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The Gendered Dimension of COVID-19 in Lebanon

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While holding the XX chromosomes makes your immunity stronger and gives you a higher life expectancy as statistics have shown, being a female exposes you to higher risks of cultural, social, and economic discrimination that sideline you and your wellbeing in the response of many countries to the COVID-19 pandemic.

COVID-19, the disease caused by a new coronavirus, has rapidly spread globally. The World Health Organization labeled COVID-19 a pandemic (WHO, 2020). Thousands of people are struggling for their lives in hospitals and millions are fighting the spread of the virus by adhering to the WHO directives, namely lock down, self-isolation, and overseeing proper hygiene, measures adopted by most governments of infected countries. The Lebanese cabinet took the decision to instate a “health emergency”, and on March 15, 2020 the government proclaimed a state of general mobilization that called for the closure of public administrations and institutions, municipalities, autonomous utilities, universities, public and private schools as well as nurseries. The President of the Republic invited everyone to continue their work from home, in the manner that they deem appropriate, so that online education is pursued for students, and work for workers, and so that institutions remain as active as possible (The Presidency of the Council of Ministers, 2020).

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Although the various health sectors in Lebanon have been mobilized under the direct supervision of the Prime Minister and the Ministerial Committee for Coronavirus Prevention (Dakroub, 2020), the emergency plan focuses on the ‘immediate’ health-care problems, while not considering the status of consistent and structural gendered inequalities that underpin the prevailing unhealthy conditions.

Not only is this Action Plan Gender Blind, as most of the global response plans which didn't prioritize the gender component, it also fails to include a response to the economic and social repercussions of the crisis, especially for the most vulnerable among which are women who are disproportionately affected in crisis and emergencies, and who will undoubtedly bear a disproportionate burden in terms of the health risks posed by the virus (GHAWG & UN Women, 2020). In a policy brief, ESCWA, the UN Economic and Social Commission for Western Asia (2020), insisted that: "For this response to be effective, it must take into consideration the social prejudices and gender norms that discriminate against women in the public and private spheres in the Arab region". A gendered understanding of COVID19 highlights the multiple and inter-related levels of inequality that shape vulnerability to the infection and the personal, social, and economic impact of the crisis. As a result, gender should be viewed as a cross-cutting issue that has implications on all aspects of the pandemic.

Occupational Health

Globally, 75-80 percent of healthcare workers are female (Mathad, 2019). According to the latest statistics published by the Order of Nurses in Lebanon for 2019, 79.52 percent of the Lebanese nurses are females compared to 20.48 percent males (Order of Nurses in Lebanon, 2020). This puts female nurses at the forefront where they are the main carers and therefore, the most exposed to occupational health risk in the hospitals (Gupta, 2020). In fact, statistics demonstrate that 60 percent of infected healthcare workers in Lebanon are female (UN Women, UNFPA, WHO & NCLW, 2020). This can carry far more risk than just work-related accidents of contagion, it might expose their families to a higher risk of infection especially if they are caring for vulnerable persons, such as infants, elderly, or sick persons. The risks are compounded and might lead to death. These occupational risks carry a significant economic and social cost with them too. Such occurrences can be potentially damaging to the public health sector resources and efficiency as "accidents in workplaces costs almost 4 percent of the world's annual Gross Domestic Product (GDP)" (Selim, 2020). Despite the fact that female healthcare workers are a majority, a minority of them hold leadership positions which leaves many of their needs unmet, from planning interventions and shifts, to imposing on them family planning decisions, and initially including menstrual hygiene products in their personal protective gear (Bhatia, 2020).

Infected medical or paramedical staff, like patients, might suffer stigma and social isolation and rejection which could be morally damaging. Responders and policymakers need to take these factors into account if they are to reach those healthcare workers most at risk of infection and most in need of care. They should also consider the mitigation of the social effects that family members of female healthcare workers suffer from due to their separation from their families and the long exhausting working hours. Although this is a new challenging approach, France has provided a creative solution as stated in President Emmanuel Macron's speech, where he announced that the government "will relieve caregivers by shouldering the burdens of childcare." The French government also committed to house and handle the transportation of these healthcare workers to ensure ease in commuting and to make sure that they rest properly. This will also support their decent isolation as they are exposed to higher risk of occupational infectious hazard (Le Monde, 2020).

Economic Effects

Exacerbated women's economic vulnerability is shaped by their inequality in the work sphere, in both the formal and informal sectors (Durant & Coke Hamilton, 2020). The economic crisis caused by the novel coronavirus could result in more than 25 million job losses, according to The International Labour Organization (ILO). Many of these jobs will be low-paid and part-time jobs, of which women have a large share. As ILO (2020) estimates, 55 percent of women are employed in the service sector (in comparison with 44 percent of men). Female-dominated service sectors such as food, hospitality, and tourism are among those expected to feel the harshest economic effects of the measures to contain the spread of the pandemic according to the United Nations Conference on Trade and Development (UNCTAD).

Female self-employed and owners of Small-Medium size Enterprises (SME) are also endangered. Initially facing high discrimination to access credits, without open and favorable lines of credit, many will be forced

to close their businesses. As a consequence, the gender pay gap could increase this year as women are likely to be disproportionately affected (Murray, 2020) threatening the gains women made in the place of work. Lebanon makes no exception as the majority of women are found in the informal sector, which lacks legal protection (CAS, EU, LR & ILO, 2020), renders them unable to access social safety rescue nets, and increases women's vulnerability to poverty and therefore to infection. In the formal sector, women predominate in work such as part-time employment that falls mostly outside legal protection which increases their vulnerability. Moreover, many women are being forced to divert their often-meagre resources into providing treatment and care, especially in situations where mildly infected people lack access to treatment and to primary care in general.

Unpaid Work

Among other emerging impacts of COVID-19 is the increased workload in the domestic chores' women are expected to carry out which in turn drains them physically. Before the COVID-19 crisis, an ILO (2020) study estimated that women in Arab states spend a daily average of 329 minutes (5h29') on unpaid care work and 36 minutes on paid work while men spend 70 min and 222 min respectively. Globally, women subsidize the economy by undertaking the majority of unpaid care work. "Women carry out 12.5 billion hours of unpaid care work every day. When valued at minimum wage this would represent a contribution to the global economy of at least \$10.8 trillion a year, more than three times the size of the global tech industry" concludes a study by Oxfam (2020) conducted before the COVID-19 crisis.

With the mass shutdown of schools and universities, an estimated 1,132,178 learners enrolled in pre-primary to upper-secondary education, 231,215 learners enrolled in tertiary education programs in Lebanon, and over 1.5 billion learners globally will be confined to their home according to UNESCO (2020). Over and above the domestic duties relegated to them, women are expected to carry out additional unpaid work, home schooling their children, while also attending to their "formal jobs" by working online and also ensuring a state of tranquility at home so that the so-called "male primary bread-winner" is able to deliver on his work. As the use of digital technologies is increased, women and girls become more targeted by gender-based online violence. This is coupled with the threat that women might not be able to engage in and deliver on their paid formal economic activities, might lose their wages and earnings, which would result in widening the already large gender gap on the global Economic Participation and Opportunity sub index reported to be at around 42 percent by World Economic Forum Global Gender Gap Report 2020 which places Lebanon at 139 out of 153 countries on this sub index with a 56 percent gap (WEF, 2020).

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Although this crisis is exposing the gendered organization of public/private divide, and ways in which economic systems assume but do not value childcare, domestic care and so on, this crisis could reveal a silver lining for women. With such proximity to the community, women should profit from being well placed to positively influence the design and implementation of prevention activities and community engagement and should be given leading decision-making roles (UNFPA, 2020). An optimistic ongoing study suggests that if appropriately exploited, this crisis should turn to become a game-changer for working moms on the long run as businesses are rapidly adopting flexible work arrangements that may persist after the crisis. With "mandatory paternity leave" for millions of fathers who found themselves providing care work for their children and to elderly parents or family members with disabilities, more men are aware of and sensitive to the amount of care work that women take on and to the importance of sharing the burden. This will be a driver for some social norms and masculinity behavior to erode leading to a lopsided distribution of the division of labor in housework and childcare (Alon, Doepke, Olmstead-Rumsey & Tertilt, 2020). Harmful masculinity behavior has to stop, and men should support women especially in light of a scarcity of resources and the rising risk of women experiencing economic abuse.

Gender Based Violence

US\$1.5 trillion or approximately 2 per cent of global gross domestic product (GDP) is the estimated global cost of violence against women and girls (public, private and social)(UN Women, 2020). This figure is on the rise as violence has been increasing during the pandemic with over 137 femicides daily (IPU, 2020). Moreover, the numbers might continue to upsurge in the aftermath of the pandemic, making recovery from the economic crisis even slower. Perhaps if the number of femicide victims was added to the statistics we observe on the pandemic's daily death toll statistics, the world would become more aware of the terrible plight of women violated by men and, in extreme cases, murdered by them.

“We see a shadow pandemic growing , of violence against women “ said Phumzile Mlambo-Ngcuka, Executive Director of UN Women in a statement to further echo the call of UN chief António Guterres for measures to address a “horrifying global surge in domestic violence” directed towards women and girls, linked to lockdowns imposed by governments responding to the COVID-19 pandemic. “Peace is not just the absence of war. Many women under lockdown for COVID-19 face violence where they should be safest: In their own homes”, he added (UN News, 2020).

It was noticed that in times of crisis, heightened tension as a result of lock-down, decrease in resources, and psychological stress increase the frequency of violence against women (IRC, 2012) by intimate partners and family members (Wanqing, 2020). “Abuse is about power and control. When survivors are forced to stay in the home or in close proximity to their abuser more frequently, an abuser can use any tool to exert control over their victim, including a national health concern such as COVID-19,” the statement of the US National Domestic Abuse Hotline (2020) read. “The financial insecurity that often prohibits domestic violence victims from leaving abusers can also worsen in the aftermath of a crisis,” highlights the European Institute for Gender Equality’s Jurgita Pečiūrienė (Stolton, 2020). Fear from exposing elderly parents to the virus if seeking refuge at their home (Godin, 2020) in addition to overcrowding of shelters due to measures barring new victims for fear of further spreading of the infection, may pressure victims to stay in abusive relationships. The overcrowding of the medical facilities and the fear of contracting the coronavirus might also stop them from seeking out medical care after experiencing physical abuse.

Since the pandemic, the UN is reporting that Lebanon has seen the number of calls to helplines double, compared with the same month last year (UN News, 2020). Local support groups are paralyzed or short on funds. Some domestic violence shelters are closed; others are full or are not accepting new comers. Many NGOs estimate that domestic violence is under reported due to the continuous presence of the abuser with the victim and the disrupted public services like police, justice, and social services (Seifeddine, 2020). Strategies and tools to address the slowdowns in the justice system caused by institutional closures are vital to challenge impunity. On April 6, 2020 Hala Naja Mehio, a Lebanese female judge sitting in chambers to deal with matters with special urgency, clearly addressed abusers ensuring the impossibility of escaping punishment under current situation, and guaranteeing access to judicial services as she had two domestic violence survivors teleconference into court proceeding and consequently she issued protection orders (Rose, 2020). In fact, the Public Prosecutor of the Court of Cassation instructed Lebanese judges to question victims of domestic violence by a video call instead of requiring them to be physically present after they lodge a complaint. This measure had already been adopted on March 20 for detainees over fears of the spread of the novel coronavirus (LBC Group, 2020).

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Another issue that is worth highlighting is related to divorced or separated mothers and their visitation rights. Due to the lock-down, some fathers might use the situation as a pretext to rob mothers of their visitation rights (usually 24 hours for some) in light of the pandemic and the restricted freedom of movement imposed. Parents should observe their children's best interest, avoid conflict, and make-up for missed days after the confinement period, and keep the social contact and visual contact (phone and video calls) as a supportive psychological and emotional tool (Shine, 2020).

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In the context of family unity and emotional support, Lebanese women married to foreigners have seen their husbands and children, who are either working or studying abroad, denied repatriation into Lebanon, even at their own expense, to join them under lockdown since women cannot pass them their nationality (Annahar, 2020). Those suffer multiple types of discrimination and psychological violence. Even if working or studying in Lebanon, they cannot access any governmental social security net which will probably increase their fragility. Finally, it is important to highlight that domestic violence is amplified by intersectionality that puts poor, elderly, and disabled women at higher risks of physical, social, and mental violence. The UN Special Rapporteur on violence against women, Dubravka Simonovic, expressed particular concerns about women at higher risk of domestic violence, such as women with disabilities, undocumented migrant women, and victims of trafficking (OHCHR, 2020).

Vulnerable Women

Migrant domestic workers living with their employers, need to be adequately informed and educated about the spread of the disease for their safety and that of their employers (Willmer, 2020). With the lockdown in place, migrant domestic workers are unable to take their weekly day-off which might indirectly mean that they will have to work on their rest day. As they are assigned public sphere chores, like buying the groceries or walking the pet, they are at a higher risk to go into sometimes overcrowded public spaces. They are assigned domestic and care work of positively testing persons confined at home. This puts them at a higher risk of exposure to the virus. They should be ensured access to testing and treatment without discrimination on any ground, regardless of insurance coverage if they are infected.

Migrant domestic workers also run the risk of gender-based violence (GBV) as a result of the heightened anxiety triggered by the pandemic. The crisis has as well negative multiplier effects on their livelihood: They are physically away from their family members whom they cannot support emotionally, they might also be at risk of seeing the value of their income decrease due to the lock down, the pandemic will limit their ability to travel to seek new economic opportunities, and therefore, those workers, mostly females, might face a higher risk of unemployment, poverty, and violence (OECD, 2020).

Women refugees also face dire conditions and increased violence (IRC, 2012) coupled with the additional burden of care, given that their housing conditions lack heating and clean water. Particularly difficult for people living in conflict affected contexts, isolation, social distancing, and the stress of the crisis are exacerbating mental health problems and trauma among other forms of violence, especially that several Lebanese municipalities have imposed curfews to restrict the movement of Syrian refugees because of the virus, which often adds up to lack of documents and legal papers and prohibit the refugee victims of violence to escape abusers and reach out for help fearing persecution from security forces for “illegal undocumented status”. Those are also at high risk of human trafficking and child marriage due to increased precarity.

Meanwhile, some governments are exploiting the crisis to further their own agendas. The government of Lebanon asked international organizations to assume their responsibilities in terms of caring for the displaced Syrians and Palestinian refugees to provide the necessary health care and proactive services for them in relation to COVID-19 (UNHCR, UNICEF, WFP & IACL, 2020). With priorities shifting to COVID-19 responses, peacebuilders fear reductions in financial support and attention from international donors (CSP, Humanity United & Peace Direct, 2020). With travel bans, shut down of the banking sector, and the limited funds allocated to the Lebanese Crisis Response Plan (Government of Lebanon & UNHCR, 2019) as well as the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), conditions are expected to worsen if the virus spreads into the camps. Adequate education and communication on ways to prevent, limit, and care pertaining to the disease in addition to WASH are primordial. As per a statement by UNHCR spokesperson Babar Baloch (2020): “UNHCR continues its advocacy for equal access to refugees and displaced people in the national health systems being put in place to fight COVID-19”.

Sexual and Reproductive Health

“While fear and uncertainty are natural responses to the coronavirus, we must be guided by facts and solid information,” said Dr. Natalia Kanem, Executive Director of the UN Population Fund (UNFPA, 2020). “We must stand together in solidarity, fight stigma and discrimination, and ensure that people get the information and services they need, especially pregnant and lactating women.”

Sexual and reproductive health is a significant public health issue during epidemics, and safe pregnancy and childbirth depend on functioning health systems and strict adherence to infection precautions. In its “Global Response Plan” to the COVID-19 pandemic and as a strategic priority, UNFPA is supporting governments to keep health systems functioning and to maintain the provision of sexual and reproductive health and the right to information and services in the aim of protecting health workers and limiting the spread of COVID-19. These essential efforts seek to avoid higher rates of maternal mortality and morbidity, unintended pregnancies, teenage pregnancies, unsafe abortions, HIV and sexually transmitted infections (STIs) (UNFPA, 2020).

For the same objective, the Lebanese Ministry of Public Health formed a Committee on March 18, 2020, to take charge of the management of pregnant women under COVID-19 emergency plan. To date, there is no scientific evidence about the increased susceptibility of pregnant women to COVID-19 (CDC, 2020). There was no vertical transmission of COVID-19 from mother to newborn as has been reported in nine cases in a study published by The Lancet (Chen et al, 2020) (Li et al, 2020). Yet, this is not enough evidence. Dr Firas Abiad, CEO of Rafik Hariri University Hospital (RHUH), the frontline healthcare facility fighting COVID-19 in Lebanon, announced in a tweet on his account on March 18, 2020, that “the OBGYN team came up with recommended protocols to manage suspected pregnant patients presenting in labor, and that the required facilities were prepared and staff trained, protocols shared with other hospitals.”

As to breastfeeding, considering its benefits and the insignificant role of breastmilk in the transmission of other respiratory viruses, the mother can continue breastfeeding or expressing her milk, while applying all the necessary precautions according to UNICEF (2020).

Recommendations

In its Action Plan, as many other countries put forth, Lebanon focused only on immediate health goals, targets, and indicators. It has failed to adopt a “transformative development agenda based upon securing human rights for all” as required by UN standards (OHCHR, 2020). This includes a range of human rights namely the right to social security, housing, health care, and education as enshrined in the Covenant on Social, Economic, and Cultural Rights (UN, 1967).

In order to improve our national response and avoid the ‘tyranny of the emergency’ in the future, Lebanon should draw on the recommendations of: the UN Secretary General António Guterres (2020) “Policy Brief: The Impact of COVID-19 on Women”; the High-level Panel on the Global Response to Health Crises (2016); and on UNWOMEN (2020) that lay out preparedness and response efforts to take into account as well as address the gender roles, responsibilities, and dynamics during COVID-19 outbreak.

Not recognizing the different needs that the virus has brought about or accentuated, decreases the chances of putting forth a policy to mitigate against it. The recommendations are as follows:

- ▶ Collect and analyze sex and other socio-economic disaggregated data related to the pandemic and response in order to understand gendered differences and design preventive and interventional measures (UN Women, 2020).
- ▶ Include gender experts at all levels of planning and operations, especially at the leadership level, to ensure the effectiveness and appropriateness of the response. The experts would also address containment and mitigation measures to ease the exacerbated load of unpaid care work, highlight GBV risks and response, and mitigate economic and livelihood impact of the pandemic on the situation of women through targeted women's economic empowerment strategies, as well as explore cash transfer programming to support them to recover and build resilience for future shocks. With barely few women in the national taskforces around the world, women are actually absent from leadership and decision-making. It is the leaders who decide on how fundings are distributed and prioritized, from therapeutic interventions to the distribution of social safety nets. Without women in these positions subsequent decisions will not adequately address the hurdles women face (Farrar & Gupta, 2020).

The National Action Plan on Women, Peace and Security to implement UNSCR1325, developed by the National Commission for Lebanese Women and approved by the government does include these objectives under the "Prevention of and Protection of Women and Girls from Gender-Based Violence" and "the Relief and Recovery" pillars (NCLW, 2019). As UNSCR1325 (UNSC, 2000) is a resolution to advocate for women's agency and voice, to protect women in times of crisis, insecurity and emergency, and to respond to their humanitarian needs, the time is now to activate the implementation of this Action Plan.

- ▶ Enable and educate women who play a major role as conduits of information in their communities to get information about how to prevent and respond to the pandemic in familiar ways in order to tackle the spread of infection.
- ▶ Prioritize access to sexual and reproductive health services, including pre- and post-natal healthcare in measures taken to relieve the burden on healthcare structures.
- ▶ Provide mental health and psychosocial support for affected individuals, families, communities and health workers by considering it a critical part of the response. The Ministry of Public Health must publish information about the mental health program and the related hotline.
- ▶ Make the prevention and redress of violence against women a key part of the national response plan for COVID-19 as per the recommendation of Secretary General Guterres (UN News, 2020). The plan would include the following:
 - » Updating gender-based violence referral pathways to reflect changes in available care facilities, while informing key communities and service providers about those updated pathways.
 - » Providing and raising awareness on availability of support to GBV survivors including mental health and protection.
 - » Maintaining the activity of the Hotline 1745 dedicated to report GBV to the Internal Security Forces (ISF) with free access. the hotline must be further developed to provide counseling and orientation towards legal and social services. Online reporting is available on the website of ISF, and although limited to literate women who can afford to have access to the internet, it might contribute to more reporting especially by those who are afraid to call as the experience of KAFA (2020), a Lebanese NGO reflected.
 - » Supporting existing shelters and creating new ones under the emergency response plan as with the surge of the shadow pandemic of domestic violence, the number of existing shelters is insufficient.

- » Maintaining the services which ensure the treatment of essential disputes despite the suspension of the work of the courts and judicial departments in prevention of the spread of the virus, according to a statement by the Minister of Justice (Annahar, 2020). Awareness should be raised that those do include cases of domestic violence (protection orders).
- Allow women entrepreneurs to manage the decline in activity and anticipate the future, with greater ease, based on the French response model (Ministere de l'Economie et des Finances, 2020) through the following:
 - » Creating an emergency fund for very small businesses, the self-employed, and micro-entrepreneurs, to support those who show a sharp drop in their activity due to the virus;
 - » Delaying of payment deadlines for social and/or tax payments,
 - » Supporting the negotiation related to rescheduling bank credits by the State and the Central Bank;
 - » Recognizing the novel coronavirus by the state as a case of force majeure for its public contracts. Consequently, for all State public contracts, the delay penalties will not be applied.
- Support the formation of solidarity networks among feminist groups, NGOs, and governmental women's machineries in order to ensure the response to COVID-19 does not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities (UNFPA, 2020) especially against marginalized groups such as elderly women, women with disabilities, and those in extreme poverty. Additionally, these solidarity networks should learn to share resources and experience, to amplify voices, and to make women more resilient to help transit from state of crisis to recovery. COVID-19 should be an addition to rally for feminist NGOs and not an excuse to shift financing of programs.

Conclusion

Increased poverty, reduced productivity, the consequent decline in national food security, deteriorating living conditions, depletion of the skilled work force, and a general social instability and malaise all jeopardize national development and political stability as well as threaten the well-being and security of the entire nation.

To learn from previous outbreaks of infections at the international level, such as the problem in the case of both Ebola and Zika has been that leaving structural gender inequalities out of the crisis response has further compounded those inequalities. We should argue for a contextual human rights analysis that takes into account gender as a social and economic determinant of health (Davies & Bennett, 2016).

The gaps in care provisions exposed by this crisis demonstrate once again the urgency of moving towards a feminist socio-economic model that recognizes women's invaluable contributions to society and places care at the center, where all women and men have equal and flexible options to balance their work and care responsibilities, and live a dignified life.

This highlights the urgency to adopt key laws, legislations, and execution decrees by the Parliament to remove discrimination against women and to support their participation and protection in the economic life (Republic of Lebanon, 2019). It also underscores the need to adopt gender impact assessment policies and gender budgeting in the future to enhance equality and resilience and contribute to socio-economic recovery and sustainable development. Now is the time to transform gender-neutral or gender-blind parliamentary adaptation strategies into gender-responsive ones. "History has shown that highly disruptive scenarios can create new opportunities, we cannot write off the talent of half the world and expect to confront our challenges" said Ambassador Melanne Verwee, the executive director of the Georgetown Institute for Women, Peace and Security, reflecting on the corona pandemic (Niethammer, 2020). As humanity recovers, we have a unique opportunity to "RECOVER BETTER" in the words of UN Secretary General, António Guterres: "Done right, we can steer the recovery toward a more sustainable and inclusive path. But poorly coordinated policies risk locking in -- or even worsening -- already unsustainable inequalities, reversing hard-won development gains and poverty reduction." (UN News, 2020)

The Women, Peace and Security agenda provides an essential framework for analysing and responding to COVID-19. The international community - including governments, donors, multilateral institutions and INGOs - have already committed to taking a gendered approach to conflicts and crises through UNSCR 1325 and its associated resolutions. It should be no different for COVID-19 where all responses should ensure the implementation of existing commitments on gender equality and women and girls' rights. When Lebanese women felt the threat, they actively engaged in the fight using all their available resources. They were there at the medical frontlines as healthcare workers, they sewed and manufactured masks and protective jumpsuits, they activated the traditional production of natural soap in some villages, they supported education and care. The women-led NGOs such as ABAAD, Kafa, RDFL and LeCORVAW continued delivering support to women who might be at an increasing risk of violence due to confinement. Time is up for sidelining them!

"Twenty-five years after the adoption of the Beijing Platform for Action, gender equality and women's rights cannot afford setbacks and should not become victims of COVID-19. On the contrary, the response to COVID-19 cannot be deemed efficient and sustainable if it is not built on gender-responsive decisions and actions" highlighted the InterParliamentary Union (2020) in its guidance brief on the role parliaments should play to manage the crisis. The government must remember that the coronavirus pandemic is a gendered issue and that of equity—one that requires dedicated attention and response for the most vulnerable women, in order to protect us all and to build back "together".

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