

Stop widening gender inequalities: Asia's COVID-19 responses must leave no one behind



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The first case of COVID-19, an infectious disease caused by the 2019 novel coronavirus virus, was reported in December 2019. Three months later, the disease has spread to at least 213 countries/territories with more than **2.8 million confirmed cases and 192,000 deaths**. And just like that, the world as we know it has completely changed.

Similar to other pandemics in history, there is no one-size-fits-all approach to fight the coronavirus. The battle against the pandemic, in many parts of the world, will be long and uneasy. The Asia-Pacific region is no exception. In early April, the World Health Organization (WHO) reported that the total number of confirmed cases in the **South-East Asia** and **Western Pacific** regions were as high as 180,000 with a death toll of over 7,500. While the disease outbreak has affected different groups of people differently, girls and women, especially those from marginalised communities and with disabilities, are likely to be hit the hardest by this crisis.

Asia is home to more than half of the **1.1 billion girls globally**. Unfortunately, in many parts of the region, girls and women are systematically disadvantaged and often suppressed by poverty, violence, exclusion and discrimination. **Plan International** recently released the **2020 Asia Girls Report**, which introduced a new “Asia Girls Leadership Index”, and assessed the situation (pre-COVID-19) of girls and young women in Asia across six domains: health, education, protection, economic opportunity, representation and laws and policies. The study examined how countries in the region are performing in these domains, in order to promote girls’ leadership and reduce gender inequalities. It showed that even before the disruption caused by COVID-19, discriminatory attitudes and practices towards girls and women in Asia kept them from developing the leadership capabilities they need to

successfully navigate their daily lives and act on their own goals.

To prevent further setbacks on the path towards gender equality in the region, Plan International is calling for governments, organisations and communities to take steps to ensure that all short-term and long-term COVID-19 policies and interventions are equitable, protective of human rights, inclusive of the most vulnerable, and responsive to the different needs and risks faced by individuals, particularly girls and women.

At minimum, COVID-19 responses should take into consideration the following five recommendations on age and gender.

1. National and local health authorities responding to the immediate health consequences of the pandemic should ensure that continued and non-discriminatory access to adolescent-friendly and gender-responsive sexual and reproductive health information and services is prioritised. According to Plan International's [2020 Asia Girls Report](#), the key factors determining access to health services in Asia are culture, gender, language, education and geographic proximity to healthcare providers. During a health crisis like this, these factors mean girls and women will likely have limited access to essential gender responsive health information and services.
2. Data related to the impacts of COVID-19 and the implementation of emergency response must be disaggregated by sex, age, and disability and analysed accordingly. Globally, there is inconsistency in collection, disaggregation and reporting of data for adolescent girls and young women. Without credible and consistent data, governments and emergency responders are constrained in their ability to understand the gendered differences in exposure, impact, and treatment and to design differential preventive measures and responses.
3. Child protection and gender-based violence risks must be assessed, monitored, and addressed during the planning and implementation of COVID-19 responses. Girls and women across Asia live with the regular threat of violence, including domestic violence. Furthermore, even though many countries across Asia have made progress in strengthening legislation to combat child marriage, the region still has some of the highest child, early and forced marriage (CEFM) in the world. CEFM not only compromises girls' development, it also puts them at greater risk of domestic and sexual violence.
4. COVID-19 interventions must address the unequal and exacerbated burden of unpaid care and domestic work on girls and young women, who usually bear the responsibility for caring for the elderly and ill family members during health emergencies. Girls and boys learn gendered norms and expectations within their families, communities and societies when they are very young. Data shows that on average [girls and women in Asia and the Pacific normally perform 80% of total hours of unpaid care work](#).
5. Strengthening the leadership, meaningful and ethical participation of girls, women and marginalised populations, at every step of planning and decision-making processes and at all levels (regional, national and local), is key to effective and fully inclusive COVID-19 preparedness and response.

Working in all sectors and with a wide range of key stakeholders is not easy, but it is absolutely necessary if we want to stop widening gender inequality gaps and ensure that no one is left behind in the response to COVID-19 in Asia.

The post is part of the [#COVID-19 and Asia](#) series.

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