



# GENDER ALERT ON COVID-19 LEBANON

July 3, 2020 | Issue No. 4

## IN FOCUS: WOMEN, GENDER EQUALITY AND HEALTH

Photo © World Health Organization in Lebanon

The National Commission for Lebanese Women (NCLW), the United Nations Entity for Gender Equality and Women's Empowerment (UN Women), the United Nations Population Fund (UNFPA), UNHCR Inter-Agency Coordination Unit and the World Health Organization (WHO) are partnering to provide periodic Lebanon specific gender and COVID-19 alerts throughout the public health crisis, and its ensuing economic crisis.<sup>1</sup> These updates aim to a) provide observations from frontline responders on issues of gender equality in Lebanon, b) compile available secondary data on these issues into one reference point, c) consolidate guidance and programmatic tools related to gender issues and d) offer recommendations to support a more gender equitable response. This issue of the Gender Alert on COVID-19 is the fourth in the series and focuses on Women, Gender Equality and Health in Lebanon, and has been prepared in partnership with the Inter-Agency Health Sector.<sup>2</sup>

### **CONTEXT:**

Five months after the first COVID-19 case was detected in Lebanon, the pandemic remains largely contained at a level-3 response, with the country still experiencing only geographical clusters, 95% of which have been closed to date.<sup>3</sup> The pressure of the pandemic and the crippling economic crisis has exacerbated Lebanon's fragile healthcare system, reducing the country's capacity to provide essential medical supplies, fairly remunerate medical professionals, and provide subsidized and affordable healthcare for vulnerable populations. Global evidence continues to suggest that the impact of the virus is gendered in multiple ways, including when it comes to health.<sup>4</sup> While the public health crisis has been at the forefront of public, policy, and political discourse, less attention has been paid to the unique ways in which COVID-19 affects women and men's health, as well as the role women and men play in Lebanon's healthcare system.

1 This issue of the Gender Alert series aggregates trends from multiple of government and humanitarian sources in effort to provide a holistic overview of the gendered impact of COVID-19. All LCRP humanitarian partners, health service providers, and other entities are encouraged to feed into trends and analyses for the COVID-19 Gender Alert series. Please contact: [Claire.wilson@unwomen.org](mailto:Claire.wilson@unwomen.org).  
2 The health sector is a joint UN inter-agency and government coordination body which oversees the implementation of the health sector of the Lebanon Crisis Response Plan.  
3 MoPH Lebanon Data, June 30, 2020.  
4 Wenham, Clare et al, "COVID-19: the gendered impacts of the outbreak," March 14, 2020, <https://www.ncbi.nlm.nih.gov/pubmed/32151325>.

Lebanon ranks 124 out of 153 countries for gender equity in health and survival (World Economic Forum Global Gender Gap Report 2020).<sup>5</sup> Gender equality issues within Lebanon’s healthcare system include sexual harassment and discrimination against female medical professionals, high rates of sexual and gender-based violence across the population, challenges in accessing quality sexual health and reproductive services and rights, and obstacles in equal access to healthcare for persons with disabilities, older women and LGBTIQ+ people, in particular transgender women and men.

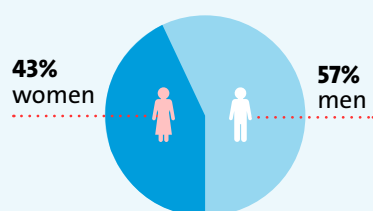
## ISSUES FOR ATTENTION:

### 1. Sex and gender may play a role in fatality and infection of COVID-19 in Lebanon

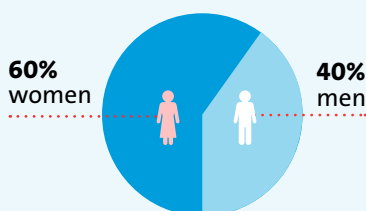
- Globally, there is a male bias in fatality rates across many countries,<sup>6</sup> including in Lebanon where 31% of the record 36 COVID-19 related deaths to date have been men, compared to 69% women.<sup>7</sup> There are both biological and social hypotheses for this:
  - Biologically, there are sex differences in male and female bodies that effect COVID-19 impact on health, including virus entry, virus sensing, innate immune response, and adaptive immune response.<sup>8</sup>
  - Socially, this might be explained by increased comorbidities amongst men compared to women, as there are higher male rates of smoking, alcohol consumption, chronic illnesses, heart disease, and strokes.<sup>9</sup>
- In Lebanon, infection rates of COVID-19 have also been consistently higher amongst men. Of the total positive cases across the country, 43% have been women, compared to 57% of men.<sup>10</sup> Some suspect that gender discrimination, masculinities and femininities play a role in the transmission patterns of COVID-19. In Lebanon, gender plays an important role in women’s and men’s access to public spaces, smoking and alcohol consumption, social and cultural norms around health, and access to health services, which can all impact COVID-19 infection and transmission.
- While gendered patterns in Lebanon’s COVID-19 data are emerging, at this point in the pandemic, the extent to which sex and/or gender are influencing the health outcomes of people diagnosed with COVID-19 remains inconclusive and more research is needed.

## GENDER AND COVID-19 LEBANON - FACTS AND FIGURES (JULY 6, 2020)

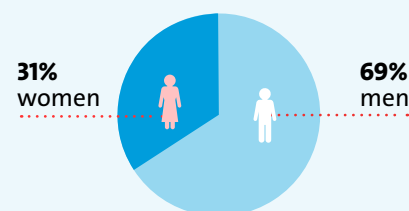
• **1885** cumulative cases



• **92** health care workers infected



• **36** deaths



• **22** cumulative cases of COVID19 infected pregnant women

5 World Economic Forum, “Global Gender Gap Report,” 2020, [http://www3.weforum.org/docs/WEF\\_GGGR\\_2020.pdf](http://www3.weforum.org/docs/WEF_GGGR_2020.pdf). This sub-index provides an overview of the differences between women’s and men’s health through the use of two indicators: 1) the sex ratio at birth, which aims specifically to capture the phenomenon of “missing women,” and 2) life expectancy, the number of years that women and men can expect to live in good health by taking into account the years lost to violence, disease, malnutrition and other relevant factors.

6 Ibid.

7 MoPH Lebanon Data, July 6, 2020.

8 Global Health 50-50, “Sex, Gender and COVID,” May 2020, <https://globalhealth5050.org/covid19/age-and-sex-data/>.

9 Ibid.

10 MoPH Lebanon Data, July 6, 2020.

## 2. Nurses and midwives, the vast majority who are women, face major challenges during the period of COVID-19

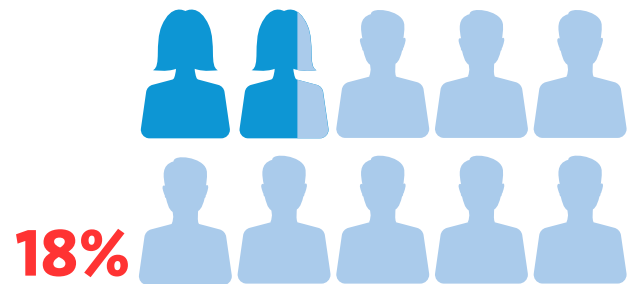
- Working conditions for nurses are unsafe and often dangerous. While the stress of COVID-19 on the country's healthcare system has contributed to this, the underlying economic crisis is also largely to blame. Nurses in and outside of the COVID-19 response have been confronting massive lay-offs, withheld wages, sharp wage reductions against already undervalued remuneration, insufficient quality and quantities of PPEs in some locations, and skyrocketing patient to nurse ratios. While the Order of Nurses in Lebanon recommends a patient ratio of maximum 1 to 8, many nurses are being overstretched to provide care at over double that rate, at 1 to 18.<sup>11</sup> In some settings, nurses with suspected exposure to COVID-19, have been asked to self-quarantine without pay.<sup>12</sup>
- A recent survey by the Lebanese Order of Midwives demonstrated the following challenges during the pandemic: reduction of salaries by health facilities, delay or failure of patients to pay dues, reduced working hours, unpaid leave, fear of contamination by the virus, midwives' limited knowledge on COVID-19 and the need for policies to be developed and adopted within their work settings.<sup>13</sup>

## 3. Women make up the majority of poorly paid frontline health workers in precarious conditions, but are still not equally represented in COVID-19 decision making bodies

- In Lebanon, women are playing a major role within the response, as frontline nurses, midwives caring for COVID-19 patients, public health professionals and doctors driving policy and decision making. 80% of registered nurses are women.<sup>14</sup> The vast majority of social workers, domestic workers, and health facility service-staff, such as cleaners and caterers, are women. However, when it comes to governmental leadership positions and decision-making, women remain under-represented
- Only 18% of the Government of Lebanon's Inter-Ministerial Committee on COVID-19 are women.<sup>15</sup>
- Several national professional health associations, leading on COVID-19 are headed by women, including the Order of Nurses, Order of Midwives, Syndicate of Social Workers, and Syndicate of Medical Equipment Importers. Many UN agencies supporting the Lebanon COVID-19 response are led by women in Lebanon.



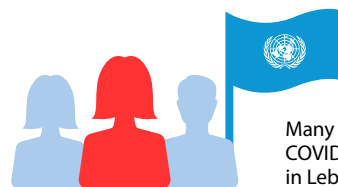
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Many UN agencies supporting Lebanon COVID-19 response are headed by women in Lebanon.

<sup>11</sup> Interview with Head of Lebanon's Order of Nurses, June 24, 2020.

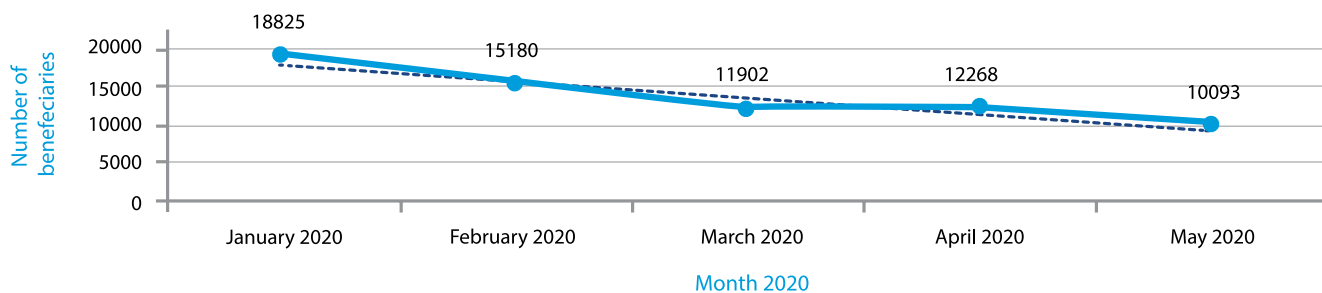
<sup>12</sup> HRW, "Lebanon: COVID-19 Worsens Medical Supply Crisis," March 24, 2020, <https://www.hrw.org/news/2020/03/24/lebanon-covid-19-worsens-medical-supply-crisis>.

<sup>13</sup> Lebanese Order of Midwives Note, July 2, 2020,

<sup>14</sup> Order of Nurses Lebanon, Statistics, 2019, <http://www.orderofnurses.org.lb/PDF/Statistique%202019%20AR.pdf#zoom=120>.

<sup>15</sup> Government of Lebanon's Inter-Ministerial on COVID-19, June 2020; 7 out of 39 of the NOR technical team members are women.

## Number of female beneficiaries receiving reproductive health services in MOPH primary health care centers



### 4. Sexual and reproductive health, including maternal health and contraception access

#### has suffered, though efforts persist to maintain high quality of care

- 25% of refugee and Lebanese respondents reported that a key impact of COVID-19 on their household is the inability to procure essential medicine; women were more likely to raise concerns regarding the inability to procure essential medicines, often related to their reproductive and maternal health needs and their traditional caregiving roles.<sup>16</sup>
- There was a 45% decrease in the number of women accessing reproductive health services at MoPH PHCs between March and May 2020, compared to the same period of 2019.<sup>17</sup> This is likely due to women's fear of being infected, movement restrictions, lack of transportation to services and economic constraints. However, while access to other health care services in PHCs has begun to increase again since May 2020, women's access to reproductive health services continues to decline.
  - Adolescent pregnancy in marginalized communities continues to remain a concern; 1868 girls accessed reproductive healthcare services at International Medical Corps (IMC) clinics between January and May 2020, reflecting a slight increase from the same period in 2019.<sup>18</sup>
- Service providers in Lebanon's Reproductive Health Working Group reported that there was no significant increase of home deliveries nor increase in unwanted pregnancies. The number of deliveries that is supported by UNHCR for Syrian refugees at the hospital level does not also reflect a major change or decrease during the duration of COVID-19 to date.<sup>19</sup> Shortage of contraceptives, namely condoms, was reported in few health clinics.
- There have been 22 cases of COVID-19 infected pregnant women, as of June 30 in Lebanon. Evidence is not sufficient to confirm vertical transmission of COVID-19 through breast feeding or through delivery, and WHO is still recommending that mothers with suspected or confirmed COVID-19 cases continue to breastfeed.<sup>20</sup> However, in the past few months there have been reports of mothers decreasing breastfeeding due to fears of COVID-19 contagion.
- Period poverty is on the rise in Lebanon, due to the economic impact of COVID-19, and the country's financial crisis itself.<sup>21</sup> A recent multi-sectoral needs assessment conducted by Plan International and surveying over 1100 respondents found that 53% of female care givers, and 66% of adolescent Lebanese and Syrian refugee girls do not have financial means to procure menstrual pad on a monthly basis.<sup>22</sup>

### 5. Mental health concerns amongst women, especially female migrant domestic workers, remain high

- Emotional distress has skyrocketed during the COVID-19 lockdown, as a result of isolation, anxieties of virus transmission, and rising domestic violence, often underlined with severe financial stressors. The increased domestic and care work,

<sup>16</sup> UK Aid, IRC, NRC, HI, "Worsening access to healthcare in crisis hit Lebanon," May 2020.

<sup>17</sup> MoPH Lebanon Data, June 2020.

<sup>18</sup> IMC Data, June 2020.

<sup>19</sup> UNHCR Health Data, June 2020.

<sup>20</sup> WHO, "Breastfeeding and COVID-19," June 23, 2020, <https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>.

<sup>21</sup> Lewis, Emily, "Period poverty in Lebanon rising amid unprecedented economic crisis" Al-Arabiya, July 3, 2020, <https://english.alarabiya.net/en/features/2020/07/03/Period-poverty-in-Lebanon-rising-amid-unprecedented-economic-crisis>.

<sup>22</sup> Plan International Lebanon, "Covid-19 Needs Assessment," April 2020, <https://plan-international.org/publications/covid-19-multi-sectoral-needs-assessment>.

including homeschooling during national school closures, have added to stresses of women in particular. Other countries have reported that more women report feeling more negative effects from worry about the coronavirus, and more women fear getting sick.<sup>23</sup> While the mental health impacts of COVID-19 can take shape immediately, effects and consequences are often long term.

- Between February to May 2020, 52% of callers seeking emotional support from the Embrace national mental health and suicide prevention hotline were women.<sup>24</sup>
- From March to June 2020, 94% of migrants who sought mental health support from MSF were female, 61% of them under the age of 30; 42% of these women seeking mental healthcare were survivors of physical and/or sexual violence, although the real numbers are likely to be much higher.<sup>25</sup> For the majority, the abuse was perpetrated by their employer under the abusive Kafala system; others experienced abuse by an intimate partner or acquaintance.

## **RECOMMENDATIONS:**

### **Government of Lebanon:**

- Continue to collect, analyze, and report sex and gender data throughout the COVID-19 response.
- Direct all healthcare institutions to provide adequate health care services to people regardless of their legal status (regular, irregular, or undocumented) to enable all people to seek medical attention without facing discrimination, detention, or deportation.
- Ring fence public spending on health care, to ensure it is not affected by any potential austerity measures. Examine ways to finance a universal health care system.
- Ensure all health workers, especially frontline staff and nurses, are provided with safe and decent working conditions – in public and private hospitals.

### **Humanitarian Responders and Coordination:**

- Increase resources to support scaling up of mental health and psychosocial support services, including for migrants and migrant domestic workers, who have been excluded by much of health humanitarian assistance.
- Consult and engage female frontline healthcare workers in decision making and planning for the COVID-19 response to advance their needs and the needs of women and girls.
- Ensure women's timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception.

### **Healthcare Service Providers and COVID-19:**

- Promote health care providers to safely increase community outreach to ensure that continuity of care and the maintenance of women's health, not only providing care in clinical settings.
- Promote a peer to peer approach among women for enhancing access to health care services - namely sexual and reproductive health - through remote and/or physical encounter
- Introducing telemedicine/telehealth for promoting access to reproductive health care services

<sup>23</sup> Kaiser Family Foundation (KFF), "Coronavirus: A Look at Gender Differences in Awareness and Actions," March 20, 2020, "<https://www.kff.org/coronavirus-covid-19/issue-brief/coronavirus-a-look-at-gender-differences-in-awareness-andactions/#:~:text=A%20larger%20share%20of%20women%20%2816%25%29%20compared%20to,some%20impact%20on%20their%20mental%20health%20%28Figure%203%29.>

<sup>24</sup> Embrace Lifeline, Impact Data, January to May, 2020, <https://embracelebanon.org/impact/>.

<sup>25</sup> MSF Data, June 2020.

- Train medical staff and frontline social workers on gender-based violence and domestic violence, particularly how to handle disclosures in a dignified and confidential way, and how best to refer patients for further care.
- Ensure that clinical trials for COVID-19 include a gender lens, including the randomization of sex variables and gender analysis of results, to respond to sex-specific differences in the safety and efficacy of drugs developed.

## **RELATED LEBANON PUBLICATIONS AND RESOURCES:**

### **LEBANON**

- Plan International Lebanon, “Covid-19 Needs Assessment,” April 2020, <https://plan-international.org/publications/covid-19-multi-sectoral-needs-assessment>.
- UN Gender Working Group, “Essential Programming to Address the Impacts of COVID-19 on Gender in Lebanon,” link forthcoming.
- UN Women Lebanon, “Needs and Gender Equality in Lebanon’s COVID-19 Response,” 2020, <https://arabstates.unwomen.org/en/digital-library/publications/2020/03/gender-equality-in-lebanon-covid-19-response>.
- “UN Women, “Gender-Responsive Recovery in Lebanon: Recommendations for Fiscal, Social and Labour Policy Reform,” 2020, <https://arabstates.unwomen.org/en/digital-library/publications/2020/06/gender-responsive-recovery-in-lebanon>.

### **GLOBAL**

- Canadian Institute of Gender and Health, “Why Sex and Gender Need to be Considered in COVID Research,” [https://cihr-irsc.gc.ca/e/documents/sex\\_gender\\_covid19\\_guide-en.pdf](https://cihr-irsc.gc.ca/e/documents/sex_gender_covid19_guide-en.pdf)
- IASC Gender Reference Group, “Interim Guidance on GENDER ALERT FOR COVID-19 OUTBREAK” <https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20Gender%20Alert.pdf>
- UN Women, “COVID-19: Emerging Gender Data and Why it Matters,” June 2020, <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>.
- WHO EMRO, “Breastfeeding Advice During the Outbreak, March 2020, [https://www.dropbox.com/sh/c8prp4negm3qwlx/AADyp87Gg15P9D0G5lxDwFpda/Plans%20%26%20Guidelines/Health/Health%20%26%20Nutrition?dl=0&preview=breastfeeding-advice-during-the-covid-19-outbreak-.pdf&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/c8prp4negm3qwlx/AADyp87Gg15P9D0G5lxDwFpda/Plans%20%26%20Guidelines/Health/Health%20%26%20Nutrition?dl=0&preview=breastfeeding-advice-during-the-covid-19-outbreak-.pdf&subfolder_nav_tracking=1).