



FOKUS

FORUM FOR WOMEN AND
DEVELOPMENT

iFokus

COVID-19

Setbacks and solutions
to SDGs 3 and 8

Building back better with
Norwegian development policy

Abbreviations

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

COVID-19: Coronavirus disease 2019

CSO: Civil society organization

CSW: Commission on the Status of Women

ICESCR: International Covenant on Economic, Social and Cultural Rights

MMR: Maternal mortality ratio

MFA: Ministry of Foreign Affairs

Norad: Norwegian Agency for Development Cooperation

ODA: Official development assistance

SDG: Sustainable Development Goal

SRHR: Sexual and reproductive health and rights

UHC: Universal health coverage

UN: United Nations

VAWG: Violence against women and girls

WHO: World Health Organization

Table of Contents

Abbreviations	2
SDGs, targets, and indicators.....	4
Introduction	7
Pre-COVID-19 context	8
SDG 3	8
SDG 8.....	8
Norwegian development policy.....	9
SDG 3: Good health and well-being	12
Maternal mortality	12
Sexual and reproductive health and rights.....	12
Violence against women and girls.....	13
SDG 8: Decent work and economic growth	14
Health care workforce composition.....	14
Unpaid domestic work and care.....	14
Loss of informal and other work.....	15
Living in poverty	15
Norwegian response.....	17
International human rights obligations.....	17
Norwegian development policy.....	17
International response	20
Full and effective participation and decision-making	20
Unpaid care work	20
Economic security.....	20
Violence against women and girls.....	20
Conclusion	23
References.....	24
Footnotes	28

SDGs, targets, and indicators



SDG 3
ENSURE HEALTHY LIVES AND PROMOTE WELLBEING FOR ALL AT ALL AGES

TARGET 3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

TARGET 3.7

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.



SDG 5
ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

TARGET 5.4

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

TARGET 5.6

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

TARGET 5.A

Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws



SDG 8
PROMOTE INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, EMPLOYMENT AND DECENT WORK FOR ALL

TARGET 8.3

Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

TARGET 8.5

By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

TARGET 3.1	INDICATOR 3.1.1 Maternal mortality ratio	INDICATOR 3.1.2 Proportion of births attended by skilled health personnel
TARGET 3.7	INDICATOR 3.7.1 Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods	INDICATOR 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
TARGET 5.4	INDICATOR 5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	
TARGET 5.6	INDICATOR 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	INDICATOR 5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education
TARGET 5.A	INDICATOR 5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	INDICATOR 5.a.2 Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control
TARGET 8.3	INDICATOR 8.3.1 Proportion of informal employment in non-agriculture employment, by sex	
TARGET 8.5	INDICATOR 8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities	INDICATOR 8.5.2 Unemployment rate, by sex, age and persons with disabilities





Introduction

“Women must be the architects as well as the beneficiaries of efforts to build back stronger and better”¹ said UN Women less than a year after the Coronavirus disease 2019 (COVID-19) pandemic began. This reflects the priority theme of the Commission on the Status of Women (CSW) 65 (2021), which is ***“women’s full and effective participation and decision-making in public life.”***² To align with this theme, Forum for Women and Development (Forum for Kvinner og Utviklingsspørsmål, best known as FOKUS) selected Sustainable Development Goals (SDG) 3 (good health and well-being) and SDG 8 (decent work and economic growth) to prioritize in its analyses and reports in cooperation with UN Women Nordic. This allows us to increase the knowledge and engagement about women’s rights among member organizations as well as Norwegian public officials and civil society.

This report proceeds as follows: (1) progress on SDGs 3 and 8 as well as Norwegian development policy on these goals and women’s rights and gender equality generally prior to COVID-19, (2) the impact of COVID-19 on SDG 3, with a focus on maternal mortality, sexual and reproductive health and rights (SRHR), and violence against women and girls (VAWG), (3) the impact of COVID-19 on SDG 8, with a focus on health care workforce composition, unpaid domestic and care work, loss of informal and other work, and living in poverty, (4) Norway’s international human rights obligations and development policy COVID-19 response, (5) the international COVID-19 response, with a focus on full and effective participation and decision-making, and (6) FOKUS and UN Women Nordic’s concluding remarks. A separate document contains FOKUS’ recommendations to the Norwegian government and the MFA specifically to build back better for women and girls’ health and economic rights with its development policy.

Pre-COVID-19 context

In 2019, Secretary-General of the United Nations António Guterres said that, despite progress being made in some critical areas and some favorable trends, ***“It is abundantly clear that a much deeper, faster and more ambitious response is needed to unleash the social and economic transformation needed to achieve our 2030 goals.”***³ Also in 2019 but in the Norwegian context, the Norwegian Ministry of Finance and MFA stated that the country is ***“moving in the right direction”***⁴ in regard to achieving the SDGs. Focusing on this pre-COVID-19 context, this report will begin with a review of (1) global progress toward SDGs 3 and 8 for women and girls and (2) Norwegian development policy.



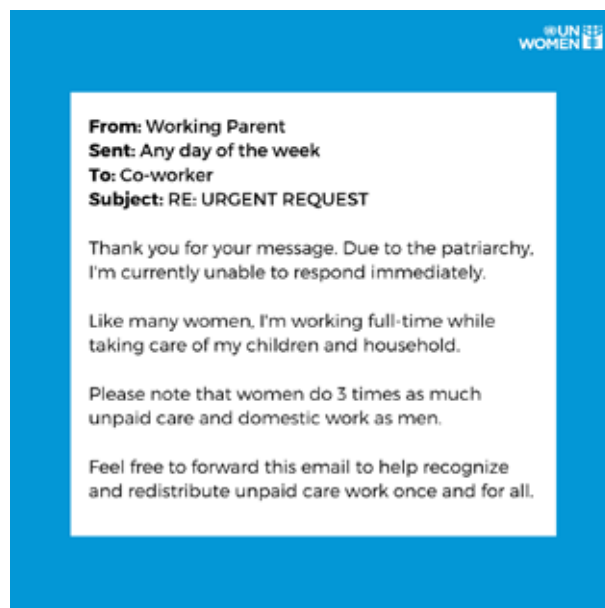
SDG 3

Despite a significant reduction in maternal mortality since 2000, the world was off track to meet the first target prior to COVID-19.⁵ Specifically, nearly 300,000 women died from pregnancy- and childbirth-related complications in 2017.⁶ Over 66 per cent of these women lived in sub-Saharan Africa, and over 90 per cent of these women lived in lower-and middle-income countries.⁷ Furthermore, from 2013 to 2018, 81 per cent of all births were attended by skilled health personnel, which is more than 10 per cent higher than the period from 2006 to 2012.⁸ However, this percentage drops to 60 per cent in sub-Saharan Africa.⁹ Relatedly, even before COVID-19, health personnel were lacking in countries and regions with the highest burden of disease. Specifically, nearly 40 per cent of all countries had fewer than 10 medical doctors per 10,000 people from 2013 to 2018.¹⁰ Lastly, although there was a slight increase in the proportion of reproductive-age women whose family planning needs were satisfied with modern contraceptives as well as a steady decrease in the adolescent birth rate, more than 250 million women worldwide had an unmet demand for modern contraceptives prior to COVID-19.¹¹



SDG 8

Before the pandemic, women spent nearly three times as many hours on unpaid care and domestic work as men.¹² This includes taking care of children and the elderly and largely results from traditional notions of women and girls' roles in society. Women also accounted for 58 per cent of workers in the informal economy prior to COVID-19,¹³ and the share of women informally employed in non-agricultural sectors is particularly high in most countries.¹⁴ Overall, informal employment, such as street vending and waste picking, accounted for more than 60 per cent of global employment prior to COVID-19¹⁵ and resulted in lower earnings and occupational safety, less social protection, and worse working conditions, undermining the pursuit of decent work. Moreover, the gender pay gap was substantial, with a global factor-weighted mean gender pay gap of 19 per cent when using hourly wages and a global factor-weighted gender pay gap of 21 per cent when using monthly earnings in 2018 and 2019.¹⁶ Again, the continuing gender pay gap largely results from traditional notions of women and girls' roles in society. Finally, although the unemployment rate dropped back to pre-financial-crisis levels, global economic growth had already slowed prior to COVID-19, as the global real gross domestic product (GDP) per capita increased by only 1.3 per cent in 2019.¹⁷



Norwegian development policy

In April 2020, the UN Committee on Economic, Social and Cultural Rights (CESCR) drew positive attention to the country's continued allocation of 1.04 per cent of its gross national income to official development assistance (ODA),¹⁸ which exceeds the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC)'s 0.7 per cent ODA/gross national income target.¹⁹ Generally, the “leave no one behind” principle and the aim of combating poverty guides Norwegian development policy.²⁰ Relatedly, there are five thematic areas that Norwegian development policy prioritizes,²¹ two of which - (1) health and (2) private sector development and job creation - closely align with SDGs 3 and 8, respectively. In fact, the most comprehensive description of Norway's global health efforts states that **“mobilising for women's and children's rights and health is the Government's foremost priority.”**²² Lastly, Norway views itself as a defender of international rules and universal values,²³ pointing to its leadership on multilateral initiatives²⁴ and financial support for the UN system.

Regarding SDG 3, Norway centers universal health coverage (UHC),²⁵ human rights, equal access to essential health services, and national ownership and control of health systems in its international development efforts for global health and recognizes health as critical to nation building.²⁶ As such, Norway planned to allocate NOK 4.8 billion in development assistance for health in 2019.²⁷ The UN Population Fund received nearly half of this assistance, and, of Norad's ten largest partner countries, Malawi received the most for health and social services with NOK 142 million in 2019.²⁸ However, health ODA as a percentage of total Norwegian ODA decreased from 13.1 per cent in 2018 to 11.9 per cent in 2019.²⁹

Furthermore, SRHR was one of the thematic priority areas of Norway's most recent action plan for women's rights and gender equality in development policy.³⁰ The sub-objectives for this thematic priority area were universal access to SRHR, international acceptance for SRHR, and the elimination of female genital mutilation within a decade.³¹ Norway granted NOK 1.6 billion to SRHR in 2019 and increased financial support for SRHR by NOK 700 million between 2016 and 2019.³² Norway continues to promote SRHR operationally (for example, by providing financial support to the Global Financing Facility for Every Woman Every Child) and normatively

(for example, by pressuring African countries to ratify the African Union Protocol on the Rights of Women).³³ Norway also views SRHR as a universal value and committed to **“shoulder its share of the responsibility to ensure that any reduction in the overall funding available for family planning, contraception and safe abortion is compensated for.”**³⁴ One example of how Norway fulfilled this responsibility is by tripling funding for family planning between 2016 and 2019 after the global gag rule was reinstated.³⁵

It is also important to highlight “Norway's international strategy to eliminate harmful practices 2019–2023” which focuses on child, early, and forced marriage and female genital mutilation but also addresses SRHR.³⁶ This strategy is ambitious but necessary because it seeks to change social norms and attitudes at the local level in addition to strengthening systems for implementing law and policy and enhancing access to health care services. It should be noted, however, that the abolition of child, early, and forced marriage and female genital mutilation is not a contested topic or policy in the international arena. In this regard, this strategy should go further to target norms that shame or legislation that criminalizes abortion,³⁷ especially during dialogues with partner countries.³⁸ An example of the latter is the fact that Norway has recommended legalizing and ensuring access to safe abortion in the Universal Periodic Review, a process under the UN Human Rights Council where states critique the actions of other states regarding human rights protection and promotion, more than any other country.³⁹ A final point on this topic is that Norway should avoid making the right to safe abortion invisible under the less-contentious moniker of SRHR.

Lastly, a key multilateral source of Norway's global health efforts is the World Health Organization (WHO)-coordinated Global Action Plan for Healthy Lives and Well-being for All. The plan was launched in 2019 at the urging of Norway, Germany, and Ghana to improve collaboration and coordination and accelerate progress toward health-related SDGs and to **“serve as a road map for collective gender-transformative action to make this a lasting reality.”**⁴⁰

Regarding SDG 8, Norway stresses that improving women's economic status is not only a matter of gender



equality and human rights but also a necessity for economic growth and poverty reduction.⁴¹ For this reason, Norway supports women's economic rights and empowerment as another thematic

priority area in its most recent action plan for women's rights and gender equality in development policy.⁴² The sub-objectives for this thematic priority area were women's ability to take part in business activities and the labour market as well as women's equal rights to economic resources, inheritance, and access to financial services.⁴³ Norway continues to work toward these objectives by engaging in and financially supporting international financial institutions and multilateral development banks, such as the African Development Bank's Youth Entrepreneurship and Innovation Multi-Donor Trust Fund, and by giving development assistance for economic infrastructure and services.⁴⁴ Of the Norwegian Agency for Development Cooperation (Norad)'s 10 largest partner countries, Colombia received the most for economic infrastructure and services with NOK 11 million in 2019.⁴⁵ Also, the Norwegian Investment Fund for Developing Countries (Norfund) was one of the first development finance institutions to develop a gender equality strategy in 2016, and the company includes non-discrimination provision in all investment agreements.⁴⁶ While the aforementioned action plan has clear sub-objectives and tactics for women's economic rights and empowerment, these tactics do not include increasing the participation of or consultations with women's CSOs in partner countries. In a similar vein, Norway's development policy – which, as a reminder, prioritizes private sector development and job creation – as well as Norfund's women's rights and gender equality policy lack substance and specificity regarding how they will work toward these priorities.

In addition to SDGs 3 and 8, SDG 5 (gender equality) is obviously relevant to the dignity and equality of women and girls.⁴⁷ Women's rights and gender equality is a cross-cutting issue in all of Norway's international development efforts, but the country focuses on women's inclusion in

peace and reconciliation processes, SRHR, and sexual and gender-based violence as stand-alone issues related to women and girls. Norway also has targeted programmes for gender equality, with Gender Equality for Development (GEfD) [Likestilling for utvikling (LIKE)] being particularly important. Launched in 2017, GEfD provides technical cooperation on gender equality between Norway and countries that request capacity and institutional development and prioritizes women's economic and political empowerment.⁴⁸ Under this programme, Norway entered an agreement with Ethiopia in September 2019 and with Nepal in February 2020.⁴⁹ Although GEfD is a crucial initiative, it is equally as crucial for Norway to include CSOs in the countries where technical cooperation on gender equality is provided, especially in light of the worldwide trend of shrinking civic space. The program is being further developed and expanded by The Norwegian Directorate for Children, Youth and Family Affairs (Bufdir), but with marginal funding.

In conclusion, prior to COVID-19, there was a decade of progress in maternal health and SRHR. However, women performed a disproportionate amount of unpaid care and domestic work, a significant amount of inequality existed within and among countries, which SDG 10 addresses, especially for women facing multiple and intersecting forms of discrimination, and harmful gender roles, norms, and relations persisted. That said, Norwegian development policy already worked on health and private sector development and job creation as thematic areas, provided a significant amount of development assistance, particularly for SRHR, and viewed women's rights and gender equality as a cross-cutting issue.

II.

Less than a year after Norway declared that it was “moving in the right direction” in regard to achieving the SDGs, the WHO declared COVID-19 a pandemic. Since then, the pandemic has both undermined and reoriented Norwegian development policy, and there are concerns that this global health emergency has led to the political downgrading of women's rights and gender equality. Against the background, this section will assess how COVID-19 has affected global progress toward SDGs 3 and 8 for women and girls.

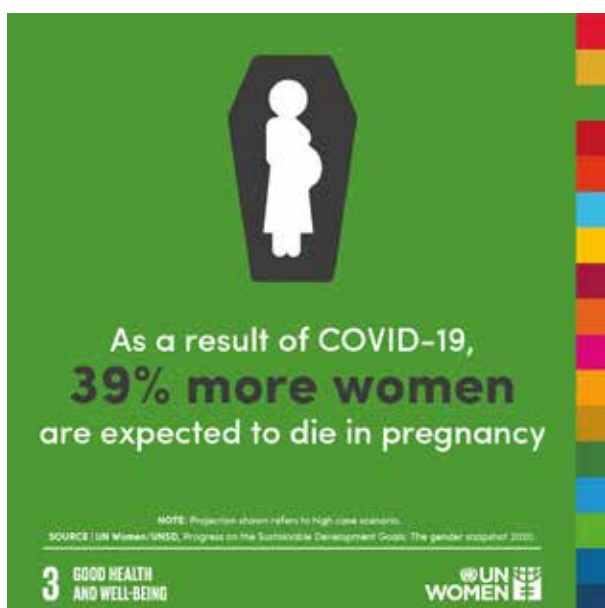


SDG 3: Good health and well-being

Since March 2020, COVID-19 has disrupted health care services, forced national lockdowns, and caused fear of visiting health care facilities. Simultaneously, some governments have used the pandemic as a guise to restrict sexual and reproductive health care by labeling it as “non-essential.”⁵⁰ This threatens to reverse decades of hard-won gains in realizing the highest attainable standard of health for women and girls.⁵¹ Of particular concern for SDG 3 for women and girls in the context of COVID-19 are 1) maternal mortality, 2) SRHR, and 3) sexual and gender-based violence.

Maternal mortality

As the chart on page 4 shows, SDG target 3.1 is reducing the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. Since the pandemic began, progress on reducing the MMR has stalled, if not reversed, not because of the virus itself but because of health care service disruptions and related phenomena. In 2020, 35 per cent of countries reported interruptions to reproductive, maternal, newborn, child and adolescent health care services, and tens of thousands of additional maternal deaths are expected to have occurred.⁵² The situation is expected to be worse in lower- and middle-income countries and regions and for women of color. For example, around 11,000 additional maternal deaths are expected to occur in South Asia,⁵³ and the MMR due



to COVID-19 is two times higher among Black women than white women in Brazil.⁵⁴ Relatedly, SDG indicator 3.1.2 is the proportion of births attended by skilled health personnel. This proportion has likely decreased as these personnel are diverted to care for COVID-19 patients. The disparity in the availability of nurses and midwives is particularly stark between the Global North and Global South. Specifically, the availability of nursing and midwifery personnel in Northern America is 15 times greater than that of sub-Saharan Africa and 8 times greater than that of Northern Africa and Southern Asia.⁵⁵

Sexual and reproductive health and rights

SDG target 3.7 involves ensuring universal access to sexual and reproductive health care services by 2030. Like maternal health care, sexual and reproductive health care, such as abortion, is time-sensitive and thus adversely affected by delays due to health care service disruptions. Some women and adolescent girls may also avoid health care services for fear of COVID-19 infection or engage in transactional sex due to loss or limitation of economic livelihoods, likely increasing their need for sexual and reproductive health care. As a result of COVID-19 disruptions, 12 million women in 115 countries lost access to family planning services, leading to 1.4 million unintended pregnancies.⁵⁶



Violence against women and girls

SDG target 5.2 involves eliminating all forms of VAWG in the public and private spheres. This is closely related to SDG 3, which includes survivor-centred care. In the context of COVID-19, former UN Women Executive Director Phumzile Mlambo-Ngcuka stated that lockdowns and disruptions to vital support services have caused a “shadow pandemic”⁵⁷ of increased reported violence against women and girls. The likely reasons for this increased violence include restricted movement, social isolation, and economic insecurity, and disruptions to support services, such as shelters, rape crisis centers, and counseling.⁵⁸ Additionally, women with disabilities are twice as likely to experience violence from

partners and family members.⁵⁹ At this point, however, the focus on this shadow pandemic has waned significantly, and data regarding the effect of COVID-19 on VAWG is scarce. Calls to helplines increased five-fold in some countries⁶⁰ but decreased in other countries, with the latter suggesting women may face new barriers to reporting violence and seeking help.⁶¹

SDG 8: Decent work and economic growth

Although men are more likely to contract severe forms of COVID-19 and die from the virus, women are more likely to be adversely affected by the economic fallout of the pandemic. Of particular concern for SDG 8 for women and girls in the context of COVID-19 are 1) health care workforce composition, 2) unpaid domestic work and care, 3) loss of informal and other work, and 4) living in poverty.

Health care workforce composition

Women account for 70 per cent of health and social care workers and are more likely to be front-line health care workers, such as nurses.⁶² As such, they are highly and frequently exposed to the physical impact of the virus. For instance, in Germany, Italy, Spain, and the United States, confirmed COVID-19 cases were up to three times higher for women health care workers.⁶³ To make matters worse, during previous public health emergencies, namely the 2014-2016 ebola outbreak in West Africa, higher-ranking health personnel, most of whom are men, received more personal protective equipment than lower-

ranking health personnel, most of whom are women.⁶⁴ Additionally, women front-line health care workers are at increased risk of depression, burnout, and post-traumatic stress⁶⁵ due to staff shortages, access to personal protective equipment, and other structural factors.

Unpaid care and domestic work

COVID-19 has increased not only the amount of time spent on but also the intensity of unpaid domestic work and care for both men and women.⁶⁶ That said, women are still doing the majority of this work. 32 per cent of women but 18 per cent of men said their time spent on cooking and serving meals increased.⁶⁷ In fact, nearly half of men said they “don’t usually” perform this household chore.⁶⁸ This increased burden also extends to girls, with 64 per cent of parents noting a higher involvement of daughters in unpaid domestic work.⁶⁹ The pandemic has also increased the amount of time spent on unpaid care work for both men and women. This is a result of children learning and adults working from home, increased elder vulnerability, overwhelmed health services, etc. However,



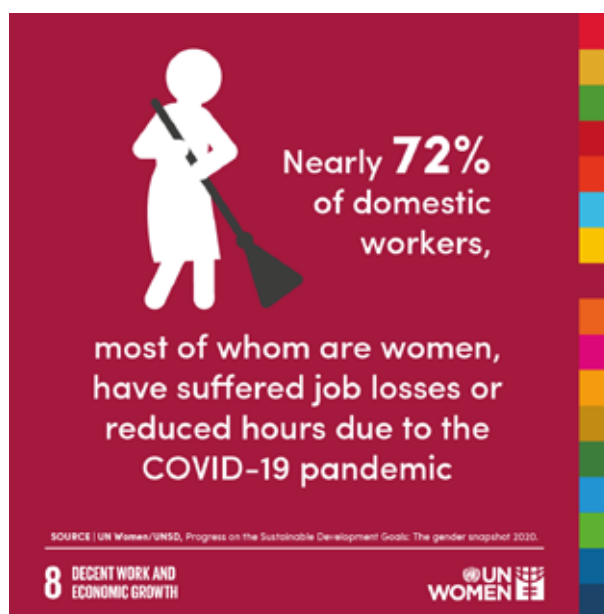
women still do much more of this work in terms of time spent and number of activities, and more women than men are leaving the workforce to provide childcare.⁷⁰ As such, 56 per cent of women and 51 per cent of men said their time spent on unpaid care increased due to COVID-19.⁷¹ Specifically, women's time spent increased from 26 to 31 hours per week – nearly as many hours as a full-time job – and men's time spent increased from 20 to 24 hours per week.⁷²

Loss of informal and other work

COVID-19 has made the 740 million women, many of whom are indigenous and/or young women, who work in the informal economy even more vulnerable, as their income fell by 60 per cent during the first month of the pandemic.⁷³ Women informal workers, most of whom have little or no access to social protection systems and emergency health provisions and often receive unfair wages, must choose between losing income or risking COVID-19 exposure. Furthermore, women informal workers are more likely to work in the most precarious and vulnerable sectors, such as domestic work. Women account for 80 per cent of domestic workers, and 72 per cent of these workers lost their jobs as a result of COVID-19 lockdowns.⁷⁴ They are also more likely to work in high-risk sectors, such as accommodation and food services, that experienced drastically reduced economic output due to lockdowns.⁷⁵ For example, the pandemic put up to 120 million tourism jobs at risk, disproportionately affecting women.⁷⁶ Even women formal workers have not circumvented the impact of the pandemic, as they lost more than \$800 billion in income in 2020.⁷⁷ More broadly, women's employment decreased by 4.2 per cent globally - about 64 million jobs - whereas men's employment decreased by 3 per cent, and fewer women than men will regain jobs lost due to COVID-19 during the recovery period.⁷⁸ Specifically, while the number of men in the workforce was projected to recover to 2019 levels in 2021, the number of women in the workforce is still 13 million fewer.⁷⁹ Lastly, COVID-19 will increase the number of young women not in education, employment, or training beyond 31 per cent, which was the rate in 2019.⁸⁰

Living in poverty

SDG 1 involves ending poverty in all its forms everywhere. This SDG intersects with all of the others but is particularly relevant to SDG 8, as decent work and economic growth is one key pathway for lifting oneself



out of poverty.⁸¹ Since the beginning of the pandemic, 47 million women and girls have been pushed into extreme poverty. As such, the pandemic is widening the gender poverty gap. This year, there will be 118 women living in poverty for every 100 men living in poverty globally, and the number for women could increase to 121 by 2030.⁸² Unsurprisingly, the effect of the economic fallout of COVID-19 will affect women in the Global South, specifically sub-Saharan Africa and South Africa, more than men.⁸³ It is also important to note that poverty is often cyclical and generational and that the manifestations of poverty, such as hunger and inadequate housing, affect women and girls more acutely due to their lack of economic opportunities and autonomy, among other obstacles.

III.

These statistics make it clear that COVID-19 has negatively impacted women and girls' health and economic rights globally. In response, Norway ramped up its humanitarian efforts and development assistance and altered its development policy, and governments adopted measures, including COVID-19 task forces, to mitigate various impacts of the pandemic. As such, this section will present, in the context of the impact of COVID-19 on SDGs 3 and 8 for women and girls, (1) Norway's international human rights obligations, (2) Norway's response via development policy, and (3) measures adopted by around the world. The third topic will focus on (1) the extent of women's full and effective participation and decision-making as well as measures addressing (2) unpaid care work, (3) economic security, and (4) VAWG.





Norwegian response

International human rights obligations

In the context of SDGs 3 and 8, women and girls, and COVID-19, Norway's main⁸⁴ obligations are found in the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Specifically, ICESCR article 2(1) states, *“Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.”*⁸⁵ In fact, General comment no. 14 (2000) on the right to the highest attainable standard of health article 45 states, *“For the avoidance of any doubt, the Committee wishes to emphasize that it is particularly incumbent on States parties and other actors in a position to assist, to provide “international assistance and cooperation...”*⁸⁶ As the fourth wealthiest nation in the world based on GDP per capita, Norway clearly has an obligation in this regard.⁸⁷

In the context of SDGs 3 and 8, women and girls, and COVID-19, the relevant rights are found in articles 6 (right to work), 7 (right to just and favourable work conditions), and 12 (right to the highest attainable standard of health) of the ICESCR. Similarly, while many CEDAW articles relate to this context, of particular importance are articles 11 (eliminate discrimination in the field of employment), 12 (eliminate discrimination in the field of health care, including those related to family planning), and 13 (eliminate discrimination against women in other areas of economic and social life, including the right to bank loans, mortgages, and other forms of financial credit).

Norwegian development policy

According to the October 2020 study “Responding to the Covid-19 Pandemic - Early Norwegian development aid support,” Norway responded to COVID-19 by providing additional funding for health and vaccine projects, prioritizing UN and multilateral funding channels, and

rapidly dispersing and increasing the flexibility of funds in ongoing projects and programmes to better address shifting COVID-19 needs.⁸⁸ In fact, regarding additional funding, the government mobilised over NOK 700 million for development assistance in a short period.⁸⁹ For example, Norway provided funding for the Coalition for Epidemic Preparedness Innovations (CEPI) and the UN COVID-19 Response and Recovery Trust Fund⁹⁰ and, as of April 2021, contributed NOK 1.3 billion to the COVAX global vaccine initiative.⁹¹

On one hand, some of this development assistance contributed to good health and well-being as well as decent work and economic growth for women and girls. For example, regarding additional funding for health and vaccine projects, Norway dispersed NOK 8.7 million to the UN COVID-19 Response and Recovery Trust Fund for the project “Covid-19 emergency response for continuity of maternal and new-born health services in Malawi.”⁹² Later, Norway increased the total allocation for global health from NOK 500 million to NOK 4 billion⁹³ in the 2021 National Budget and committed to contributing NOK 10.4 billion for SRHR promotion through the UN system for 2020 through 2025.⁹⁴ Regarding UN and multilateral funding channels, Norway disbursed NOK 100 million to UN Women in April 2020 and prioritized funding to the United Nations Population Fund (UNF-

PA) based on the assumption that VAWG would increase during the pandemic.⁹⁵ Regarding increased funding flexibility, the 2020 Revised National Budget allowed for the use of budget chapters and items for “gender and vulnerable groups” in the context of COVID-19.⁹⁶ This rapid disbursement and increased flexibility shows that the Norwegian government is willing and able to not only bolster its outreach and support to Norwegian civil society organizations (CSOs) but also ramp up its policies and act quickly.

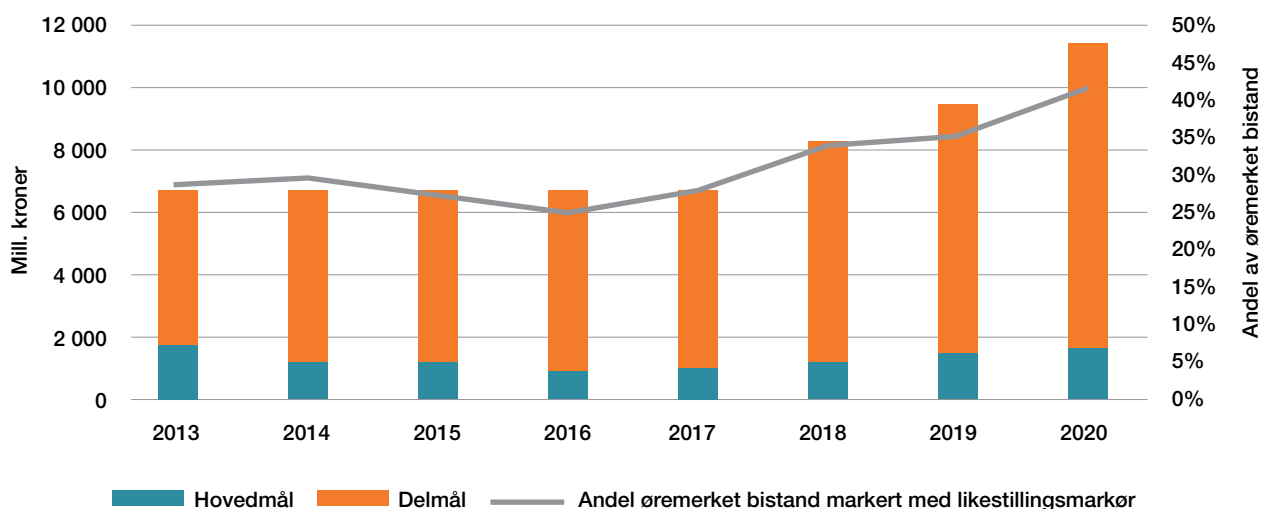
While the aforementioned funding is certainly welcome, closer monitoring is necessary to confirm that the funding reached the intended programmes and projects, made an impact on the partner countries and women and girls in these countries in particular. This monitoring is imperative for ensuring transparency as well as clarifying the extent of policy change and women’s participation in partner countries. This lack of monitoring is related to a greater issue in Norwegian development policy regarding women’s rights and gender equality: The policies themselves are promising, but it is often difficult to pinpoint the implementation and results of these policies.

It is also important to note that Norway’s response lacked sufficient intersectionality regarding the impact of COVID-19 on women and girls. First, Norad reallocated



Norwegian development assistance by SDG, 2020, share of total aid ⁹⁷

Øremerket bistand fordelt på likestillingsmarkøren, 2013–2020



Norwegian bilateral development assistance on the DAC gender equality policy marker ¹⁰⁴

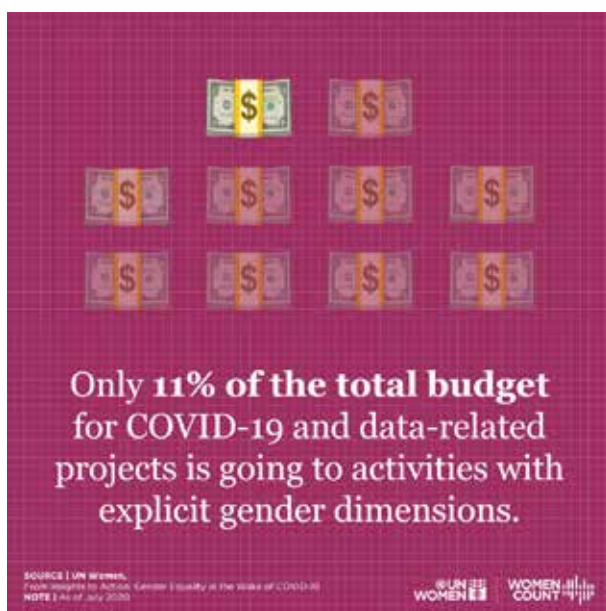
funds from existing programmes and projects, including targeted programmes for gender equality, to provide additional funding for health and vaccine projects. While this relocation was vital for prevention and treatment in lower- and middle-income countries in the short-term, it will likely have unintended effects on women and girls in the long-term when these countries begin to rebuild. For example, the 2020 Revised National Budget reduced development assistance for The Knowledge Bank and technical cooperation as well as business development and trade.⁹⁸ Development assistance for the latter is mostly related to job creation and economic growth projects.⁹⁹ Although Norad did not prioritize targeted programmes for gender equality in its COVID-19 response, it continued to incorporate women's rights and gender equality is a cross-cutting issue. In fact, gender equality was the principal or a significant objective in 42 per cent of bilateral development assistance in 2020, which increased by 7 per cent compared to 2019.¹⁰⁰ However, the share of bilateral development assistance in which gender equality is the principal objective has remained stagnant between 5 and 10 per cent since 2013 and has failed to return to the share reached in 2013 before the Solberg Government was elected.¹⁰¹ Relatedly, this is still below the 47 per cent average for OECD DAC members.¹⁰² In comparison, gender equality was the principal or a significant objective in 84 per cent of Sweden's bilateral development assistance from 2018 to 2019.¹⁰³

Furthermore, prioritizing UN and multilateral funding channels has reduced Norad's focus on country- and context-specific strategies that more effectively address the adverse political, economic, and social impact of the pandemic on women and girls. Lastly, Norad provided little or no additional funding to Norwegian non-governmental organisations (NGOs) and did not establish any major bilateral initiatives in Norway's main partner countries. This is worrisome because these NGOs have experience in addressing humanitarian crises as well as relationships with local organisations who work on-the-ground and understand country- and context-specific issues.

Relatedly, the MFA's 2022 budget proposal, which largely reflected its COVID-19 recovery plans, acknowledged that the pandemic had increased (1) VAWG, (2) the number of women living in poverty, and (3) pressure on SRHR. Although the MFA proposed increasing overall development assistance by NOK 3.8 billion, the proposed allocations for gender equality, UN Women,¹⁰⁵ and local women's organizations¹⁰⁶ remained the same. The revised budget for 2022, presented to the Norwegian Parliament in May 2022 proposed dramatic cuts to major parts of gender equality work and UN Women. It was reversed after a budget agreement in parliament between the two government parties and the Socialist Left Party (as their favored budget partner).

International response

In the wake of the devastating impacts of the pandemic, many governments have adopted unprecedented measures to address the social and economic fallout of the pandemic. However, according to the UNDP-UN Women Global COVID-19 Gender Response Tracker, only 42 per cent of these measures have been gender-sensitive.^{107, 108} Furthermore, in 15 per cent of the countries analyzed have not adopted any gender-sensitive measures in response to COVID-19.¹⁰⁹



Full and effective participation and decision-making

Women comprise less than one-fourth of COVID-19 task force members.¹¹⁰ At the national level, women's leadership benefits everyone, as countries with women leaders have six times fewer COVID-19 deaths.¹¹¹ This is likely because women leaders did not underestimate the risks the virus posed, adopted preventive measures, and prioritized health concerns and social well-being in the long-term over the national economy in the short-term.¹¹² That said, only 19 per cent of the national COVID-19 task forces are led by women, with 84 percent having a majority of male members.¹¹³

Unpaid care work

While COVID-19 has simultaneously hampered women's economic opportunities and increased the burden of unpaid domestic work, exacerbating the "double bind"

women face globally,¹¹⁴ only 11 per cent of the total 1,700 social protection and labor market measures taken in response to COVID-19 address unpaid care.¹¹⁵ The most common response targeting unpaid care is expanded family leave provisions, followed by support for childcare services. Labour market responses have come in the form of flexible work arrangement and sometimes additional wage subsidies for workers with care responsibilities. Europe, North America, Australia and New Zealand have enacted two-thirds of all unpaid care measures globally, such as Australia's ParentsNext program that supports parents in skills development, subsidizes job search and training expenses, and offers counselling services.

Economic security

Women's economic security is addressed by only 13 per cent of the total global fiscal, economic, social protection and jobs response, which amounts to less than 300 measures out of the over 2,200 measures enacted worldwide. Most of these measures have been categorized under social protection, which include cash transfers and food assistance. Fiscal and economic responses addressing women's economic security have focused on supporting feminized labour sectors, such as tourism, by giving out public sector loans and subsidies. Labor market measures that target or prioritize women have only been adopted in 31 countries and usually take the form of wage subsidies, or training and support for informal workers and the self-employed. For example, Bolivia, Costa Rica, Ecuador and Peru have adjusted labour legislation to protect the rights of domestic workers. Despite some positive examples, the lack of effective measures providing economic security for women is deeply concerning, as women's continued labor force participation and economic empowerment is crucial for realizing both gender equality and the SDGs.¹¹⁶

Violence against women and girls

Following the UN Secretary General's call for a global ceasefire given the increasing prevalence of domestic violence,¹¹⁷ governments have addressed VAWG in their gender-sensitive measures in response to COVID-19. The largest share of measures deemed gender-sensitive aim to combat VAWG, with up to 64 per cent of measures focusing on this issue.¹¹⁸ Countries in Europe and North America as well as Australia and New Zealand have



been especially active in this response, with one-third of all VAWG measures adopted in these regions.¹¹⁹ Special emphasis has been focused on strengthening services for survivors, including setting up helplines, police and judicial responses, and expansion of shelters. The responses have also highlighted the need for awareness-raising of risks and promotion of platforms that offer help. Unfortunately, serious gaps remain, especially when it comes to addressing the need of groups where women face multiple

and intersecting forms of discrimination. It would also be paramount to integrate VAWG into governments' COVID-19 response planning, but only one-third of counties have done so. Positive policy examples include Sweden providing extra support for CSOs working with VAWG against LGBTIQ+ persons and Bangladesh mainstreaming gender in the COVID-19 response and categorizing VAWG as part of essential health services.





Conclusion

Before COVID-19, the world was off-track to meet many of the targets for SDGs 3 and 8, especially when considering good health and well-being and decent work and economic growth through a gender lens. COVID-19 have set this progress further back due to health care service disruptions, lockdowns, and other mitigation measures. This report focused on the implications for maternal mortality, SRHR, and VAWG for SDG 3 and health care workforce composition, unpaid domestic work and care, loss of informal and other work, and living in poverty for SDG 8.

Both before and during the pandemic, Norway had articulated robust policies for SRHR, women's economic rights and empowerment, etc., and had allocated bilateral development assistance for gender equality in line with OECD DAC expectations. In response to COVID-19, Norway provided additional funding for health and vaccine projects, prioritized UN and multilateral funding channels, and rapidly dispersed and increased the flexibility of funds in ongoing projects and programmes. While these measures were necessary to deal with the public health and socioeconomic consequences of the pandemic, we are concerned that Norwegian development policy continues to falter with implementation, particularly regarding the participation of and financial support for women and CSOs both in Norway and partner countries, and monitoring the reach and impact of its projects and programmes on women and girls. FOKUS has described this as having the “correct diagnosis, but inadequate action” (“riktig diagnose, men mangelfull handling”).¹²⁰

Lastly, as data from the UNDP-UN Women Global COVID-19 Gender Response Tracker shows, women have been significantly underrepresented in membership and leadership for COVID-19 planning and decision-making, and less than half of COVID-19 measures, particularly those focused on (1) unpaid care work, (2) economic security, and (3) VAWG, adopted worldwide have been gender-sensitive. It is clear, then, that many countries, including Norway, must strengthen their COVID-10 response, both domestically and globally, to more effectively include and minimize the effects of the pandemic on women and girls.

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This report was developed and written by Allison Wedwaldt (FOKUS – Forum for Women and Development) and Siina Silvennoinen (UN Women Nordic)

