CARE USA Statement to House Foreign Affairs Committee

On the Occasion of its Hearing,
A Year Out: Addressing International Impacts of the COVID-19 Pandemic

Submitted for the Record by
CARE USA

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CARE USA thanks Chairman Meeks, Ranking Member McCaul, and the House Foreign Affairs Committee for bringing attention to the issue of global impacts of the COVID-19 pandemic. During this critical time, global cooperation is integral to controlling the spread of this disease and addressing its immediate health ramifications. However, it is also necessary to highlight the impacts it is having beyond primary health concerns, including setting back efforts to alleviate poverty, achieve gender equality, improve food and nutrition security, and provide humanitarian relief to the over 80 million people displaced by conflict and disaster. The United States' leadership is urgent, both domestically and globally, to set us on a course to building back more equally and resiliently.

OVERVIEW

The COVID-19 pandemic is having widespread impacts on global poverty and humanitarian need. The pandemic has triggered the deepest global recession since the 1930s, and the most recent estimate[i] is that 10% of the world's population – 734 million people – already live in extreme poverty. Additionally, it is likely that half a billion people will sink below the extreme poverty line ($1.90 per day) in the coming year due to COVID-19 – the majority being women and female-headed households. Furthermore, COVID-19 in areas experiencing conflict and crisis is exacerbating underlying human suffering with an estimated 40% increase in the number of people in need of humanitarian assistance for 2021.

With 75 years of experience in providing development assistance and emergency humanitarian aid in 100 countries, CARE has conducted over 60 rapid gender analyses around the world to assess the impacts of the crisis on communities, focusing specifically on the role of gender norms in how men, women, boys, girls, and others are experiencing the pandemic. This analysis has shown that while the COVID-19 pandemic has been an unprecedented health crisis, secondary impacts are having a distinct effect on those already living in poverty or displacement, falling disproportionally on women and girls. This includes deep and devastating challenges to economic security, food and nutrition security, gender-based violence, access to comprehensive health services, strains on health systems, and humanitarian response.

ECONOMIC INSECURITY

The COVID-19 pandemic has spurred job insecurity, the closure of businesses, the widening of gender gaps in the workforce, and the disproportionate increase of women's and girls' unpaid care burdens. In the longer term, economic impacts of the COVID-19 pandemic could result in a forecasted rise in poverty by 9.1%, negating progress made to reduce poverty. The International Labor Organization estimates that 195 million jobs could be eliminated globally due to the pandemic, with a majority in sectors predominated by women. According to data from 55 high- and middle-income countries, 29.4 million women aged 25 and older lost their jobs between Q4 2019 and Q2 2020. Slightly fewer men lost their jobs (29.2 million), but since far fewer women were in the workforce to begin with, women's proportional loss is higher.

Over 740 million women around the world work in the informal sector and as low-wage workers. This employment is vulnerable to elimination due to COVID-19 and often lacks protections against exploitation and harassment. Migrant women working in non-essential service industries such as food service and hospitality and in predominantly female-heavy sectors (e.g., housekeeping, childcare) are also particularly vulnerable to being laid off or exploited for their labor during COVID-19. For example, as a result of COVID-19, 72% of domestic workers, 80% of whom are women, have lost their jobs.

For women entrepreneurs, COVID-19 has amplified the pre-crisis unmet credit gap faced by women business owners and has led to women-owned businesses globally being 5.9 percentage points more likely to close their businesses than men-owned ones. The persistent gender pay gap also contributes to economic insecurity, particularly for women who comprise 70% of the health care workforce but who face up to a 23% wage gap in certain regions.

On top of economic insecurity, women's and girls' disproportionate unpaid care burdens are increasing as a result of COVID-19 – pre-COVID, women and girls already performed 76.2% of the total hours of unpaid work, which is nearly three times as much as men. The COVID-19 crisis has increased these responsibilities primarily due expectations and norms that women and girls care for sick family members and children at home as a result of school closures. Unpaid care burdens mean that women have less time to earn an income or otherwise participate in the economy.

Nonetheless, there are glimmers of hope. CARE's Village Savings and Loan Associations have proven that they build resilience within communities to crises, including COVID-19. By adapting their meetings to gather in socially distanced and smaller groups and using mobile options when meeting in person is impossible, VLSAs are largely continuing to save money collectively, give out loans to each other, and fight the spread of the disease by hosting village awareness raising sessions and using funds to buy hygiene materials for the community.

FOOD INSECURITY

The COVID-19 pandemic is unfolding in a world that is already experiencing a hunger crisis, one in which 2 billion people - one in every four people - do not have reliable access to enough nutritious and safe food. At the start of 2020, 690 million people were undernourished or chronically hungry, and UN agencies estimate that figure could increase by over 130 million because of COVID-19. Severe food insecurity has been projected to nearly double to affect 270 million people by the end of 2020.

The effects of the COVID-19 pandemic are exposing the existing flaws in food systems, many of which stem from gender inequalities and the unfair treatment of women and girls. Women and girls are the majority of food producers and food providers for their households, but pervasive cultural and social norms even before the COVID-19 crisis often dictated that women and girls eat last and end up eating the least.

Women often lack the access, information, and inputs they need to fight food insecurity and malnutrition. For example, in Mali, curfews related to the COVID-19 pandemic restrict the times women work in the fields but not the hours men work, so women disproportionately struggle with food production. In Northeast Nigeria, women have lost access to the cash for work programs that allowed them to buy seeds and grow crops. In Morocco, women cannot even register for COVID-19 safety net programs unless they are widowed.

The situation is particularly dire for those living in conflict-affected settings. In these instances, violence has already impeded people's ability to produce, process, and access food or to obtain food to eat. In countries

such as the Democratic Republic of the Congo, northeast Nigeria, South Sudan, and Yemen, the combined effects of conflict, COVID-19, and other factors have gravely exacerbated food insecurity and put millions of people at risk of famine.

GENDER-BASED VIOLENCE

Gender-based violence (GBV) has increased due to COVID-19, resulting from the stress and disruption caused by pandemic measures and amplifying pre-existing gender inequalities. Cases of domestic violence have increased dramatically during the COVID-19 crisis, particularly as a result of movement restriction orders and disruption in incomes, forcing targets of violence to remain trapped with or dependent on their abusers. The UN Population Fund estimates that for every three months of the pandemic, an additional 15 million cases of GBV will be reported. As in other types of crises, practices such as child marriage and survival sex rise as negative coping mechanisms to the loss of income and growing cost of health care needs. Adolescent girls may face an increased risk of child marriage due to a number of COVID-19-related factors, including the current disruption to their education, their families' economic hardships, increased levels of teenage pregnancy, and the belief that daughters' futures will be more secure in marriage. In addition to the physical and mental health impacts, GBV can also prevent women and girls from engaging in economic activities, thereby decreasing their productivity and ceding control over earnings to abusers.

The drivers of GBV during crises are increasingly complex, and already marginalized groups are disproportionately impacted. The Ebola pandemic demonstrated that violence such as child marriage, trafficking, and sexual exploitation and abuse can surface due to complex underlying social norms in emergencies. Identifying and addressing such GBV becomes dually difficult for already marginalized groups, such as adolescent girls or those with disabilities.

In light of the highly contagious nature of COVID-19, GBV survivors are exposed to an increased risk of infection if they experience violence at the hands of individuals who are currently transmitting the disease. As perpetrators often restrict the freedoms and daily behaviors of survivors, those living in abusive households may also be less likely to have access to necessary hygiene materials, life-saving information, or the ability to take necessary steps to protect themselves from infection. Restrictions on movements and diversion of already stretched resources towards controlling the spread of the virus means limitations on services available and accessible for survivors. In this way, the circumstances of COVID-19 not only increase the risk of experiencing GBV, but survivors of GBV also face challenges in accessing necessary support.

LIMITED ACCESS TO FAMILY PLANNING

COVID-19 has negatively impacted the availability and distribution of family planning. Supply chain disruptions are limiting availability of contraceptives in many places, and stock-outs of many contraceptive methods are anticipated within the next 6 months in more than a dozen lowest income countries. Although the impact was less severe than initially anticipated, disruptions continue to be a concern, and the social and economic impacts of COVID-19 remain an issue for women and girls around the world.

The disruption and restriction of these family planning and sexual and reproductive health services due to the COVID-19 pandemic will have a long-term impact on women's health and local communities. The United Nations[ii] found that the crisis led to almost 12 million women across 115 countries losing access to contraception. This in turn led to around 1.4 million unintended pregnancies. (The spectrum of projections places this number as high as 2.7 million or as low as 500,000.) Other women's health services were also affected during the pandemic due to fear of traveling to health facilities, mobility restrictions, lockdowns by the government, and social distancing restrictions.

The supply chain has been affected by several variables, including the disruption in the manufacture of key pharmaceutical ingredients of contraceptives as well as the manufacture of some contraceptive methods, such as condoms. The transportation of these contraceptive methods has also been delayed. Additionally, the necessary equipment and personnel to provide sexual and reproductive health services have in many areas been redirected to other areas focusing on combatting the pandemic, and some clinics have closed.[iii]

Past public health emergencies, such as the Ebola outbreak in Western Africa, illustrate the effects of an epidemic on sexual and reproductive health. During the outbreak, strains on healthcare providers increased and maternal health facilities were forced to close, leading to a 70% increase in maternal deaths in a region already experiencing some of the highest maternal death rates in the world[iv]. Furthermore, the issue is often underacknowledged because the impacts are not the direct result of the virus or infection itself but rather the indirect result of interruptions in care, lack of resources, and exhausted health care systems.[v]

IMPACTS ON HUMANITARIAN RESPONSE

The effects of COVID-19 are magnified for the nearly 1 in 33 people around the world who are in need of humanitarian assistance – a 40% increase over the 168 million people around the world who were in need of humanitarian assistance and protection last year.[vi] Humanitarian response is already chronically underfunded, and resources are not keeping pace with the need – only 48% of funds needed to respond to humanitarian needs were provided in 2020.

At particular risk are the more than 70 million people - half of whom are women - who have been forced to flee their homes due to persecution, conflict, violence, and human rights violations.[vii] Many of the displaced are sheltering in countries with weak water, sanitation, and hygiene infrastructure and lack access to health services.[viii] Refugee and internally displaced populations in camps and informal settlements are acutely vulnerable, as overcrowding or exposure can exacerbate infection rates.[ix] Restrictions on entry, travel, and freedom of movement can also have adverse effects on populations on the move, restricting their access to safety and protection.[x]

CARE has observed the vicious cycle of the pandemic both exacerbating and being exacerbated by the underlying humanitarian conditions in conflict and crisis settings. For example:

- Acute malnutrition, a feature of many humanitarian crises, weakens the immune system, increasing susceptibility and severity of infection, while at the same time, the economic impacts of COVID-19 have deepened food insecurity with several countries on the brink of famine for the first time in decades.
- In Northwest Syria, 10 years of conflict characterized by deliberate targeting of civilians and civilian infrastructure has left only 9 functioning hospitals to serve a population of 4 million people, nearly 1 million of whom remain displaced in hastily established, informal settlements, exacerbating their exposure to COVID-19.
- Over 5.4 million people have fled Venezuela for opportunity and safe haven in the region, but fewer than half have documentation and residency permits that grant them access to basic services, including health care or the opportunity to work in the formal sector. With the onset of COVID-19, many have made the impossible choice to uproot their lives once again and prematurely return to Venezuela.

Emergencies disproportionately affect women and girls. They may face more difficulty than men and boys in accessing health services and education, meeting their hygiene needs, finding economic/livelihood opportunities, and are more likely to face increased food shortages and malnutrition.[xi] Women and girls

are also particularly vulnerable to gender-based violence in humanitarian contexts, and COVID-19 will intensify the problem.[xii] For example, the West Africa Ebola outbreak exacerbated underlying harmful gender norms in an already complex environment, leading to increased household violence, sexual violence, and sexual exploitation and abuse by aid workers.[xiii]

Those who remain in conflict-affected areas also face dire circumstances. Conflict often interrupts health services, results in damaged health infrastructure, and impedes the ability of health care workers to conduct disease surveillance.[xiv] Systematic and targeted attacks on health infrastructure and aid workers by parties to conflicts, politicization of aid and service delivery, and restricted humanitarian access also exacerbate the spread and impact of infectious diseases.[xv]

Although the humanitarian community has improved response efficacy, needs are growing and far surpass resources. Continuing the work to contain the spread of COVID-19 will stretch - or in some cases, redirect - these resources, while the effects of the pandemic and related movement restrictions hamper humanitarian access and capacity. The vulnerable people amidst these crises will continue to bear the brunt of the gaps.

EFFECTS OF THE DISPROPORTIONATE IMPACT ON WOMEN AND GIRLS

Underlying gender discrimination that pre-dated COVID-19 has exacerbated some of the disease's worst effects on women and girls in particular and continues to drive practices such as gender-based violence and inequities in household care, education, and economic opportunity. Even as these risks affect the health and security of women and girls globally, these groups are largely excluded from the decision-making bodies tasked with developing and implementing responses, resulting in clear gaps in meeting their needs and potentially causing them further harm.

In September 2020, CARE conducted a study across nearly 40 countries, capturing direct responses of more than 6,000 women who bore out the dire predictions from the March 2020 beginning of the crisis: that COVID-19 would result in catastrophic impacts across multiple dimensions of their lives. Among those surveyed, women were more likely than men to report challenges across a range of areas:

- Livelihoods: 55% of the women CARE spoke to reported that income loss was one of the biggest impacts COVID-19 had for them, compared with only 34% of men. Women are more likely to work in the informal sector that COVID-19 is hitting the hardest and have less access to unemployment benefits.
- Food security: 41% of women and 30% of men reported lack of food as a key impact COVID-19 had on their lives. This difference reflects deeply entrenched gender inequalities in local and global food systems.
- Mental health: One of the most striking differences is around mental health, where 27% of women reported this was a key impact of COVID-19 - compared with only 10% of men. Women especially point to skyrocketing unpaid care burdens as a source of this stress, in addition to worries about livelihoods, food, and health care.

These findings reinforce the understanding that men and women prioritize, experience, and report on issues differently. The gaps these findings reveal illustrate the vital importance of listening to many voices and giving diverse groups of women equal opportunity to influence decision-making about COVID-19 support. Only by examining these differences can we ensure that responses are designed to work effectively and reach people with the assistance they need most.

Moreover, women's and men's answers consistently highlight that COVID-19 responses are falling short, and inequalities are growing. Policymakers and service providers have not yet moved beyond a one-size-fits-all approach to design COVID-19 assistance that equitably targets and supports the people who need it most. The current responses are failing to stem economic crises, hunger, and social turmoil.

VACCINE EQUITY

The approval of not just one or two but several vaccines around the world is only the first step in turning the tide in the fight against the coronavirus pandemic. However, the next step is to ensure that countries around the world are able to receive vaccines and quickly and efficiently vaccinate their populations.

The vaccine equity movement recognizes the moral imperative as well as the economic and global security necessity of equitable vaccine distribution. Vaccine equity is particularly important in order to protect health care workers, frontline workers, and those most at risk of contracting the disease in order to beat the pandemic and mitigate the public health threat. As women often make up the majority of health and care workers around the world, it is critical to ensure that gender inequities do not influence who receives the vaccine.

Beyond vaccine equity for health care workers, many low- to middle-income countries are facing challenges acquiring vaccines from manufacturers globally and often cannot pay for vital medical supplies needed to vaccinate their populations and keep frontline workers safe. In order to successfully meet these challenges head on, the United States and should adopt not only policies that increase global access to vaccine supplies and technology, but also sustainably strengthen the primary health systems needed to effectively distribute these vaccines. This will ultimately not just meet the needs of today's pandemic, but help ensure the world stands a better chance in addressing the next emergent threat.

Of course, once a country receives an allotment of vaccines, there must also be a system in place to ensure that those who need the vaccine most within the country are able to receive it in a priority manner. Combating vaccine hesitancy and misinformation online are also critical to a successful vaccination campaign.

Maintaining the United States' strong support for these efforts is essential to combat this pandemic and start down the road to an economic recovery. When it comes to the coronavirus pandemic, no one is safe until everyone is safe.

SHE TOLD US SO: MEET CARRINNE

"The course of life changed overnight. I had to wear a mask, and the stress of contracting the disease caused me to have a severe malaria crisis. I was ill for two weeks. Also, I was afraid to go to the hospital—we don't know anyone there. It is not known which patient or doctor is the carrier of the disease. Which stressed me." Even despite the stress, Carrine is finding ways to lead. "I am part of an association called Sayap Africa which distributed donations during the Covid-19 period. I was in the front line, on June 11, 2020, to distribute a meal to the nursing staff of the Djoungolo hospital in Yaoundé. … Sayap Africa has taken the initiative to distribute food to families with at least six children. We bring them rice, sardines, soap, tomatoes, so that these families no longer have to travel and limit the contamination and spread of the virus. We distributed to 114 families in total." — Carrine Annette Bidzogo, Cameroon

CARE RECOMMENDATIONS

Health-related recommendations include:

1. Ensure female health care workers have equal access to protective equipment as well as equal pay, time off, menstrual hygiene care, childcare, and other supports.
2. Ensure people with underlying diseases get COVID-19 prevention supplies, such as masks and disinfectants, when they receive their medications. Engage communities in identifying people with medication shortages.
3. Use alternative methods for contact with patients for monitoring and medication management, such as apps and cellular phones. Combine delivery of multi-month prescriptions for anti-retroviral treatment, tuberculosis treatment, malaria prophylaxis, and other medications with COVID-19 outreach at the community and household levels.

Food and nutrition security recommendations include:

1. Design COVID-19 response programs to boost food security with women's and girls' needs in mind. Agricultural supports, programs, and subsidies should explicitly target women producers. Specifically consider women in markets, agricultural value chains, and business to support recovery. Set specific targets for at least 50% of agricultural support, programs, or subsidies to reach women farmers.
2. Improve transparency and accountability around USG nutrition program funding to help ensure this programming is providing the strongest response possible to the impacts of COVID-19.

Vaccine equity recommendations from CARE include:

1. Ensure decision-making bodies are gender-balanced and inclusive, with attention paid to experts like gender specialists and sexual and reproductive health specialists.
2. Promote a U.S. role in ensuring fast, fair, and free global vaccine access, with special attention to reaching women and girls and other marginalized and hard to reach communities, including refugees and others in humanitarian settings.
3. As part of U.S. leadership in vaccine access, ensure that health systems are strengthened, with special attention to frontline health workers and primary health systems.

Gender equality recommendations from CARE include:

1. Base all COVID-19 responses (policy, programs, and operational guidance) on a gender analysis.
2. Collect and use gender, age, and other disaggregated data to develop responses to COVID-19.
3. Ensure access to information for women, girls, and other marginalized, isolated, or hard-to-reach community members.
4. Invest resources in programs that address the specific economic, GBV, and health care needs of women and girls, such as job placement programs targeting women, GBV survivor support services, and nutrition and family planning support.
5. Prioritize women's and girls' leadership and participation in COVID responses and decision-making.

Humanitarian recommendations include:

1. Uphold and promote accountability for violations of humanitarian norms, particularly for denial of humanitarian access and attacks on civilians and other protection violations.
2. Reduce operational constraints and regulatory impediments and contribute significant funding for humanitarian response.
3. Actively work to achieve political solutions to crises, promote durable solutions to displacement, and support communities to recover and rebuild their lives and livelihoods.

General recommendations include:

1. Prioritize the use of cash assistance, cash transfers, and vouchers as a primary response geared towards addressing food insecurity and accessing health care and other necessities.
2. Ensure adequate USG funding for the global response - $20B request.

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[i] Relief Web, *Global Humanitarian Overview 2021,* https://reliefweb.int/report/world/global-humanitarian-overview-2021-enarfres

[ii] United Nations, *New UNFPA data reveals that nearly 12 million women lost access to contraception due to disruptions caused by the pandemic, leading to 1.4 million unintended pregnancies,* https://www.unfpa.org/press/new-unfpa-data-reveals-nearly-12-million-women-lost-access-contraception-due-disruptions

[iii] Guttmacher Institute, *Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries,* https://www.guttmacher.org/sites/default/files/article_files/4607320.pdf; Devex, Chris Purdy, *Opinion: How will COVID-19 affect global access to contraceptives — and what can we do about it?, https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745*

[iv] Think Global Health. Julia Smith. Gender and the Coronavirus Outbreak. 4 February 2020. https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak?utm_source=tw_wfp&utm_medium=social_owned

[v] World Health Organization, *COVID-19: operational guidance for maintaining essential health services during an outbreak,* https://www.who.int/publications-detail/covid-19-operationalguidance-for-maintaining-essential-health-services-during-anoutbreak

[vi] CARE, *Gender Implications of COVID-19.*; United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), *Global Humanitarian Overview 2020*, 2020, https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf.; CARE, *Gender Implications of COVID-19.*

[vii] CARE, *Gender Implications of COVID-19.*; UNOCHA, *Global Humanitarian Overview 2020.*; CARE, *Gender Implications of COVID-19.*

[viii] CARE, *Gender Implications of COVID-19.*; The UN Refugee Agency (UNHCR), "UN Refugee Agency steps up COVID-19 preparedness, prevention and response measures," UNHCR The UN Refugee Agency USA, last modified March 10, 2020, https://www.unhcr.org/en-us/news/press/2020/3/5e677f634/un-refugeeagency-steps-COVID-19-preparedness-prevention-response-measures.html.; World Health Organization (WHO), *Promoting the health of refugees and migrants: Draft global action plan, 2019–2023*, April 25, 2019, https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf?ua=1.

[ix] CARE, *Gender Implications of COVID-19.*; Eric Reidy, "How the coronavirus outbreak could hit refugees and migrants," The New Humanitarian, last modified February 27, 2020, https://www.thenewhumanitarian.org/news/2020/02/27/Coronavirus-Iran-refugees-IDPs-Italy-Europe-disease.; CARE, *Gender Implications of COVID-19.*

[x] CARE, *Gender Implications of COVID-19.*; Reidy, "How the coronavirus," The New Humanitarian.; CARE, *Gender Implications of COVID-19.*

[xi] UN, *Policy Brief.*; Coalition to End Violence Against Women and Girls Globally, *COVID-19 and Gender-Based.*; CARE, *Gender Implications of COVID-19.*

[xii] CARE, *Gender Implications of COVID-19.;* CARE et al., *Global Rapid Gender Analysis.*; Coalition to End Violence Against Women and Girls Globally, *COVID-19 and Gender-Based.*; CARE, *Gender-Based Violence.*; Call to Action on Protection from Gender-Based Violence in Emergencies, *Joint Statement.*

[xiii] CARE et al., *Global Rapid Gender Analysis.*; UNFPA, *COVID-19: A Gender Lens.*; CARE, *Gender Implications of COVID-19.*

[xiv] CARE, *Gender Implications of COVID-19.*; Reidy, "How the coronavirus," The New Humanitarian.; CARE, *Gender Implications of COVID-19.*

[xv]CARE, *Gender Implications of COVID-19.*; CARE et al., *Global Rapid Gender Analysis*.