



## ONLINE REGIONAL DIALOGUE

### WOMEN'S LEADERSHIP IN THE CONTEXT OF COVID-19 IN THE ARAB STATES REGION

#### CONCEPT NOTE

25<sup>th</sup> June 2020  
(10:00 AM – 12:40 PM Cairo)

## I. INTRODUCTION AND BACKGROUND

Since the World Health Organization declared the COVID-19 outbreak a pandemic in March 2020 at the time of writing the total number of cases globally are now circa **4.5 million** and continue to increase across the world. The cases inside the WHO EMRO<sup>1</sup> region is **335,088** (7.4% of all cases worldwide primarily from **Iran, Pakistan, Saudi Arabia, the UAE, Qatar, Kuwait and Egypt** representing **89%** of the cumulative cases within the EMRO region). Concern remains around the accuracy of data and availability of testing in the region. Mortality rates are **6.8%** globally and **3.0%** inside WHO's EMRO region. The number of confirmed cases is rising in conflict affected countries: **Iraq** (3,404), **Yemen** (126), **Libya** (65) and **Syria** (51<sup>2</sup>).

This is a cause of concern in multiple sectors: economic, health, protection services and decision-making. The impact on the **economy** is devastating with ESCWA estimating revenues are expected to drop by at least \$20 billion in 2020<sup>3</sup> and an estimated USD \$42 billion GDP decline with the loss of 1.7 million jobs with nearly 700,000 jobs lost for women<sup>4</sup>. As women dominate insecure and low paid employment, they are likely to be disproportionately affected by furloughs. Women carry out three times as much **unpaid care work** as men<sup>5</sup> and in the Arab states' region women spend 4.7 more time on unpaid care work than men which is the highest amongst all regions<sup>6</sup>. Women's livelihoods are rapidly depleting as they constitute the majority of the under-employed workforce with minimal or no access to health insurance, social security or pension (in Egypt in 2018, 80% of women compared to 63% of men did not have access to health insurance)<sup>7</sup>.

Spikes in the levels of **domestic violence** and sexual exploitation are already evident when households are placed under the increased strains of mobility restriction and physical and financial insecurity and risk, especially among displaced populations in crowded refugee camps<sup>8</sup>. Women are at greater risk of domestic violence and abuse, a common pattern

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<sup>1</sup> Countries in WHO's EMRO Region: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Occupied Palestinian Territory, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen.

<sup>2</sup> WHO Updates, May 2020

<sup>3</sup> <https://www.unescwa.org/news/escwa-warns-historic-decline-foreign-direct-investment-arab-region-due-covid-19>

<sup>4</sup> UNESCWA, March 18, 2020, HT TPS://www.UN SCW a.org/news/least-17-million-jobs-will-be-lost-Arab-region-due-coronavirus-pandemic and "Covid-19: economic cost to the Arab region". E/ESCWA/CL3.Sep/2020/Policy Brief 1.

<sup>5</sup> WHO (2019) Gender Equity in the health workforce: Analysis of 104 countries

<sup>6</sup> ILO (2018). Care work and care jobs for the future of decent work.

<sup>7</sup> UN Women: Women's Needs & Gender equality in Egypt's Covid-19 Response

<sup>8</sup> IASC (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: food security in agriculture and UN Women, COVID-19 and ending violence against women and girls,

evidenced in past pandemics such as Zika and Ebola<sup>9 10</sup> and shadow pandemic reports<sup>11</sup>. It is estimated that **women with disabilities are up to 10 times more likely to experience sexual violence than women without disabilities** and have severe access challenges to most shelters<sup>12</sup>.

### Women leaders during COVID-19

**Sustainable Development Goal 5.5:** Ensure women's full and effective participation and equal opportunities for leadership as all levels of decision-making in political, economic and public life.

The COVID-19 pandemic, hereafter the pandemic, exposes the fragility of our economic, social and political systems, and brings to the fore the complex nature of our inter-dependency, and the absolute necessity for the provision of healthcare for all as the most basic of human rights.

The pandemic further shines a spotlight on the role of women who are at the center as healthcare workers and caregivers together with the extent of their unpaid care work which is largely invisible yet continues to prop-up the gross domestic product of nations across the world. As explained by Phumzile Mlambo-Ngcuka, Executive Director, UN Women,

“Just think about it: globally, women make up 70 per cent of workers in the health and social sector, and they do three times as much unpaid care work at home as men. Yet, they are systematically excluded from the decision-making bodies that initiate life-saving emergency protocols in health-care settings”

2020 <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>

<sup>9</sup> Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Report of the Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone.

<sup>10</sup> S. Hellum Braathen, P. Rohleder and G. Azdale, “Sexual and reproductive health and rights of girls with disabilities: a review of the literature”. SINTEF, 2017

<sup>11</sup> Link to Shadow pandemic on Violence against women:

<https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

<sup>12</sup> Will the SDGs still be relevant after the pandemic? A disability rights perspective/SDGs knowledge hub/IISD(2020)

This is key when men are universally represented in decision-making bodies around COVID-19 response, women are systematically underrepresented among political, health and economic decision-makers. At best, this perpetuates the false perception that men are better crisis managers. At worst, health crisis budget and policy responses that exclude women from consultation or decision-making - or that don't consider gender at all - are not only less effective but can cause harm<sup>13</sup>.

Undoubtedly, women's leadership at household, community and national levels provides examples of good practices that can be replicated and scaled-up in the response and recovery plans for the pandemic<sup>14</sup>. The current impression promulgated through media is that women are presented as better leaders and managers of the pandemic; that women are viewed as empathetic, non-aggressive,<sup>15</sup> inclusive and results oriented. Women leaders emphasise collective action and collaboration rather than focusing on the individual and war analogies. Yet, despite the role women are playing during this crisis, they are generally underrepresented in senior leadership positions. The United Nations Secretary General António Guterres argued that "women should not just be the babysitters" of the economy and society, rather they should be at the centre of efforts to recover from COVID-; and that effort starts with women as leaders, with equal representation and decision-making power"<sup>16</sup>.

The pandemic therefore offers an opportunity to consider these good practices of women's complimentary leadership as a key contributor to reframing policies and reconstructing not only economic but also social policies that are more inclusive and gender responsive. Policies that not only recognize the unpaid care work of women but also policies that can be reconstructed as inclusive and gender responsive policies that serve all in the post pandemic era.

## II. The Dialogue

UN Women Regional Office for the Arab States in partnership with the Ra'edat will host a Dialogue on women's leadership in the Arab states region in the context of the COVID-19 pandemic on 25th June 2020 to share their **experiences, challenges, priorities and**

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<sup>13</sup> See, for example: Regnér, A. and UN Women, 2020. Checklist for COVID-19 response. Available at :

<https://www.unwomen.org/en/news/stories/2020/3/news-checklist-for-covid-19-response-by-ded-regner>

<sup>14</sup> Example of President Ardern, New Zealand's successful responses to COVID-19 record a lower mortality rate (~ 1 percent versus global ~5 percent) at the time of writing

<sup>15</sup> Jennifer Curtin-University of Oakland, May 2020

<sup>16</sup> [prio.org/2020/04/womens-leadership-could-enhance-global-recovery-from-covid-19/](https://www.prio.org/2020/04/womens-leadership-could-enhance-global-recovery-from-covid-19/)



**solutions** for the COVID-19 Response and Recovery plans citing examples of Arab women's leadership.

Participants will be representatives from government, civil society members with invitations circulated through Ra'edat, other CSOs and UN networks (social media). A joint media brief will be disseminated one week prior to the Dialogue date.

The Dialogue will include testimonies from women leaders at community and regional levels from both government and civil society. The Dialogue will be facilitated by the Ra'edat Executive Director, Houda Slim, and UN Women Arab States Deputy Regional Director Ms. Janneke van der Graaff-Kukler.

### III. Objectives

The Dialogue offers a space for women leaders to share their knowledge and experience and offer solutions to inform policy and program responses to the COVID-19 pandemic. The good practice and recommendations emanating from the Dialogue will be curated and shared out to key networks engaged in the response including governments, the broader civil society and international community. The dialogue is envisioned as a first step towards creating virtual regional platforms to give visibility to women's leadership and concerns within the response and recovery plans across the region.

The Dialogue will be available in alternative formats including sign language and closed caption.

The Dialogue will focus on the following issues:

- Examples of women's leadership addressing the COVID-19 response
- Perspectives on the extent of inclusion of women leaders within program and policy responses to the pandemic
- Identifying priority recommendations to mitigate the impact of the pandemic on women

The outcome of the Dialogue will include a curation of the priority concerns and recommendations to inform COVID-19 response and recovery planning and finance.

**IV. AGENDA (1.5 hours). Chat box and audio chat comments to be captured by UN Women and Ra'edat**

V.	TIME	SUBJECT	LEAD
	9:50	Zoom waiting room opens	
	10:00-10:10	Introduction to the Dialogue and alternative access details	Moderator (UN Women)
	10:10-10:15	Welcome remarks by Deputy Regional Director, UN Women	Ms. Janneke van der Graaff-Kukler
	10:15-10:20	Opening and welcome remarks by Ra'edat	Dr. Houda Slim, Executive Director, Ra'edat
	10:20-10:25	Overview of the COVID-19 status in the region	Ruth M. Mabry, WHO
		Introduced by Dr. Houda Slim	
	10:25-10:35	Ra'edat 1 intervention leadership an example of parliamentary action	MP Imen Battaieb, Tunisia
		Introduced by Dr. Houda Slim	
	10:35-10:45	Ra'edat 2 intervention protection services community leadership	Dr. Najat Alastal, MP of Legislative Council, Palestine
		Introduced by S ellisOluoch-Olunya	
	10:45-10:55	Policy recommendations by civil society (a) global to regional	Dr. Thoraya Obaid, Women 20, global
		Introduced by Dr. Houda Slim	
	10:55-11:05	Ra'edat 3 intervention on women's leadership in recovery plans	Rula Alhroob, Secretary General, Stronger Jordan Political Party

11:05-11:20	Ra'edat 4 intervention on political party and civil society activism in the COVID-19 situation	Ismahane Ben kassima, Algeria
11:20-11:35	Ra'edat 5 intervention on former parliamentarian networking in gender equality movement	Rachida Ettahri, Morocco
11:35-11:50	Policy recommendations by regional civil society (b)	Arab States Civil Society Network
11:50 -12:10	Ra'edat 6 intervention on supporting women survivors of domestic violence and made redundant in the lockdown period.	Magda Nouichi, Egypt
12:10 – 12:25	Discussion with Q&A taken from the chat box	Moderators Dr. Slim and S. ellisOluoch-Olunya
12:25 -12:30	Summary of priority concerns and recommendations	Moderators
12:30-12:40	Closing remarks	UN Women DRD and Ra'edat ED