that the pandemic's impact will be short-lived. This is particularly worrying given women's disproportionate participation in these sectors attesting to multiple forms of discrimination. Women of colour, migrants and members of other minority groups work as nurses, midwives, and day-care providers, serving children, the elderly, the chronically ill and the disabled. Gender, race and ethnicity contribute to the devaluation of these sectors: many professionals are forced to accept precarious working conditions not only in the private sector but also in public institutions, as temporary or casual personnel, complementing the efforts of permanent staff.

The challenge for European societies and governments is not only to recognise the value of this work but to take concrete measures to re-evaluate women's contributions in providing essential services, as nurses, midwives, care-givers and shop assistants. Member states must provide healthcare workers with real protection against precariousness, by increasing their pay, recognising their skills, and ensuring decent working conditions (e.g., stable employment, reasonable working hours, long-term contracts, social security). They also need to combat discrimination due to gender, racial and ethnic biases more effectively. Many female workers, especially those stemming from non-EU countries, enjoy no guarantee that they will have access to benefits and allowances in the aftermath of the crisis. They should be able to retain their jobs, and even receive legal residence

permits in EU Member states. International organisations like the WHO and the ILO have highlighted the need to establish legal migration pathways for essential healthcare workers, added to new protections for migrants already employed by national health systems. It is moreover crucial to acknowledge that this is a gender issue, affecting significantly more women than men (WHO 2020).

Prior to the pandemic outbreak, leaders regularly accorded greater priority to economic factors than to social concerns like gender equality; they have gradually reduced the role of the state, relegating it to the service of private sector interests. The Covid-19 crisis has demonstrated that the roles of the state and the public sector are indispensable in safeguarding broader social interests; it has called recent waves bent on privatising public goods into question, especially in relation to healthcare. EU institutions and member states must recognize the value of public healthcare and healthcare work in an effort to build a more sustainable care economy beyond the COVID-19 pandemic.

### **2.3 Achieving a more equal sharing of care and domestic work**

The pandemic brought to the forefront not only the immense value of unpaid care and domestic work and the importance of public provision but also the need for a more gender-equal distribution of household burdens. Although many EU governments extended paid family leaves and, in some cases, also provided financial support, they were unable to ensure continuity of services; unpaid tasks like childcare, elder-care or cleaning were not treated as real work in policy frameworks. Unpaid care

**“In the post-crisis era, a fairer distribution of care and domestic work between women and men is a challenging policy objective”**

givers, a majority of whom are female, have occasionally been granted exceptional status in order to support relatives, but they have had to provide for others without adequate knowledge, training or protective equipment. Ensuring a fair division of care and domestic tasks between women and men is a challenge. Arranging for a more equitable distribution of unpaid reproductive tasks between men and women will require

relevant information campaigns and studies illustrating the long-term benefits that this transformation would bring for households and businesses. It will also necessitate full implementation of supplementary measures, such as adequately paid parental leave for mothers and fathers.

Post-crisis Europe will moreover need to engage men in supporting gender equality while challenging toxic masculinities. The UN’s Campaign *HeForShe* has shown that commitment to gender equality among men is relatively high in most EU member states (UN c, 2020). The COVID-19 crisis has nonetheless demonstrated thus far that turning this commitment into action is difficult, requiring more coordinated policy initiatives. The lock-downs have offered an opportunity to men to become more involved in unpaid care and domestic work on an every-day basis, but they have not yet altered deeply entrenched gender norms. Policies challenging dominant masculinities and sexism by targeting men

and boys are more likely to produce positive outcomes for their work-life balance, if they are based on actual sharing experiences, as many cases of extended parental leave for fathers have shown (OECD, 2020; Betron et al, 2020).

## 2.4 Addressing Gender Inequalities in the labour market

In contrast to the 2008 financial crisis in Europe, the current pandemic, like other health-related crises, is likely to have a differentiated impact in the labour market. Having initially affected sectors in which women are clearly overrepresented, such as retail, hospitality, tourism and domestic labour (OECD, 2020), this crisis has touched women's lives more profoundly than men's.

Overall, the crisis has highlighted gender inequalities and pay gaps in the labour market; the challenge is to formulate effective policy measures to address these issues. Collecting sex-disaggregated data that also attend to the intersection with race, ethnicity and age across the EU is quintessential for the development of evidence-based policies contributing to a care-oriented economy, while protecting against further intersectional inequalities in the labour market.

EU institutions and member states should make it their priority to combat informality in female-dominated sectors. In Italy, Greece and France, for example, governments have granted self-employed workers one-off compensation for the loss of economic activity, but many precarious workers have been unable to claim these benefits because they lack the necessary documentation (ILO c, 2020). The situation was particularly difficult for domestic and care workers, as well as for those in the tourism branch, who are often denied benefits and cash transfers because their work tends to be of an informal or seasonal nature (ILO c, 2020).

The shift towards the digital economy poses a further challenge. Although lock-downs are beginning to ease, the turn towards an online economy is becoming a dominant trend, which is likely to continue after the crisis; the latter is consolidating new patterns and labour relations, based on remote teleworking. The challenges to gender equality emerging from this context, pertains directly to the work-life balance: women are expected to be continuously available online at the same time they are needed for family care. Just as importantly, the challenge is to ensure that highly qualified women derive benefits from new job opportunities emerging in the digital sector. Even highly qualified women have been traditionally confined to sectors offering fewer opportunities for promotion and training, in jobs characterized by insecurity and lower salaries (ILO b, 2020). It is also important to ensure that female entrepreneurs heading small and medium enterprises be provided support in order to mitigate the negative effects of

**“Given that women represent the majority of precarious workers, an important policy challenge would be to introduce a conditionality for EU funding requiring the creation of new secure jobs”**

the crisis (ILO b, 2020); possible measures include extra tax-relief, the ability to delay payments, and access to low-interest credit.

Given that women represent a majority among precarious workers, another important policy challenge will be to introduce conditionality for EU funding, e.g. requiring the creation of new, secure jobs that benefit young women and single parents. Specially targeted support packages should promote women's participation in the labour market, in order to avoid their return to traditional feminine roles as unpaid care-givers.

From a feminist perspective, the COVID-19 crisis also offers an opportunity to revisit the idea of a Universal Basic Income in order to provide women and girls with basic financial support. This will compensate them for unpaid care and domestic work. Labour organisations should assist them in negotiating better working conditions to enhance their health and well-being, allowing more to escape gender-based violence and harassment (Schulz 2017).

## **2.5 Taking back control of women's health**

The COVID-19 crisis has resuscitated old challenges related to women's health and control over their own bodies; some of these issues have been marginalised due to the prevalence of male-normed conceptualizations of health and medicine. Women face health complications related to mental and physical exhaustion because of work-life imbalances, added to prolonged periods of teleworking. The crisis has brought greater visibility to the multiple health risks encountered at the workplace by nurses, midwives, domestic workers, care-givers, shop assistants and teachers, especially -but not only - with regard to the pandemic. Renewed visibility provides an opportunity to debate questions of women's health and workplace risks, including those stemming from unpaid care and domestic work. We need to re-evaluate the contribution these jobs make to society and the economy.

Furthermore, the need to recognize sexual and reproductive rights as essential for women has become more apparent during the lock-downs (Hussein, 2020). Most EU member state governments have failed to recognize abortion and contraception as essential services, putting the health of women and their ability to make choices at substantial risk (CEDAW, 2020; Council of Europe, 2020). In April 2020, 00 civil society organizations signed a declaration condemning the failure of European governments to guarantee safe access to abortion for women and girls, thus putting their health in danger amid the COVID-19 crisis (Amnesty International, 2020). The declaration emphasized that "highly restrictive laws and onerous administrative requirements" are depriving women and girls of essential health services. The European Women's Lobby has proposed the EU-wide introduction of tele-consultations for prescribing the abortion pill and free distribution of contraceptives and condoms, especially for younger women; they stress that anti-natal and prenatal care "must be considered urgent

and medically necessary" (EWL, 2020, p. 10).

The pandemic has demonstrated that policies aimed at improving women's health and maintaining their sexual and reproductive rights should be guided by feminist practices, respecting

**"Policy making decisions should be taken with the diversity of women's needs in mind according to their age, race, ethnicity, migrant status, and sexual orientation"**

women's bodies and their decisions. The right to control one's body should be recognized as pivotal, accorded more weight in policy-making than concerns about national birth rates, systemic costs and medical benefits. Furthermore, such policies should obviously be decided with the diversity of women's needs in mind, based on their age, race, ethnicity, migrant status, and sexual orientation, rather than on "universal" health care models that posit a man as the default patient.

In order to introduce evidence-based solutions, we need to mainstream gender into all health policies, as well as to collect and share EU wide data, disaggregated according to sex, age, ethnicity, race, disability, socioeconomic status and sexual orientation.

Given increasing signs that many countries will encounter a potential second COVID-19 wave in the fall and winter, EU institutions and member states must adopt measures to ensure the continuation of sexual and reproductive services; this requires keeping family planning and abortion clinics, birth and post-natal care centres open during the crisis, to enable women to make decisions regarding their own bodies, by way of digitalized services, like filling contraception prescriptions, for instance. Given direct attacks on abortion rights in member states like Poland, it is crucial for EU institutions to take a firm stance against basic violations of women's rights to self-determination. It would be useful to establish more on-line media and learning resources, to reaffirm the EU's commitment to the protection of women's and girls' sexual and reproductive rights, to highlight the positive role that men and boys can play in the fight against gender-based violence, and to promote broader respect of for sexual and reproductive rights.

## **2.6 Stopping the spread of anti-democratic and anti-gender politics**

The COVID-19 crisis is enabling some leaders to suspend democratic procedures and structures in many regions, including EU member states. Although it may be possible to secure some forms of gender equality without democracy, the two are mutually reinforcing: gender equality and democratic projects are intertwined. Many governments have declared a "state of emergency" to legitimise their earlier anti-gender equality orientations and preferences. The challenge facing the EU is to prevent new modes of decision-making from further undermining gender equality; in some countries, the elimination of social dialogue, democratic discussion and the right to protest is now becoming the norm.

One significant outcome of the anti-equality politics arising during the COVID-19 era, has been a tendency to reinforce traditional gender roles, added to efforts to demonize feminism and LGBTQ movements, largely because they defy these normative roles (Provost 2020). On 13 February 2019, the European Parliament adopted a Resolution “on experiencing a backlash in women’s rights and gender equality in the EU”, pointing to the situation in Austria, Hungary, Italy, Poland, Romania and Slovakia, but there has been no improvement (European Parliament, 2020). The EU needs to pressure member state governments to reinstate gender equality measures. Otherwise Covid-19’s legacy of unequal, anti-democratic politics may prove long-lasting.

## 2.7 Increasing the participation of women in decision-making

The pandemic has demonstrated the need to involve more women in decision-making, whether the focus is on expert meetings, advisory or scientific committees, response teams or task forces, and not only in times of crisis. Ensuring gender-balanced representation is an ethical issue, as well as a question of the ability to introduce and implement innovative and resilient policies effectively (Bali et al, 2020). Establishing gender parity requirements for all decision-making and power-wielding bodies is but a necessary first step towards achieving fair and equitable gender representation, as argued in a previous *Gender Five Plus Report* (GenderFivePlus et al, 2018). Parity democracy requires us to review all governance processes. One of the challenges for improving democratic processes in general is the need to involve feminist and women’s organisations more effectively in decision making at all levels, whether European, national, regional and local. As previous health crises have demonstrated, “women often know the best ways of getting health messages to their families and communities, the right entry points and the most effective strategies for driving behaviour change, which are powerful assets in infectious disease control” (Action Aid Australia, 2020, p. 5). The present crisis has already highlighted the positive roles of women’s leadership in countries stretching from Scandinavia to New Zealand.

An additional challenge confronting governments, international organisations, research institutions and local communities is how to bring gender-balance into scientific committee meetings, which play a leading role in research design as well as in decision making, regarding pandemic responses. Although the percentage of female medical students is rising, women remain underrepresented among senior doctors, professors, researchers and among other decision-makers in the health sector. Increasing the share of female scientists who participate is a necessary condition, but merely adding female scientists to scientific bodies is not sufficient to guarantee a dramatic shift towards mainstreaming gender in medical decision making. It

**“Adding women scientists in scientific committees alone cannot guarantee a drastic shift towards mainstreaming gender in medical decision making on COVID-19, without training and information on gender theory and mainstreaming”**

moreover requires that all those addressing COVID-19 receive training and information on gender-specific needs and mainstreaming techniques.

Medical responders must assess health risks and possible solutions with gender in mind, considering both the differential impact of certain remedies on male and female patients, as well as the social impact for gender equality (Wenham et al, 2020). Scientific and medical responses to the COVID-19 crisis need to incorporate gender perspectives and needs to achieve satisfactory outcomes for all persons affected by the current pandemic. The Clinical Trials Regulation of the European Commission (EC, 2014) emphasizes that gender balance, drugs and vaccines should be tested on both males and females (EIGE, 2020).

The critical challenges here are to strengthen the application of gender variables in science, to ensure gender mainstreaming, and to develop policies which recognise the health impact of multiple forms of discrimination, addressing the needs of the most vulnerable female groups. Collecting data on gender inequalities is crucial for effective policy responses, including stronger intersectional perspectives in data collection. Data should be comparable across the EU member states, enhanced and complemented by qualitative data collected not only by the usual experts but also by women's organizations. Some forms of social media can also provide rich, up-to-date insights into the problems experienced by diverse women and girls across different EU regions (UNDP, 2020).

### **3. The Need for New Gender-based Directions and Policy Responses in the EU**

In May 2020, the European Commission (EC) proposed a revised 2021-2027 EU budget, boosted by €750 billion of “Next Generation EU” funding, intended as a temporary emergency instrument for socio-economic economic recovery in the wake of the pandemic (European Commission a, b, 2020). On 21 July 2020, EU member states approved this exceptional instrument along with the new seven-year European budget. Despite many shortcomings highlighted by the Commission and the European

Parliament, this constitutes the boldest, most ambitious European gesture of solidarity in years. Despite its ambitious scope, the plan itself is gender blind, at best. This is particularly alarming, given that the pandemic that has clearly revealed the need to acknowledge the centrality of care work. Paid and unpaid healthcare services, disproportionately executed by women, lie at the core of EU societies.

**“Despite “Next Generation EU” funding’s ambitious scope, the plan is gender blind”**

The EU is uniquely placed to tackle the present crisis, not as a singular event but rather as a symptom of a socio-economic system that has failed because it has ignored gender inequalities, among other things. The *EU Gender Equality Strategy, 2020-2025*, includes a focus on issues which the pandemic has shown are urgently in need of lasting solutions: gender-based violence; gendered employment and pay gaps; gender-driven, horizontal and vertical segregation of the labour market, the

care-gap, as well as gender imbalances in decision-making. (European Commission c, 2020). The Committee on Women's Rights and Gender Equality of the European Parliament recently published a draft report on the gender dimensions of the COVID-19 crisis, and likely post-crisis developments; it stresses that it is “a duty and responsibility of EU policy-makers” to address the differential impacts of the crisis on people of different genders (European Parliament, 2020, p. 14). The EU framework allows law-makers to tackle some difficult strands of policy-making while pointing towards a more sustainable and gender equal socioeconomic system. Beyond that, the EU can use this crisis as a starting point to engender essential transformations and to reframe the European economy as a care economy. There is a clear need for new directions and policy responses at the supranational and national levels, not only to mitigate the lack of gender mainstreaming but also to carve out a path to sustainable recovery.

### **3.1 A paradigmatic shift towards a care economy**

The COVID-19 pandemic has directed the spotlight to the harsh consequences of our economic systems, driven by competition, exploitation, discrimination, and gender inequality. The driving forces of globalization have contributed in no small measure to the unequal spread of the virus. The mistaken belief that only competition can successfully fuel an economy has been shaken to the core by the pandemic, creating a pause and allowing us to recognize care-giving as an essential activity. Care-work is central to the process of social reproduction, ensuring the survival of individuals, families and society. Without care, there could be no socioeconomic and political organization. Growing populations, ageing societies, changing families and the spectre of future global health issues render care-work a most significant socio-economic activity that should be at the centre of efforts to organize the post-pandemic recovery. Policy decisions taken now, particularly at the EU-level, will be crucial for this purpose. Future policy-makers should reflect on the fact that care is not only central to future policies on health; it is also a driver of economic recovery in its own right. Health-care should moreover be recognised as a human right within the broader framework of gender equality. States are obliged to guarantee access to timely, acceptable and affordable health care of appropriate quality (WHO, 2017)

A move towards a care-based economy should lie at the core of European endeavours to shape a sustainable recovery that is not a short-lived response to the current emergency. Long-lasting solutions to a broad range of socio-economic problems will require a major shift in our thinking. An economy driven by a value-based care system must be supported by adequate public investments that are people-centred, respecting gender equality and intersectionality. It requires macro-economic tools and mechanisms designed to put care and gender equality at the centre of economic activities. Gender budgeting should be used to ensure that public expenses and

*“At the core of European endeavours for a sustainable recovery, should be a move towards a care-based economy that is not a short-lived response to the current emergency but a sustainable and long-lasting one”*

financial investments serve equality goals. Only a gender-sensitive tax framework can promote an economic model in support of quality care-giving. Major public investment is necessary to allow care facilities to respond to people's needs throughout the life cycle, supported by investments in gender-sensitive public infrastructures, training and education facilities. Organizing work around caring activities needs to take into account the grossly unequal burdens that women carry in relation to paid and unpaid labour. As the motor fuelling future economic activities, caring for others should also extend to the environment and sustainability. A paradigm-shift from economic activities based on competition to those based on care will secure the well-being of future generations, if not their survival.

### **3.2 Towards Parity Democracy in the EU**

The pandemic has served to strengthen anti-democratic governance trends in some EU member states, along with misogynist policies. The lack of gender-balanced representation and mainstreaming in EU decision-making has underlined an urgent need for a new approach to gender parity. Despite years of pressure from women's organisations, or even the EU's official adoption of gender mainstreaming across all policy domains, women are still underrepresented in most decision making bodies; nor has gender been effectively mainstreamed into all EU legislation and funding, especially in the responses to COVID-19 to date. Instead of diminishing, we expect gender inequality in Europe to increase, exacerbating the democratic deficit in EU governance. The only viable, democratic option for a post-Covid recovery rests with a move towards parity democracy. In an earlier report, *Gender Five Plus* argued in favour of a parity democracy concept that "does not limit itself to increasing the number of women in politics, decision making positions and democratic bodies but entails a transformation of our understanding of democracy, political culture and structures" (GenderFivePlus et al, 2018, p.3). The COVID-19 pandemic shows that "the construction of the right to equality subject to legal systems created without women is difficult to implement; if parity is recognised as a critical prerequisite for democracy, then the rules of the game and social norms will have to change (Vogel Polksy, 1994).

Achieving gender balance in decision-making is not only a matter of justice or fairness -- recalling that women comprise half of the European population -- but also a matter of having better, more effective policies developed and decisions taken. Women's participation in decision-making can affect policy substance: women's talent, knowledge, skills, creativity, and ideas will aid in addressing challenges like the COVID-19 pandemic. Gender parity and balance requirements, through quotas, for example, have helped women to become part of the existing power structure and its decision-making bodies. The European Union's main institutions have exhorted member states to adopt gender quotas to increase the proportion of women in decision-making (Schreeves et al, 2019). It is time for member states to implement those recommendations. EU institutions should guarantee the equal participation of women and men in decision making, by requiring electoral quotas with respect to all committees,

including those involved in scientific and technological decisions, not only throughout the COVID-19 crisis, but in the long run, to make gender mainstreaming sustainable. They must also introduce the structural changes needed to reshape institutions, processes and policies in gender-sensitive ways.

Statistical data on the impact of female and male leadership in crisis management suggest that countries with female leaders had six-times fewer confirmed COVID-19 deaths from, as well as more rapid, effective “pandemic -flattening” processes than countries ruled by male leaders. Female leaders are ostensibly less likely to underestimate the risks and to delay responses; they have also relied more heavily on preventive measures and long-term social welfare benefits, rather than on short-term economic considerations (Fioramonti et al, 2020). The post- COVID 19 recovery strategy provides the EU and its member states the opportunity to introduce evidence-based policies, which could also promote parity democracy and guarantee women participate equal footing in filling decision-making and leadership roles.

Anti-democratic, far-right trends were evident in Europe prior to the COVID-19 outbreak, but authoritarian modes of decision-making have been reinforced in some member states during the pandemic, raising concerns about anti-equality gender discourses and policies. The new Commission President, Ursula von der Leyen, has articulated her vision for “a new push for European democracy”. The upcoming conference on “the Future of Europe” raises the issue of participatory processes and the empowering of civil society organisations via the Economic and Social Committee, a core EU institution designated for this purpose. The imminent conference on the Future of Europe affords an opportunity for discussing ways to secure gender parity in EU governance.

Many scholars note that parity democracy would establish the right to equality between women and men as a structural prerequisite for democracy (Gubin, 2007; Rubio-Marín, 2012; GenderFivePlus et al., 2018). Achieving this requires legal provisions anchoring gender parity in all decision-making bodies, both at the EU and national level; this must be accompanied by a strong political commitment to effective implementation. Post-COVID-19 democratic reforms must strengthen the EU against efforts to extend national “emergency” measures indefinitely.

**“The democratic deficit resulting from the low participation of women in politics and decision-making needs to be addressed by the EU as a matter of urgency in the aftermath of the pandemic, and it must be recognised that parity will not be achieved without introducing gender quotas at EU level”**

EU member states deviating from democratic rules and pursuing arbitrary decisions that contravene the European gender *acquis* must be openly denounced and sanctioned. The EU must exercise supranational and intergovernmental diplomatic pressure vis-à-vis anti-democratic governments, forcing them to rescind legislation that violates the basic rights of women and minorities. In cases of non-compliance, the EU must utilize the remedies outlined in Part 2 of the Treaty of

the European Union, to apply binding sanctions.

The democratic deficit rooted in low rates of female participation in politics and decision-making should be treated as a matter of urgent concern in the aftermath of the pandemic; parity cannot be achieved without the introduction of gender quotas at EU level, no matter how politically controversial this might seem. According to the Council's position on the Conference on the Future of Europe (dated 24.6.2020, the conference itself "should focus on topics that truly matter to our citizens with long lasting impacts and wide outreach", suggesting a serious interest in the issue of parity democracy.

### 3.3 Towards a New Model for Growth in Europe

The 2008 economic crisis generated calls to move major economies away from a primary focus on the financial sector in favour of strengthening the "real" economy, capable of delivering security, stability, and sustainability. The COVID-19 crisis offered a further wakeup call, indicating the need for a paradigm-shift, towards a just, sustainable Europe that focuses on health, care and the environment. The COVID crisis has given rise to a growing public demand for a change in course, towards a more caring Europe; countless civil society organisations, including the EWL, Social Europe, Women's Europe, Democratize work, PES women, #halfOfit have produced papers and addressed EU leaders, calling for urgent measures and a fundamental shift in focus.

The COVID-19 crisis has clearly revealed that the current system has failed to deliver a healthy, safe and just environment; angry electorates have signalled this to their leaders and will continue to do so. Europe has failed to deliver on its promises regarding gender justice, so this is the time to ask why and how we might change course. The wave of European solidarity evoking many ambitious responses to the COVID-19 crisis will not naturally translate into greater attention to gender inequalities without pressure from many actors, and a clear political will at the EU level regarding gender equality.

Strengthening gender mainstreaming and gender budgeting with respect to all policies and programmes is more important than ever, as reaffirmed in the recently launched Gender Equality Strategy 2020-25 (European Commission b, 2020). Those responsible for implementing the *New Generation EU* programme, the Green New Deal and the new plans for digital growth should do likewise. Public money should support public principles; funds should be directed to sectors particularly in need of funding, like education and health, fields in which women are heavily represented. The EU Commission President and her Commissioner for Equality have both expressed support for gender mainstreaming, reinforced by the higher proportion of women MEPs elected in 2019. It is nonetheless very disappointing that the European Commission's *Next Generation EU* funding proposal of May 2020 does not apply gender mainstreaming per se. The first gender impact assessment of The *Next Generation EU* funding proposal, commissioned by the Greens/EFA group in the European Parliament, revealed that recovery funds have been directed to predominantly male

employment sectors (construction, etc,) while domains employing the most women (education, health, social services, hospitality) were targeted less (Klatzer et al, 2020).

There are some encouraging signs that gender mainstreaming is gaining wider support, however. There are practical examples at the local level as well as indications that certain national level bodies, e.g. the French *Haut Conseil de l' Egalite entre les Femmes et les Hommes*, are imposing gender-equality conditionalities regarding the funding intended to boost recovery during and after the COVID-19 crisis (HCE, 2020). EIGE is making tools and good practice examples widely available in relation to the implementation of gender mainstreaming and gender budgeting; it has urged officials to create a network of policy makers and civil society representatives, to collect and disseminate best practices on gender equality during the COVID-19 crisis (European Parliament, b 2020). The establishment of a “Recovery and Gender Equality Advisory Board”, which aims to stimulate equal sharing of recovery fund benefits between women and men (Klatzer et al, 2020), is a further required development.

Although gender mainstreaming has been embedded as a requirement for European policies dating back to the Amsterdam Treaty, one major obstacle remains: gender mainstreaming is not necessarily a requirement for national legislation in the member states. While some lawyers have invoked the principle of loyal cooperation between member states in hopes of rendering it binding, member states are not legally obliged to gender mainstream unless a provision is explicitly included in the contractual EU arrangements already negotiated prior to the release of funds. If we are to move into a more fair, rational socio-economic reality, gender equality and gender mainstreaming must become integral parts of the EU's approach, and a strict priority for all policy makers.

To secure fundamental changes in a sustainable way, we need to develop a new model of growth, based on alternative indicators that focus on a more caring, gender-equal society and economy in Europe. In order to achieve their social and environmental objectives, EU institutions and member states must seize the current opportunity to jettison the focus on economic growth, that has almost exclusively shaped policy making over the last 40 years. An unchallenged belief in economic growth and its hegemonic indicator, the GDP, has blinded actors to social justice and equality concerns. The belief that the benefits of growth would filter down and permeate all aspects of social life, thus providing a foundation for social progress, has been refuted by the never-ending pattern of social and economic inequality, added to irreparable harm to the environment. Misguided objectives have been pursued In the name of economic and financial growth; the push for constant increases in the production and consumption of poor-quality products has fostering unlimited waste, poor health, the enslavement of workers worldwide, and irreversible

**“A new model of growth is needed, based on alternative indicators, focusing on a more caring and gender-equal society and economy in Europe”**

ecological damage.

The agenda outlined in “Beyond GDP” is not new. In 2007, the European Commission, together with its main proponents, produced a Communication with a plan of action. In February 2008, the OECD issued a report by the Stiglitz Commission on “The Measurement of Economic Performance and Social Progress”. These efforts disappeared from the political agenda commensurate with the 2008 financial crisis. Meanwhile, Eurostat and the European Statistical System (ESS) have made progress in generating more appropriate, precise social and environmental indicators. This is the right moment to

shift towards political decisions based on new ecological, societal and gender-balanced indicators, if we hope to secure an equitable, sustainable recovery from the COVID-19 crisis. Future economic forecasts for a Europe hit hard by the pandemic have thus far concentrated only on the decline in national GDPs, with no mention of alternative indicators. We propose that both the Gross Social Domestic Product and the Gross Environmental

Product be applied in guiding major EU economic initiatives, starting with the European Semester and recovery plan processes. Experts within the European institutions have accumulated substantial knowledge regarding the use of alternative indicators (including the gender equality index), as have members of the research community and civil society organisations, all of which should be gathered and channelled into EU policy making.

## CONCLUDING REMARKS

Europe has failed to deliver on its promises to ensure gender justice: Unequal pay for work of equal value has stagnated, evincing an average gap of 16% between men and women for the last 30 years; this gap might grow again in post-COVID 19 period. The prospect of achieving equality by way of the labour market remains an illusion for millions of women working under precarious conditions, for the majority of “carers”, for females who face multiple forms of discrimination, for women banging their heads against the glass ceiling, or being frightened out of positions of power by digital harassment. European institutions and civil society organisations have devoted significant attention to issues of work-life balance over the last few years, but as amply documented in this report, the successes attained thus far have been shaken by the differential impact of confinement, economic hardship, school closure and teleworking. Most EU and national policies pay little more than rhetorical homage to the promise of gender mainstreaming, first inscribed in the Amsterdam Treaty of 1997. Last but not least, gender-based violence is on the rise, constituting a blatant violation of women’s human rights; the fear and harm that it generates imposes a tremendous cost on society. Measures to combat violence must endeavour to prevent, protect and prosecute (as promised by Ursula von der Leyen in

her speech of July 2019), but the actions of EU governments still fail to challenge men's power over women, legitimising this violence.

The lack of progress regarding fulfilment of a wide array of EU Treaty commitments to gender equality still requires us to address the roots of systemic sexism across the member states. Sexist stereotypes about "women's nature" underlie a system that tolerates gender-based violence as well as socio-economic and cultural discrimination, preventing the self-actualization of millions of individuals. Slow progress and implementation difficulties are linked to various types of resistance to gender mainstreaming; attitudes among policy makers range from indifference to explicit sexism (Jacquot, 2015). Resistance cannot be overcome without eliminating its root cause: the persistence of cultures that take sexism for granted. Changing outdated norms requires both symbolic and practical measures – this is where the EU needs to exercise leadership.

This Report points to many factual studies assessing the broader impact of the COVID-19 crisis on gender equality. It moreover offers many arguments that can be used to specify crucial directions for sustainable change and gendered recovery. Our recommendations for a caring economy, parity democracy and new growth models are worthy of pursuit by a wide array of societal actors, state and non-governmental actors, within the EU and through international alliances across many borders, e.g. within the framework of the UN Sustainable Development Goals (UN a and b, 2020). The latter provide concrete objectives that will contribute to a more sustainable, gender balanced future worldwide.

The COVID-19 pandemic has made us all come to terms with our shared vulnerability and will hopefully open up new ways of understanding our own position in the world. Transforming this realisation into policy is a hard task that feminist and environmental activists have already started to explore through their own practices. EU institutions should take advantage of the dynamic resurgence of movements around the world, in hopes of effecting a profound transformation. The future of gender equality in Europe largely depends on the ability of EU institutions to take the lead in mastering and applying the valuable lessons conveyed by the COVID-19 crisis. European policy-making should pursue new directions in the wake of this pandemic, to alter the current policy framework. This report shows that a sustainable care-driven economy, governed by parity democracy is not only conceivable: gender budgeting and mainstreaming must also become integral components a new model for growth, focusing on the care economy.

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