

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, impacting all levels of society and social organisation, with serious destabilizing effects and tragic consequences on human lives everywhere in the world. The health crisis in Europe and the politics of the subsequent emergency measures implemented by EU countries have highlighted the very fragile foundation of gender equality policies in the EU. In view of the impact of the COVID-19 pandemic on women and the increase in gender inequality resulting from the crisis, which is unfortunately continuing for much longer than originally expected, we in Gender Five Plus, as a European feminist think tank, cannot remain silent and inactive. We are putting forward our analysis of the current situation, which is constantly evolving, and our proposals for a gendered, sustainable recovery of the European economy, based on the feminist concept of care as the motor fuelling future economic activities and gender equality as one of the main drivers for progress.

The restrictions imposed due to the COVID-19 pandemic on working lives, on social mobility and on family lives have created a new situation that impacted most heavily on women. The ever-persisting assumptions that women will carry on with their caring roles both professionally and within their families, turned out to be the new reality. While women's roles as nurses and carers have intensified and the pandemic demands more servicing, at the same time, women also shoulder the burden of their domestic situation, looking after their family, schooling their children and are subjected to an increased level of domestic violence. The lack of coordinated and coherent EU policies on gender equality and the many retrogressive measures taken by national governments are very worrying. There is an urgent need to realign and expand policies promoting the improvement of women's economic conditions and gender equality in social and political life.

In the EU, responses to the COVID-19 crisis so far were mostly gender-blind. Despite feminist pressure, the Recovery Fund has not integrated a gender budgeting approach. This is a major challenge as women have not only been at the forefront of the fight against the pandemic, but they risk being victims of the measures taken to combat it. As Europe is planning its road to recovery, we believe that this is an opportunity for new thinking, for new gender-based directions and policy responses in the EU. This is the right moment for a paradigmatic shift towards a care-based economy, replacing the

belief that only competition can drive an economy successfully by the recognition that care giving is an essential activity at the core of societal needs and the economy. The time has also come to challenge the belief in the need for ever-continuing unlimited economic growth and the supremacy of its indicator, the GDP, as the only guide to policy decisions. Social injustice, including gender inequality, and the destruction of the environment and climate change indicate clearly that this is the right moment to start making political decisions on the basis of specific environmental, social and gender balanced indicators and to reflect on a new model for growth in Europe. It is time to reverse the trends in a just and democratic Europe of the future, a Europe with parity democracy, as there can be no true democracy without gender equality.

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EXECUTIVE SUMMARY

The on-going COVID-19 pandemic has had multi-layered socioeconomic effects on women and girls. Women have faced a surge in gender-based violence, exacerbated by confinement, overcrowding and socioeconomic insecurity. During lock-downs, women who carried out essential tasks, such as nurses, midwives, cleaners, and carers had to be at the forefront risking their health and safety, while their jobs continued to be devalued and underpaid. Those who stayed at home teleworking faced enormous pressure to be available and productive online, while also caring for others. The lock-downs increased the obstacles that women face in the labour market, rendering them more vulnerable to unemployment, precariousness, and loss of income. The medical emergency of COVID-19 led to a neglect of sexual and reproductive rights and as a result access to anti-natal, prenatal and natal care was severely restricted for many women and girls. Finally, the COVID-19 crisis has been used for anti-gender politics, with several examples of EU governments passing conservative legislation against abortion rights and religious groups advancing anti-gender and stigmatising rhetoric. Women experiencing multiple forms of discrimination because of age, ethnicity and race, sexual orientation and socio-economic status became more vulnerable to the impacts of COVID-19. The lack of women in decision making positions, including representation in scientific committees, as well as the absence of a feminist perspective, have led to a failure to mainstream gender equality in the responses to COVID-19.

The economies and societies of the European Union (EU) will no longer be the same after the COVID-19 crisis, as there are multiple challenges that emerge with unprecedented force, manifesting tendencies that pre-existed the crisis, but have been amplified during the pandemic. The rise in gender-based violence, the devaluation of essential work in female dominated sectors, unequal distribution of unpaid care and domestic labour, gender gaps in the labour market, obstacles to access to sexual and reproductive services and the rise of anti-gender politics were all pre-existing problems exacerbated by the exceptional circumstances of the lock down. At the same time, however, the pandemic brought to the forefront of public debate crucial gender equality challenges, such as the central role of care for the sustainability of European societies, that open up possibilities and challenges for the future - such as the re-evaluation of healthcare work, the full provision of services related to gender-based violence and sexual and reproductive rights during emergencies, as well as the need for better strategies to promote sharing of domestic and care responsibilities between women and men and to fight anti-gender politics in the EU. The persistence of domestic and sexual violence must be eliminated, and the ratification of the Istanbul Convention is an important first step towards it. The glaring absence of women in decision making at all levels has made it even more urgent for parity democracy to become a political priority in the EU.

The recommendations made in this report outline the need to create an economy where women are not expected to shoulder the burden of care at the expense of their participation in the

economy/labour market. Underpinning the EU's labour market policies, effective measures are also needed to remove all obstacles to the enduring gender pay gap. Parity democracy has to become a political priority in the EU. In the aftermath of COVID-19, European policy-making should take new directions, which will alter the current policy framework: the proposal is for a sustainable care-driven economy, in a context of gender parity - one the main building blocks of a modern democracy- with gender budgeting and mainstreaming incorporated in a new model for growth measured for its ability to create wellbeing for all.

1. Impacts of COVID-19 on Gender Equality

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

1.1 Gender-based violence

Although there is no comparative EU data available at the time of writing this report, evidence from selected countries and organisations indicates that social isolation and overcrowding in confined spaces, often combined with alcohol and substance abuse, created the conditions during the pandemic for a rapid increase in gender-based violence (EIGE, 2020). In some countries, like France, increased calls for help in hotlines indicated a rise in incidents. In others, like Italy, there was even significant under-reporting of gender-based violence cases, as indicated by relevant organisations, since access to essential help services for those suffering from gender-based violence was severely limited. Overall, lock-downs increased the vulnerability of women to violence exercised by abusive partners, family members or carers (CEDAW, 2020). At the same time, the threat of being infected by the virus and socioeconomic deprivation caused by the slow-down of economic activity intensified stress and economic dependence on abusers, preventing survivors of violence from seeking assistance and blocking escape avenues (UNDP, 2020). Reliance on digital technologies enabled some women subjected to violent behaviour to reach out for help, but also gave 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 increased, policy measures to prevent the spread of the virus and provide care for COVID-19 patients directed efforts and funding away from services devoted to the protection and support for victims and for the prevention of violence. Health and judicial services were often closed, while special units in hospitals, shelters and relevant response centres stopped their operations. Moreover, local community and feminist groups, which play a pivotal role in the dissemination of information and daily support of survivors of gender-based violence, were unable to be as active as before. Deprived of access to health and to judicial and community support, many women subjected to violence were left unprotected to struggle on their own against their abusers (CEDAW, 2020).

Women experiencing multiple forms of discrimination, including women migrants and asylum

seekers in detention centres, and women and girls threatened with culturally specific forms of violence, such as female genital mutilation or honour-based violence, became more vulnerable to gender-based violence, which continued in private and uncontrolled during lock-downs (European Women's Lobby, 2020).

1.2 Women's exposure to COVID-19

The exposure of women and men to COVID-19 in the workplace is differentiated according to gender-based occupational segregation. While there were some male-dominated sectors at the forefront of the COVID-19 crisis at its peak (such as platform work delivery, transport, or logistics), women constituted the majority of those working in frontline healthcare and services sectors, such as nurses and midwives, health facility service providers (for cleaning, laundry and catering services), carers for children and the elderly, teachers, domestic workers and shop assistants. Women constitute 76% of healthcare workers, 86% of personal care workers in home-based settings or institutions, 82% of all supermarket cashiers, 93% of childcare workers and teachers, 95% of domestic cleaners and helpers, and 83% of carers to older people and people with disabilities (EIGE, 2020).

From a gender perspective, it can be observed that EU Member States that had better results in containing the virus and preventing deaths of COVID-19 patients have been the ones that have more robust public healthcare systems in place, in which healthcare workers enjoy decent working conditions. From this angle, the current pandemic points to the need to switch to new long-term policy

“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”

priorities based on the pivotal role played by paid and unpaid healthcare workers, in their vast majority women, and on their future role in the sustainability of the socioeconomic system after the pandemic.

Work in female-dominated sectors, which is essential for the continuation of socio-economic life during the pandemic, require physical presence and social contacts that expose female workers to higher risks of infection, but also to mounting psychological and social pressures. Healthcare workers in particular have become extremely vulnerable because of years of exposure to health-related risks prior to the outbreak of the virus. According to the OECD, over 1/3 of all doctors in the world are over 55 years old, 60% of the primarily female long-term healthcare workers suffer from physical risk factors and 44% from mental health problems (OECD, 2020). Nevertheless, most of these healthcare professionals have worked intensively throughout the crisis, sometimes without suitable protective equipment such as masks and covers based on female measurements, and often without medical and psychological support (UN-Women, 2020). Furthermore, these workers did not receive decent payment as these professions are among the most underpaid in the EU (EIGE, 2020).

1.3 Gender gap in work-life balance

Women play a critical role to the response to the COVID-19, not only as workers in jobs which place them in contact with 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). In the EU, prior to the

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

COVID-19 pandemic, women spent 13 hours more than men every week on unpaid care and housework (EIGE, 2020). Thus, there was already a clear gender gap in the time spent on household and family-related tasks, which significantly increased the workload of women over that men. During the period of the lock down, the hours spent on these tasks rose rapidly as public and private services, including day care centres, kindergartens, schools, and facilities for the elderly and the disabled were suspended, and child care by relatives and privately paid-carers and domestic workers stopped being available. Moreover, the workload of those women who lived in households with COVID-19 patients or members who suffered from other illnesses rose, as they had to provide medical support, care and assistance from home without proper training (UN-Women, 2020).

While such unpaid tasks increased, women continued to work in their professions either outside the home or from home, highlighting even more dramatically the unequal distribution of domestic and care work amongst women and men. According to a Eurofound survey, over one third of those in employment started working remotely from home as a result of the pandemic. Over a quarter of all those working remotely were parents of children under 12, 22% of whom struggled “much more than other groups to concentrate on work and achieve an adequate work–life balance” (Eurofound, 2020). For those women with care responsibilities, working from home was undermined by several factors including the lack of quiet spaces, where work could be carried out without interruptions, but also the lack of available time to spend on work, when care took a large percentage of productive time. Single-parents, 85% of whom are women in the EU, were especially vulnerable as the pressures caused by the pandemic worsened their already fragile work-life balance and made their economic situation even more precarious since they rely on a single income source (EIGE, 2020).

EU governments resorted to different measures to deal with the work-life balance issues that emerged during the lock-downs. Positive examples include extended paid leave for parents with reduced payment or vouchers for alternative care arrangements in Italy and Portugal, and opening day care centres for small numbers of households of front-line workers in France (OECD, 2020). Wherever efforts to redress work-life balance were made, measures were targeting primarily workers who couldn’t work from home. The measures did not take into account the unequal burden carried out by men and women overall or the special needs of single parent families, whose lives depend on a single source of income and who were more likely to suffer from reduced payments during parental leave. In some EU

member states, childcare and school facilities were closed throughout the pandemic and in some cases, as in Greece, they opened some time after the quarantine was lifted, even though parts of the commercial and public sector had already opened.

The increase in time spent for unpaid care and domestic work during lock-downs had immediate repercussions on the professional life of women. There are indications that women who worked in demanding and competitive high-skill sectors, such as academics, were particularly hit by these pressures (Viglione, 2020), because unpaid care and domestic work reduced their ability to be productive and further undermined their professional prospects. Similarly, female entrepreneurs leading small and medium businesses experienced severe time and financial constraints in their efforts to sustain their businesses during the lock-downs.

1.4 Gender inequalities in the labour market

COVID-19 lock-downs and the on-going pandemic have caused a global recession, which is likely to affect women disproportionately and differently than men. Unlike previous crises, in which the male-dominated construction and industrial sectors were the first to be hit, the pandemic has caused a lot of damage on female-dominated sectors (ILO c, 2020). According to the International Labour Organisation (ILO), there are four sectors that are most likely to be hit by the COVID-19 crisis, not only in terms of job losses, but also in terms of reduction of working hours: a) accommodation and food services; b) real estate, business and administrative activities; c) manufacturing; and d) wholesale/retail trade (ILO c, 2020). In high-income countries, women represent 40%-50% of these sectors' labour force, often working as entrepreneurs or self-employed persons, facing increased obstacles to accessing credit.

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

In this context, it is likely that the economic crisis will reduce female participation rates and boost female unemployment. As companies are still unwilling to introduce more gender-aware strategies of personnel management, more women will be forced to quit their jobs or reduce their work-time load, in order to care for others, losing economic independence and incomes. Moreover, the COVID-19 crisis has given a boost to companies' online services after a significant drop in sales that followed the lock downs, especially in the retail sector where a high percentage of women workers are employed.

Another sector that has already been hit severely is the tourism and hospitality sector, where women constitute 52%, of all workers (UNWTO, 2020). In this sector, extensive salary cuts and lay-offs are likely to affect women more than men. Moreover, compared to men who tend to occupy the majority of highly paid and highly skilled positions, most women working in the tourism and hospitality industry are doing low-paid and low-skill jobs in housekeeping and customer services, usually under informal or

casual labour relations, part-time and temporary jobs (EIGE, 2016), while there is also a large percentage of women likely to do unpaid work for family businesses (EIGE, 2016). Women workers are also more likely to be left without legal protections against dismissals or wage-cuts and deprived of access to state support, assistance and relief as the recession deepens. Since a large percentage of those finding 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 threat of precariousness for these already vulnerable groups of women, forcing them to accept even longer working hours, lower wages, lack of social protection and access to benefits and allowances, and gender-based discrimination and violence (ILO a, 2020).

More broadly, post lock-down forecasts indicate that in the EU people working in precarious conditions in informal sectors are very often hit more severely than those in stable and formal employment (ILO c, 2020). As women are overrepresented in informal sectors and carry out precarious jobs more often than men, this is a gender issue. According to EIGE data, prior to the pandemic, 26.5 % of working women were in precarious jobs, with lower pay, weaker legal protections and difficult access to social security, compared to only 15.1 % of men (EIGE, 2020). While during COVID-19 lock-downs income and job prospects were undermined, precarious workers were also deprived of emergency state support, such as cash transfers, tax reductions, and subsidized loans. Overall precarious women's incomes 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, such as younger, minority, migrant, refugee and asylum-seeking women are at greater risk of poverty and precariousness.

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

Some of the data showing that more men are infected seriously with COVID-19 and die should not divert attention from the fact that women's health has been deeply affected as a result of the COVID-19 pandemic. Despite their lower serious infection and mortality rates (as was initially registered), many women became more vulnerable to physical and psychological stress, fatigue and exhaustion because of the double burden of working and taking care of dependent and sick family members without assistance. At the same time, women's sexual and reproductive rights have come under threat.

During the lock-downs, in many EU member states pregnant women faced a lack of access to information and services which affected their health during pregnancy and childbirth. Partners were prevented from being present during childbirths and were deprived of the right to assist mothers during the first days in hospitals (European Women's Lobby, 2020). Medical decisions taken in order to avoid the spread of the virus had negative impacts on mothers, as they did not take into account the extra

strains that mothers would face taking care of new-borns without assistance, and the risks of post-natal depression and exhaustion. The COVID-19 pandemic also had a negative impact on women's and girls' access to contraception, safe abortion and post-abortion services, which were interrupted, posing serious threats for women's and girl's physical and psychological health and their ability to control their bodies. For younger girls in particular, the access to contraception and abortion was restricted because of greater parental control during lock-downs and lack of available online services and information on the options available to them.

Women facing multiple inequalities often had an increased exposure to the virus and greater psychosomatic vulnerability, either in their workplace or their place of residence. These more vulnerable groups include older women living alone, women working in hospitals and homes, retirement and mental institutions and supermarkets, women incarcerated in prisons and migrant detention centres, and women residing in retirement homes and mental facilities (UNDP, 2020). Older women face greater risks of contracting the virus and becoming seriously ill and dying, especially when residing in elderly home or living alone. Women over 65 were under much more pressure than younger

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

women and men to respect social isolation and confinement principles, as a result of which they often experienced psychosomatic problems, which in most cases were left untreated (European Women's Lobby, 2020) as well as problems of survival, such as lack of access to essential household goods, and medicine. For many, the lack of digital skills meant that any needed medical and psychological assistance communication and information were severely restricted.

Disabled women too experienced many obstacles to their access to health care, to shelters for victims of gender-based violence, and to access to household supplies and were deprived of available health and social support and relevant information. For example, blind women faced difficulties in their attempts to be informed on measures to take to protect themselves against infection as most relevant websites and information campaigns were conducted without consideration for their needs (European Women's Lobby, 2020).

Migrant, refugee and asylum-seeking women have faced increased exposure to the virus. During the lock-downs many of them were living in overcrowded detention centres, in which they had no access to adequate food, water, and healthcare, and no option to physically distance themselves or respect hygiene rules (Human Rights Watch, 2019) and this situation has not necessarily improved since. In addition, there have been reports of uncontrolled sexual harassment and violence against women and children in these centres (UNHCR, 2018). While lock-downs have eased, in member states like Greece, restrictions for many migrant women and girls, including victims of gender-based violence, older, pregnant and in need of contraception or abortion, continue despite the fact that there are no health emergencies. In many cases, girls who live in closed camps are deprived of their right to

schooling even when schools have reopened. Similarly, women in confined spaces, such as mental health institutions and prisons also face heightened risks of contracting the virus and were also deprived of their access to relatives and other social relations (CEDAW, 2020, p.3).

1.6 Democracy under threat and anti-gender politics

The state of emergency that many governments across the world declared as a response to COVID-19 has been connected to undemocratic decision-making practices and anti-gender policies and rhetoric. In a context in which democratic values were being under threat, there is a serious risk that women's rights and gender equality will be marginalised and vulnerable social groups will be stigmatised and oppressed (UN b, 2020). For example, after passing a law enabling the Prime Minister to rule by decree, the Hungarian Parliament voted legislation depriving people from their right to change the biological sex assigned to them during birth, passed as part of the bill for the fight against the COVID-19 pandemic (Holroyd, 2020). Access to abortion and contraception has been restricted in different EU countries too, as for example in Italy, where some hospitals suspended medical abortions (Mijatovic, 2020). These and many other examples illustrate that EU governments may use the exceptional circumstances caused by COVID-19 to revoke previous established legislation on gender equality.

More broadly, granting authoritarian powers to national governments during the pandemic is especially alarming in the context of the rise of ultra-right-wing politics in Europe, which has contributed to the resurgence of anti-feminism, homophobia, transphobia, xenophobia and racism. In Poland, for example, during the pandemic, LGBTQ people were prohibited from being present in certain public spaces (Amnesty International, 2020). 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 such measures against gender equality.

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On the other hand, conservative groups, such as religious ones involved in anti-gender campaigns have reacted negatively to rules promoting social isolation and have defied restrictions to worship. In some cases, religious leaders made public statements that interpreted the pandemic as a divine punishment for sexual promiscuity, abortion and feminism (Sexuality Policy Watch, 2020). Given the rise of racist violence in several Member States, in Eastern and Southern Europe for example, there is a risk that migrant, Roma and other minority women will be wrongly considered as responsible for the spread of the virus and will be further stigmatised, isolated and attacked by anti-gender ultra-right-wing

and religious groups and the police. Moreover, governments have introduced emergency measures that increase the surveillance of citizens through the usage of new digital technologies, and this may pose risks for gender equality (UN b, 2020), through targeting and profiling as threatening, for example, women and men that defy normative gender roles.

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

Women are under-represented in decision making bodies across the board in the EU. Only 15% of the EU's presidents and prime ministers are women and they make up only 30% of member state governments. It is therefore, regrettably, also the case that they have been overwhelmingly under-represented in the decision-making bodies responding to the COVID-19 crisis, both at European and national levels (Blasko et al., 2020). The voices of women in general, and especially of women belonging to groups most exposed to COVID-19, were not sufficiently represented nor considered in the responses to the pandemic. The fact that such a limited number of women scientists and qualified medical professionals participate in the committees that make decisions about the pandemic despite the fact that the majority of those working in jobs critical for the response to the COVID-19 crisis are women, is a major democratic deficit in our 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 in the world and over 90% on average of the long-term healthcare force within OECD countries are women. Yet women continue to be underrepresented in leadership positions in health institutions, organisations and networks (OECD, 2020). In January 2020, women experts made up less than a quarter of the 21 member expert groups on COVID-19 of the World Health Organization (WHO). Operation 50/50 has published a list of top female scientists across the world that could make a difference in the handling of the pandemic (Operation 50/50, 2020). It should also be noted that feminist and women's groups were absent from consultations, deliberations and debates on the COVID-19 pandemic and its aftermath.

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

Gender equality issues became more visible during the pandemic, but they pre-existed the COVID-19 crisis. Our societies faced the pandemic in ways which aggravated gender inequalities and this in turn further aggravated the crisis. This now means that there are bigger and broader challenges to be faced at all levels, and in particular by the EU institutions and EU member state governments, if we are to avoid back-tracking on progress already made on gender equality and work towards a gender-equal, sustainable recovery.

2.1 Combatting gender-based violence and its effects

Most EU governments have acknowledged and taken measures to address the surge in gender-based domestic violence during the lock-downs but the challenge is to address the deeper issues and make longer-term strategies. It is an encouraging sign that in several EU member states, national information campaigns were launched, community groups were mobilised and emergency services were funded to ensure that those in need could find some shelter. In France and Spain, for example, grocery stores and pharmacies housed pop-up-services and 20,000 hotel room nights have been made available to women needing shelter from abusive situations (UN-Women, 2020; European Women's Lobby, 2020). Nevertheless, in most EU member states, related services were not allowed to continue or opened after long delays and moving some of them online, such as counselling, consultation and psychological support, proved to be too costly and complicated.

The sustainability and effectiveness of measures to combat gender-based violence depends on a broader acknowledgment of the importance of the protection of victims, the support of survivors and the prevention of violence, not only in the context of the COVID-19 crisis, but also in the long-run. Ensuring that during a crisis priority is given to keeping services open, avoiding reductions or transfers of funds to other services is critically important (UNDP, 2020). Moreover, as lock-downs ease, there is a need to confront not only violence and harassment in domestic spaces, but also in places of confinement and work spaces in informal sectors hit by the crisis, such as the tourist or sex industry (CEDAW, 2020). In such sectors, which are re-opening after the lockdowns, the challenges multiply as 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 and degrading aspects of domestic and intimate partner violence, as well as gender-based violence at the workplace and spaces of confinement.

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

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

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

During lockdowns, there were public displays of gratitude towards medical workers in several EU member states that demonstrated a shift in public attitudes towards professionals working in female-dominated sectors. Not only did they become visible and valued, but also their courage and skills were acknowledged. Nevertheless, the prevalence of precarious working conditions in these female-dominated sectors illustrated how unappreciated they were. There is a risk that these expressions of public gratitude will not materialise into actual changes in gender equality and the impact of the pandemic will be short-lived. This is particularly worrying given the large participation in these sectors of women who face multiple forms of discrimination. Women of colour, migrants and members of minority groups often work as nurses, midwives, and carers for children, the elderly and the chronically ill and disabled. Gender, race and ethnicity contribute to the devaluation of these sectors: many professionals accept precarious working conditions not only in the private sector but also in public institutions as temporary and casual personnel, complementing permanent staff.

The challenge for European societies and governments is to recognise the value of this work and take measures to re-evaluate the contribution women make in providing essential services as for example nurses, midwives, carers and shop assistants. Member States must provide healthcare workers with the necessary protection against precariousness, including increasing their payments, recognising their skills and ensuring that they enjoy decent working conditions (stable employment, reasonable working hours, long-term contracts, social security). They also need to combat effectively the discrimination because of gender, racial and ethnic biases. For many women workers, and especially those originating from non-EU countries, in the aftermath of the crisis there are no guarantees that they will have access to benefits and allowances, that they would retain their jobs, or even that they will be entitled to residence permits to stay legally in EU member states. Although international organisations, such as the WHO and the ILO, have highlighted the need to establish legal ways for the migration of necessary healthcare workers and the protection of migrants already working in national health systems, it is also necessary to acknowledge that this is a gender issue affecting more women than men (WHO 2020).

Before the pandemic, the economic system has taken precedence over social concerns, including gender equality, reducing the role of the state and relegating it to serving the interests of the private sector. The pandemic has shown the indispensable role that the state and the public sector can play in safeguarding broader social interests, calling into question the usefulness of the past wave of privatisation of public goods, especially healthcare. In order to make possible a sustainable care economy, EU institutions and Member States should recognize the value of public healthcare and healthcare work 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 provisions, but also the need for a more equal gendered distribution of burdens within households. Although many EU governments extended paid family leaves and, in some cases, also provided some financial support, they were unable to ensure continuity of services, as unpaid tasks like child and elderly care or cleaning were not treated in policy frameworks as work.

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

Unpaid care givers, who are in their majority women, were given occasionally an exceptional status to avoid lock-down restrictions in order to support relatives, but had to provide for others without information, training or adequate equipment. In the post-crisis era, a fairer distribution of care and domestic work between women and men is a challenging policy objective.

The EU should now support more equal sharing of responsibilities of unpaid reproductive tasks between men and women through relevant campaigns and studies illustrating the long-term benefits that such transformation would bring for households and businesses, but also need to implement fully instruments such as decently paid parental leave for mothers and fathers.

Engaging men in gender equality and challenging toxic masculinities must also become objectives in the post-crisis Europe. The UN's Campaign *HeForShe* has shown that commitment to gender equality amongst men is high in most EU member states (UN c, 2020). However, the COVID-19 crisis has so far demonstrated that turning this commitment into action may be harder and will require more coordinated policy initiatives. The lock-downs offered an opportunity to men to become more involved into unpaid care and domestic work on an every-day basis but have not altered deeply entrenched gender norms. In this context, policies challenging dominant masculinities and sexism through actions targeting men and boys are likely to have positive impacts on work-life balance, especially if they are based on actual experiences of sharing, as for example in the case of parental leave extended to fathers (OECD, 2020; Betron et al, 2020).

2.4 Addressing Gender Inequalities in the labour market

Unlike the 2008 economic crisis in Europe, the current crisis, similar to other health-related crises, is likely to have a very different impact in the labour market, hitting first and mostly sectors such as retail, hospitality and tourism and domestic work, where women are overrepresented (OECD, 2020), impacting on women's lives in more profound ways than on men's.

Overall, the crisis has highlighted the gender inequalities and gender pay gaps in the labour

market and the challenge is to address these issues with effective policy measures. The collection of EU-wide sex-segregated data, and the intersection with race, ethnicity and age, is necessary in order to develop evidence-based policies for a care-based economy and against intersectional gender inequalities in the labour market.

EU institutions and member states should make it their priority to combat informality in female-dominated sectors. There are examples in several EU Member States, such as Italy, Greece and France, where governments have given self-employed workers one-off compensation for the loss of economic activity, but many precarious workers were unable to claim this because they didn't have the necessary documents (ILO c, 2020). The situation was particularly difficult for domestic and care workers and workers in the tourism sector, who were often deprived of benefits and cash transfers because their work was informal or seasonal (ILO c, 2020).

An additional challenge is posed by the shift towards the digital economy. Although lock-downs ease, the current turn towards the online economy is becoming a dominant trend and is likely to continue after the crisis, consolidating new patterns and working relations based on remote teleworking. In this context, there are challenges to gender equality related to the work-life balance and the pressures for women to be constantly available online while also available for family care, but also, very importantly, the challenge is to ensure that highly qualified women derive some benefits from new job opportunities in digital sectors and that highly qualified women will no longer be confined in sectors with less opportunities for promotion and training, insecurity, and low salaries (ILO b, 2020). It is also important to ensure that female entrepreneurs leading small and medium enterprises are supported in order to mitigate the negative effects of the crisis (ILO b, 2020) with measures such as extra tax-reliefs and delays in payments as well as low-interest credit facilities.

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, especially for young women and single parents. Additional measures are needed to promote the participation of women in the labour market through specially targeted support packages in order to avoid the return of women to traditional feminine roles of unpaid carers.

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The COVID-19 crisis also offers an opportunity to revisit the idea of a Universal Basic Income from a feminist perspective in order to provide women and girls with basic support, enabling them to escape gender-based violence and harassment, to compensate for unpaid care and domestic work,

and to be able to negotiate better working conditions and enhance their health and well-being (Schulz 2017).

2.5 Taking back control of women's health

The COVID-19 crisis has brought back challenges related to women's health and women's control over their bodies, as these issues were marginalised during the crisis because of the prevalent male-dominated conceptions of medicine, health and well-being. Examples of this are health complications suffered by women related to mental and physical exhaustion because of work-life imbalances and long-hours of tele-working. Moreover, the crisis brought visibility to the multiple health risks that nurses, midwives, domestic workers, carers, shop assistants and teachers face in their working lives especially -but not solely- during the pandemic. This regained visibility represents a challenge as it provides an opportunity to debate in public questions of women's health and risks at work, including those in relation to unpaid care and domestic work, and to re-evaluate the contribution of these jobs to society and the economy.

Furthermore, the need to recognize sexual and reproductive rights as essential for women became more apparent during the lock-downs (Hussein, 2020). Most EU member state governments failed to recognize abortion and contraception as essential services, putting at risk especially the health of women and their ability to make choices (CEDAW, 2020; Council of Europe, 2020). In April 2020, 100 civil society organizations signed a declaration condemning the failure of European governments to guarantee safe access to abortion for women and girls, thus putting in danger their health amid the COVID-19 crisis (Amnesty International, 2020). The declaration emphasized that "highly restrictive laws and onerous administrative requirements" deprived women and girls from this essential health service. The European Women's Lobby proposed the EU-wide introduction of tele-consultations for prescription of the abortion pill and free distribution of contraceptives and condoms, especially for younger women, stressing that anti-natal and prenatal care "must be considered urgent and medically necessary" (EWL, 2020, p. 10).

More broadly, the pandemic has demonstrated that policies aiming at improving the health of women and promoting their sexual and reproductive rights should be guided by feminist practices of

"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"

respect for women's bodies and their decisions. The right to control one's body should be recognized as pivotal, weighing more in policy decision-making than considerations of national birth rates and medical system costs and benefits. Furthermore, it became obvious that 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 rather than

with universal health care models assuming a man as the default patient. In order to introduce evidence-based solutions in policies mainstreaming gender in health policies, the collection of EU wide comparable data disaggregated by sex, age, ethnicity, race, disability, socioeconomic status and sexual orientation is also needed.

In view of a possible second wave of the COVID-19 pandemic later in the year, or other health crises in future, EU institutions and Member States have to take measures to ensure the continuation of sexual and reproductive services, including family planning and abortion clinics, birth and post-natal care centres during a crisis, and to provide women with possibility to decide about their bodies through the digitalization of services, such as contraception prescriptions. In fact, in the face of direct attacks to the right to abortion in Member States such as Poland, it will be very important for EU institutions to take a firm stance against violations of women's basic rights and to create on-line media and learning resources, to reaffirm commitment to the protection of the sexual and reproductive rights of women and girls and the positive role that men and boys can play in the fight against gender-based violence, and to promote the respect of the sexual and reproductive rights of women.

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

The COVID-19 crisis is now posing the challenge of opposing the suspension of democratic procedures and structures which took place during the pandemic in many regions and countries around the world, including in EU member states. Although some progress on gender equality is possible without democracy, the two are mutually reinforcing and gender equality and democratic projects are intertwined. Many governments who declared a "state of emergency" legitimised a previously adopted anti-gender stance. The challenge that the EU has to face is how to prevent this new way of decision making from undermining further gender equality, when in some countries the absence of social dialogue, democratic discussion and the right to protest is now becoming the norm.

One significant outcome of anti-gender politics in particular during the times of COVID-19, is the reinforcement of traditional gender roles and the demonization of feminism and LGBTQ movements because they defy these normative roles (Provost 2020). Even though 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, there were no improvements (European Parliament, 2020). The EU needs to put pressure on Member State governments to reinstate gender equality, otherwise the legacy of these COVID-19 undemocratic, anti-gender politics in the post-coronavirus period may be long-lasting.

2.7 Increasing the participation of women in decision-making

The pandemic demonstrated the need to have more women in the decision-making processes including in expert's meetings, advisory or scientific committees, response teams and tasks forces, but

also more broadly and not only in times of crisis. Gender-balanced representation is an ethical question, as well as a question of the effective introduction and implementation of innovative and resilient policies (Bali et al, 2020). Establishing gender parity requirements in decision-making and power bodies is a necessary first step to achieving a fair and equal gender representation, as pointed out in a previous *Gender Five Plus Report* (GenderFivePlus et al, 2018) further along it is argued that Parity democracy requires to review governance processes. In particular, one of the challenges for improving the democratic processes is how to involve effectively feminist and women's organisations in decision making at all levels: European, national, regional and local. As examples of previous health crises demonstrate, “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 is already highlighting the positive roles of women’s leadership.

An additional challenge for governments, international organisations and science institutions and communities is how to bring a gender-balance in scientific committees that play a leading role in research and decision making, on the COVID-19 pandemic and more generally. Although the percentages of female medical students are rising, women are under-represented among senior doctors and professors, and in the health sector decision making positions. Increasing the percentages of female scientists who take part in decision making is necessary. However, adding women scientists in scientific committees alone cannot guarantee a drastic shift towards mainstreaming gender in medical decision making on COVID-19, without providing in parallel training and information on gender theory and mainstreaming.

“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”

Medical responses should assess the health risks and possible solutions with gender in mind, considering both differential health impacts on male and female patients, as well as social impacts on gender equality (Wenham et al, 2020). The gender perspective on the scientific and medical responses to the COVID-19 crisis has to be applied to provide a satisfactory response to the current pandemic. Following the Clinical Trials Regulation of the European Commission (EC, 2014), which emphasizes gender balance, drugs and vaccines should be tested on both males and females (EIGE, 2020).

The critical challenges here are to strengthen the gender perspectives in science and to ensure gender mainstreaming, and to develop policies which have an impact on multiple forms of discrimination and address the needs of the most vulnerable groups of women and girls. Data on gender inequalities is crucial for effective policy responses and the intersectional gender perspectives

in the collection of data should be strengthened. Data should be comparable across EU Member States, enhanced and complemented by qualitative data collected by researchers, but also by women's organizations and social media, which can provide rich and up-to-date insights into the problems that different women and girls face in 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 a €750 billion "Next Generation EU" funding, introducing an emergency temporary instrument for socioeconomic economic recovery after the COVID-19 pandemic (European Commission a, b, 2020). On 21 July 2020, EU Member states agreed both on this exceptional instrument as well as on the new seven-year European budget. Despite many shortcomings which were highlighted by the European

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

Commission and the European Parliament, this is the boldest and most ambitious European gesture of solidarity made for years. Nonetheless, despite its ambitious scope, this plan is gender blind. This is particularly alarming in the context of a pandemic that has brought to the forefront of public debate the need to acknowledge that care is at the core of EU societies, and that the paid and unpaid healthcare services overwhelmingly carried out by women are essential.

The EU is uniquely placed to tackle the present crisis, not as a singular event, but as a symptom of socio-economic system that has failed because, amongst other reasons, it has been ignoring gender inequalities. The EU's Gender Equality Strategy 2020-2025 includes several objectives on issues that became even more visible during the pandemic and urgent to tackle: gender-based violence; gender employment and pay gaps; horizontal and vertical gender segregation, gender care gap, and gender imbalances in decision-making and politics (European Commission c, 2020). More recently, the Committee on Women's Rights and Gender Equality of the European Parliament has published a draft report on the gender perspective of the COVID-19 crisis and post-crisis period in which 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 policy framework allows policy makers to tackle some particularly difficult strands of policy-making whilst pointing towards a more sustainable and gender equal socioeconomic system. But even beyond that, the EU can use this crisis as a starting point to engender essential transformations and reframe the European economy as a care economy. There is a clear need for new directions and policy responses at EU and national levels, that will not only mitigate the lack of gender mainstreaming in all policies but will also point the way to sustainable recovery.

3.1 A paradigmatic shift towards a care economy

The COVID-19 pandemic has put into the spotlight the harsh consequences of our economic activities, which are driven by competition, exploitation, discrimination, and gender inequality. Along with globalization, these driving forces have contributed in no small measure to the unequal spread of the virus. The mistaken belief that only competition can drive an economy successfully has been shaken to the core by the pandemic. The pandemic has given opportunity to pause to recognize care-giving as an essential activity. Care is central to the process of social reproduction; it ensures the continued existence of individuals, families and society. Without care, there could be no socioeconomic and political organization. With growing populations, ageing societies, changing families and the spectre of future global health issues, care constitutes one of the most important socio-economic activities that should be at the centre-stage now that we begin to organize the post-pandemic recovery. Policy decisions taken now, particularly at the EU-level, will be crucial for this purpose. Hence, future policy makers should reflect on the fact that care is not only central to our future policies on health but is also a driver of economic recovery. Furthermore, health should be recognised as a human right, under the broader framework of gender equality. States are under the obligation to ensure access to timely, acceptable and affordable health care of appropriate quality (WHO, 2017)

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 solution to a broad range of socio-economic problems. This will require a major shift in thinking. Such an economy driven by a value-based care system must be supported by sufficient public investments, be people-centred and respect gender equality and intersectionality. Furthermore, it must be supported by macro-economic tools and mechanisms designed to put care and gender equality at the centre of economic activities. Gender budgeting will need to be used to ensure that public expenses and financial investments serve gender equality. A gender-sensitive revised tax framework in support of quality care-giving will frame such an economic model. Serious public investment is necessary to support care facilities so that they can respond to needs over the life cycle, supported by investments in gender-sensitive public infrastructures, including training and education facilities. Work organization around caring activities needs to take account of the existing and grossly unequal burden that women carry in relation to paid and unpaid work. Care, as the motor fuelling future economic activities, should also extend to the environment and sustainability. Such a paradigmatic shift from economic activities based on competition to those based on care will be essential for the well-being of future generations, if not for their survival.

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3.2 Towards Parity Democracy in the EU

Undemocratic trends which were strengthened during the governance and decision-making of the COVID-19 pandemic in some EU member states, together with anti-gender policies, the lack of balanced representation of women and the absence of gender mainstreaming in decision-making in Europe in response to the COVID-19 crisis, have underlined the urgent need for a new political approach towards gender parity in the EU. Even after years of pressure from women's organisations and despite several gender mainstreaming strategies officially adopted by the EU across all policy sectors, women continue to be under-represented in decision making bodies and gender is not being effectively mainstreamed in EU policies, legislation and funding, in general, and in the context of the response to the COVID-19 crisis in particular. We can predict that gender inequalities in Europe will increase, instead of diminishing and this situation constitutes a serious democratic deficit in the European system(s) of governance, which poses serious feminist and democratic concerns. Against this background, the only democratic and viable option for recovery in the post-COVID-19 Europe is a move towards a political regime of parity democracy. In a previous report, *Gender Five Plus* has already argued in favour of a concept of parity democracy which “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 has underlined that “the construction of the right to equality subject to legal systems created without women is difficult to implement and if parity is recognised to be a necessary condition of democracy, then the rules of the game and social norms will have to change (Vogel Polsky, 1994).

Having a gender balance in decision-making is not only a matter of justice or fairness -as women make up half of the European population-, but also a matter of having more effective and better policies developed and decisions taken. Women's participation in decision-making can affect the substance of the policies, because women's talent, knowledge, skills, creativity, and ideas are necessary to face new challenges, such as the COVID-19 pandemic. Gender parity and balance requirements – more known as quotas- have proven very effective to ensure that women are also part of power structures and decision-making bodies. The European Union's main institutions have already recommended member states to adopt gender quotas to improve the number of women in political decision-making (Schreeves et al, 2019). It is time for members states to implement those recommendations. EU institutions should also ensure the equal participation of female and male policy makers in decision making by imposing quotas on electoral processes and in all committees, including those that make policy and scientific decisions, not only during the current COVID-19 crisis, but in a more long-term perspective to ensure that gender mainstreaming is sustainable. They must also introduce the structural changes necessary to make institutions, processes and policies women friendly.

Statistical data collected on the role of female and male leadership in the management of the crisis shows that countries with female leaders had six-times fewer confirmed deaths from COVID-19, as well as more rapid and effective flattening processes of the pandemic, than countries headed by male leaders. These findings are associated with the fact that female leaders were less likely to underestimate risks, delay responses and relied more on preventive measures and long-term social welfare over short term economic considerations (Fioramonti et al, 2020). The post- COVID 19 strategy for recovery provides the EU and its member states with the opportunity to finally introduce evidence-based policies promoting parity democracy and ensure that women participate on an equal footing to men in decision-making and leadership.

Far-right undemocratic trends were already growing in Europe before the COVID-19 outbreak. However, undemocratic and authoritarian decision-making has been strengthened in some member states during the pandemic in ways that raise concern, often linked to anti-gender discourses and policies. The president of the European Commission, Ursula von Der Leyen, has already expressed her vision for “a new push for European democracy”. In view of the upcoming conference on the Future of Europe, the issue of participative processes and the empowering of civil society organisations have been raised, in particular via the Economic and Social Committee, the EU institution designated for this purpose. The conference on the Future of Europe provides an opportunity to open the way towards effective gender parity in EU governance.

It has often been said that parity democracy establishes the right to equality between women and men as a structural prerequisite of a democracy (Gubin, 2007; Rubio-Marín, 2012; GenderFivePlus et al., 2018). However, to achieve it, legal provisions for gender parity in decision-making bodies and positions both at the EU and national level are needed, accompanied by a strong political commitment to effectively implement them. In parallel, in the post-COVID-19 era, democracy should be strengthened in the EU against efforts to extend “state of emergency” national measures indefinitely. In addition, EU member states that deviate from democratic rules and take arbitrary decisions against the European acquis on gender equality must be condemned openly and publicly denounced. Pressure must be

exercised at the EU and interstate diplomatic level on undemocratic governments to take back legislation that violates the rights of women and minorities. In case of no compliance, the EU should use the possibilities available in Part 2 of the Treaty of the European Union to apply binding sanctions.

“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”

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, however politically controversial this may prove to be. The conference on the future of Europe which, according to the Council's position on the Conference on the Future of Europe (dated 24.6.2020), "should focus on topics that truly matter to our citizens with long lasting impacts and wide outreach", offers an opportunity to seriously address the issue of parity democracy.

3.3 Towards a New Model for Growth in Europe

While the 2008 crisis has generated calls to move the major economies away from the central focus on the financial sector and to strengthen a "real" economy that delivers security, stability, and sustainability, the COVID -19 crisis became a wakeup call for a paradigmatic change towards a sustainable and just Europe, focusing on health, care and the environment. There is a wider public demand for a change of course towards a more caring Europe, expressed since the beginning of the COVID crisis, amongst others by many civil society organisations (such as the EWL, Social Europe, Women's Europe, Democratize work , PES women, #halfOfit), which have produced papers and addressed EU leaders calling for urgent measures towards a fundamental change of focus.

The COVID-19 crisis has revealed even more clearly that the current system has failed to deliver a healthy, safe and just environment, as angry electorates have shown their leaders and will continue to do so. On gender justice more particularly, Europe has failed to deliver its promises. This is the time to ask why and how to change course. Despite a wave of European solidarity which resulted in an ambitious EU responses to the COVID-19 crisis, this will not naturally translate into more attention to gender inequalities without pressure from actors, and a clear political will at EU and national levels towards achieving gender equality.

Strengthening the mainstreaming of gender equality in all policies and programmes is more than ever of critical importance. The principle of gender mainstreaming and gender budgeting was reaffirmed in the recently adopted Gender Equality strategy 2020-25 (European Commission b, 2020) and is crucial to a fair and efficient implementation of the New generation EU programme, the Green New Deal and the new plans for digital growth. Such a gender mainstreaming is not only fair (public money should support public principles) but also efficient as it can ensure that funds are directed to sectors which need funding, such as education and health, and in which women are heavily represented. While support for gender mainstreaming has been expressed by the President of the European Commission and the Commissioner for Equality, and a specific task force to implement gender mainstreaming has been set up in the European Parliament with 40% participation of women MEPs, it is very disappointing to see that the European Commission's *Next Generation EU* funding proposal of May 2020 has not been gender-mainstreamed. The first gender impact assessment of

The *Next Generation EU* funding proposal, commissioned by the greens/EFA group in the European Parliament, reveals that recovery funds are directed to sectors of predominantly male employment (construction, etc) while sectors employing most women (education, health, social services, hospitality) were less targeted (Klatzer et al, 2020).

There are some encouraging signs that gender mainstreaming is gaining wider support. There are practical examples at local level and suggestions at national level as the one of the French *Haut Conseil de l' Egalite entre les Femmes et les Hommes* to impose gender-equality conditionalities in all funding intended to boost recovery during and after COVID-19 (HCE, 2020). EIGE is making widely available tools and good practice examples on how to implement gender mainstreaming and gender budgeting, and the creation of a network of policy makers and representatives of civil society organisations for the collection of best practices on gender equality during the COVID-19 crisis is a positive development (European Parliament, b 2020). So is the establishment of a “Recovery and Gender Equality Advisory Board”, aiming to ensure equal sharing of benefits of recovery funds between women and men (Klatzer et al, 2020).

However, a major obstacle to effective gender mainstreaming is the fact that, although the principle of gender mainstreaming has been embedded in the Treaties as a requirement for European policies since the Treaty of Amsterdam, is not necessarily part of national legislations in member states. While some lawyers have invoked the principle of loyal cooperation between member states as a way of making it binding, there is no legal obligation for member states to gender mainstream unless such a provision is explicitly included in the contractual arrangements to be negotiated with member state for the release of funds. If we are to move forward into a fairer and more rational post-crisis socio-economic reality, gender equality and gender mainstreaming must become an integral part of the EU's approach and a strict priority for policy makers.

For fundamental changes to take place in a sustainable way, a new model of growth is needed, based on alternative indicators, focusing on a more caring and gender-equal society and economy in Europe. In order to be able to reach their social and environmental objectives, EU institutions and member states should now seize the opportunity to challenge the sole focus on economic growth, which has shaped policy making in the last 40 years. The unchallenged belief in economic growth and its hegemonic indicator, the GDP, has blinded actors to social justice (including gender equality) and has damaged the environment. The belief that the benefits of growth would permeate all aspects of social life and provide the foundations of social progress is challenged by the continuous increase in economic and social inequalities and the cost of redressing damage to the environment. In the name of economic and financial growth, mistaken objectives have been pursued, aiming to

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

continually increase production and consumption of poor-quality products which creates waste, poor health, the enslaving of workers worldwide and irreversible damage to the environment.

The “Beyond GDP” agenda is not new. In 2007, the European Commission brought together the main supporters of the idea and produced a Communication with a plan of action. Soon after, in February 2008, the OECD produced the Report by the Stiglitz Commission on “The Measurement of Economic Performance and Social Progress”. These efforts vanished from the political agenda after the 2008 financial crisis. However, in the meanwhile, progress was made by Eurostat and the European Statistical System (ESS) to produce more precise and appropriate social and environmental indicators.

“The EC’s economic forecast for a Europe hit by the pandemic has so far been assessed only in terms of a drop in GDP, with no mention of alternative indicators which can more effectively guide the major EU economic initiatives”

For a fair and sustainable recovery from the COVID-19 crisis, as well as from further crises related to the environment and to social and gender inequalities, this is the right moment to make a shift towards taking political decisions on the basis of specific environmental, social and gender-balanced indicators. The EC’s economic forecast for a Europe hit by the pandemic has so far been assessed only in terms of a drop in GDP, with no mention

of alternative indicators. We propose that the Gross Social Domestic Product and the Gross Environmental Product should also be used to guide the major EU economic initiatives, starting with the European semester and the recovery plan. A great amount of knowledge on the use of alternative indicators (including the gender equality index) exists within European institutions, the research community and civil society which need to be gathered urgently by the EC and fed into EU policy making.

CONCLUDING REMARKS

Europe has failed to deliver its promises on gender justice: Unequal pay for work of equal value has stagnated at a pay gap of 16% between men and women for the last 30 years and could increase in the post-COVID 19 period, equality on the labour market is still an illusion for millions of women working in precarious conditions, for the majority of “carers”, for women who face multiple discriminations, for women banging their heads against the glass ceiling or being frightened out of positions of power by digital harassment. As amply documented in this paper, work -life balance, a subject on which European institutions and civil society organisations have devoted much care and attention in the last few years, has been shaken by confinement, economic hardship, school closure and teleworking which has very different effects on women and men. Gender mainstreaming, a promise inserted in the Treaty of Maastricht in 1997, is rhetorical in most EU and national policies. Last but not least, gender-based violence, a blatant violation of human rights, is rising sharply, generating fear and destruction with a tremendous cost to society. Measures to combat violence endeavour to prevent,

protect and prosecute but the actions of EU governments fall short of challenging the power of men over women which legitimates this violence.

The insufficient and fragile progress towards fulfilling the EU Treaties commitment to gender equality also requires that the roots of systemic sexism are addressed in member states. Stereotyped sexist ideas about the nature of women are at the root of a system that creates violence against women as well as economic, social and cultural discrimination, and prevents the realization of gender equality and the blossoming of individuals. Slow progress and difficulties in the implementation of gender mainstreaming is also linked to different types of resistance met amongst policy makers which goes from indifference to explicit sexism (Jacquot, 2015). This resistance is not likely to be overcome without addressing its roots: the persistence of a culture which takes sexism for granted. Changing outdated norms requires both symbolic and practical measures on which the EU could impose its leadership.

This Report has been presented facts in order to assess the effect of the COVID-19 crisis on gender equality and arguments in order to point to directions for change and a sustainable, gendered recovery. The pleas for a caring economy, parity democracy and a new type of growth put forward are worth pursuing by different social actors, governmental and non- governmental, in the EU and with international alliances across borders, in particular within the framework of the UN Sustainable Development Goals (UN a and b, 2020) which provide perspectives that can lead to a more sustainable and 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 position in the world. Transforming this realisation into policy is a hard task that feminist and environmental activists have already started exploring through their practices. EU institutions should take advantage of the current dynamic resurgence of these movements across the world if they are to undertake any profound transformations. The future of gender equality in Europe largely depends on the ability of EU institutions to take the lead in considering the valuable lessons of the COVID-19 crisis and use them. In the aftermath of COVID-19, European policy-making should take new directions, which will alter the current policy framework: the proposal of this paper is for a sustainable care-driven economy, governed by parity democracy, with gender budgeting and mainstreaming being an integral part of a new model for growth focusing on the care economy.

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