DRAFT REPORT

on the gender perspective in the COVID-19 crisis and post-crisis period (2020/2121(INI))

Committee on Women’s Rights and Gender Equality

Rapporteur: Frances Fitzgerald
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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the gender perspective in the COVID-19 crisis and post-crisis period
(2020/2121(INI))

The European Parliament,

– having regard to Articles 2 and 3(3) of the Treaty on European Union (TEU), and Articles 6 and 8 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to Article 23 of the Charter of Fundamental Rights of the European Union,

– having regard to the European Pillar of Social Rights and, in particular, its principles 2 and 9,

– having regard to the 2030 Agenda for Sustainable Development, and, in particular, Goal 5 which seeks to achieve gender equality and improve living conditions for women by 2030,

– having regard to the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 18 December 1979,


– having regard to the Council of Europe Convention on preventing and combating violence against women and domestic violence (‘Istanbul Convention’),


– having regard to the Joint Staff Working Document of 21 September 2015 entitled Gender Equality and Women’s Empowerment: Transforming the Lives of Girls and

8 OJ L 188, 12.7.2019, p. 79.
Women through EU External Relations 2016-2020’ (SWD(2015)0182),

– having regard to the proposal for a Council decision of 4 March 2016 on the conclusion, by the European Union, of the Council of Europe Convention on preventing and combating violence against women and domestic violence (COM(2016)0109),

– having regard to its resolution of 13 February 2020 on the EU priorities for the 64th session of the UN Commission on the Status of Women⁹,

– having regard to its resolution of 30 January 2020 on the gender pay gap¹⁰,

– having regard to its resolution of 13 February 2019 on experiencing a backlash in women’s rights and gender equality in the EU¹¹,

– having regard to its resolution of 28 November 2019 on the EU’s accession to the Istanbul Convention and other measures to combat gender-based violence¹²,

– having regard to its resolution of 15 November 2018 on care services in the EU for improved gender equality¹³,

– having regard to its resolution of 17 April 2018 on empowering women and girls through the digital sector¹⁴,

– having regard to its resolution of 16 January 2018 on women, gender equality and climate justice¹⁵,

– having regard to its resolution of 3 October 2017 on women’s economic empowerment in the private and public sectors in the EU¹⁶,

– having regard to its resolution of 14 June 2017 on the need for an EU strategy to end and prevent the gender pension gap¹⁷,

– having regard to its resolution of 14 March 2017 on equality between women and men in the European Union in 2014-2015¹⁸,

– having regard to its resolution of 4 April 2017 on women and their roles in rural areas¹⁹,

– having regard to its resolution of 14 February 2017 on promoting gender equality in

¹⁰ Texts adopted, P9_TA(2020)0025.
mental health and clinical research\textsuperscript{20},

– having regard to its resolution of 8 March 2016 on the situation of women refugees and asylum seekers in the EU\textsuperscript{21},

– having regard to its resolution of 19 January 2016 on external factors that represent hurdles to European female entrepreneurship\textsuperscript{22},

– having regard to its resolution of 9 September 2015 on women’s careers in science and universities, and glass ceilings encountered\textsuperscript{23},

– having regard to its resolution of 9 June 2015 on the EU Strategy for equality between women and men post 2015\textsuperscript{24},

– having regard to the Council conclusions of 10 December 2019 on Gender-Equal Economies in the EU: The Way Forward,

– having regard to the report by the International Labour Organization entitled ‘COVID-19 and the world of work. Fourth edition’, published on 27 May 2020,

– having regard to the analysis by the International Labour Organization entitled ‘Sectoral impact, responses and recommendations related to COVID-19’,

– having regard to the report by the OECD entitled ‘Women at the core of the fight against COVID-19’, published in April 2020,


– having regard to the report by UN Women entitled ‘The Impact of COVID-19 on Women’, published on 9 April 2020,

– having regard to the UN Population Fund (UNFPA) report entitled ‘Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage’, published on 27 April 2020,

– having regard to the statement by UNFPA entitled ‘Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic’, published on 28 April 2020,

– having regard to the Statement of 24 March 2020 by the President of GREVIO, Marceline Naudi, on the need to uphold the standards of the Istanbul Convention in times of a pandemic,

– having regard to the Joint Research Centre (JRC) report entitled ‘How will the COVID-

\textsuperscript{21} OJ C 50, 9.2.2018, p. 25.
\textsuperscript{22} OJ C 11, 12.1.2018, p. 35.
\textsuperscript{23} OJ C 316, 22.9.2017, p. 173.
\textsuperscript{24} OJ C 407, 4.11.2016, p. 2.
19 crisis affect existing gender divides in Europe?’,

– having regard to the Gender Equality Index 2019 from the European Institute for Gender Equality (EIGE), published on 15 October 2019,

– having regard to the report by EIGE entitled ‘Tackling the gender pay gap: not without a better work-life balance’, published on 29 May 2019,

– having regard to the report by EIGE entitled ‘Beijing +25: the fifth review of the implementation of the Beijing Platform for Action in the EU Member States’ published on 5 March 2020,

– having regard to the survey by the European Union Agency for Fundamental Rights (FRA) entitled ‘A long way to go for LGBTI equality’, published on 14 May 2020,

– having regard to the report by the FRA entitled ‘A persisting concern: anti-Gypsyism as a barrier to Roma inclusion’, published on 5 April 2018,

– having regard to the survey by the FRA entitled ‘Violence against women: an EU-wide survey’, published on 5 March 2014,

– having regard to the European Women’s Lobby publication entitled ‘Putting equality between women and men at the heart of the response to COVID-19 across Europe’,

– having regard to the European Women’s Lobby policy brief entitled ‘Women must not pay the price for COVID-19!’,

– having regard to the study by Professor Sabine Oertelt-Prigione entitled ‘The impact of sex and gender in the COVID-19 pandemic’, published on 27 May 2020,

– having regard to Rule 54 of its Rules of Procedure,

– having regard to the opinion of the Committee on Civil Liberties, Justice and Home Affairs,

– having regard to the report of the Committee on Women’s Rights and Gender Equality (A9-0000/2020),

A. whereas the COVID-19 crisis and its consequences have clear gender perspectives;

B. whereas COVID-19 affects different groups in society in different ways and to varying degrees;

C. whereas official mortality figures show that men have a higher death rate from the virus, while women are more at risk of contracting the virus due to their disproportionately high representation among frontline workers;

D. whereas as a result of the cancellation or postponement of ‘non-essential’ health services, a delay arose in accessing critical care for urgent complaints;

E. whereas reports from Member States during the confinement period revealed a worrying increase in domestic violence;
F. whereas a majority of frontline workers in the current crisis are women, including 76% of healthcare workers (doctors, nurses, midwives, staff in residential care homes), 82% of cashiers, 93% of childcare workers and teachers, 95% of domestic cleaners and helpers, and 86% of personal care workers25 in the EU;

G. whereas in many essential sectors the work that women do is poorly paid; whereas horizontal and vertical labour market segregation in the EU is still significant, with women overrepresented in less profitable sectors;

H. whereas women are more likely to be in temporary, part-time and precarious employment than men (26.5% compared to 15.1% of men26), and have therefore been significantly impacted by job losses and furloughing;

I. whereas COVID-19 has exposed a long-standing problem in care provision in the EU;

J. whereas the closure of schools and workplaces has increased non-paid work within the home for women; whereas women usually spend 13 hours more each week than men on unpaid care and housework27; whereas the COVID-19 crisis has been an opportunity for men to become more involved in care responsibilities;

K. whereas a disproportionate and extreme burden has been placed on single parents;

L. whereas certain sectors of society such as older women, women with disabilities, Roma women, LGBTQI+ women and refugees and migrants are particularly vulnerable to the virus or its consequences;

M. whereas COVID-19 is a global pandemic affecting every country in the world;

N. whereas budgets and the allocation of resources must take into account the different needs and circumstances of men and women;

O. whereas women should also be taken into account and play an active role in the recovery phase;

P. whereas the essential actions identified herein will build resilience and preparedness for future crises;

**General remarks**

1. Stresses the need for a gender-sensitive approach in relation to all relevant aspects of the response to the COVID-19 crisis;

2. Underlines the need to apply the lessons from this crisis to future policy development and implementation and in preparing responses for all stages of future crises; calls on the Commission to facilitate the creation of a standing network for sharing best practices between Member States on how to tackle the gender-related aspects of COVID-19;

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3. Urges the Commission to examine the prevalence of the virus among frontline workers, particularly the female and minority ethnic populations in view of their disproportionately high representation among frontline workers; urges the Commission and the Member States to respond with appropriate action to bolster their safety at work, including Framework Directive 89/391/EEC\(^{28}\) and Directive 92/85/EEC\(^{29}\);

4. Calls on the Member States and EIGE to regularly gather sex- and age-disaggregated data on COVID-19 and the socio-economic impact of the virus; stresses that recovery measures must be informed by sex-disaggregated data;

5. Emphasises that women must be part of the decision-making process in enacting and lifting measures in crises, as well as in the design, adoption and implementation of recovery plans, so that their specific needs and circumstances are fully and appropriately taken into account;

6. Calls on the Commission to monitor and respond to disinformation or regressive initiatives in the Member States related to women’s rights and gender equality during the COVID-19 crisis and post-crisis period as matters of democracy and fundamental rights;

**COVID-19 health-related aspects and the gender impact**

7. Expresses its concern at the high mortality rate of men from COVID-19; urges the World Health Organization (WHO) and relevant EU agencies to examine this; calls on the Commission to continue to monitor the situation with a view to understanding the long-term health impacts of the virus on women and men; emphasises that clinical research into the virus must involve gender-balanced representation to assess how the virus and any potential vaccine or treatment may affect women and men differently;

8. Urges the Member States to ensure access to essential aspects of women’s and men’s healthcare unrelated to COVID-19; urges Member States to operate according to WHO guidelines in these areas;

9. Underlines the need for the Member States to protect access to sexual and reproductive health and rights (SRHR); emphasises the importance of safeguarding the supply chain of products essential to SRHR;

10. Urges the Commission to factor in emergency circumstances such as COVID-19 in its health-related policy responses, including the EU4Health Programme and the EU Beating Cancer Plan;

11. Calls on the Member States to boost mental health support initiatives during and after this crisis, in view of the stress, anxiety and loneliness brought on by lockdown, as well as of economic concerns and domestic violence, taking into account the differential impact on women and men;

**Violence during COVID-19**

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12. Urges the Member States to analyse the increase in domestic violence as a result of COVID-19 and to take account of it in response plans, as well as for future emergencies, with particular attention to exemptions to confinement rules, the preservation of safe access to shelters or alternative accommodation with sufficient capacity, police and justice services, emergency courts for the issuing of appropriate restraining and/or protection orders, online services, as well as emergency funding to support services, non-governmental organisations (NGOs) and civil society organisations (CSOs); invites the Member States to share national innovations in addressing domestic violence;

13. Calls on the Commission to promote awareness-raising, information and advocacy campaigns tackling domestic and gender-based violence, particularly in relation to newly created prevention measures and flexible emergency warning systems, in order to encourage reporting;

14. Calls on the Council to urgently conclude the EU’s ratification of the Istanbul Convention on the basis of a broad accession without any limitations, and to advocate its ratification by all Member States;

15. Calls on the Commission to add violence against women to the list of criminal offences in the EU, and to propose a directive to tackle gender-based violence so as to put in place a strong legal framework, to coordinate the sharing of best practices between the Member States, to promote accurate data collection, to assess the impact of COVID-19 on the provision of key services to victims, and for sufficient funds to meet the DAPHNE specific objective and other related programmes taking into account current needs;

16. Calls on the Member States to ensure the provision of effective, affordable and quality medical and psychological support for victims of gender-based violence, especially in times of crisis where such support should be deemed essential;

COVID-19, the economy, the recovery and the gender impact

17. Calls for the Commission, Parliament and Council to closely examine women’s needs and participation in the labour market, as well as horizontal and vertical labour market segregation, while designing programmes within the next multiannual financial framework (MFF) as well as in the Next Generation EU recovery plan;

18. Emphasises that there is a need to re-examine the nature and location of work after the crisis; emphasises that working from home is not a substitute for childcare; points out that flexible work as agreed with employers allows women and men to work from home or from local working co-working spaces, making it easier to balance care responsibilities and to spend more quality time with their families;

19. Calls on the Commission to collect data on the provision of different types of care to feed into a study examining the care gap, with a view to a European Carers Strategy; notes that the strategy must respect the competences of Member States, but would aim to improve cooperation and coordination, with benefits for informal and formal carers and the people they care for; stresses that cooperation at European level, together with the efficient use of EU funds, can contribute to the development of quality, accessible and affordable care services;
20. Encourages the Member States to encourage men to take up flexible working arrangements, as a disproportionate number of women usually avail themselves of such arrangements; urges the Member States to fully transpose and implement the Work-Life Balance Directive and calls on the Commission to monitor it effectively;

21. Recognises the uniquely challenging circumstances that single parents have been faced with during the pandemic and post-crisis period as a result of multiple burdens, including the continuous provision of care, concerns as to custody arrangements, and potential economic concerns and loneliness; calls on the Commission and the Member States to examine their specific situation, including the additional burdens in terms of working, schooling and caring, access to lawyers and the implementation of custody agreements;

22. Stresses that equal pay for equal work between women and men must be a guiding principle for the Commission, Parliament and all Member States when designing response measures to the COVID-19 crisis; welcomes the Commission’s commitment to present binding measures on pay transparency by the end of 2020 in order to effectively address gender pay and pension gaps;

23. Points to the continuous underrepresentation of women in decision making throughout the crisis; calls for progress on the ‘Women on Boards’ Directive;

24. Welcomes the Coronavirus Response Investment Initiative (CRII) and CRII Plus package to support the most exposed sectors; stresses the importance of the Commission’s instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE), ensuring income support for unemployed or furloughed workers; stresses the need to assess the impact of these instruments on the situation of women and men in the EU labour market; emphasises the need for retraining and upskilling programmes for women to take account of shifts in the labour market;

25. Calls on the Commission to support women entrepreneurs as they seek to develop and build on skills or interests gained during the COVID-19 period, and to improve access to and awareness of loans, equity finance and microfinancing through EU programmes and funds so that the crisis becomes an opportunity to progress through adaptation and transformation;

26. Encourages the Commission and the Member States to take advantage of the recovery to boost the presence and contribution of women in the artificial intelligence (AI), digital and science, technology, engineering and mathematics (STEM) sectors, as well as in the green economy;

27. Stresses the challenges for the agricultural sector and food supply in Europe, as well as the specific situation of women in rural areas; calls for the creation of a thematic sub-programme for women in rural areas through the common agricultural policy strategic plans;

**COVID-19 and intersectionality**

28. Stresses that intersecting disadvantages create additional barriers for specific groups of women, therefore the safety and protection of all persons must be secured by taking due account of an intersectional approach;
29. Underlines that due to a higher life expectancy and higher likelihood of experiencing health problems, older women are often the majority of residents in long-term care facilities that became virus hotspots in many countries; calls on the Member States to examine the provision of care for older persons in different settings;

30. Regrets that many of the women with disabilities who depend on others for everyday care or support were unable to access their usual support networks or maintain physical distancing; calls on the Member States to ensure that these support networks are still accessible and adequately adapted to the circumstances;

31. Invites the Member States to continue supporting migrant women and men through access to critical healthcare during the crisis; highlights the need for refugee and reception centres to take due account of women’s and girls’ needs in view of the known challenges of social distancing and maintaining hygiene, as well as their vulnerability to gender-based violence;

32. Highlights the additional needs of minority groups, such as Roma women, who face challenges in maintaining hygiene and adhering to confinement measures due to a lack of access to basic infrastructure, services and information;

33. Emphasises the essential nature of support services for LGBTQI+ persons, including mental health support, peer support groups and support services for gender-based violence;

34. Deplores instances of xenophobic and racial discrimination and urges the Commission and the Member States to adopt an intersectional approach in their responses;

**External Action**

35. Emphasises that the global nature of the COVID-19 pandemic requires a global response; highlights the vulnerable position of women and girls in many parts of the world in relation to COVID-19, such as access to healthcare, including SRHR, vulnerability to violence, including FGM and child marriage, employment status, access to education and extreme poverty and hunger; underlines the importance of supporting women’s rights defenders and women’s rights organisations;

36. Welcomes the Team Europe package put forward by the Commission and stresses the need for a gender-sensitive approach in the allocation of these funds;

**Gender and the recovery**

37. Calls on the Commission and the Member States to fully assess the needs arising from the crisis and its socio-economic consequences, and to allocate adequate budgetary resources to tackling these needs, as well as to the monitoring of this spending, following its commitments in the Gender Equality Strategy; emphasises that preparatory action is the best way to build resilience in all areas for future crises;

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38. Instructs its President to forward this resolution to the Council and the Commission.
EXPLANATORY STATEMENT

The COVID-19 pandemic has shaken the very foundations of life in Europe and across the world. It has separated families and friends, disrupted daily routines and even jeopardised democracies. It has impacted every aspect of our European way of life. But this crisis has not been felt uniformly by everyone in our societies. Income inequality, geography, age, and particularly gender have, separately but also in conjunction, determined how this crisis has and will continue to impact citizens.

Gender and sex have dominated not just the clinical aspects of the COVID-19 pandemic, but also our response to it. From urgent and pressing issues such as domestic violence and the alarmingly high male mortality rate, to more structural and fundamental questions about the perceived value of different roles in society, it has become apparent that gender has been a crucial aspect of this virus and accompanying crisis.

This report seeks to examine what has happened since the beginning of the crisis and in the immediate response, but further analysis and examination as to our response in the post-crisis period over the coming years will be necessary.

While COVID-19 has been a disaster and a tragedy for our societies, our economies, and for many Europeans personally, it also presents an opportunity for change, both in our perceptions and but also the functioning of our European way of life. However, all change must be grounded in a rights-based approach that seeks to preserve and advance women’s rights, including their economic independence, work-life balance, and sexual and reproductive health and rights.

In terms of the virus itself, our knowledge is still very low, particularly when it comes to the differential impacts on women and men. For example, it is clear so far from official figures that more men are dying from the virus, but it is not yet clear why. Yet with more women on the frontline as healthcare workers, cleaners, supermarket cashiers and care providers, they are more likely to contract the virus. Both of these circumstances will need to be examined, while also taking into account gender-relative behavioural differences. In addition, future clinical trials and research will need to consider differences in sex and gender, as well as full consideration of and sensitivity to co-morbidities.

In addition to tackling the virus, in the immediate term, tackling domestic and gender based violence must be a top political priority. No more must it be acceptable for women to die in their homes at the hands of an intimate partner or relative. The EU and the Member States must work closely together to take action, namely by ratifying the Istanbul Convention as a matter of urgency, advancing a Directive on tackling gender based violence, adding violence against women to the list of Eurocrimes and sharing best practice from different national experiences as to what is most effective in tackling this atrocious crime. Crucially, support and resources for officers and NGOs working on the ground with victims and survivors must be preserved.

However, COVID-19 must also give rise to a re-examination of society in a broader sense, with consideration of the essential and valuable fundamentals within our societies. Women throughout this crisis, as the vast majority of frontline care workers but also in providing a disproportionate amount care and schooling within the home, have particularly felt the impact of this virus. How work and family life can be suitably balanced, reducing the need for long-
commutes and achieving a more balanced approach to caring responsibilities, are just some aspects of those fundamentals to now be reconsidered. Within this, we must pay particular attention to the needs of families as a whole, taking into account the unique circumstances of single parent families. A European Carers Strategy, timely transposition and effective implementation of the Work-Life Balance Directive, and a thorough examination of how working methods can allow for the realities of family life must all be taken into consideration.

However, we must also be cognisant when coordinating and advancing crisis response and recovery plans that women are by no means a homogenous group. Different approaches to cater to the needs of different women must be advanced, and must take into account different life circumstances. Suitable responses must be found for the different circumstances of older women in care homes, rural women and the lack of basic infrastructure that often exists, Roma women, members of the LGBTQI+ community, women with disabilities whose supports may have been removed due to the emergency and migrant women who find themselves without access to essential supports and infrastructure.

In addition, Europe’s place in the world requires European leadership in every aspect of the response to this virus, from tackling domestic violence, preserving access to sexual and reproductive health and rights, and combating extreme poverty and hunger, to ensuring that women can benefit from the recovery and are not disproportionately impacted by its consequences.

Finally, the COVID-19 recovery represents a significant opportunity to advance women as we seek to rebuild our economies and our societies in a different way. A true COVID-19 recovery can only be a success if we seek a greener, a fairer and a more gender equal Europe. As such, key recovery funds must be gender mainstreamed, ensuring that women can fully benefit from them in terms of employment, but also entrepreneurship. In addition, we can harness this opportunity to ensure that women are better represented in sectors where they have traditionally been underrepresented, such as digital, Artificial Intelligence, ICT and STEM.

Gender is one of the crucial indicators in this crisis as to whether a person recovers unscathed or will have multiple elements of their life overturned. It is our duty and responsibility as policy-makers and as politicians to ensure that the differing and yet interlinked needs of people of all genders are taken into account and catered for in the COVID-19 response. By taking action now to tackle the issues raised in this report, we can be better prepared for the next crisis, and will build a more resilient, productive and just society.