Gender gaps in Eurasia: The daunting effects of COVID-19



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Gender Gaps in Eurasia: The daunting effects of COVID- 19



Foreword

The COVID-19 pandemic has shone a spotlight on the socio-economic vulnerability that women living in the Eastern Partner region and Central Asia face. Domestic violence has increased dramatically; women have taken on more unpaid work; remittance flows to households have fallen; and women have been particularly affected in the labour market, because they are disproportionately employed in some of the hardest-hit sectors, especially those with high levels of informality. Against this background, the COVID-19 pandemic could set progress towards gender parity in the region back 15 years, as gaps in pay, poverty, access to finance or digital opportunities widen.

This note reflects on what we have seen since the pandemic began with respect to gender equality across the region and offers policy options for tackling them. It served as a basis for discussion at an OECD webinar in February 2021, which brought together policymakers, civil society, the development community and the private sector from OECD members and the Eurasia region. Participants discussed the main issues and options for supporting women and men across the region, drawing on OECD experience, in order to ensure that the recovery is equitable and inclusive. Government representatives from the region and members of the development community shared their experiences and insights, which are reflected in this note.

Gender equality is not just a moral imperative, it is also critical to the creation of stronger, more sustainable and more inclusive economies. The OECD stands ready to provide further analysis for stronger gender policies and to support the implementation of the suggested recommendations.

Acknowledgements

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Executive summary

Gender gaps in the Eastern Partnership (EaP) and Central Asia are stark by global standards and keenly felt in a range of economic, public health and social spheres. While the structural legacy of post-communism has enabled Eurasia countries to perform comparatively well on certain measures of gender equality, much evidence points the other way, to institutions and policies that only weakly support – or in certain cases, undermine – the empowerment and protection of women.

In 2019, for example, Central Asian countries reported some of the world's highest rates of domestic violence. In the same year, data showed women in Eurasia earning 30% less on average than their male counterparts, a gap nearly triple the OECD average. These poor outcomes for women did not develop in a vacuum, and national policy choices must shoulder a significant share of the blame.

This is the context in which the COVID-19 pandemic hit the region in early 2020. While men have been more likely to die of COVID than women, the pandemic has in other ways significantly exacerbated the region's pre-existing socio-economic inequalities: women have faced a sharp rise in lockdown-fuelled domestic violence, lack of access to life-saving sexual and reproductive health services, and far greater losses of employment and income than men.

This paper has three objectives. First, it provides a data-based evaluation of gender gaps in Eurasia (both before and during the pandemic). This includes a deep dive into healthcare, mental health, domestic violence, wage and employment gaps, and domestic care burdens. It also looks at financial inclusion in Eurasia from a gender perspective, in terms of account ownership, savings in financial institutions and gender differences in financial knowledge. Secondly, the paper critically assesses the institutional and policy frameworks that exist to promote gender equality in these areas across the region. Finally, it provides a series of recommendations, based on OECD good practices, to support a gender-inclusive recovery by identifying ways to support women's economic empowerment and social well-being, to enhance women's influence in public life, to protect women's integrity while reducing domestic violence and to ensure a more comprehensive level of public health coverage. The paper also includes recommendations to ensure that women in Eurasia can take advantage of emerging economic opportunities, such as the digital revolution. The development of high-quality data and mainstreaming gender issues into government decision-making are identified as *sine qua nons* for progress.

The OECD view is that gender equality is not merely a moral imperative, it is also good policy and smart politics. For instance, a study of OECD member states estimates that if women's labour force participation rates reached those of men by 2030, the convergence would commensurate with an equivalent 12% increase in GDP. The social costs of excluding women from decision-making are also increasingly clear. Such evidence has particular resonance in the context of the region's forthcoming recovery plans from COVID-19, where the quality of decisions being taken today will affect the quality of socio-economic outcomes tomorrow.

By shedding light on the many gender gaps that women in Eurasia face and providing recommendations to help spur a gender-inclusive recovery, this OECD analytical note seeks to help the region to *build back better* from COVID-19.

Table 1. Policy options

Priorities	Types of support	Policy options
Health	Greater focus on maternal and child health	• Telehealth initiatives and moving services to schools/public spaces • Offer health and testing services free of charge • Increased prevention efforts and awareness campaigns
	Upscale Eurasia's healthcare system	• Invest heavily in outdated and expensive healthcare systems • Implement a comprehensive and evidence-based public health strategy • Address regional inequalities by offering mobile clinics and care services
	Gender perspective in the COVID-19 immunisation strategy	• Provide reliable information during the roll-out process, communicate possible side effects – particularly for pregnant women, vulnerable groups • Draw on the expertise of local gender experts when designing immunisation strategy • Co-ordinate with frontline workers (on PPE access, equal and timely remuneration) • Closely align with women and youth led civil society organisations
Domestic violence	Readily accessible mechanisms to report abuse	• Virtual and free-of-charge psychosocial support, 24/7 hotline • Widespread information / awareness campaigns for victims and perpetrators • Code words at go-to places and transformation of hotels / unused spaces into shelters
	Better data collection on GBV	• Comprehensive data collection on gender-based violence • More widely-available anonymous complaint mechanisms & regular surveys
	Better legislation and stronger law enforcement	• Draft national gender strategy, in consultation with all relevant actors • Legislative acts to criminalise GBV, protect victims • Sign, ratify and implement the Istanbul Convention • Adhere to the Biarritz Partnership for Gender Equality
	Digital protection mechanisms	• Remote access to legal and justice resources: virtual proceedings, legal aid • Recognising cyber violence as a form of GBV
	Co-ordinated efforts & public awareness campaigns/trainings	• Co-ordination between health, police & justice services, CSOs, international actors. • Tackle gender stereotypes and societal attitudes that support GBV • Provide specialised trainings to front-line police
Women's economic and political empowerment	Support in the uptake of unpaid care work	• Social policy tools (e.g. paternity leave) to encourage men's uptake of unpaid care • Affordable / free-of-charge child- and elderly care services • Policies in the areas of infrastructure, social protection and delivery of social services • Promoting formalisation of the sector by raising wages, improving labour conditions • Ensure that schools / preschool establishments remain open • Governmental support to low-income families, emergency child-care services for families
	Expand gender-focused safety net	• Offer paid sick leave, unemployment insurance, targeted cash schemes, tax relief payments • Out-of-work benefits and extending coverage to non-standard workers, easier access to benefits targeted low-income families
	Offer targeted financial mechanisms	• Offer liquidity supports (grants / tax deferrals) to hard-hit sectors • Minimum income benefit / cash transfers for informal sector employees • Dedicate funding streams or reserved shares of loan programmes, coupled with non-financial support programmes such as business development services (trainings) • Facilitate digital banking; country-wide financial literacy programmes
	Enhance women's influence in the political sphere	• Adhere to the *OECD Recommendation of Council on Gender Equality in Public Life* • Boost equal access to public life, including politics, judiciaries, and public administrations • Ensure accountability and sustainability of gender initiatives
	Enhance women leadership in the private sector	• Setting targets or quotas for women in executive positions • Put in place trainings and mentorship programmes for women • Ensuring gender-friendly labour-market policies and reduction of the gender pay gap • Support packages for families, including maternity / paternity leave / flexible working arrangements, skills training and retention schemes for women
	Improve data collection	• Produce, collect and use sex-disaggregated data to design evidence-based policies • Collect individual data, instead of household data • Access regional data through data portals, such as the OECD Gender Data Portal
	Awareness campaigns	• Public-private campaigns tackling gender stereotyping and societal attitudes

1 Crisis impacts

The COVID-19 pandemic has unleashed devastating socio-economic consequences on the Eurasia[1] region – consequences that may have long-lasting effects for generations of women to come. Across the region, domestic violence has dramatically increased, women have taken on more unpaid work, vital remittance flows to households have fallen, and women's standing in national labour markets has been undermined, thereby reversing hard-fought gains that have been made since the independence.

The socio-economic costs of the pandemic have been stark, shedding light on the gender gaps that women still face. With lockdowns and school closures, women have been shouldering a rising domestic care burden, with a reported 80% rise in household chores in Kyrgyzstan and Kazakhstan. This burden was already high by global standards before the pandemic struck: in 2019, women in the region allocated five hours a day on average to unpaid care work, compared with two hours for men.

Data following the first lockdown in spring 2020 also show that women are experiencing larger drops in paid hours and higher unemployment rates, mostly due to their greater likelihood of being employed in vulnerable positions and hard-hit sectors, as well as their care-taking roles. For instance, female hours worked are down 42.6% in Azerbaijan and 31% in Georgia (UN Women, 2020[1]). Due to rising unemployment rates, reduced working hours and pay cuts, the pre-existing pay and labour force participation gaps risk being widened further.

Concurrently, women in Eurasia have fewer resources to help cushion them from the adverse effects of the pandemic – with limited savings, and access to financial products. They are also more likely to take on vulnerable positions, largely in the informal economy, which implies little to no access to social security schemes.

In 2019, the *World Economic Forum* (2019[2]) estimated that Eastern Europe and Central Asia, would, on the then-prevailing trends, require 107 years to achieve gender parity. And the COVID-19 pandemic could set this timeline back even further, given its strong compounding effect on pre-existing challenges (UN Women, 2020[3]). OECD research prior to the pandemic COVID suggested that if participation rates for women were to reach those of men by 2030, there would be a 12% increase in GDP (OECD, 2012[4]). If gender parity in social institutions were achieved in Eurasia by 2030, it could increase regional GDP growth in the region by as much as 0.4% every year until then, representing a gain of almost USD 3000 per capita (OECD, 2019[5]). More recent global work from 2020 suggests that if no action is taken to counter the regressive gender effects of the pandemic, world GDP could be USD 1 trillion lower in 2030 than it would be if women's unemployment simply tracked that of men in each sector (Mahajan et al., 2020[6]). A more inclusive, all-encompassing recovery agenda will thus be critical to future prosperity, as well as equity. However, for this to be successful, women's empowerment and gender equality must be embedded in policy processes, in all line ministries and at all levels of government (OECD, 2017[7]). Women's empowerment offers gains to men as well as women, gains that cannot be ignored in the context of the crisis.

[1] "Eurasia" is here defined as the partner countries participating in the OECD Eurasia Competitiveness Programme: Afghanistan, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Mongolia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

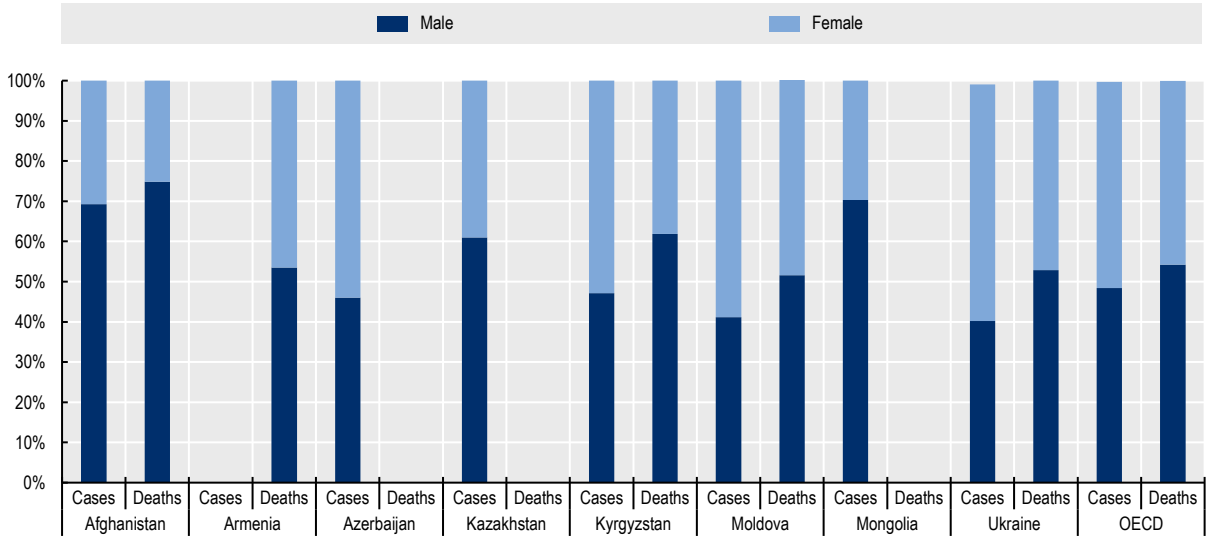
This paper outlines the public health and socio-economic impacts of COVID-19 on women in Eurasia and presents a series of policy recommendations to mitigate them. It draws on international experience to suggest ways of addressing these challenges thereby to improve the well-being of women and men in the region.

The public health impacts of COVID-19 on men and women

Access to essential health services has been disrupted

While men are more likely to become seriously ill or to die of COVID-19 (Figure 1 and Box 1), women face health effects that cannot be captured as easily, with certain specificities in Eurasia. During the pandemic, **access to lifesaving sexual and reproductive health services were reduced**. A UN Women survey encompassing Georgia, Azerbaijan, Moldova, Kazakhstan and Kyrgyzstan found that women faced heightened difficulty in accessing sexual and reproductive health services during the lockdown period. In Kazakhstan, more than 80% of women surveyed did not benefit from maternal health services during lockdown. In Afghanistan, 43% of women could not reach health centres, compared to 36% of men (UN Women, 2020[1]). Studies modelling the pandemic suggest that maternal deaths in low and middle-income countries[2] could rise between 8 and 38% compared to 2019 as a result of the disruption of access to essential services (Roberton et al., 2020[8]). For instance, during the Ebola crisis, maternal mortality ratios increased by up to 110% in Liberia, as resources were diverted from regions with weak health care capacities to begin with (Evans, Goldstein and Popova, 2015[9]). These findings indicate that it is critical to work to avoid this potentially life-threatening diversion, which Eurasia countries are already experiencing.

Figure 1. COVID-19 cases and deaths disaggregated by sex in selected countries (Nov. 2020)



Note: Data included for all Eurasia countries available, from 16 November 2020. OECD aggregate excludes Ireland and Korea.
Source: (HDX, 2020[10]).

[2] Across a selection of 118 countries: https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930229-

Box 1. The effects of COVID-19 – on *men*

Across most of the world, including Eurasia, **men have experienced a higher incidence of serious illness and higher death rates from COVID-19** Figure 1).[3] Across 100 countries for which sex-disaggregated data were available, men accounted for roughly 58% of COVID-19 deaths, despite constituting only half of all reported cases. Moreover, data on daily cumulative COVID-19 deaths from ten European regions confirmed a consistently higher mortality rate among European men than among European women, in nearly all age groups. While far fewer countries report sex-disaggregated data on hospitalisations and Intensive Care Unit (ICU) admissions, those that do have reported far higher rates among men.[4] Moreover, despite studies on the gender-based development of antibodies still being in their infancy, one study suggests that the duration of protection after SARS-CoV-2 infection is different in women and men, with a more rapid decrease in neutralising antibodies for the latter, which may potentially affect the effectiveness of future vaccines on men as well (Grzelak et al., 2020[11]).

There appear to be multiple reasons for this gender difference, which encompass both biology and unhealthy habits. Overall, men have weaker immune systems than women and they are more likely to have pre-existing conditions that heighten the risk of serious illness, including heart disease, high blood pressure and liver disease, many of which are related to lifestyle factors that are more common in men. Moreover, some studies point to specific factors that might make men more likely to suffer severe cases.

Behavioural factors probably play a role as well: in most countries, men are more likely to smoke, to drink heavily and to expose themselves to large crowds and events (e.g., sporting events). A recent report by Promundo identifies a correlation between masculine norms, attitudes, identities, power dynamics and their influence on men's health. According to the 2016 GBD[5] data, there are six health behaviours – poor diet, tobacco use, alcohol use, occupational hazards, unsafe sex, and drug use – that account for 70% of global male morbidity. Men are also less likely to take preventive measures or to seek treatment quickly: this reluctance to seek help early may be rooted in notions of masculinity that see masks and social distancing as symbols of fear.

Adams (2020, p. 39[12]) also identifies an interesting positive correlation between women's labour force participation (LFP) and their death rates, suggesting that "work may be associated with a higher incidence of pre-existing conditions and greater exposure to the coronavirus". With declining female LFP rates across the region – coupled with biological factors, limited access to healthcare, and grave outbreaks amongst male migrant groups – men in Eurasia may be more exposed to COVID-19.

Sources: (Pfeffer and Oudit, 2020[13]); (Curley, 2020[14]); (Ragonese, 2019[15]) (Ahrenfeldt et al., 2020[16])

[3] Around two-thirds of countries for which sex-disaggregated COVID-19 data are available report higher infection rates for men (HDX, 2020), but this may be a statistical artefact. The difference in *infection* rates may reflect reporting. One early study found that men and women were *equally* likely to be infected (Jian-Min et al., 2020). However, many asymptomatic cases are not reported, and if men are more likely to suffer symptoms (and to suffer more severe symptoms) then they would be expected to predominate in the reported figures. Thus, in April 2020, the US authorities reported that 56% of those being tested for coronavirus were men and 44% women; men also had higher positive test rates. Since testing was most common among those manifesting symptoms, this would be consistent with the idea that men were more likely to become seriously ill even if both sexes were infected equally (Curley, 2020[14]).

[4] Among 28 countries reporting, men represented 54.5% of hospital admissions; among the 17 countries reporting on intensive care, men were 65.5% of ICU admissions. See https://globalhealth5050.org/the-sex-gender-and-covid-19-project/, accessed on 6 January 2021.

[5] Global Burden of Disease (GDB), http://www.healthdata.org/.

Moreover, COVID-19 has severely **disrupted services for the prevention and treatment of non-communicable diseases (NCD),** which – depending on the disease and location – may have differential impacts on men and women effects. A WHO rapid assessment conducted during May 2020 found that 75% of 39 countries[6] experienced some disruption to NCD services. Screening campaigns (e.g. for breast and cervical cancer) were also postponed in more than half of those countries (WHO, 2020[17]).

In some countries in the region, particularly in fragile and conflict-affected states where institutional capacity and services are limited, access to health services for women has been even more restricted. The OECD (2008, p. 19[18]) confirms that a "state's capacity to provide health services declines sharply with greater fragility, at a time of increasing demand for them." In Ukraine's war-torn Donbass region and Russian-occupied Crimea, women have had limited access to health services during the confinement period due to the border closure, putting their lives at higher risk (Romanenko, 2020[19]). Women in the region, in particular in Afghanistan, also face limited access to healthcare and testing facilities due to long and insecure distances, as well as cultural norms concerning the role of women outside the home. Only 15% of nurses and 2% of medical doctors in Afghanistan are women; this has led to massive shortages in female health care staff (UNICEF, 2020[20]). Thus, when implementing public health policies, crucial factors such as service delivery in fragile contexts, gender diversities in healthcare needs and access must be considered (Gupta and Faizi, 2020[21]; OECD, 2008[18]).

COVID-19 has led to a dramatic rise in mental health issues

The COVID-19 pandemic has triggered **widespread psychological distress** due to economic turmoil, social isolation, increased domestic violence, and fear of infection. Extreme workloads, the risk of infection and witnessing deaths of patients has placed tremendous strain on the mental stability of frontline health and long-term care workers, who tend in many countries to be predominantly female (UN, 2020[22]). In addition, UN Women finds that new mothers and pregnant women are particularly vulnerable to anxiety and depression caused by difficulties in accessing health services, the lack of social support, and fears related to COVID-19.

Many countries have reported increases in suicides during the pandemic (The Financial Times, 2021[23]) and Eurasia is no exception. While both men and women are suffering heightened mental distress during the pandemic, the share of women experiencing negative effects is reportedly higher than men. For example, media have reported numerous suicide attempts amongst Afghan women due to the spike in domestic violence (Cousins, 2020[24]). In Afghanistan, 78% of women and 77% of men report that their mental and emotional health has been adversely affected since the beginning of the crisis, which is extremely worrying in a country with annual public expenditure on mental health services below USD 1 per capita (IRC, UN Women, Roshan, 2020[25]). In Georgia, surveys also indicate heightened levels of mental disorder amongst both men and women. The frequent symptoms include adjustment disorder (40.7% women, 31% men), depression (30.3% women, 25.27% men), and anxiety (23.9% women, 21% men) (Makhashvili et al., 2020[26]). Around 20% of COVID-19 patients receive a psychiatric diagnosis within three months of testing positive for the virus, one in four of whom have never received a mental health condition diagnosis before (Taquet et al., 2020[27]). In Ukraine, which had a higher estimated suicide rate than the Eastern Europe regional average before the pandemic, mental health remains highly stigmatised and few seek help (WHO, 2020[28]).

According to the WHO, **the pandemic has either partially or completely disrupted the provision of essential mental health services** in 93% of countries worldwide, while demand for such services has significantly increased (WHO and Pan American Health Organization, 2020[29]). The survey, conducted in 130 countries, finds that 61% of countries have experienced disruptions to mental health services for

[6] Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Kazakhstan, Moldova, Turkmenistan, Ukraine and Uzbekistan are included in the WHO assessment.

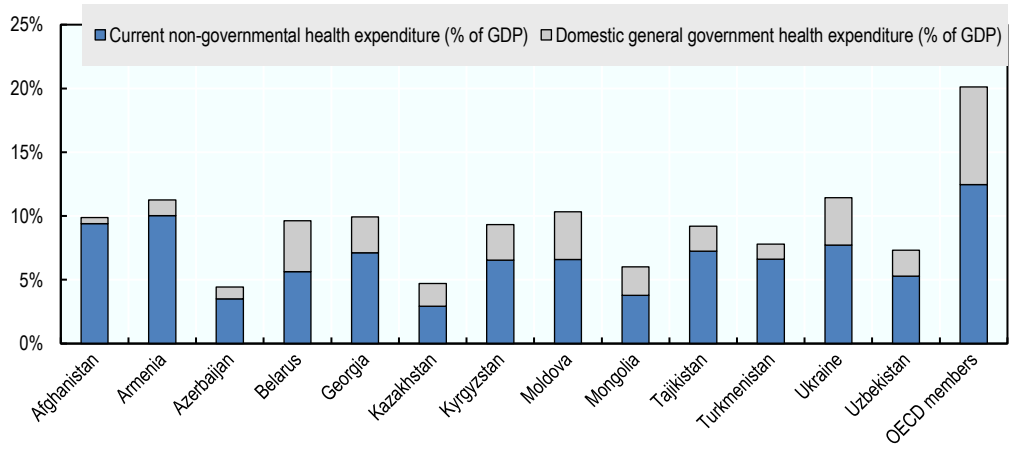
women requiring antenatal or postnatal services. Most of the countries have reported disruptions of school (78%) and workplace mental health services (75%).

High health costs may affect women's ability to seek treatment – amidst rising needs

Across Eurasia, **healthcare systems have suffered from underfunding and corruption**, with fragmented service delivery, while access has been "hampered by the limited availability of staff and modern equipment, especially outside the large cities" (OECD, 2018[30]). According to World Bank data, nearly all countries from the Eurasia region continually underspend on healthcare (as a share of GDP) when compared to the global average (Figure 2). Some of them, such as Ukraine, are in midst of shedding the remnants of Soviet healthcare, prioritising curative services over prevention, hospitals over ambulatory services and specialists over primary care (Twigg, 2017[31]).

The pandemic - which forced governments to reprioritise spending and health coverage - has shed further light on **health inequalities in Eurasia.** Due to the high costs of healthcare in certain countries, citizens are forced to cover a large share of health-related costs themselves. Women, who typically have less of a financial buffer to begin with, may struggle to afford costly treatments, which could lead them to skip life-saving preventive medical visits. In the region, health insurance remains a rarity, with up to 80% of the population in Azerbaijan and Kazakhstan uninsured during the lockdown period. Given the way in which the pandemic has limited household incomes, private medical care has become more unaffordable. As shown in Figure 2, around 56% of healthcare expenditure in Eurasia is out-of-pocket, compared to an OECD average of 38.5%. In some countries, the household share of healthcare spending is high even in normal times, which creates serious problems in terms of access to care. This is mainly true for poor and vulnerable households, and serves to further increase the social and economic gaps in the region (World Bank, 2017[32]).

Figure 2. Composition of healthcare expenditure in Eurasia countries and the OECD area, 2018



Source: (World Bank, 2017[32])

COVID-19 vaccine programmes could be hampered by gender norms

In recent decades, it has become clear that **gender-related barriers to accessing vaccines** and the research and development behind them are problematic. Societal and cultural norms regarding the role of women in society have created obstacles to women's access to health services. In some communities, women are constrained by limited control of resources and household decision-making power to seek healthcare and preventive care, which can include vaccinations (GAVI, 2021[33]). Also, while women

account for the majority of health workers, in remote and conflict-ridden places, men tend to be the main vaccinators – which has affected the ability of some women to access vaccinations (GAVI, 2021[33]). In Eurasia, no gender analysis appears to have been taken into account in the various vaccine strategies. Whilst all countries in the region, except for Kazakhstan and Turkmenistan, will receive vaccine shipments through the COVAX facility (WHO, 2021[34]), securing a sufficient number of doses remains a regional challenge, making the distribution of vaccines a critical concern. As of February 2021, Azerbaijan, Georgia, Kazakhstan and Ukraine had begun vaccination campaigns of frontline medical workers, who are mostly women (The Astana Times, 2021[35]; Eurasianet, 2021[36]; Agenda.ge, 2021[37]) (Kyiv Post, 2021[38]).

As the vaccination campaigns expand, it will be important to ensure that **public health and equity considerations are central to the roll-out**. Moreover, some countries in the region and beyond have confronted scandals over allegations of vaccine smuggling and "queue-jumping" for privileged groups. While this is not strictly a gender issue – it concerns territorial and income disparities, as well as access for those at greatest risk – the disproportionate number of women in many of the disadvantaged groups (e.g. care workers) gives it an important gender dimension. International co-operation and assistance of international organisations remain crucial in order to make sure that the entire population in the region can be vaccinated – allowing both men and women to return to normality.

Women's overrepresentation in the care-taking sector exposes them to COVID-19

Women make up the majority of healthcare and social workers across the region, as they do worldwide (70%). In Kyrgyzstan and Ukraine, women account for 82 and 83% of healthcare workers, respectively (Romanenko, 2020[19]) (UN Women Ukraine, 2020[39]). In Kazakhstan, the figure is 73% (OECD, 2021[40]).

As front-line care workers, women often face a greater risk of infection. As of 1 August, out of the 71 056 COVID-19 cases registered in Ukraine, 8 693 were healthcare workers (12%) (UNIAN, 2020[41]). This share had fallen to about 5% by mid-November, but by then represented more than 26 000 healthcare workers. Far from abating, the risk to healthcare workers has risen – the changing proportions simply reflect the much faster growth in the total number of cases. Similarly, Kazakhstan reported 12 983 infections among medical workers (October 21), out of a total 90 000. Shortages of protective supplies for acute care, such as masks and protective suits, expose these women to enhanced contamination risks. In Kyrgyzstan, 73% of women reported difficulties in accessing protective equipment, compared to 64% of men. This was similar to difficulties faced by women in Kazakhstan (75%), higher than in Moldova (40%) and Azerbaijan (47%) (UN Women, 2020[1]). In Ukraine, one 2020 study found that only 14% of female healthcare workers had been fully provided with personal protective equipment (UN Women Ukraine, 2020[39]).

Women are also more exposed whilst caring for elderly and vulnerable groups. During the Soviet period, elderly care was provided by the state. Since 1991, however, long-term or domestic care work has mostly become the responsibility of women in the region, and it is often both unpaid and unprotected (OECD, 2020[42]). An estimated 76.8% of care workers in Europe and Central Asia are women, with figures ranging from 71.7% in Kazakhstan to 82% in Ukraine. These figures are lower than the OECD average of 90% (OECD, 2020[42]).

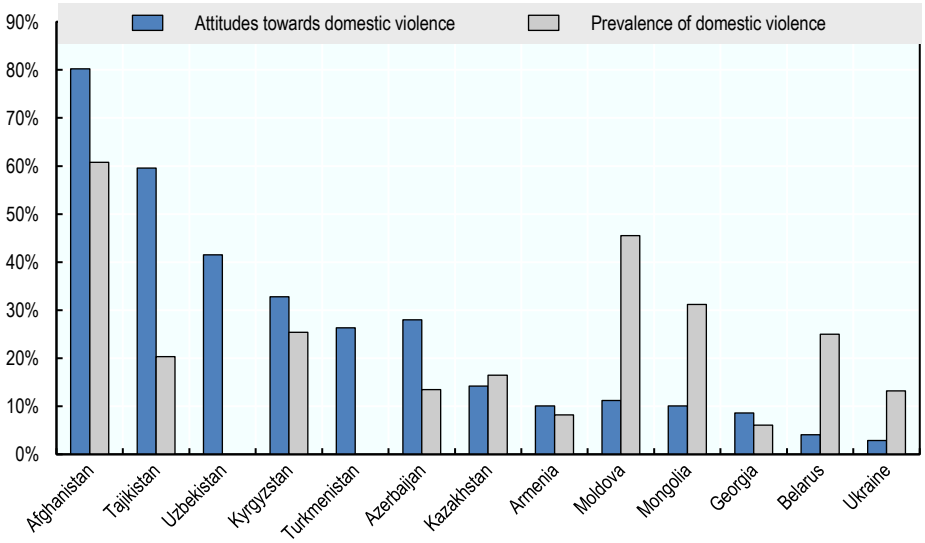
The shadow pandemic: the increase in domestic violence

In Eurasia as elsewhere, confinement measures and lockdowns have been associated with increased physical risks for women, due to the rise in domestic violence. The pandemic has shone a harsh light on how unprepared many societies are to protect victims of intimate partner violence (EIGE, 2020[43]; OECD, 2020[44]). With COVID-19 restricting movement and causing poverty-related stress, together with the collapse in seasonal migration – which usually reduces intimate partner violence – **domestic violence**

has increased sharply in Eurasia. This phenomenon has been dubbed the *shadow pandemic* – with women and children being the most affected.

Prior to the pandemic, **Central Asian countries were already reporting some of the highest rates of domestic violence in the world**. In 2019, nearly 20% of all Central Asian[7] women reported having experienced intimate partner violence (IPV) at least once over their lifetimes, compared to 17% in Eastern Europe[8] and 11% in the South Caucasus[9]. This compares with the 10% reported across the OECD area (OECD, 2019[5]). Although the regional figures are below the worldwide average (31%), grave regional disparities exist, with the incidence of IPV ranging from 6% in Georgia to 46% in Moldova. IPV is also more prevalent in Central Asian countries and Afghanistan (Figure 3). Women whose partners drink on a weekly or daily basis are more likely to indicate that they have experienced all forms of IPV, and countries that are locked in conflict tend to have higher rates of domestic violence (OSCE, 2019, p. 83[45]). The latter may help to explain the particularly high rates of IPV in Afghanistan.

Figure 3. Prevalence of intimate partner violence (IPV) and attitudes justifying IPV, 2019



Note: Attitudes towards domestic violence is measured by the percentage of the respondent justifying IPV under certain circumstances. No data on the prevalence of domestic violence in Uzbekistan and Turkmenistan.
Source: Gender, Institutions and Development Database (GID-DB): Violence against Women (OECD, 2019[46]).

The situation worsened during the lockdown, even in better-performing countries. Women across Eurasia faced **increased levels of domestic violence**, with Kyrgyzstan reporting a 65% increase in attacks compared to 2019 (UN Women, 2020[47]). In December 2020, the United Nations found that 49% of Ukrainian women had experienced sexual harassment, with calls to national hotlines doubling during the lockdown period (UNFPA Ukraine, 2020[48]). Human rights groups in Georgia stated that the number of women seeking legal aid doubled following the nation-wide lockdown (GYLA, 2020[49]). The figures from Kyrgyzstan are based on calls to hotlines, collected by the police and channelled to the media on a regular basis. However, regular underreporting in the region suggests a grave underestimation of the rise in IPV, not least because many women were under stricter control of their abusers during lockdown periods.

[7] Kazakhstan, Kyrgyzstan, Mongolia, Tajikistan, Turkmenistan, Uzbekistan

[8] Belarus, Moldova, Ukraine

[9] Armenia, Azerbaijan, Georgia

Access to shelters has also been reduced. Resources were diverted to the COVID-19 crisis response, while shelters' capacity to accept survivors during the lockdown has been further limited by social distancing rules, leaving women in the region without clear-cut support (UN Women, 2020[50]). For instance, in Ukraine, the problem is exacerbated by a lack of shelters in rural areas, although capacity is also limited in urban settings, as the country can merely offer 3% of domestic violence victims access to state-run shelters (Busol, 2020[51]). In Kazakhstan, most crisis centres and shelters did not accept victims of domestic violence due to space constraints resulting from mandatory quarantine and social distancing measures. During the lockdown, only one state-run crisis centre remained open (Kim, 2020[52]). Other countries in the region faced similar constraints; although a plethora of NGOs and international organisations are aiming to make up for the lack of state-run shelters across the region.

Social acceptance, legal loopholes, and weak enforcement put women at risk

Across the entire Eurasia region, **21% of women in 2018 said they tolerated domestic violence**, which may influence their decision to seek help or report abuse. Across six Eurasia countries, an estimated two-thirds of women who have suffered intimate partner violence have never told anyone or sought help (OECD, 2019[5]). In Kazakhstan, it is reported that the police still tend to treat domestic violence cases as a "small family dispute, telling the women to go home and try again" (Novastan, 2021[53]). In Ukraine, deep-rooted patriarchal attitudes and discriminatory stereotypes persist in political discourse, in the media and in society, normalising gender-based violence against women (Amnesty International, 2020[54]). Thus, high societal acceptance and stigmatisation of victims may be placing pressure on women to underreport.

Legal and institutional protections for women in the region were already limited in the pre-COVID-19 era. To date, few Eurasia countries[10] have provided women with comprehensive legal protection from domestic violence. There are legal loopholes concerning the criminalisation of sexual harassment (in ten countries), domestic violence (in five) and marital rape (in eight) (OECD, 2019[5]). The International Commission of Jurists (ICJ) has expressed concern about the operation of courts and about lawyers' ability to offer legal assistance to their clients across Central Asia, stating that COVID-19 has gravely reduced the access to legal assistance in domestic violence cases (ICJ, 2020[55]). Although virtual communication was encouraged, lawyers claimed that the confidentiality of their communication was compromised by this.

However, laws in place must be better enforced and their social acceptance raised. For instance, Ukraine has yet to adopt the *Council of Europe Convention on preventing and combating violence against women and domestic violence*, the so-called Istanbul Convention. Ukraine adopted in 2017 a law on domestic violence and made such behaviour punishable under administrative and criminal law (Busol, 2020[51]). A limited number of cases have been resolved by the judiciary in Ukraine and a small number of men have been convicted (45 in 2019 and just over 550 by August 2020), leaving most victims without protection (Kyiv Post, 2020[56]). The 2020 case of "Levchuk vs Ukraine" (Box 2) is a good illustration of the consequences of the current situation. In addition, changing established mind-sets takes time: 38% of Ukraine's judges and 39% of prosecutors still struggle to see domestic violence as something other than a household issue (Radio Svoboda, 2020[57]).

[10] Excluding Afghanistan and Mongolia.

Box 2. Case Levchuk vs Ukraine at the European Court of Human Rights

An instructive example of the Ukrainian judiciary's lack of responsiveness is the recent victory in the European Court of Human Rights (ECHR) of Ms Iryna Mykolayivna Levchuk, a victim of domestic violence. In the case of Levchuk vs Ukraine, Levchuk, a mother of four, fought for the eviction of her abusive ex-husband from their home in an effort to secure safety for herself and children. However, the Ukrainian courts of appeal and cassation sided with the offender and ruled that his right to housing was more important than the right of the children to a normal existence. To take a case to the ECHR, a party must first exhaust all domestic remedies – *de facto* the claimant should use all of the levels of the judicial process before lodging a claim with the ECHR. The legal process took a total of five years to run its course. Ms Levchuk won the case at the ECHR in September 2020.

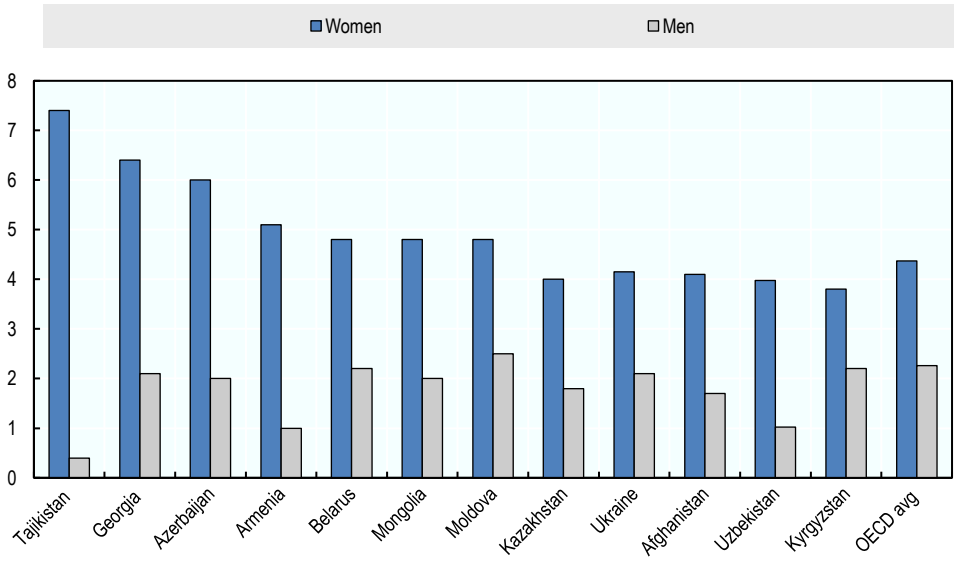
Source: (European Court of Human Rights, 2020[58])

The socio-economic cost of COVID-19

Pre-existing gaps in unpaid care work may widen even further with the pandemic

In 2019, Eurasia women allocated five hours a day on average to unpaid care work, compared with two hours for men, with drastic variations across countries (Figure 4) (OECD, 2019[5]). This remains in line with global trends: worldwide, women perform three times as much unpaid care work as men. Large gender differences in unpaid care work also stem from the fact that most single parents are women, reaching up to 90% in Ukraine (UN Women Ukraine, 2020[39]).

Figure 4 .Distribution of unpaid care work in Eurasia, latest year available



Note: Data from 2019 or latest year available: Afghanistan (2018), Georgia (2018), Uzbekistan (2006), Tajikistan (2020), Ukraine (2018)
Source: (OECD, 2019[46]; UN Women, 2018[59]; Khitarishvili, 2016[60]; Asian Development Bank, 2020[61]; Gerasymenko, 2019[62]; IRC, UN Women, Roshan, 2020[25])

Prior to COVID-19, unpaid work in Ukraine was on average carried two to three times more frequently by women than men, and since the beginning of the lockdown in March, this ratio is estimated to have risen to 4-5 times (Romanenko, 2020[19]). Only 20% of women managed to successfully combine their work and household chores, while 56% reported that their additional domestic burden affected their ability to perform well at work. In Kyrgyzstan and Kazakhstan, 80% of women reported a rise in household chores following the onset of COVID-19, compared with 58% of men (UN Women, 2020[1]). The increase in unpaid care work places particular stress on women, including young girls from vulnerable households. For them, fewer physical hours at school may directly translate in more unpaid care hours at home.

High drop-out rates have lasting effects on women's labour market prospects

Across Eurasia, **gender gaps in education were already quite persistent before COVID-19** shook up the educational systems. Nearly two-thirds of young people not in education, employment or training (NEET) were young women. In Afghanistan, 60% of those not in school were girls, with the widest gap in tertiary education: only 4.9% of women tend to reach the tertiary level, compared to 14.2% of men (UNESCO, 2021[63]). Higher female school drop-out rates in Eurasia are a direct result of the "higher prevalence of child marriage among girls than boys, early pregnancy, discriminatory attitudes and practices towards girls' higher education, and caring and domestic responsibilities" (OECD, 2019, p. 44[5]). These discriminatory practices are particularly evident in Central Asia: in Tajikistan 30% of men and 52% of women are not in education, training or employment (OECD, 2019[5]). In fact, girls in the region are four times more likely than boys to be married before reaching the age of 18. In Kyrgyzstan, 20% of girls are not in school due to early marriage practices. Thirty-seven percent of Central Asia's population believe university education is more important for a boy than a girl, whilst domestic responsibilities remain unequally distributed: 20% of women are not in education, employment or training due to unpaid care work, compared with 2% of men (OECD, 2019[5]).

COVID-19 thus risks reversing hard-fought gains with respect to closing the gender gap in education. UNESCO (2020[64]) finds that the crisis is exacerbating pre-existing education disparities by reducing the opportunities for many of the most vulnerable, including girls, to continue their learning, which threatens to erase decades of progress – not least in support of girls and young women's educational access and retention. Worldwide, an estimated 90% of students could not go to school for some part of the year as a result of the lockdown – and a third of these had no access to remote education (Fore, 2021[65]). In Central Asia, 16 million students were affected by school closures, but in Eastern Europe and Central Asia, 34% of students had no access to remote learning activities. In Tajikistan, a mere 20% of students were able to continue their schooling digitally, while in Moldova, 10.6% of teachers lacked access to ICT technology to teach their students (World Bank, 2020[66]). Learning remotely is also creating challenges in terms of managing chores and school work – 40% of girls in the region expressed time-management challenges, compared to 29% of boys (UNESCO, 2021[67]).

The quality of education has dropped, emotional anxiety has increased, and disadvantages for learners from rural, poor, and vulnerable backgrounds have been on display. Mothers have also been more affected by the rise in home schooling of children: in Afghanistan, almost half of the internally displaced population (IDP) noted increases in the time they spent teaching children (IRC, UN Women, Roshan, 2020[25]). In Ukraine, 79% of women managed home schooling single-handedly and without the support of their partner (UN Women Ukraine, 2020[39]).

COVID-19 is likely widening existing pay and participation gaps

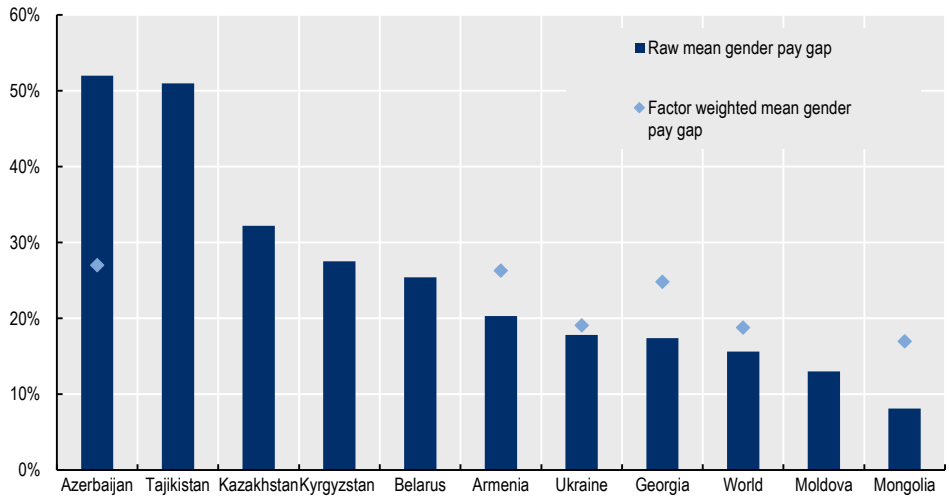
Titan et al. (2020[68]) compare the effects of past recessions on women and men: they find that in previous recessions, men's employment tended to be more affected, as married women increased their labour to compensate for husbands' loss of earnings/employment. **This time around, with women-dominated sectors hit and childcare reduced, women seem to be suffering more**, in both developed and

developing countries. In some countries in Eurasia, initial data suggest that women's employment rates have dropped: one in ten employed women in the region has had to take unpaid leave, compared to 8% of men. Over 40% of women in the region did less paid work during the lockdown period. The highest gender gap was observed in Azerbaijan with a difference of 13 percentage points (UN Women, 2020[1]). In Kazakhstan, a survey found that 26% of women experienced job losses, compared with 22% of men. The pandemic has also hit self-employed women hard, with 81% in Kazakhstan and 77% in Kyrgyzstan (compared to 57% of men) reporting reduced working hours or job losses (UN Women, 2020[1]).

The **gender pay gap risks being widened further** due to rising unemployment rates, reduced working hours and pay cuts – currently ranging from 8% in Mongolia to over 50% in Tajikistan and Azerbaijan (Figure 5). One paper has found that the wider the wage gap between spouses, the higher the motivation for women to exit labour markets entirely in favour of unpaid care-giving duties at home. This may explain the prevailing labour market trend in the United States, where roughly 800 000 of the of the 1.1m people who left the workforce in August and September 2020 were women (73%) (Bateman and Ross, 2020[69]). Nevertheless, such effects remain to be confirmed by more concrete labour force data and longer-term monitoring of the gender pay gap.

Even before the pandemic, women in Eurasia tended to work in lower-paid jobs, earning 30% less than men on average (OECD, 2019[5]). The tendency to take on lower-paid jobs, combined with differences in salaries for the same professions, means that women earn 78% of what men do on average in Ukraine, and only 50% in Azerbaijan (Khitarishvili, 2016[60]). (Figure 5) reveals stark regional disparities, and hints at the differences in the raw and factor-weighted gender pay gap[11]: in Azerbaijan for instance, the factor-weighted pay gap drops significantly, pointing to big differences in the job types undertaken. These differences in income affect women's ability to financially cushion the effects of the crisis.

Figure 5. The gender pay gap in Eurasia

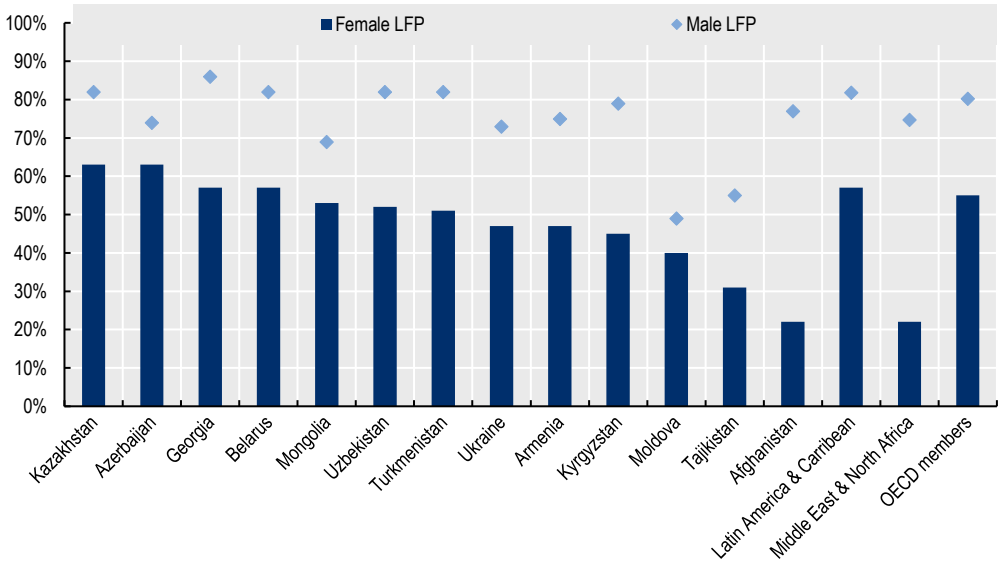


Note: Data for the most recent year available (Azerbaijan, Georgia, Belarus, Moldova, Kazakhstan: 2017; Mongolia: 2016; Armenia: 2015; Ukraine: 2012).
Source: (ILO, 2018[70])

[11] The raw mean gender pay gap does not account for factors that may affect earnings (e.g. hours worked, age, etc.).

In 2019, female labour force participation (LFP) across the region stood at 53% for women, compared to 71% for men (ILO, 2019[71]). As shown in (Figure 6), more than half of Eurasia countries have female LFP rates above 50%, slightly below the averages of Latin America (57%) and OECD members (55%), but above those found in some other regions of the world. These relatively high female LFP rates are a legacy of the Soviet era, when women's participation in the labour force was strongly encouraged. Today, female LFP rates range from 63% in Kazakhstan to a low of 22% in Afghanistan. In Ukraine, female LFP has been declining over the past five years, a common trend in the region, also observed in Kyrgyzstan and Moldova (ILO, 2019[71]). Declining female labour force participation rates reflect a range of factors, from difficulties in accessing childcare services and the low availability of part-time employment, to large outward migration and cultural perceptions of motherhood (Giuliano, 2020[72]). **With COVID-19 hitting, the region risks seeing a further downward trend of female labour force participation** – requesting immediate government action.

Figure 6. Male and female labour force participation, ages 15-64 (modelled ILO estimate), %, 2019

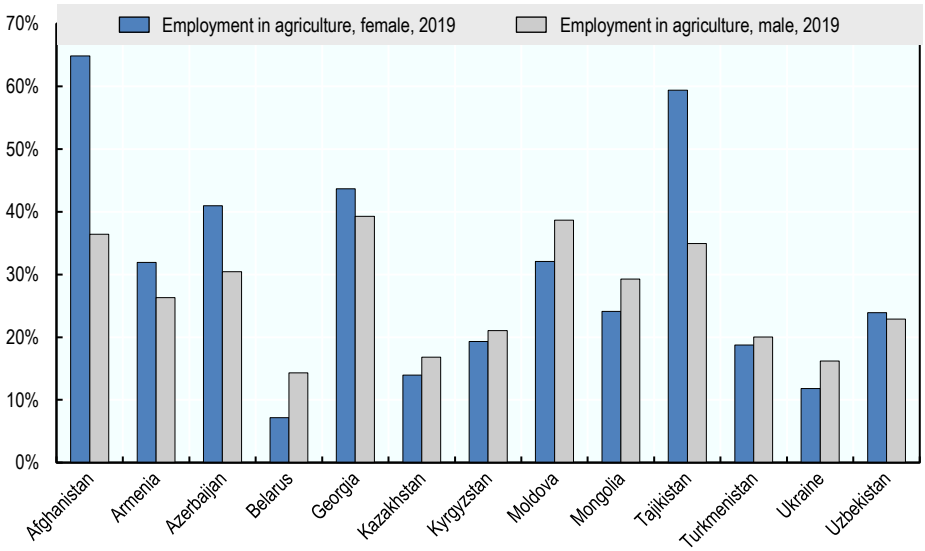


Source: (ILO, 2019[71])

Women tend to work in sectors hit especially hard by COVID-19

Many of the sectors most severely affected by the crisis – generally, those that rely on face-to-face interaction – are also major employers of women. Women in Eurasia countries tend to be employed in sectors such as textiles, accommodation and food services (55%), education (72%) real estate and other services, which have been hit hard by the crisis (OECD, 2020[73]). Agriculture remains an important sector in many of the region's economies. Its GDP share ranges from 4% of GDP in Kazakhstan to 26% in Uzbekistan, but its share of employment is far larger, albeit declining in recent decades (World Bank, 2019[74]). It contributes to a large share of female employment (Figure 7). In countries like Afghanistan, Azerbaijan, Georgia and Tajikistan, agriculture accounts for more than 40% of female employment (ILO, 2018[75]). Due to the pandemic and border closures, however, the agricultural sector has been subjected to "negative impacts on transportation, storage, sales, financial situations, input availability and labour markets". In particular, Kyrgyzstan and Uzbekistan's agricultural sectors have not yet fully recovered, with sales disruptions an unresolved issue (FAO, 2020[76])

Figure 7. Employment in agriculture, (% of total employment, female/male), 2019



Source: (World Bank, 2019[77])

Nearly 92% of firms in the manufacturing sector in Afghanistan, which employs a larger share of women than men, experienced a shortage of cash flows and a difficulty in fulfilling contracts (UNIDO, 2020[78]). With legal restrictions on women's pursuit of certain economic activities – measures that date from Soviet times – women in Eurasia also cluster in primarily public and low-income sectors (OECD, 2019[79]). These factors affect women's resilience throughout the crisis.

Resources and sources of resilience

Women are more prone to working in vulnerable positions

The tendency of women to choose vulnerable positions (Figure 8) – namely as *contributing family workers*[12], self-employed, part-time employees or domestic workers – has made them more prone to insecure and informal work arrangements. Women's overrepresentation in vulnerable employment also leaves them with less access to social protection and healthcare, issues that have even more salience than usual during the pandemic. While these types of positions provide flexibility, they are also correlated with lower productivity and limited fiscal resources. The ILO (2018, p. 3[80]) finds that vulnerable workers are "more prone to have informal work arrangements and less likely to have social security coverage and to benefit from social dialogue".

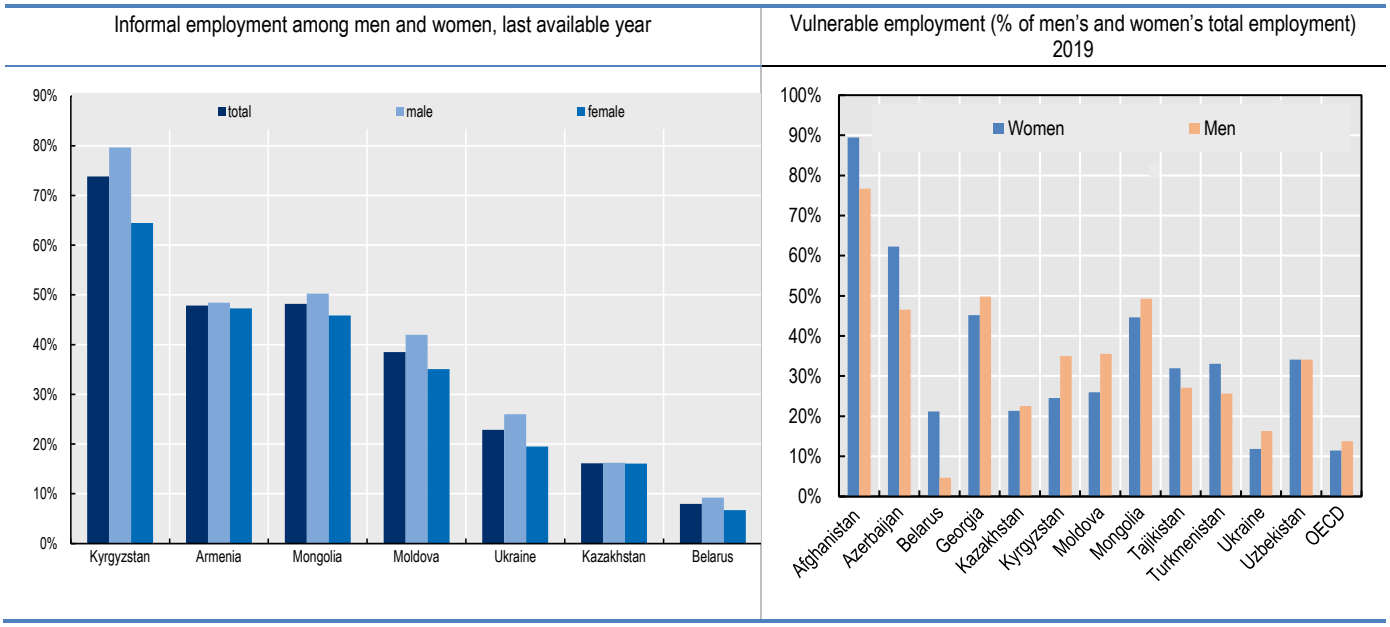
There are several reasons for women's predominance in vulnerable employment. **Most countries in the region do not offer reliable childcare services**; as a result, women choose positions that allow them to juggle employment with unpaid care work[13]. The OECD SIGI 2019 regional report on Eurasia finds that

[12] A contributing family worker is a person who holds a self-employment job in a market-oriented establishment operated by a related person living in the same household, and who cannot be regarded as a partner because the degree of his or her commitment to the operation of the establishment, in terms of the working time or other factors to be determined by national circumstances, is not at a level comparable with that of the head of the establishment.

[13] Unpaid care work refers to all unpaid services provided within a household for its members, including care of persons, housework and voluntary community work.

gender-specific constraints, including discriminatory laws, informal norms and social practices, encourage women into home/ family-based occupations and informal activities (OECD, 2019[5]).

Figure 8. Informal and vulnerable employment among men and women



Note: Data is for the most recent year (ARM 2017, BLR 2018, KAZ 2017, KGZ 2018, MDA 2018, MNG 2019, UKR 2017). Data for KGZ and MNG are imputed [ILO harmonised series].
Source: (ILO, 2018[75]) (ILO, 2019[81]) (World Bank, 2019[82])

Women in the region also tend to operate as own-account workers (so-called self-employed businesses), since this status entails fewer and simpler regulations and procedures. As it remains easier to underreport income as a micro-firm, own-account workers choose to remain small. In Central Asia, 28.2% of all employed women have been self-employed, reaching up to 32.5% in Uzbekistan and 37.8% in Tajikistan (UN Women, 2020[83]). Up to 29.7% of own-account workers were informal in 2019 – leaving many outside any social security or health coverage. Although there is considerable variation across countries and sectors, across the region more men than women are actual *employers*. In their report on Eastern Europe and Central Asia, the ILO finds that "the share of women managers generally shrinks as the size of the enterprise increases" ((ILO, 2017[84]).

Overall, women and men have the same likelihood of working informally in Eurasia, but there are differences in the types of informal work that women undertake (services, domestic care, agriculture) as opposed to men (construction, transport services, trade). Women in the informal agricultural sector tend to produce or sell agricultural produce grown on own garden plots. They often undertake this work as contributing family workers (28% of women's employment compared to 9% of men's in Central and Western Asia). In non-agricultural informal activities, women engage in garment production, shuttle trade or local market trade. The Asian Development Bank has reported that 70-80% of bazaar vendors and 50% of bazaar-based shuttle traders in Uzbekistan are women (Asian Development Bank, 2014[85]). Lockdowns have halted many of these informal undertakings, rendering it difficult to make ends meet, particularly without greater state support. As a result of COVID-19 restrictions and the economic fall-out, the United Nations estimated that the relative poverty rates of informal workers could rise from 34% to 80% by end-2020 (ILO, 2020[86]).

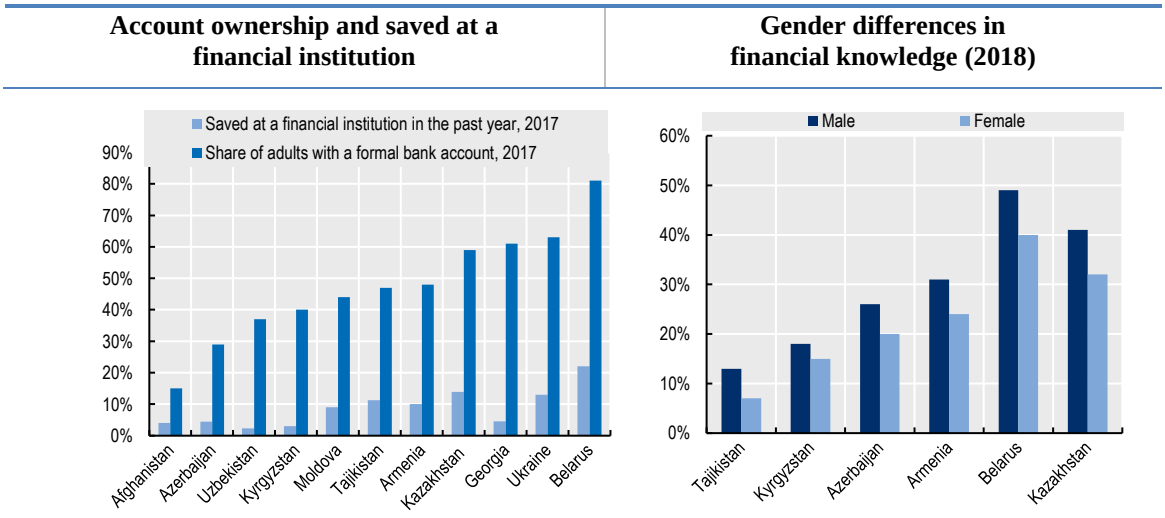
Women in the region generally have lower savings and financial literacy

In 2020, the share of vulnerable employment in the Eurasia region averaged 38%, leaving large swathes of the population without social protection. Coverage for women, in particular, is low. Migrant remittances and traditional informal safety nets have partially offset the limitations of formal social protection schemes, but they remain inadequate in times of crisis (OECD/ILO, 2019[87]).

All these factors affect the ability of women to cushion the financial effects of the shock. Gender dynamics in the region present obstacles to women's ownership of fixed assets or access to collateralised credit (Balson, 2017[88]). Estimates of saving rates in the region remain low, and only 38% of adults in Central Asia have savings. With women reckoned to have lower savings and more limited access to financial products, a sudden shock to income may leave them more vulnerable to immediate poverty and financial distress.

It is notable that the **Eurasia region has among the lowest financial inclusion rates in the world**. Countries such as Armenia, Tajikistan and Turkmenistan report the highest gender gaps in financial inclusion (Figure 9). In 2017, almost 60% of women in the region did not possess a bank account, which underscores the challenges faced by many women with respect to participating equally and fully in business and in the economy (Demirguc-Kunt and Muller, 2019[89]). Low financial inclusion also hinders the government's ability to distribute targeted financial aid to women. In Afghanistan, men were three times more likely to have bank accounts than women, and were also substantially more likely to have them in Armenia and Tajikistan.

Figure 9.Measures of financial inclusion



Note: Percentage of respondents achieving minimum target score of 5 out of 7 by gender. Financial knowledge refers to a basic knowledge of financial concepts and the ability to apply numeracy skills in a financial context, ensure that consumers can act autonomously to manage their financial matters and react to news and events that may have implications for their financial well-being.
Source: (World Bank, 2017[90]); (World Bank, 2017[91]); (OECD, 2018[92])

In 2020, **women also faced dramatic drops in remittance income**. In the first quarter, remittances from Russia to the Commonwealth of Independent States (CIS) countries fell 48% year-on-year. The region registered the sharpest decline in remittances worldwide, which disproportionately affected women, as they are also more dependent on remittance income. In Kyrgyzstan, some 27% of women have been reliant on remittance flows, which declined as a result of the collapse in seasonal migration. Among remittance-reliant households, 88% of Kyrgyz women reported a decline in remittances received from

abroad, compared to 47% of men. The corresponding figures for Georgia were, respectively, 60 and 48%, and for Azerbaijan 41 and 32% (UN Women, 2020[1]).[14] While they are sometimes deposited in banks or used for investment, most remittances are used for immediate needs (chiefly consumption), ranging from 57% in Tajikistan to 72% in Armenia, and 80% in Georgia (Prokhorova, 2018[93]). The impact of falling remittances on household consumption is therefore substantial, and all the more so given that remittance-dependent households typically have low savings.

In light of these developments, a greater share of women than men across the region anticipate difficulties meeting rent and utilities payments if restrictive measures continue. Among them, those with children anticipate more difficulties in paying rent and utilities than those without children (UN Women, 2020[1]).

Digital gaps and unequal voice in public- and private-sector decision-making

Limited digital connectivity and access to services could challenge an inclusive recovery

Recovery from COVID-19 can be supported by the digitalisation of public services, which can in any case improve the business environment, facilitate public service delivery and encourage informal businesses to transition to the formal sector. Across the Eurasia region, internet penetration varies significantly, from a high of 83% in Belarus to less than 25% in Afghanistan, Turkmenistan and Tajikistan (OECD, forthcoming[94]). Moreover, negative gender effects were observed in terms of access to the internet in the post-Soviet region in a 2019 study, which found that men with elementary and secondary schooling were 18% and 4% more likely than women to have internet access, although women with post-secondary education were 3% more likely to have internet access than men (Crabtree and Diego-Rosell, 2019[95]).

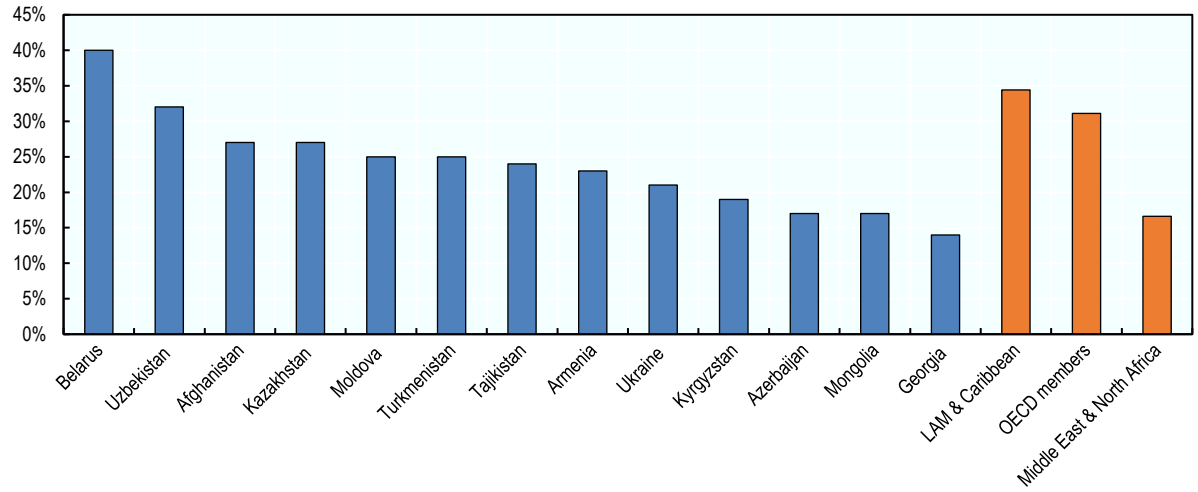
In terms of e-government, e-services are available in all Eurasia countries, though their range and quality vary significantly. Developing digital infrastructure and improving access to e-services in Eurasia could play an important role in supporting female entrepreneurs and ensuring a more inclusive recovery from COVID-19 (OECD, forthcoming[94]).

Women's role in public- and private-sectors decision-making remains limited

Women's **participation in political and public decision-making jobs** also remains limited, constraining their ability to advocate for a robust, gender-oriented recovery programme from the effects of COVID-19. Despite representing the majority of the global healthcare workforce, only 25% of women hold senior roles (WHO, 2019[96]). As shown in (Figure 10), on average, across the region only about 19% of parliamentary seats are occupied by women, compared with 30.1% across the OECD (OECD, 2019[5]). This is bad news for both women and men. A growing body of research suggests that **countries where women are kept out of power tend to be less successful** (Criado-Perez, 2019[97]). Female politicians bring greater attention to issues such as gender-based violence, family-friendly policies and poverty reduction. In fact, including more women in legislatures may help tackle overall inequality, making the case for policies that enhance women's participation in the public sphere.

[14] In some countries (e.g., Kazakhstan and Moldova) the reported impact was roughly the same.

Figure 10. Proportion of seats held by women in national parliaments (2020)



Source: (World Bank, 2020[98])

Although the average has risen over the past decade, **women's actual power in decision-making remains limited by political, cultural and economic barriers**. For instance, the OECD SIGI 2019 regional report on Eurasia finds that 62% of Eurasia's population still believe that men make better political leaders than women do (OECD, 2019[5]). Moreover, some of the highest levels of female representation in parliament are recorded in countries from the region with relatively weak legislatures and strong executive domination of the system. In Ukraine, where parliament plays quite a central role in decision-making, there was an increase in the number of women in parliament in 2019, reaching 20%, and an informal "Equal Opportunity" group was created in the parliament (Romanenko, 2020[19]), although the gender agenda has largely stalled.

Women are also **under-represented in leading private-sector roles,** while the crisis has revealed the need for diverse perspectives in every sphere to push for a more inclusive, family-friendly and sustainable recovery in the private sector. The *G20/OECD Principles of Corporate Governanc*e also acknowledge that diversity in the boardroom is integral to sound corporate governance (OECD, 2019[99]). Across the OECD area, women make up one-third of managers, and on average 25.5% of publicly listed company boards were composed of women in 2019 (OECD, 2020[100]). In Eurasia, the number of women in managerial positions varies from 15% in Tajikistan to 40% in Mongolia (OECD, 2019[79]). In Eastern Europe and the South Caucasus, women account for 9% of Central Bank board members, 15% of governing boards of trade unions, and less than 15% of board members of companies registered on the stock exchanges (OECD, 2019[79]). The OECD suggests that gender-diverse boards can engender better teamwork, and more effectively tackle issues such as rising inequalities and the gender pay gap – which are inherently widening due to the pandemic.

2 Planning the Recovery

Prior to the pandemic, the OECD had already estimated the cost of discriminatory formal rules, informal norms and social practices restricting women's economic empowerment at around USD 39 billion or 7.5% of Eurasia's GDP. As they seek to engineer a path to recovery from the current crisis, governments in the region cannot afford to overlook the potential gains of removing such discrimination. Policies fostering women's employment in the Nordic countries over the past 50 years have accounted for an estimated 10-20% of average annual growth in GDP per capita. Governments thus have a strong incentive to remove the hurdles women face on their path to economic empowerment, in the interests of all their citizens. "Building back better" will mean, among other things, designing recovery policies that offer greater opportunity for women as well as men in order to realise their full potential and share in the fruits of growth. This requires action on a number of fronts.

Enhancing public health coverage and services

Across Eurasia, governments have imposed lockdowns, and taken other measures to protect the health of their populations from COVID-19. However, in the process, many have neglected to address sexual and reproductive healthcare concerns and other urgent needs that women require. To counter a potential surge in maternal and child deaths, a **greater focus on sexual and reproductive health** will need to be established alongside COVID-19 health priorities. In Eurasia, both Kyrgyzstan and Uzbekistan have started offering training sessions to health practitioners, with the aim of reducing maternal and perinatal morbidity and mortality. In Italy and Israel, officials have promoted telehealth initiatives to replace in-person care wherever possible, with many antenatal and postpartum services being delivered by videoconference (WHO, 2020[101]). In the Australian state of Victoria, innovations in online and sexual and reproductive healthcare include a service that delivers contraceptive pills to a female patient's door following online consultation by a doctor (Gender Equity Victoria, 2020[102]).

Previous critical experiences may also be considered: in the aftermath of the Ebola outbreak, the Democratic Republic of Congo moved antenatal care into schools and public spaces, to ensure that women continued to make use of these life-saving services despite the containment measures. Amidst conflict situations, the OECD recommends the bundling of health services, such as the Basic Package of Health Services (BPHS) offered in Afghanistan (which addressed maternal mortality, obstetric care, child mortality, immunisation, nutrition for children, tuberculosis and malaria control services in one visit) (OECD, 2008[18]).

It may also be necessary to **offer a broader array of health, prevention and testing services free of charge for a certain period**, in co-operation with the development community. Increased prevention efforts and health awareness campaigns could be put in place. For instance, the Afghan government co-operated with the Taliban during the COVID-19 pandemic in order to make sure that awareness campaigns were implemented across the country. These campaigns included information on sanitary/ health measures, as well as business and support opportunities on creating masks and sanitary materials for medical staff. In general, it remains crucial to communicate effectively during the pandemic, but to "strike a balance between preventing panic and encouraging action" (OECD, 2020, p. 4[103]).

With the initiation of mass vaccination campaigns, **governments are encouraged to take gender into account in their immunisation strategies**. Maintaining trust and providing reliable information during the

immunisation programmes are crucial, so as to encourage both men and women to undertake the vaccination. For instance, the WHO does not recommend Pfizer BioNtech COVID-19 vaccination for pregnant women – something that should be clearly communicated by the government as well as trusted female civil society figures (WHO, 2021[104]). Initiatives such as the Jhpiego Gender Analysis toolkit and the Gender Analysis COVID-19 Matrix developed by the Simon Fraser University can provide valuable frameworks (Jhpiego, 2016[105]; Simon Fraser University, 2020[106]). Governments are furthermore encouraged to:

- draw on the expertise of local gender experts when designing immunisation strategies;
- co-ordinate with frontline workers (on PPE access, equal and timely remuneration); and
- closely align with established women and youth led civil society organisations that command trust in communities (GAVI, 2021[33]).

Over the longer term, some countries will have to **invest heavily in their outdated and expensive healthcare systems**. For sake of efficiency, some of the immediate responses to the current pandemic could be up-scaled. Most Eurasia countries have put in place mobile COVID-19 clinics, which could serve as a pilot for addressing other health challenges, including maternal and child health, particularly outside the major cities, where access to care is a particular problem (OECD, 2018[30]). This could help mitigate regional inequalities in healthcare access. In Ukraine, for instance, UNFPA set up mobile clinics during the pandemic offering medical and psychosocial assistance to remote villages, which in 82% of cases enabled a first-ever diagnosis of disease (UNFPA, 2020[107]) and could be then used for addressing some of the most pressing health needs. To address high out-of-pocket expenditures and the trend towards privatised spending, governments are also encouraged to develop data and implement a more comprehensive and evidence-based public health strategy, which addresses chronic disease risk factors in particular.

Governments also need to reflect seriously on what COVID-19 has revealed about men's health, with both biology and behavioural factors causing higher death rates amongst men (Box 1). Recent WHO and Promundo initiatives offer guidance to governments seeking to enhance the health of both women and men (Box 3).

Box 3. Improving men's health by addressing the overall societal impact of masculinities

The WHO recommends putting in place complementary strategies for improving women's and men's health[15]. To this end, it developed a *Strategy on the Health and Well-being of Men,* which ultimately aims to tackle the norms and structures that affect men's exposure to risk factors. In a similar vein, Promundo recommends addressing the overall societal and health impact of *masculinities* with a multi-sectoral approach, including:

- promotion of a healthy idea of manhood;
- integration of harmful masculine norms into occupational safety policies;
- promotion of gender-sensitive programmes questioning masculine norms that contribute to tobacco smoking, excessive risk-taking, and drunk driving;
- development and funding of national and regional men's health strategies; and
- capacity-building of health care personnel to understand masculinities and men's health needs.

Three countries – Brazil, Ireland and Australia – have already developed national men's health policy frameworks or departments, which include prevention treatments and awareness campaigns, amongst others. Acknowledging men's tendencies to engage in unhealthy lifestyles, some governments have put in place prevention policies to tackle obesity, the harmful use of alcohol and other behaviour-induced diseases.

Sources: (WHO, 2018[108]; Ragonese, 2019[15])

[15] See page 7.

Protecting women's integrity and reducing domestic violence

Domestic violence should be addressed as a priority. Victims should be able to rely on trustworthy, readily accessible mechanisms to report abuse and receive support despite quarantine measures. Good practices across OECD countries for immediate support measures include virtual and free-of-charge psychosocial support, widespread information and awareness campaigns for both victims and perpetrators, code words at go-to places such as pharmacies and supermarkets (Kazakhstan), and the transformation of hotels and unused spaces into additional shelters (Afghanistan, Kyrgyzstan). In addition, the use of remote hearings can help to ensure that lockdown measures do not obstruct women's access to justice. Georgia has ensured that court cases continue remotely, on top of developing a mobile application that makes it easier to report domestic violence cases (UNDP, 2021[109]).

Early prevention is critical. For example, in September 2020, after Ukraine's accession to the *Biarritz Partnership for Gender Equality*, the president signed a decree[16] aimed at preventing domestic violence, by (amongst other things) introducing principles in schools to develop less violent behaviours. The decree also requests increased funding and staff for support services, together with better data collection on domestic violence (Lapatinaa, 2020[110]).

Further **co-ordinated efforts should be put in place** in order to reduce risk and protect the victims. For instance, Spain has strengthened co-ordination among health, police and justice services, as has Lithuania (EIGE, 2020[43]). Working in partnership with non-governmental organisations (NGOs) can also prove effective, particularly where the pandemic is contributing to such a rise in domestic violence making it harder for public services to respond. In Ukraine, the NGO La Strada, which provides a hotline for preventing domestic violence, has recently established a partnership with the police and started co-operating on cases to ensure that emergency calls are taken into account and that victims are protected (Kyiv Post, 2020[56]). Co-operation with international actors also allowed Tajikistan to establish 13 victim support rooms that offer medical and psycho-social support to victims of domestic violence. Kazakhstan also co-operated with the OSCE to expand existing crisis centres following the first wave of the pandemic.

Over the long term, a **whole-of-government approach** to gender-based violence is needed. More and better data collection on gender-based violence is an essential first step. More widely available anonymous complaint mechanisms are also needed, coupled with regular surveys across the country (urban/rural). A national gender strategy, drafted in consultation with all relevant actors (civil society, public and private sector, survivors), could be implemented to make sure that services to victims are delivered across the sphere, including mental and physical health, housing, income support, and access to legal and justice resources. The Slovak Republic, for example, adopted strategic documents to address these issues and strengthen the role of women in the society, including the new legislation on equality, a National Strategy for Gender Equality and a National Action Plan for Prevention and Elimination of Violence against Women together with NGOs in the country (OECD, 2019[79]) (OECD, 2021[40]). Also in Uzbekistan, the reforms have been designed to take account of the gender challenge, seeking to improve women's economic, social and political opportunities. This is reflected by the adoption, in 2020, of the 2030 Strategy for Achieving Gender Equality (OECD, 2021[40]). Other OECD countries, including Ireland, Spain and Lithuania, adopted national action plans following the outbreak of the pandemic and the concurrent rise in domestic violence, in order to facilitate funding channels for support services, such as shelters and psychosocial support (EIGE, 2020[43]). Seven countries in the region have already put in place national action plans, which could be better adapted to crisis situations.

[16] Decree of the President of Ukraine № 398 / 2020 on urgent measures to prevent and combat domestic violence, gender-based violence, protection of the rights of victims of such violence: www.president.gov.ua/documents/3982020-35069

Better legislation is needed to strengthen the security and protection that women need in normal times, and especially so during crises. Mongolia and Moldova have put in place new legislation to criminalise IPV and protect victims, making them regional frontrunners on the matter. However, only two countries in the region have signed the *Istanbul Convention* on violence against women and domestic violence – Armenia (2018) and Ukraine (2011) – while none have ratified it (OECD, 2019[5]). Adherence to the *Biarritz Partnership for Gender Equality*, which identifies 79 good practices in four areas (violence, economic empowerment, education and health, and discrimination) and in all the regions of the world, could provide a good framework for evolving legislative agendas. In many cases, it may be necessary to review and expand existing legislation to protect women. For instance, as an immediate response to the COVID-19 crisis, legislation in Latvia, Estonia, Slovak Republic and France now obliges governments to provide women facing violence at home with alternative accommodation. The same legislation also declared shelters as essential services to make sure they can continue operating freely (EIGE, 2020[43]).

Law enforcement should be strengthened. Better legislation will only deliver benefits if effectively and consistently applied. Governments could take inspiration from the *OECD Global Network of Law Enforcement Practitioners against Corruption.* This network brings together practitioners from national authorities worldwide that investigate or prosecute corruption-related crimes and provides an opportunity to investigators, prosecutors and other law enforcement officials from both OECD and non-OECD countries to share good practice, learn modern and effective methods of investigation, and build networks in a confidential environment. An analogous *Network of Law Enforcement Practitioners to Fight Violence against Women* could be considered.

Legal protection mechanisms should also be adapted to current realities: in Ukraine, the aforementioned Presidential decree № 398/2020 calls on parliament to implement a law recognising cyberstalking as a form of gender-based violence. With COVID-19 and the rise in digital interactions across the region, it is important to acknowledge this risk. Another crucial aspect governments should consider is the cost of access to justice, which can deter women from taking action. Virtual proceedings, legal aid or collaborations with development partners to offer free-of-charge services could help in this respect.

Awareness campaigns and dedicated training across the public sector, including the police and civil society, with the latter engaging men and boys as agents of change, are needed in order to change mind-sets to recognise IPV and put an end to stereotypes. Numerous Eurasia countries have introduced awareness campaigns over the years, particularly linked to the 16-day global campaign *Activism against GBV*, which begins on 25 November every year. Campaigns range from theatre pieces on the stories of victims in Ukraine to conferences raising the issue in Kazakhstan. Azerbaijan has also offered online discussions and trainings on accessing legal aid as a domestic violence victim (UNDP, 2021[109]). Governments could further collaborate with civil society organisations and integrate support mechanisms into COVID-19 healthcare responses, by training healthcare providers to identify women and children at risk of violence. Providing specialised training and specific guidelines to front-line police to conduct risk assessment and deliver relevant risk-management interventions for intimate partner violence would be beneficial. For instance, in Spain, the government launched an awareness campaign emphasising that domestic violence is a human rights violation, not a private issue. (EIGE, 2020[43]).

Supporting women's economic empowerment and well-being

Governments in the region should adopt practices that promote **gender equality in education, promote family-friendly policies and working conditions that enable fathers and mothers to balance their work and family responsibilities**, as well as to facilitate women's participation in private and public sector employment. To guide their efforts, Eurasia countries could **adhere to *the OECD Recommendation of Council on Gender Equality in Education, Employment and Entrepreneurship (2013)***, which recommends increasing the representation of women in decision-making positions, eliminating the

discriminatory gender wage gap, promoting all appropriate measures to end sexual harassment in the workplace, reducing the gender gap in entrepreneurship activity, and paying attention to the special needs of women from disadvantaged minority groups and migrant women (OECD, 2017[111]).

Public awareness campaigns tackling gender stereotyping and norms need to be implemented across the region if public policy is to promote gender equality at its roots. Societal attitudes towards the roles of mothers and fathers in caring for young children and concerns around potential career implications contribute to a general reluctance among many fathers to take long leave. Gender stereotyping also creates additional challenges in law enforcement, with dedicated advocacy programmes necessary in all spheres of society. Across the OECD, many governments are trying to change gender stereotypes through public awareness-raising campaigns. For instance, Australia's joint public-private campaign "Equilibrium Man Challenge" was an online micro-documentary series that sought to raise awareness of work-life balance by following a group of men who were pursuing flexible work arrangements, often to care for family members. Australia reports that the documentaries reached nearly 30 000 views, and were successful in generating awareness of flexible work and promoting uptake of flexible work arrangements in the partner organisations (OECD, 2017[7]).

OECD research has shown that as GDP increases, a reduction in the physical and time-intensive tasks of unpaid care work can be observed mainly for women, but this does not lead automatically to a more equitable income distribution among household members. A reduction in women's unpaid care work has also been correlated with a ten percentage point increase in women's labour force participation rate (Ferrant, Pesando and Nowacka, 2014[112]). Governments are therefore encouraged to **support both men and women in their uptake of unpaid care work**, through:

- social policy tools that encourage men's uptake of unpaid care work, such as paternity leave or specific parental leave;
- alternative public care for the children of essential service workers;
- emergency care support, such as child care vouchers, to workers who cannot make other arrangements;
- affordable child-care and elderly care services to help families bundle their child-care responsibilities, allowing men and women to take on more paid hours of work;
- a whole-of-government approach to support for parents juggling unpaid care work and employment, encompassing infrastructure, social protection and the delivery of social services; and
- addressing the needs of the formal care economy, by raising wages, improving labour conditions, and aiming to promote formalisation in order to address precarity in these jobs.

In order to address widening gender gaps in education, governments in the region should aim to **keep schools open** if possible. Decisions on school closures could be outsourced to the local level, which would make it easier to assess the immediate risk of transmission. In Kyrgyzstan for instance, local entities decide on school closures on a case-by-case basis. In places where school closures are inevitable, safeguarding measures are needed, including ensuring that children at risk of violence or malnutrition still receive continuous support. Governments could do so by providing in-kind support to low-income families, and emergency child-care services for families in need. For the recovery period, governments could offer targeted programmes to support students that have dropped out, and to ramp up the capabilities of remote learning at scale. Over the long-term, governments are encouraged to **tackle discriminatory measures that are still causing gender gaps in education** (World Bank, 2020[66]).

An **expanded social safety net** could better support those employed in vulnerable or precarious positions. In line with OECD responses, governments in Eurasia could explore ways of expanding their currently limited social safety nets, at least to the extent that fiscal circumstances permit, by offering paid sick leave

(for formal sector employees), unemployment insurance, targeted cash or voucher schemes, and tax relief (OECD, 2020[113]). Measures that are likely to be particularly valuable for women include increasing the generosity of out-of-work benefits (and extending coverage to non-standard workers), and providing easier access to benefits for low-income families, in particular single parents (OECD, 2020[114]). Cash transfers, vouchers and in-kind donations have been popular measures that Eurasia governments have used to target and support low-income families. For employees in the informal sector, it will be crucial to put in place immediate, as well as targeted schemes to ensure minimum income for those in need. Considering that women more often take on vulnerable positions and part-time work, a gender focus should be included in support schemes, such as child benefits or automatic benefits for part-time workers.

Offering financial schemes to distressed sectors can have a positive spill-over effect for women. Armenia, for instance, has put in place lump sum payments to both employed and self-employed workers in the hardest hit sectors, with targeted credit guarantee schemes to the agribusiness sector – the largest female employer in the country. Governments across the OECD have also offered employment subsidies and liquidity support (grants/tax deferrals) to women-dominated sectors in particular. Dedicated financial facilities have also been set up to help small business owners, many of them women, to address the short-term consequences of the outbreak. It is particularly important for governments to ensure that self-employed workers can access emergency financial support, especially if they do not qualify for out-of-work benefits.

Other measures have included dedicated funding streams or reserved shares of loan programmes, coupled with non-financial support programmes such as business development services (consultancies/ trainings). Central Asian governments, in collaboration with development partners, could aim for similar measures to help affected sectors financially tackle the reduced income. Governments could tap into the World Bank's Women Entrepreneurs Finance Initiative (We-Fi) which has announced support for 15 000 women-led Businesses in Central Asia and the MENA region.

Over the long-term, efforts to **facilitate access to digital banking** in order to support access to finance and reduce financial vulnerability, particularly for women, will be essential. OECD work has shown that expanding digital banking capabilities enhances access to finance for women worldwide, since they provide greater flexibility, privacy, and security – important factors for all consumers but especially for women (OECD, 2018[115]). To achieve this, governments will have to advance their wider digital agendas to enable citizens to access digital banking opportunities more easily. In their crisis response, governments and central banks will also have to take the banking realities as well as the high reliance on remittances into account, adapting support measures accordingly. While digital banking is being developed, it will also be important to roll out traditional banking services to women more widely. **Country-wide financial literacy programmes will need to underscore all other efforts**.

Building back better is also a question of enabling women to capitalise on new economic opportunities. Governments should seek to expand access to skills training that equips women for jobs in the fast-growing digital and climate sectors. Taking advantage of digital opportunities will require Eurasia governments to continue developing both hard and soft infrastructure (e.g. internet penetration rollout as well as specialised skills training, regulatory development etc.).

Enhancing women's influence in the political and private spheres

Ensuring that **women are given voice in shaping post-crisis recovery policies** will be essential; their perspective is critical. Women's organisations that are often on the front line of response in communities should be represented and supported. The involvement of women in negotiating peace agreements is associated with a 35% increase in the likelihood of the agreement lasting at least 15 years. Some previous post-disaster recoveries have effectively illustrated the costs of excluding women, with extreme examples including houses rebuilt without kitchens, food distributions that excluded cooking oil, and cities rebuilt

without nursery schools or health centres. Although the *UN Security Council Resolution 1325* calls for the participation of women in reconstruction efforts, the resolution remains non-binding. Between 1992 and 2018, women made up 13% of negotiators, and merely 4% of signatories in peace processes.

Women's participation in public and political life should be encouraged, with women empowered and given access to formal and informal political spaces. Over the long term, countries in Eurasia could consider **adhering to the *OECD Recommendation of Council on Gender Equality in Public Life (2015)*** which includes three high-level provisions related to gender mainstreaming and gender balance in both the public and private sectors and has 16 action-oriented recommendations to ensure effective implementation and monitoring. The Recommendation promotes a government-wide strategy for gender equality reform, sound mechanisms to ensure accountability and sustainability of gender initiatives, and tools and evidence to inform policy decisions. It also identifies policy options to boost equal access to public life, including politics, judiciaries, and public administrations for women and men from diverse backgrounds.

Enhancing women's leadership in the private sector will also be an important priority. The *G20/OECD Principles of Corporate Governance* envisage "voluntary targets, disclosure requirements, boardroom quotas, and private initiatives to improve gender balance on boards and in senior-level roles" (OECD, 2019, p. 8[116]). The OECD *Guidelines for Multinational Enterprises* hold that enterprises are expected to promote equal opportunities for women and men with special emphasis on equal criteria for selection, remuneration, and promotion, and equal application of those criteria (OECD, 2011[117]). Some OECD countries[17] are now setting targets or quotas for women in executive positions, in particular on boards. France has widened its target and has adopted sectorial plans to have women take up one third of male-dominated sectors by 2025 (OECD, 2019[118]).

Mentoring schemes, sponsorship, and leadership development opportunities can act as additional layers to support women in their endeavours to climb the career ladder. Lithuania's "Women Go Tech" initiative (Box 4) offers an OECD good practice example of mentoring programmes for women. The National Australia Bank has put in place the *Board Ready Programme*, which equips women with training and development opportunities that are essential for the boardroom (OECD, 2019[116]). Kazakhstan could tap into these programmes, following its October 2020 announcement to increase women's representation up to 30% in the management of companies with state participation. These targets will have to go hand in hand with education, training and mentorship programmes.

Improving **policies to foster women's participation in businesses** will also be a strong lever to ensure an inclusive economic recovery. While corporate support is required to push forth women's engagement in the private sector, governments have an important role to play in reducing the gender pay gap and in ensuring that labour market policies are gender-friendly. For example, the Equal Pay International Coalition (EPIC)[18], led by the ILO, UN Women and the OECD, works with governments, employers, workers and their organisations, the private sector, civil society and academia to take concrete steps to accelerate the achievement of pay equity across all countries and sectors. Governments should offer support packages for women, in particular, and families in general, including maternity and paternity leave (flexible working arrangements), skills training and retention schemes to facilitate women's participation in the private sector.

[17] Australia, Germany, Italy Korea, Netherlands, Iceland

[18] See: www.equalpayinternationalcoalition.org/the-coalition/

Box 4. "Women go tech" initiative in Lithuania

The project "Women Go Tech", launched in 2016 by Association INFOBALT and Global Shapers Vilnius Hub, aims to empower women to seek for professional careers within the tech (ICT and engineering) sector and to strengthen gender equality in the labour market.

Through mentoring sessions with industry experts, participants are able to discover their professional potential and obtain guidance on potential career paths in the tech industry. The mentees also attend content sessions familiarise themselves with the routines of working in tech.

Today, the programme takes over additional responsibilities to support women in handling the challenges posed by COVID-19. The rapidly-expanding tech industry is amongst the most resilient sectors to economic shocks. Therefore, becoming engaged in the sector provides an opportunity for women to strengthen their positions in the labour market.

The project is being successfully implemented in Lithuania, and since summer 2020 – also in Latvia. Over five years, the programme has recorded a significant growth in the number of participants – from 45 trainees in 2016 to 250 trainees in 2021. Between 2016 and 2020, out of 420 programme alumni, 236 women either found employment within the tech sector or developed essential tech skills that helped them secure promotion.

The fifth session of "Women Go Tech" that began in February 2021, involves mentors from outside Lithuania, underlining its commitment to further internationalise the programme.

Sources: (Women Go Tech, 2021[119]); (15min, 2020[120])

Better data for better policies

Underlying all of this is a need for a much better understanding of gender inequality in the region. Governments should **produce, collect and use sex-disaggregated data** to better design informed policy programmes and initiatives with a gender dimension. For now, assumptions rather than hard data are guiding policy and funding decisions in many cases, which is both dangerous and uninformed – particularly amidst a crisis. Ukraine and Uzbekistan have not conducted censuses over the past 10 years, similar to Tajikistan where 90% of all births remain unregistered, making it impossible to assess the effects of the pandemic on society overall (UN Women, 2020[121]). Turkmenistan's last fully reported census was in 1995.

UNECE aims to address the lack of sex-disaggregated data through a work stream on gender statistics by developing capacities in areas where data and indicators of gender equality are insufficient or lacking (UNECE, 2020[122]). Policy-relevant and disaggregated information data are lacking on nearly all the issues covered by this note, including gender-based violence, women's exact contribution to GDP, unpaid care work, the gender pay gap, or women's labour force participation (sectoral data, female entrepreneurs, informal or part-time employment, etc.). More and better quality data are needed on women's career development and the challenges therein, in order to put in place suitable policies to foster women's inclusion in the public and private sphere. Sex-disaggregated data will allow governments to monitor progress and grasp the drivers of inequality between men and women.

It could be particularly useful to start collecting individual data, instead of household data, on many indicators, so as to assess, for example, the actual risk of poverty that women may face. Governments can

further access regional data through data portals, such as that of UN Women[19]. The OECD Gender Data Portal[20] also includes selected indicators shedding light on gender inequalities in education, employment, entrepreneurship, governance, health and development. Producing these data for the countries in the region could provide a valuable benchmark and help support a gender-aware policy recovery in Eurasia.

More broadly, the integration of gender mainstreaming processes and tools into policy making can help to better conceptualise and address various strands of gender inequality. This means ensuring the incorporation of a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies. The strengthening of co-ordination and consultation mechanisms is also important in order to ensure that government tools (e.g. budget, regulations) are being leveraged as effectively as possible to support gender equality outcomes (OECD, 2021[40]).

Getting it right this time around

Bridging the gender gap in social, economic and political spheres is critical to ensuring that the post-COVID recovery provides sustainable and inclusive growth. Despite making up almost half of the global population, women remain on the margins of decision-making in most countries and are more vulnerable to economic shocks than men. Governments may ensure that this recession is different, in that women are included in post-recovery efforts and may bear the fruits of the changing norms caused by the COVID-19 pandemic, be it a rising appreciation for the value of unpaid care work or the possibility of working more flexibly. The COVID-19 recovery offers an opportunity to rethink approaches to policy and governance and to embed well-being at their core. Women in the Eurasia region have an important role to play in shaping an inclusive and sustainable future and should be involved and empowered to contribute to the recovery process.

[19] See: https://data.unwomen.org/

[20] See: www.oecd.org/gender/data/. The data cover OECD member countries, as well as partner economies including Brazil, China, India, Indonesia, and South Africa

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The OECD has closely co-operated with the government, the private sector, civil society and international partners to formulate policy recommendations that support gender equality in the Eastern Europe, South Caucasus and Central Asia – the Eurasia region. This report summarises the analysis of gender-specific obstacles that women in Eurasia face in light of the COVID-19 pandemic, ranging from wage and employment disparities to domestic violence and healthcare access issues. It suggests five sets of actions to ensure a sustainable and inclusive recovery for all: (1) measures to enhance women's access to public health coverage and services, (2) steps to protect women's integrity and reduce domestic violence, (3) measures to support women's economic empowerment and social well-being, (4) steps to enhance women's influence in the public sphere and (5) tools and processes to enhance the quality of gender decision-making in government.

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