The impact of COVID-19 Pandemic on women: Lessons from the Ebola outbreak in W/Africa
The Impact of COVID-19 Pandemic on Women: Lessons from the Ebola outbreak in West Africa

Introduction

Since the emergence of the COVID-19 pandemic in December 2019, the effects on human lives have been devastating. The virus has spread across all 15-member states of the Economic Community of West African State (ECOWAS) recording more than 76,355 confirmed cases and 1,323 fatalities as of June 30, 2020. The pandemic has impacted countries in the region differently, but its current and long-term impact indicates an adverse effect on the economic and social vulnerabilities of West Africa. Like most complex emergencies and crises, the gender dimensions of the pandemic pose a threat to pre-existing gender and other intersecting inequalities especially on women and girls. This includes health, economic, security and social protection challenges.

Before the outbreak of the pandemic, public health infrastructure in the region had been weak and largely disadvantaged to women and girls in terms of access to maternal and reproductive healthcare. For instance, the Burkinabe Government forced the closure of 71 health centres, while services in 75 others were impaired, significantly affecting over 881,000 people, especially women and children with limited access to healthcare in the COVID-19 pandemic. In the northeastern States of Nigeria, the healthcare and social service systems in Yobe, Adamawa and Borno States were fractured with 35 per cent of health facilities damaged by violent extremism and conflicts and with disruptive impact on routine vaccination campaigns and other essential health services.

Reports also indicate that women on the frontlines of responses to mitigate the spread of COVID-19 are also exposed to the risks of infection and fatality from the virus through their work as health and social care providers. According to analysis from the International Council of Nurses (ICN) based on data from National Nursing Associations, official figures and media reports from a limited number of countries, more than 230,000 healthcare workers have contracted the disease, and more than 600 nurses, mostly women, have died from the virus as at June 2020. In comparison to the Ebola outbreak in West Africa, out of a total of 11,325 deaths, between 59 and 75 per cent were women including female healthcare workers.


See:  (Accessed 09/06/2020)https://africacdc.org/covid-19/


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The economic challenges during and after the pandemic pose significant threats to the income and livelihoods of women engaged in micro-level businesses such as farming, street hawking, retail trading, and other domestic services. The implication to food security has raised regional concerns especially as 70% of the subsistence agriculture is dominated by women. As in the case of the Ebola crisis in the region, COVID-19 prevention measures are having a drastic impact on women’s livelihoods and economic security.

In times of complex humanitarian emergencies in West Africa, women and children often face a higher risk of sexual exploitation, child labour and gender-based violence. Current statistics indicate that one in three women experience violence in their lives and this is exacerbated in crisis situations. Lessons learned from the Ebola crisis in West Africa of 2014-2016, indicate a trend where women and girls faced sexual and gender-based violence, unintended pregnancies and social stigma which in some cases, led to eviction from their homes, loss of employment and other socio-cultural abuses. A similar pattern is emerging in the current pandemic as reports of sexual and gender-based violence has spiked across most of the countries in the region.

This thematic report highlights the health, economic and social security of women and girls in the ongoing pandemic while drawing lessons from the experience of the Ebola crisis to mitigate the gender impact as well as make recommendations for effective action.

COVID-19: Trends and Dynamics in West Africa

Coronavirus (COVID-19) is more contagious than Ebola, but much less deadly. It transmits through contact, droplets and fomites, rather than bodily fluids as in the case of Ebola. However, both viruses have similar disease presentations and severe impacts on human security in West Africa.

In the region, the trend and pattern of transmission suggest that the pandemic remains far from reaching its peak. Available disaggregated gender data compiled for eight countries in West Africa indicates that women constituted the population most affected with a cumulative of 17,808 confirmed cases as against men with 30,601 confirmed cases in the region as at June 30, 2020. The mean age of those who have died from the disease in West Africa is 59.6 years, of which approximately 49.8 per cent are females and 51.1 per cent are males. A recent publication by the United Nations Children’s Emergency Fund (UNICEF) estimates that in the next six months, COVID-19 could result in the deaths of over 50,000 women and more than 1 million children due to the indirect impact of the pandemic on the already fragile health system, mostly in low-income countries of the region.

Apart from the pandemic’s toll on human lives, it has also rolled back progress on maternal and child care as well as adolescent and reproductive rights in the region. For instance, in May 2020, the Nigerian Ministry of Health reported that anti-natal and child immunization visits fell to about 50 per cent and skilled birth attendants also dropped by 40 per cent after lockdown measures were enforced. In Liberia, in-hospital delivery rates are down by over 50 per cent, while immunization clinics are down by over two-thirds. In the Gambia, maternal and child health hospital monthly target of immunization which previously stood at 417 has not been met since February 2020.
In Sierra Leone, there were reported cases of healthcare workers and patients fleeing health facilities in April 2020 for fear of the risk of infection\(^\text{18}\). These trends suggest a growing reliance on self-medication with implication for higher maternal and child mortality. Juxtaposed to this is the shortage of medical supplies and the restrictions of access to health services in a bid to limit community spread. This undermines women’s access to public health, contraception, pre-and post-natal and birth care.

Available data highlights that 60 per cent of the health care workers and social service workforce in Africa are women\(^\text{19}\). The implication of this is that women on the frontlines of containing the spread of COVID-19 are at a higher risk of contracting the virus through work-related services. This makes them targets of stigmatization as public fears of infection from frontline health caregivers spreads in communities. It adds an extra burden to their challenge of protecting themselves and their families\(^\text{20}\). For instance in Sierra Leone, the identity of a female frontline medical doctor who tested positive for the virus was exposed to the social media which led to stigmatisation in her community. As of May 2020, the Ghana Registered Nurses and Midwives’ Association (GRNMA) revealed that 32 Nurses and Midwives tested positive for COVID-19 in Ghana\(^\text{21}\). These instances cut across the region and are in line with statements from the United Nations Population Fund (UNFPA), which indicated a high infection and fatality rate among healthcare workers responsible for the treatment of COVID-19 patients. The implication of this is the threat of the collapse of the healthcare system in the region and a spike in maternal and infant mortality rates if adequate protection is not assured for nurses and midwives.

The evolving socio-economic impacts of the pandemic is expected to be far-reaching across communities and states in sub-Saharan Africa especially when analysed from the perspective of the informal sector with over 92 per cent of workers comprising of women. As a driving force of most micro-economies, the negative impact at this level will lead to significant loss of family earnings and a percentage increase in job losses in the region\(^\text{22}\). This applies to small and medium-sized businesses as well where women dominate the market for essential goods and services such as food and clothing markets that have been amongst the hardest hit by the COVID-19 restrictions\(^\text{23}\). Female-headed households are most likely to be worst hit by the pandemic containment measures as the economic lockdowns lead to recessions and total loss of income. At the domestic level, women’s responsibility as primary caregivers within the family increases their risk of infection as they are exposed at two fronts as income generators and primary support for members of their families\(^\text{24}\).

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\(^\text{18}\) WANEP – Sierra Leone NEWS (Situation Tracking, April 2020).


A further distressing challenge facing women and girls during the lockdown caused by the pandemic is the exposure to domestic violence and sexual abuse from their partners and family members. Between January to May 2020, Sierra Leone recorded 1,272 incidents of sexual related abuses and violence, including 94 physical assault cases, which makes the country one of the worst affected countries of Sexual and Gender-Based Violence (SGBV) in the region25.

In Nigeria, there have been increasing incidences of SGBV, especially rape and murder of young women including the death of three students in Edo, Lagos and Oyo States26. By May 2020, the Nigerian Police reported 717 rape incidents across the country as a result of the COVID-19 restrictions27, while the National Human Rights Commission of Nigeria reported the documentation of 150 cases of human rights violations and extra-judicial killings of 18 people including women and children by the security operatives in 24 states and Federal Capital Territory (FCT)28.

Data from the WANEP National Early Warning System (NEWS) indicate that SGBV cases in the region increased by over 100% from 308 in January to over 3000 reported cases by May 31, 202029. Documented reports of incest, sexual violations and defilements of girls as a result of lockdown measures was experienced in Sierra Leone, Ghana, The Gambia, Liberia, Côte d’Ivoire, Nigeria, Benin and Guinea30. Some of the cases are related to pedophilia with the age bracket of the victims as young as three months and the perpetrator mostly a member of the family or community within the age range of 35 and above31.

The emerging trend of rape and murder suggests increasing vulnerability of women and girls to SGBV within the pandemic period. Adequate effort is required to minimize these gender-based violations as it further undermines the dignity and security of women and children in the region which are key aspirations under the protection pillar of United Nations Security Council Resolution (UNSCR) 1325 as well as under Goal five of the Sustainable Development Goals (SDG).

Despite the pandemic, violent extremism and complex humanitarian crises arising from the terrorism and communal conflicts remain persistent, targeting vulnerable groups as terrorist groups take advantage of the security vacuums created by the State realignment of security efforts to tackle the spread of the virus across its local communities. This has resulted in the sharp deterioration of the humanitarian situation in the Sahel corridor over the past six months. In Nigeria for instances about 838,548 people had been forced to flee their homes by March 25, 2020.

Before the region wide closure of schools to mitigate the virus spread, countries such as Burkina Faso were already faced with public insecurity as a result of violent extremism in the northern and central region which led to the closure of 2,512 schools, affecting nearly 400,000 students32. In the Central region of Mopti in Mali, over 200,000 have been internally displaced33 and over 1,100 schools have also been closed affecting almost 350,000 children. The complex mix of COVID-19 and violent extremism limits access to education and health care facilities while also increasing the refugee flow and internal displacements of women and children34 in affected areas.

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30Ibid.
31Ibid.
32Ibid.
Key Gender Gaps in Ebola Responses and Lesson for COVID-19

Undoubtedly, the health and socio-economic dynamics and impacts of COVID-19 pandemic are similar to the experiences of the Ebola epidemic outbreak of 2014-2016 in the West African nations of Liberia, Guinea and Sierra Leone, where transmission of the disease was widespread with a total of 28,616 confirmed cases and a mortality rate of about 40 per cent[^35].

The gender dimensions of the Ebola epidemic lockdown and quarantine provided insights on how measures taken affected women's economic and livelihood activities as well as exacerbated food insecurity[^36]. In rural areas, where the majority of smallholder farmers are women, food production dropped sharply as borders were closed, restricting cross-border traders, the majority of whom were women. In Liberia where approximately 85 per cent of daily market traders comprised of women, travel and trade restrictions due to Ebola virus severely impacted women's livelihoods and economic security[^37]. This impact continued beyond the post-Ebola crisis as small businesses and trade controlled by women struggled to return to its initial economic buoyancy.

In Sierra Leone and Guinea, most of the micro-businesses led by women were never resuscitated even after the epidemic due to affected women's incapacity to access secure, health-certified markets and trading areas or start-up finances and loans. Those who managed to restart their businesses continue to struggle economically since 2016 and have been hit again by the current wave of COVID-19 pandemic. The similarities of the experiences of Ebola and COVID-19 virus indicate a significant collapse of small and medium scale businesses that constitute a major percentage of micro-economies across the 15 States of the region and that are largely run by women.

Another lesson learned during the Ebola outbreak was the high level of sexual and gender-based violence during lockdowns and quarantines. According to the UN Population Fund, more than 18,000 girls experienced unwanted pregnancy in Sierra Leone as a result of the Ebola pandemic[^38]. Eventually, when school resumed in April 2015, the Government instituted a policy banning pregnant girls from attending traditional formal schools but instead established alternative schools for these girls. However, there were several complaints that the schools were inaccessible and did not offer the same quality of education as mainstream schools. It was also posited that the policy contravened national and international obligations of gender equity and access to education for all.

In 2018, some local and international non-governmental organisations filed a case in the ECOWAS Court of Justice against the ban[^39]. In its judgement of December 2019, the court determined that the ban was a breach of the rights of the pregnant girls to access education[^40]. The effect of this judgement is that in March 2020, the ban was revoked and the affected girls are expected to return to the mainstream school system when schools reopen after the COVID-19 pandemic. The ban on pregnant girls from school in Sierra Leone serves as a lesson and has adequately prepared the country to manage the sexual and gender-based

[^40]: Ibid.
violence arising from the current pandemic which should lead to improved ways of managing survivors of SGBV by the State and their communities.

Also, access to justice was a critical challenge in the Ebola response in affected countries of the region. The Police, the judiciary and community paralegal systems who are the first responders to violations against women were affected by either lockdowns or the reallocation of resources. It resulted in widespread exploitation and the inability of women to seek adequate assistance during the crisis. In many instances, there was no prosecution for some of these domestic crimes. Inadequate gender dimensions in the various COVID-19 responses is a reminder of these exploitations with a potential risk of reoccurrence in the region if concerted social and security efforts are not enforced to mitigate across the region. Furthermore, a critical lesson learnt in the Ebola response was the unavailability or inadequate gender and age disaggregated data to support response options and implementation of gender-based solutions during and after the epidemic\(^1\). With the rapid spread of COVID-19 and its impacts on human lives and livelihoods, updated gender-based data is needed in the humanitarian response to the outbreak as well as the post-pandemic recovery stage. Decisions informed by accurate data disaggregated data is more likely to be effective and benefit the target beneficiaries.

Inadequate or lack of gender-balanced access to information on COVID-19 has strong linkages to the prevailing situation during the Ebola crisis which heightened the vulnerability of women. The lack of information in local languages and available resources to marginalised communities as well as to rural areas exacerbated community spread during the Ebola crisis, which is currently been repeated in the COVID-19 pandemic. Governments’ communication on the pandemic has remained inconsistent, just as it was in the past Ebola epidemic while coordination and coherence among NGOs, the UN System and other development partners is still a critical challenge. Additional relational analysis indicate the spread of fake news and misinformation which raises fear, anxiety, hate messages and stigmatisation inhibiting women and young people’s access to essential time-sensitive and life-saving health services. For instance, due to fake news and misinformation about the spread of the virus, women and girls’ access to sexual and reproductive health services was disrupted which put them at risk of maternal mortality, sexually transmitted diseases and gender-based violence.

**Recommendations**

To minimize the vulnerability and impact of COVID-19 on women and children in the region, the following response options are recommended:

**Governments**

- Governments should ensure that public awareness campaigns address access to health, legal and social services by victims of domestic violence, especially within existing movement restrictions and lockdown;
- Governments and international bodies should closely monitor the impact of COVID-19 on reproductive rights especially in vulnerable communities and densely populated areas;
- Governments in the regions should intensify support for gender-sensitive public education, awareness raising and advocacy response efforts on COVID-19 and its gender dimensions, making relevant materials available in local languages.
- Local and international organisations, including UN Women, should continue to support community radio dialogues for women, men and youths, focusing on facts, societal norms and addressing misinformation on COVID-19;

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ECOWAS and the International Community

- As outlined by UN Women, several cross-cutting measures should be taken to mitigate the impact of COVID-19 on women and girls. These include ensuring women's equal representation in all COVID-19-related planning and decision making; driving transformative change for equality by addressing the care economy, paid and unpaid; and targeting women and girls in all efforts to address the socio-economic impact of COVID-19 (UN, 2020);

Civil Society, Traditional Leaders, Faith-based Institutions and the Media

- CSOs, Human Rights groups and the media should intensify monitoring and reporting on gender-based violence and sexual exploitation as part of their ongoing monitoring of the human rights situation and service delivery during and after the pandemic;

- Women's groups should intensify engagement with Governments in the region to integrate gender mainstreaming and a gender perspective into national COVID-19 responses in line with UN Security Council Resolution 1325 as well as national and international gender-related instruments that promote women's role in post-pandemic responses;

- Faith-based institutions including churches and mosques to explore the opportunities of inter-faith platforms to design and develop frameworks for inter-religious community response to stigmatization and violence against women.

Conclusion

From the above trend analysis, it follows that COVID-19 and Ebola have similarities and relationships in term of socio-economic and cultural threats on the population, especially women. These range from limiting access to sexual and reproductive services, increasing socio-economic inequalities to virulent abuses and violations against women.

Therefore, there is a need for continued collective responsibility to strengthen public health service delivery, protect and promote the health and rights of women. Also, it is imperative to develop and roll out measures that would address the root causes of gender and social inequalities which must be the centre-piece of efforts by policymakers, international partners and other stakeholders during and after the pandemic.
This report is a special thematic report of the WANEP Warning and Response (WARN) program with specific analysis and interpretation focusing on the impact of COVID-19 on women in West Africa. The figures in this report are collated based on data from the WANEP National Early Warning System which is an integral component of WARN. It also makes use of data from the ECOWAS Early Warning and Response Network (ECOWARN) system.