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This insight is part of the centre's [COVID-19 series](#), looking at current developments in the global pandemic and its future implications for the social, political and economic spheres in the region.

COVID-19 and the Impacts on Women

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In this time of compounding global crisis, the world needs to come together to not only fight the pandemic but to also preserve our commitments to certain shared beliefs. One of these is the eradication of gender inequality even in the midst of this humanitarian crisis. Undoubtedly, COVID-19 has a disproportionate impact on people, especially as a result of their genders, disabilities, ethnicities, socio-economic class, race and even age. In addition, how these disadvantages play out in complex emergencies, pandemic-conflict or pandemic-natural hazards dynamics for instance, should also be of great concern to leaders. When it comes to differentiated impacts, women bear a disproportionate load of the adverse impacts of the pandemic. Our commitments to gender equality and women's rights should be upheld, more than ever, during this global pandemic.



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Introduction

First discovered in December 2019 in Wuhan, China, the COVID-19 global pandemic has spread to 216 countries, areas or territories with over 14.5 million cases and more than 600,000 deaths reported worldwide as of July 2020. Like most humanitarian crisis, this pandemic too magnifies existing inequalities, including that of gender inequality and thus has a disproportionate impact on women.

This NTS Insight will explore the impacts of the COVID-19 pandemic on the women of Southeast Asia. The next section will discuss the current situation of COVID-19 and the response to it in the Southeast Asian region. Subsequent sections will then lay out the current health and socio-economic impacts of COVID-19 on women, including those in complex emergencies, and discuss existing ASEAN mechanisms, particularly the 'Joint Statement on Promoting Women, Peace and Security in ASEAN', and its applications during this pandemic.

COVID-19 in Southeast Asia

Southeast Asia was the first region affected outside of the Northeast Asia neighbourhood with Thailand reporting the first COVID-19 case outside of China.¹ With the memory of the 2003 SARS outbreak still vivid in the region, the Association of Southeast Asian Nations (henceforth, ASEAN) immediately leapt to work with various official meetings such as the ASEAN Plus Three Special Summit on 14 April 2020, where they agreed to strengthen the region's early warning system for pandemics, and enhance cooperation around regional food security, including utilising the ASEAN Plus Three Emergency Rice Reserve.²

However, the region's prior experience with SARS in 2003 – while having prepared them somewhat as compared to regions such as Europe and the US – was not able to fully prepare them for the scale of COVID-19 crisis. As of July 2020, the number of known COVID-19 cases in ASEAN countries have exceeded 222,000 with Indonesia having the highest number of cases at over 89,000.³ Despite rates of new cases slowing down in countries like Brunei, Thailand and Vietnam, the region is still well into the outbreak with Indonesia and the Philippines continuing to report over a thousand cases per day.⁴ Moreover, COVID-19 cases are also almost certainly being under-reported as countries may not be able to test everyone showing symptoms either due to a lack of equipment, geographic inaccessibility, or even the existence of many asymptomatic carriers of COVID-19.

¹ WHO, "Timeline of WHO's Response to COVID-19", 30 June 2020, <<https://www.who.int/news-room/detail/29-06-2020-covidtimeline>>.

² ASEAN, "Joint Statement of the Special ASEAN Plus Three Summit on Coronavirus Disease 2019 (COVID-19)" 14 April 2020, <<https://asean.org/storage/2020/04/Final-Joint-Statement-of-the-Special-APT-Summit-on-COVID-19.pdf>>.

³ Center for Strategic & International Studies, "Southeast Asia Covid-19 Tracker", 22 July 2020, <<https://www.csis.org/programs/southeast-asia-program/southeast-asia-covid-19-tracker-0#ASEAN>>.

⁴ *Ibid.*

Singapore and Vietnam were lauded as early leaders in the region's response to COVID-19 with being the first to shut down travel with China in February and embarking on extensive monitoring, contact tracing, and isolation of those infected or in contact with the disease.⁵ However, while Vietnam's cases are steadily decreasing, Singapore's cases continued to rise instead, and at one point had the highest number of cases in Southeast Asia. This was due, at least partially, to the exclusion of migrant workers, a key vulnerable community, from government policy.⁶

Similarly, women in the region are also seen as such a vulnerable group. The region boasts a relatively favorable position of women in comparison with neighboring East or South Asia.⁷ There has been much commitment to gender equality, including all ASEAN member states⁸ ratifying the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) and even having an ASEAN joint statement on the Women, Peace and Security Agenda. But for all such gains in the fight for equality, it has rarely been translated into reality. Women still face a large share of 'burden of care' when it comes to children and elderly, including their health and well-being. This has been exacerbated in this time of COVID-19. Even in a double income household, women inadvertently take up the greater share of household responsibilities, including home-based learning with the majority of schools being shut. These responsibilities, on top of their own remunerated work, have increased their stress and compromised their psychological well-being. In addition, a large proportion of women work in informal sector jobs (discussed shortly) as well and economic lockdowns have merely exaggerated their insecurities. In light of existing inequalities, the specific impacts of COVID-19 and how these exacerbate already existing vulnerabilities of women must be taken into account by leaders, policy-makers and humanitarian agencies. Otherwise, with the needs of over half of the population not met, it is likely that any recovery from COVID-19 will be far off, with secondary problems emerging instead.

Gendered Impacts of COVID-19 in Southeast Asia

Defined as "multi-layered and multidimensional, created as a result of cultural, economic and political norms found in specific places and at specific times", vulnerability can be understood to be not only artificial, but context-specific.⁹ Therefore, any policies to address these vulnerabilities must also be context-specific. In the case of COVID-19, although the virus infects people regardless of gender, its impacts are nonetheless gendered. Rather than creating 'gender-blind' policies which only appear neutral but can have devastating consequences for women, whose suffering and vulnerabilities are not sufficiently addressed, policies must instead be gender-sensitive and thus, take gender relations into account.¹⁰ Below are some areas in which the gendered impacts of the pandemic are explored further.

⁵ Huong Le Thu, "Why Singapore, Taiwan and Vietnam have been effective in fighting Covid-19", Australian Strategic Policy Institute, 16 April 2020, <<https://www.aspistrategist.org.au/why-singapore-taiwan-and-vietnam-have-been-effective-in-fighting-covid-19/>>.

⁶ Rebecca Ratcliffe "We're in a prison": Singapore's migrant workers suffer as Covid-19 surges back", *The Guardian*, 23 April 2020, <<https://www.theguardian.com/world/2020/apr/23/singapore-million-migrant-workers-suffer-as-covid-19-surges-back>>.

⁷ Barbara Watson Andaya, 'Women in Southeast Asia', Asia Society Centre for Global Education, <<https://asiasociety.org/education/women-southeast-asia>>.

⁸ ASEAN member states: Brunei Darusalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, The Philippines, Singapore, Thailand, Vietnam.

⁹ Tamara Nair, "Upscaling Disaster Resilience in Southeast Asia- Engaging Women through the WPS Agenda", *RSIS Policy Report*, March 2018, <https://www.rsis.edu.sg/wp-content/uploads/2018/03/PR180314_Upscaling-Disaster-Resilience_WEB.pdf>.

¹⁰ Naila Kabeer, "Gender-aware policy and planning: a social relations perspective", in *Gender planning in development agencies: meeting the challenge*, Oxfam, ed. Mandy Mcdonald, (Oxfam,1994), 80-97, <<https://oxfamlibrary.openrepository.com/bitstream/handle/10546/122707/bk-gender-planning-development-agencies-section-ii-010194-en.pdf?sequence=23>>.

Health Impacts on Women

Current evidence shows that although COVID-19 infect men and women equally, there seems to be sex differences in terms of mortality with more men than women dying of the disease.¹¹ With women comprising of the bulk of the world's frontline health workers, both formally at work and informally at home, they are at significant risk of infection.¹² This is further heightened by the chronic shortage of personal protective equipment (PPE) endangering health workers worldwide.¹³ Where PPE is available, they tend to be ill-fitted for women as most PPE are designed and sized based on a male template.¹⁴ This in itself is discriminatory – the assumption that the 'generic male' is representative of all. The low availability of properly-fitting PPE, together with the high rates of women involved in frontline healthwork, may explain why in some countries the infections among female health workers are more than twice that of male health workers.¹⁵

Women are also disproportionately vulnerable to the secondary impacts of COVID-19. As mentioned, a key problem during the current global health crisis is the lack of humanitarian resources. International NGOs such as Médecins Sans Frontières, usually deployed in developing countries, were also requested to deploy in developed nations with good healthcare systems, such as France, Italy and Spain.¹⁶ Coupled with the government-mandated national border closures, domestic measures to limit gatherings and keep people in their homes as well as the evacuation of non-essential international staff by aid groups have meant that both physical supplies as well as aid workers are increasingly limited.¹⁷ As such, health resources that would normally be available for other areas, including vaccinations and reproductive and sexual healthcare, are instead being reallocated towards emergency COVID-19 response, depriving women of vital healthcare and potentially translating into higher mortality rates for women. For example, during the Ebola epidemic in Sierra Leone, the decrease in health services in the area translated to an estimated additional 3600 maternal, neonatal and stillbirth deaths in the year 2014-2015.¹⁸ Access to healthcare is also a problem. According to a survey done by UN Women, more than half of the women surveyed were unable to see a doctor when needed, with women in Thailand also being more likely than men to experience longer waiting times when seeking medical care.¹⁹

Domestic violence is another indirect impact of COVID-19. With the combination of increased tension, stress and confinement conditions in the household during times of crisis, rates of domestic violence also tend to rise. During the 2014-2015 Ebola outbreak in West Africa, rates of sexual violence against women and girls were seen to increase.²⁰ This

¹¹ The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team 2020, "The epidemiological characteristics of an outbreak of 2019 novel coronavirus disease (COVID-19)", *China CDC Weekly* 2, (February 2020):113-12, < <http://weekly.chinacdc.cn/en/article/doi/10.46234/ccdcw2020.032>>.

¹² Jeremy Farrar and Geeta Rao Gupta, "Why we need women's leadership in the COVID-19 response", World Economic Forum, 3 April 2020, <<https://www.weforum.org/agenda/2020/04/women-female-leadership-gender-coronavirus-covid19-response>>.

¹³ WHO, "Shortage of personal protective equipment endangering health workers worldwide", News Release, 3 March 2020, <<https://www.who.int/news-room/detail/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>>.

¹⁴ Olga Algayerova and Alia El-Yassir, "Op-ed: Personal Protective Equipment standards must respond to women's needs to ensure the safety of all frontline workers during the COVID-19 pandemic", UN Women, 1 June 2020, < <https://eca.unwomen.org/en/news/stories/2020/5/op-ed-personal-protective-equipment-standards-must-respond-to-womens-needs>>.

¹⁵ UN Women, "COVID-19: Emerging gender data and why it matters", 26 June 2020, <<https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>>.

¹⁶ Médecins Sans Frontières, "MSF steps up COVID-19 response in Europe", Press Release, 30 March 2020, < <https://www.msf.org/msf-steps-covid-19-response-europe> >.

¹⁷ The New Humanitarian, "Coronavirus and aid: What we're watching", 11 June 2020, <<https://www.thenewhumanitarian.org/news/2020/06/11/coronavirus-humanitarian-aid-response>>.

¹⁸ Laura Sochas, Andrew Amos Channon and Sara Nam, "Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone", *Health Policy and Planning* 32, no. 3 (2017): iii32-iii39, <<https://doi.org/10.1093/heapol/czx108>>.

¹⁹ UN Women, "COVID-19: Emerging gender data and why it matters", 26 June 2020, <<https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>>.

²⁰ Seema Yasmin, "The Ebola Rape Epidemic No One's Talking About", *Foreign Policy*, 2 February 2016, < <https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/>>.

was partially due to the public health measures such as quarantines and curfews that were put in place, without sufficient consideration for safety of women and girls in abusive homes who ended up being forced into close contact with their abusers. The current measures of curfews, lockdown and quarantines seem to be leading to similar consequences. For example, the Association of Women for Action and Research (AWARE), a women's rights group in Singapore, has reported increases in the number of family violence calls since the country's lockdown began in March, with a 137 percent increase in May 2020.²¹ They have also instituted an online text chat service for women in distress who are unable to call the helpline and speak over the phone.²² In Indonesia, the Legal Aid Foundation of the Indonesian's Women's Association for Justice has had their domestic violence cases at least triple two weeks after lockdown measures were imposed in Jakarta, the highest they have documented in a similar period.²³ With social distancing in place, crisis shelters are also experiencing over-capacity problems. In order to deal with the surge in cases, organisations such as Hollaback Jakarta! are pooling resources with other similar organisations to rent temporary accommodation for survivors requiring emergency escape.²⁴ However, without broad governmental support, such endeavours are not likely to be sustainable over the long-term. Domestic violence rates are also unlikely to decrease after the immediate health crisis is over as the economic impact of COVID-19 is likely to linger, further stressing households, and the women who bear the brunt of it.²⁵

Socio-Economic Impacts on Women

The global outbreak of COVID-19 has had a significant impact on the economic security of women. In the Asia-Pacific, 68 percent of employed individuals work in the informal sector, with a higher proportion of women involved.²⁶ Women tend to be mostly employed in industries such as travel, hospitality, textile manufacturing and retail sales, most of which have been adversely affected by the outbreak.²⁷ Tens of thousands of female workers are concentrated in the informal sector, including domestic work, working for family members, and as seasonal agricultural workers. In addition to the gender wage gap and lack of advancement opportunities, the over-representation of women in these vulnerable forms of work also heightens their susceptibility to poverty. For example, in Thailand and Cambodia, more than 60 percent of women are either not covered or do not know if they are covered by health insurance, further increasing their economic insecurity.²⁸ Their lack of formal employment inhibits their access to social and legal protection mechanisms, which have proven to be particularly concerning in a crisis such as the current COVID-19 pandemic. Moreover, the higher mortality rates of men means that there will be an increase in the number of female-headed households in some areas as husbands and fathers die. This can be particularly impactful when issues of employment, access to resources and land ownership are not easily transferred to women. While some governments have made efforts to bolster the economic impact of lockdown measures via stimulus packages, these may not be reaching all equally. Malaysia has unveiled substantial economic stimulus packages since COVID-19 including financial assistance for small and medium enterprises (SMEs) amounting to RM 11.8 billion (US\$2.8

²¹ AWARE, "COVID-19 and the increase of domestic violence against women: OHCHR submission by AWARE", 3 July 2020, <<https://www.aware.org.sg/2020/07/covid-19-and-the-increase-of-domestic-violence-against-women-ohchr-submission-by-aware/>>.

²² AWARE, "Women's Care Centre: Call-back and Chat Service", 2020, <<https://www.aware.org.sg/womens-care-centre/callback-chat/>>.

²³ Tri Indah Okatavaianti, "Jakarta records spike in domestic violence reports during work-from-home period" *The Jakarta Post*, 7 April 2020, <<https://www.thejakartapost.com/news/2020/04/07/jakarta-records-spike-in-domestic-violence-reports-during-work-from-home-period.html>>.

²⁴ Sonia Sambhi, "Covid-19 and the increase in domestic violence in Asia Pacific", *Eco-Business*, 3 April 2020, <<https://www.eco-business.com/news/covid-19-and-the-increase-in-domestic-violence-in-asia-pacific/>>.

²⁵ Sara Davies et al., "Why gender matters in the impact and recovery from Covid-19", The Lowy Institute, 20 March 2020, <<https://www.loyyinstitute.org/the-interpretor/why-gender-matters-impact-and-recovery-covid-19>>.

²⁶ International Labour Organization (ILO), "Women and men in the informal economy: a statistical picture (third editions)", 2018, <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf>.

²⁷ World Bank, "Gender dimensions of the COVID-19 pandemic", Policy Note, 16 April 2020, <<http://documents1.worldbank.org/curated/en/618731587147227244/pdf/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf>>.

²⁸ UN Women, "Surveys show that COVID-19 has gendered effects in Asia and the Pacific", 29 April 2020, <<https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>>.

billion).²⁹ However, only the 30 percent of SMEs who obtain their financing from banks and government agencies are eligible for these packages.³⁰ With women-owned SMEs only accounting for approximately 20.6 percent of the total, this impact is still limited.³¹

The COVID-19 outbreak has also led to an increase in women's burden of unpaid care and domestic work. According to the International Labour Organization (ILO), women spend on average 4.1 times more time than men in the Asia-Pacific on unpaid care and domestic work.³² This figure is also likely to have further increased in the COVID-19 era with the closures of schools, daycare and eldercare homes. Moreover, in areas where healthcare systems are stretched, any extra care responsibilities of the family tend to be delegated to women. This in turn, further limits women's work opportunities and increases their economic insecurity. However, in a rather ironic twist, these measures also seem to be driving some amount of change in this unequal distribution of household domestic and care work. According to a survey by UN Women, more men and boys have been taking on more responsibilities at home since the spread of COVID-19 with more than half of women surveyed in all countries stating that their partners have helped them more at home.³³ Overall however, women and girls are still spending significantly more time with care and domestic work during this period.

Once the immediate health crisis caused by the COVID-19 pandemic is over, it is very likely that the economic impacts will linger for years to come. The economic shock of the measures taken by many countries to limit the spread of the coronavirus has led to a destabilisation of the global economy with China's central bank warning that the possibility of COVID-19 causing a global recession similar to that of the "Great Depression" still remains.³⁴ The scarcity of jobs, unequal remuneration in times of hardship and societal gender norms may lead to a situation in which women feel obliged to give up paid employment for unpaid care and domestic work at home. As such, without broad support from policymakers to support women, the COVID-19 pandemic will increase the risk of "rolling back" the meaningful gains achieved by women with regards to their participation in the formal labour force over the years.³⁵ This applies to the women in formal employment. As for the millions of female workers in the informal sector, life will remain difficult.

COVID-19 in Complex Emergencies

According to the UN's Office for the Coordination of Humanitarian Affairs (OCHA), a complex emergency can be defined as a "humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country program".³⁶ In the case of COVID-19, the emergency context was declared when the WHO Director-General first declared COVID-19 a "public health emergency of international

²⁹ Cassey Lee, "Commentary: Malaysia's latest stimulus package provides huge relief but is only enough until May", *Channel News Asia*, 2 April 2020, <<https://www.channelnewsasia.com/news/commentary/coronavirus-covid-19-malaysia-stimulus-mco-lockdown-economy-job-12598704>>.

³⁰ *Ibid.*

³¹ Department of Statistics Malaysia, "Output of Malaysia's SMEs Surged to RM1.0 Trillion for the First Time Since 2003", 29 September 2017, <https://www.dosm.gov.my/v1/index.php?r=column/cthemeByCat&cat=426&bul_id=T20rcEJyQmFENUprYThOSGRmdFIIZz09&menu_id=WjJGK0Z5bTk1ZEIVT09yUW1tRG41Zz09>.

³² Lan Mercado, Mohammad Naciri and Yamini Mishra, "Women's Unpaid and Underpaid Work in the Times of COVID-19", UN Women, 1 June 2020, <<https://asiapacific.unwomen.org/en/news-and-events/stories/2020/06/womens-unpaid-and-underpaid-work-in-the-times-of-covid-19>>.

³³ UN Women, "Surveys show that COVID-19 has gendered effects in Asia and the Pacific", 29 April 2020, <<https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>>.

³⁴ Karen Yeung, "World at risk of second Great Depression due to coronavirus, says Chinese central bank", *South China Morning Post*, 5 April 2020, <<https://www.scmp.com/economy/china-economy/article/3078519/world-risk-second-great-depression-due-coronavirus-says>>.

³⁵ Lan Mercado, Mohammad Naciri and Yamini Mishra, "Women's Unpaid and Underpaid Work in the Times of COVID-19", UN Women, 1 June 2020, <<https://asiapacific.unwomen.org/en/news-and-events/stories/2020/06/womens-unpaid-and-underpaid-work-in-the-times-of-covid-19>>.

³⁶ OCHA, "OCHA Orientation Handbook on Complex Emergencies", August 1999, <https://reliefweb.int/sites/reliefweb.int/files/resources/3D153DA3049B322AC1256C30002A9C24-ocha__orientation__handbook_on__.html>.

concern” on 30 January 2020.³⁷ During the next meeting on 30 April 2020, this status was declared to still be relevant, along with the recognition that the social disruption due to the emergency is likely to amplify the already pre-existing vulnerabilities of women in the situation.³⁸ For example, in the Rohingya refugee camps in Cox’s Bazaar, socio-cultural gender norms, high rates of gender-based violence, lack of gender-responsive facilities and services have hampered the ability of women and girls to meet their basic needs.³⁹ This situation will very simply be exacerbated under the pandemic. This is especially so with governments’ measures to control the spread of COVID-19, which have disrupted the provision of humanitarian aid. Although some gender-specific programmes including those dealing with livelihood activities and education are not included in the list of essential services allowed to continue, critical services such as prevention of gender-based violence services and sexual and reproductive health programmes are still allowed to continue in the camps, albeit at a reduced level and with a cap on case workers.⁴⁰ While funding for gender programming seems not to have been negatively affected in the short-term, the current inability to deliver gender programmes due to government regulations may result in a loss of funding in the future, as it is likely to be reallocated to other programmes seen as more ‘important’.⁴¹

Potential recommendations in addressing gender in these complex emergency contexts include the frequent consultations with gender experts and the application of a gender lens to all response, relief and recovery policies. While lessons have been learned from past crisis situations, more work needs to be done in the various ways in which they can intersect in a public health crisis. As such, collecting gender, sex and age disaggregated data for analysis will greatly allow a better understanding of the gendered impacts of a public health emergency in complex situations.

COVID-19 and the Women Peace and Security Agenda

The current COVID-19 pandemic has heightened the vulnerabilities of women, including their vulnerability to gender-based violence and human rights violations. As such, a gendered understanding of the crisis is vital to informing the preparedness, response and recovery strategies needed. Although the pandemic is not a conflict situation per se, the ensuing humanitarian crisis allows for the intervention of the United Nations Security Council Resolution (UNSCR) 1325: The Women, Peace and Security (WPS) agenda and its related resolutions. This is particularly relevant as it relates to the protection of women, prevention of atrocities and violence against women – including structural violence, the participation of women in pandemic task forces, and the involvement of women in any form of relief and recovery.

As outlined above, the WPS agenda has four main pillars forming its framework for operations: protection, participation, prevention, and relief and recovery.⁴² The protection pillar calls for the safeguarding of women and girls from sexual and gender-based violence. The public health measures such as quarantines and curfews that were put in place to slow the spread of the pandemic have also exposed women to higher levels of domestic violence. This is heightened by the

³⁷ WHO, “Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV), 30 January 2020, <[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))>.

³⁸ WHO, “Statement on the third meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19)”, 1 May 2020, <[https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-\(covid-19\)](https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-(covid-19))>.

³⁹ Marie Toulemonde, “COVID-19 Outbreak: Cox’s Bazar Rapid Gender Analysis May 2020”, *ISCG Gender Hub*, May 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_outbreak_rapid_gender_analysis_-_coxs_bazar_-_may_2020.pdf>.

⁴⁰ Assessment Capacities Project, “Rohingya Response, Impact of COVID-19 on gender programming”, 8 June 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/20200608_acaps_coxs_bazar_analysis_hub_rohingya_response_covid19_and_gender_0.pdf>.

⁴¹ *Ibid.*

⁴² United States Institute of Peace, “What is UNSCR 1325?”, 2020, <https://www.usip.org/gender_peacebuilding/about_UNSCR_1325>.

militarisation of pandemic control in several regions, including border controls, and states of emergency and curfews, which has placed women at a disadvantage by curbing their freedom of movement, compromising their security and destroying their livelihoods. This militarisation is particularly risky considering the well-established link between an increase in security personnel and the heightened vulnerability of women to sexual and gender-based violence. In 2018 alone, there were reports of security personnel being responsible for incidents of sexual violence in at least six conflict zones around the world, and even during previous health crises.⁴³

Participation refers to having women at all levels of decision-making in the various sectors, from governments to humanitarian organisations; from horizontal to lateral organisations. When women have lesser decision-making power than men, their needs also tend to be met less.⁴⁴ While the WHO recognises the importance of engaging women in all stages of any preparedness and response processes, including at the decision-making stage, women still tend to be heavily under-represented in senior-level positions.⁴⁵ For example, although women make up 70 percent of the global health workforce, they only make up 25 percent of those in senior leadership positions.⁴⁶ Moreover, the underrepresentation of women in Southeast Asia's law enforcement, ranging from 6 percent in Indonesia to 22 percent in Laos, can also increase the potential for harassment and extortion during women's interactions with the police and military.⁴⁷ During a public health emergency such as COVID-19, this is likely to have life-and-death consequences because of a poor understanding of on-the-ground realities.

Prevention of violence against women can be done via the improvement of intervention strategies. COVID-19 has disrupted access to care and support services for women at a time when they are needed all the more. Governments and humanitarian workers should create and/or intensify support schemes including adapting existing care and support services to address new restrictions of movements, and ensure sustained service provision such as the prioritisation of gender-based violence cases in the legal system, perhaps via telecommunication or by keeping safe shelters open.⁴⁸

Women's involvement in relief and recovery calls for the advancement of rehabilitation measures by addressing international crises through a gendered lens. Gender should be a key consideration in every point of any response, particularly in an emergency health context – from the gendered impacts of the disease when framing the crisis to collecting sex-disaggregated data and including gender indicators in planning and strategies.⁴⁹

As seen in the 2017 adoption of the 'Joint Statement on Promoting Women, Peace and Security', ASEAN too has a commitment to the WPS agenda. However, the region still lacks a nuanced regional crisis plan which takes the different gender perspectives into account. While the ASEAN Agreement on Disaster Management and Emergency Response has

⁴³ United Nations, "Conflict Related Sexual Violence: Report of the United Nations Secretary-General", 2019, <<https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/04/report/s-2019-280/Annual-report-2018.pdf> >; Carla Silbert, "How to Enforce covid-19 Emergency Measures Without Putting Women at Risk", *The Diplomat*, 30 April 2020, <<https://thediplomat.com/2020/04/how-to-enforce-covid-19-emergency-measures-without-putting-women-at-risk/> >.

⁴⁴ David Evans, "How Will COVID-19 Affect Women and Girls in Low- and Middle-Income Countries?", Center for Global Development, 16 March 2020, <https://www.cgdev.org/blog/how-will-covid-19-affect-women-and-girls-low-and-middle-income-countries#.XnCDP1_dZiY.mailto>.

⁴⁵ WHO, 'Executive Board EB146/Conf/17: strengthening preparedness for health emergencies; implementation of International Health Regulations (IHR 2005)', 8 February 2020, <https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_CONF17-en.pdf>.

⁴⁶ Jeremy Farrar, J and Geeta Rao Gupta, "Why we need women's leadership in the COVID-19 response", World Economic Forum, 3 April 2020, <<https://www.weforum.org/agenda/2020/04/women-female-leadership-gender-coronavirus-covid19-response>>.

⁴⁷ UN Women, "Women, Peace and Security and COVID-19 in Asia and the Pacific", Action Brief, 2020, <<https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/women-peace-and-security-and-covid-19-in-asia-pacific>>.

⁴⁸ Marie Toulemonde, "COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis May 2020", *ISCG Gender Hub*, May 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_outbreak_rapid_gender_analysis_-_coxs_bazar_-_may_2020.pdf>.

⁴⁹ Sophie Harman, "Ebola, gender and conspicuously invisible women in global health governance", *Third World Quarterly* 37, no. 3 (2016): 524–41, <<https://doi.org/10.1080/01436597.2015.1108827>>.

improved regional and national capacities for disaster response, it still only looks at women as part of the region's "vulnerable populations", rather than as active individuals with agency. This is particularly important during the current COVID-19 outbreak which is still raging in Southeast Asia.

Using COVID-19 as an Opportunity for Change

The COVID-19 pandemic and resultant economic upheaval present a brilliant opportunity for us to start anew; to change prevailing systems with the more diverse inputs from a wider cast of actors. That we might face significant challenges in economic growth and development in the near future, both globally and at national levels, is not a new revelation. This is especially so during the time of this global pandemic and in the coming post-pandemic years. But that it would take some 100 years for the gender gap to close and 202 years to achieve some form of economic parity between men and women, should not be an acceptable premise for leaders.⁵⁰ This should instead be of great concern to countries looking to build more resilient economies and stable societies. By not addressing the gender gap in the workforce, countries around the world stand to lose a potential boost to global employment by 18.9 million workers and the vast majority of these gains are said to be in emerging countries like those in Southeast Asia. Gender equality, then, is a business imperative.⁵¹

For the emerging economies of Southeast Asia, attempts to incorporate more women into the workforce, which will be absolutely necessary to 'ride out' the economic downturn post-pandemic, should be carefully calibrated. This means, there must be 'brave souls' that seek to investigate power differentials in economic planning and policies. With the scaling back of the state, it has fallen upon non-state actors to shore up social protection and capacity-building among 'vulnerable' women. We see this in Southeast Asia through the works of NGOs, micro-credits from banks, and 'projects' from institutions such as the World Bank and the Asian Development Bank, hoping to 'empower' women and build capacity. For all the rhetoric, the idea here is protection of these women from discrimination, horrid working conditions and unfair wages, and an over-burden of care more than their participation in decision-making and the prevention of structural violence inflicted upon them. That would require an investigation of the power dynamics at play. If non-state actors are the key nodes for intervention, how can the lived experiences of women ever influence the state in economic and health security and ultimately, national security planning? It is in these areas where a gendered understanding of issues can make the most impact.

Women are a vital force in the restructuring of all Southeast Asian nations after the pandemic. The resilience and stability of a nation's post-COVID-19 environment will indicate how well the country is doing in getting back on its feet. Women play key roles in a nation's very DNA. After all, social reproduction and social capital – both vital to the survival of the state – reside in the hands of women, in addition to their production of financial capital.

⁵⁰ World Economic Forum, 'Global Gender Gap Report 2018', Insight Report, 2018, <http://www3.weforum.org/docs/WEF_GGGR_2018.pdf>.

⁵¹ ILO, 'World Employment Social Outlook', 2017, <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_541211.pdf>.

Conclusion

The global outbreak of COVID-19 will become one of the defining moments of the 21st century, a global crisis that is comparable in impact to, perhaps, only the Spanish Flu in the early 20th century or the Black Death that devastated Europe in the mid-14th century. As the world sees increased efforts to fight COVID-19 and the impacts of COVID-19 grow ever clearer, the importance of creating gender-sensitive policies rises as well. Women are vulnerable not just to the direct impact on their lives because of their disproportionate presence on the frontlines and increased rates of domestic violence, but also indirect socio-economic impacts such as economic insecurity and an increase in their burden of care, as discussed under socio-economic impacts above. These vulnerabilities are further amplified for women living in complex emergency situations. As such, a gendered perspective on the impacts of COVID-19 is vital.

2020 marks 20 years of the Women, Peace and Security Agendas, 25 years of the Beijing Platform for Action and 10 years since the creation of UN Women – the body responsible for the guidelines for CEDAW’s general recommendations, which uphold the rights of women around the world. All these instruments remain as relevant today, in this global pandemic, as it ever was.

After all, gender realities need to be taken into account if existing inequalities are not to be perpetuated in future responses. It is also important to keep in mind that while women are disproportionately impacted by COVID-19, they are also active agents who have skills and experiences that are vital, especially in times of emergency.

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