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## 1. Context

During the last couple of months, the worldwide economy has been reshaped by the COVID-19 pandemic, putting Europe in front of an unprecedented economic, financial and social shock. Healthcare systems have been overwhelmed, lockdown measures have affected various aspects of our social life, and millions of European citizens fear losing their jobs and facing harder living conditions. This brings major repercussions on our economies, inevitably on the social economy and social enterprises. Across every sphere the impacts of COVID-19 are exacerbated for women and girls as follows:

- Compounded **economic impacts** are felt especially by women and girls who are generally earning less, saving less, and holding insecure jobs or living close to poverty.
- While early reports reveal more men are dying as a result of COVID-19, the **health of women** generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services.
- **Unpaid care work** has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health services.
- As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, **gender-based violence** is increasing exponentially. Many women are being forced to 'lockdown' at home with their abusers at the same time that services to support survivors are being disrupted or made inaccessible.
- All of these impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined and institutional capacity and services are limited<sup>1</sup>.

The United Nations Secretary-General has requested that women and girls be central to the fight against COVID-19<sup>2</sup>, voices have been raised in the medical world to draw attention to the impact of the epidemic on women<sup>3</sup>.

This document represents an analysis and a proposal that WISE4All intends to carry out in Europe and in the European institutions outlining suggested priority measures to accompany both the immediate response and longer-term recovery efforts.

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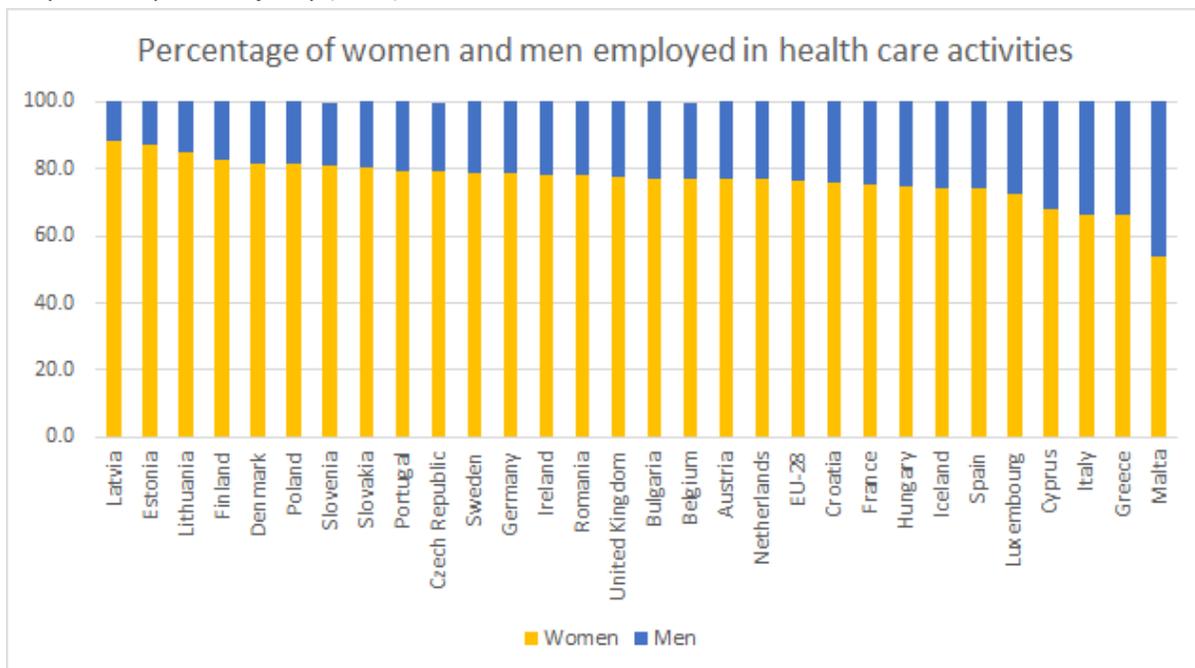
<sup>1</sup> <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

<sup>2</sup> UN News, 'Put women and girls at centre of COVID-19 recovery: UN Secretary-General', 9 avril 2020 : <https://news.un.org/en/story/2020/04/1061452>

<sup>3</sup> The Lancet, 'COVID-19: the gendered impacts of the outbreak', 6 mars 2020 : [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)

## 2. State of play In Europe

**Healthcare workers** are at the frontline of the Covid-19 pandemic and they are working around the clock, putting themselves and their families at risk to care for patients. Although both women and men working in this sector are exposed to the virus, **women are potentially more at risk** of infection because they make up the majority (76 %) of healthcare workers in the EU.



The proportion of women is very high in care occupations. Forthcoming research from EIGE has found that about 76 % of the 49 million care workers in the EU are women. These figures are probably underestimated due to the large share of **undeclared employment**, especially in the domestic care sector.

Most of the workers providing home-based professional care to **older people and people with disabilities** are women. Across the EU, it's estimated that of these 1.8 million cares, about 83% of them are women.

There are also several other people working in essential jobs that require **contact with others**, such as supermarket cashiers, who face greater exposure during the Covid-19 pandemic. Women are especially affected as they make up 82 % of all cashiers in the EU.



Source: Eurostat, Labour Force Survey (2018)

While women have a longer **life expectancy** than men, they spend less years living in good health. Due to a higher life expectancy and higher likelihood of facing health problems (see graph below), women are more likely to be in need of long-term care. This is now further complicated as older people, and especially women who are living alone and depend on care from family, friends or neighbours will no longer be able to rely on it to the same extent. For older people living in residential facilities, social distancing measures can increase their chances of social exclusion as visitors are denied entry.

Medical research has historically shown limited **gender sensitivity** but an important step forward in this respect has been the Clinical Trials Regulation of the European Commission (2014). It requires the consideration of gender in clinical trials. It should help address concerns about drugs being mainly tested on men, which can mask adverse side effects that are more common among or exclusive to women.

Insufficient gender sensitivity in medical research and healthcare is perhaps not very surprising, given the **under-representation** of women in health governance and decision-making. Although women are well represented among medical students and doctors, they are less well represented among senior doctors and professors, or in executive health sector positions overall.

There are many people in our society for whom the recommended **physical distancing** measures are not an option. We have 61 million women and 47 million men with disabilities in the EU. Many of them depend on help from others to eat, dress or shower, which makes physical distancing almost impossible.

When it comes to domestic violence, **women with disabilities** are more vulnerable. 34 % of women with disabilities have suffered intimate partner violence, compared with 19 % of women without disabilities. They often are not physically able to access shelters and other facilities, so they remain in violent situations.

We suggest you to read this document produced by EC on the impact of sex and gender in the COVID-19 pandemic : <https://op.europa.eu/en/publication-detail/-/publication/4f419ffb-a0ca-11ea-9d2d-01aa75ed71a1/language-en>

### 3. THE EU BUDGET POWERING THE RECOVERY PLAN FOR EUROPE

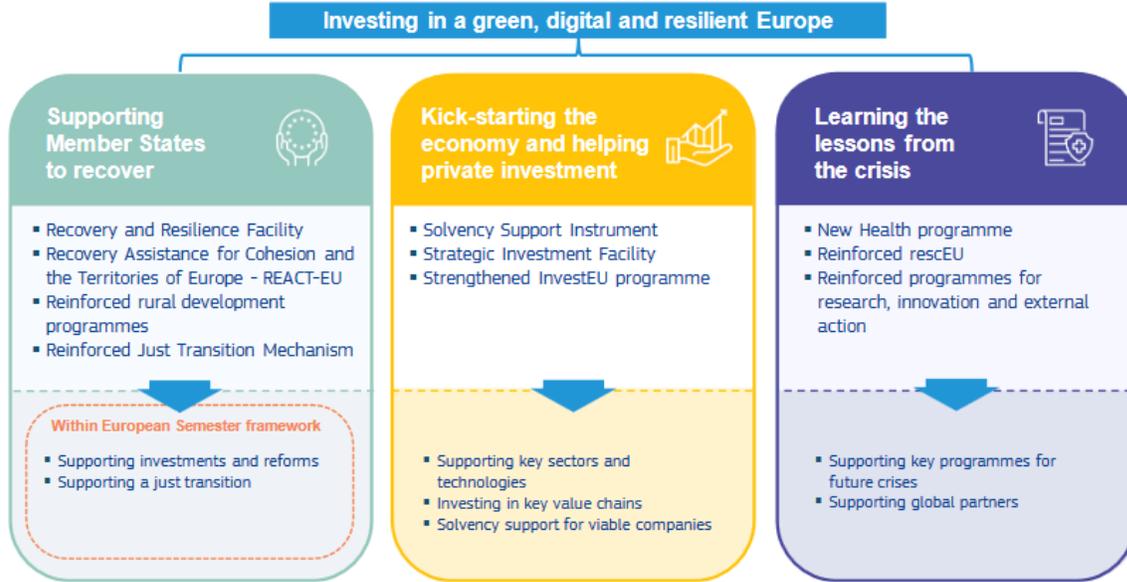
In this context, the European Commission is taking action to reduce the negative socio-economic impact from this outbreak and bring the EU back on the track of sustainable growth to mobilise the necessary investments, the Commission is putting forward a two-fold response:

- Next Generation EU to boost the EU budget with new financing raised on the financial markets for 2021-2024
- A reinforced long-term budget of the EU for 2021-2027 (€ 1 100 billion)

Next Generation EU of €750 billion as well as targeted reinforcements to the long-term EU budget for 2021-2027 (€1.100billion) will bring the total financial firepower of the EU budget to €1.85 trillion.

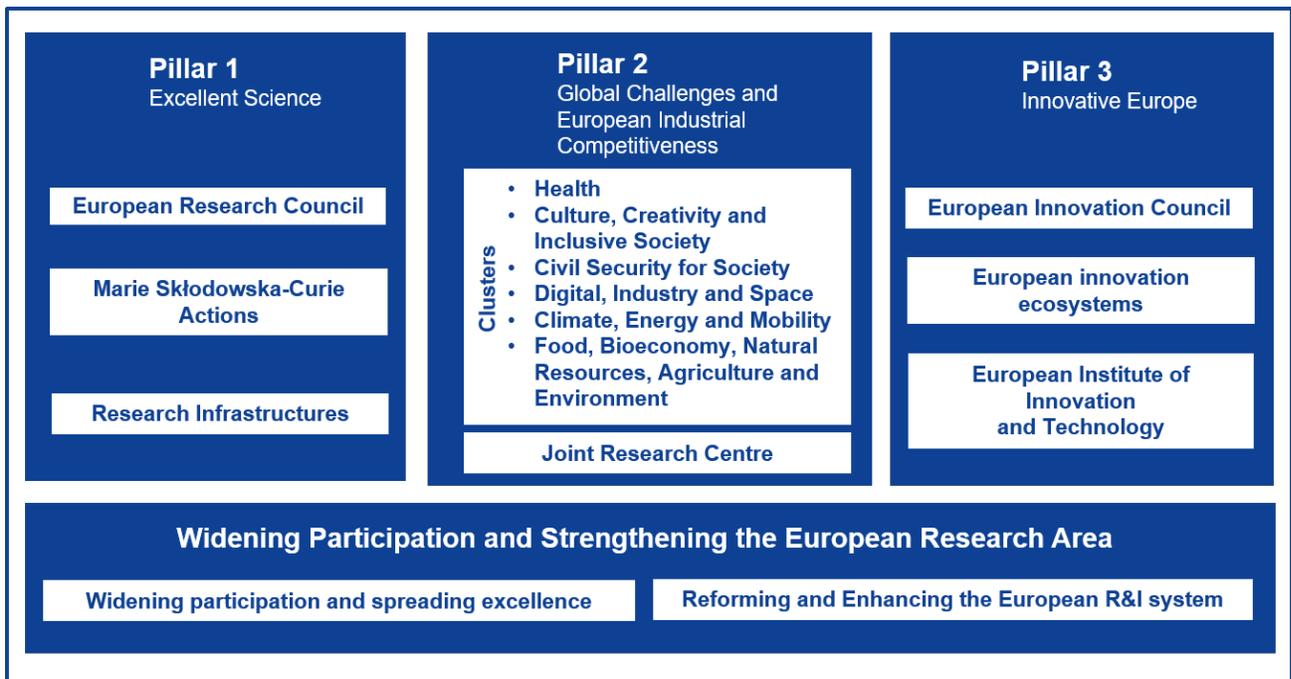
Together with the three important safety nets for workers, businesses and sovereigns endorsed by the European Council on 23 April 2020 and amounting to a package worth €540 billion, these exceptional measures taken at the EU level would reach more €1.290 trillion.

The EU response to the coronavirus crisis will be spread between now and 2027, concentrated in the first crucial years of recovery. To ensure an effective response, which reaches out to everybody in the EU and to our global partners, the Commission is mobilising a variety of instruments. Next Generation EU will be rolled out under three pillars:



Source: European Commission

With regard to EU programs I would like to spend a few words to go over the next EU programme of research and innovation: HORIZON EUROPE. Horizon Europe will run from 2021 to 2027 with a proposed budget of 94.4 billion euros (of which 13.5 (under Next Generation EU))



The crisis has both underlined the value of European cooperation and demonstrated vividly that the Union must urgently build up its capacity to respond to crises and build resilience to future shocks. The Commission is proposing a new Health Programme to strengthen health security and prepare for future health crises. RescEU, the Union's Civil Protection Mechanism, will be expanded and reinforced to equip the Union to prepare for and respond to future crises. Horizon Europe will be reinforced to fund vital research in health, resilience and the green and digital transitions. The EU will support its global partners through an additional €16.5 billion for external action, including humanitarian aid. Other EU programmes will be strengthened to align the future financial framework fully with recovery needs. These include the Common Agricultural Policy and the European Maritime and Fisheries Fund, to strengthen the resilience of the agri-food and fisheries sectors and to provide the necessary scope for crisis management: [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/recovery-plan-europe\\_en](https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/recovery-plan-europe_en)

#### 4. The challenges

COVID-19 is not only a challenge for global health systems, but also a test of our human spirit. Recovery must lead to a more equal world that is more resilient to future crises.

**How to learn a lesson from this situation to structure short and long term actions adaptable to similar situations in the future?**

**According to the Policy Brief: The Impact of COVID-19 on Women published the 9th of APRIL** "the policy brief emphasizes three cross-cutting priorities: 1) ENSURE WOMEN'S EQUAL REPRESENTATION IN ALL COVID-19 RESPONSE PLANNING AND DECISION-MAKING. Evidence across sectors, including economic planning and emergency response, demonstrates unquestioningly that policies that do not consult women or include them in decision-making are simply less effective, and can even do harm. Beyond individual women, women's organizations who are often on the front line of response in communities should also be represented and supported. 2) DRIVE TRANSFORMATIVE CHANGE FOR EQUALITY BY ADDRESSING THE CARE ECONOMY, PAID AND UNPAID: In the formal economy care jobs, from teachers to nurses, are underpaid in relation to other sectors. In the home, women perform the bulk of care work, unpaid and invisible. Both are foundational to daily life and the economy but are premised on and entrench gendered norms and inequalities. 3) TARGET WOMEN AND GIRLS IN ALL EFFORTS TO ADDRESS THE SOCIO-ECONOMIC IMPACT OF COVID-19. It will be important to apply an intentional **gender lens** to the design of fiscal stimulus packages and social assistance programmes to achieve greater equality, opportunities, and social protection"<sup>4</sup>.

1. Fight against discrimination: A first way to ensure that the equality of women and men is not compromised is to ensure that a person is not discriminated against on the basis of their sex.

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<sup>4</sup><https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

2. A second option is to implement specific actions to promote equality for women and men. On the basis of the observation of inequalities, concrete actions can be implemented with the specific aim of combating the observed inequalities.

3. Finally, gender mainstreaming can help prevent new policies or actions from worsening existing inequalities or creating new ones. It is important to examine the gender composition of the target group and the possible differences in situations that may exist between women and men in this target group. The objective is, based on this information, to develop the policy or action so that it has the intended effect for both women and men. Sex-disaggregated statistics are a necessary tool for this. Taking into account the differences in situation between women and men can also help to increase the effectiveness of the measures because they are better adapted to the different components of the target group.

When developing an equal opportunities policy in the context of COVID-19, it is possible to use a mixture of these three approaches, trying both to prevent any inequality in impact new measures and to combat the discrimination or inequalities noted<sup>5</sup>

Considering that, we NEED more:

**GENDER HEALTH and MEDICINE** - As scientists are working fast to try and find a **vaccine for Covid-19**, it's important that their medical research is not gender blind. Clinical trials must include a gender-balanced representation of women to see how the vaccine might affect women and men differently.

**GENDER BASED VIOLENCE** - With regard on "femicide" is of such low national priority in the age of Coronavirus, it is the **NGOs** who are taking much of the brunt. In Chile, an organisation has developed a 'Feminist Emergency Plan for the Coronavirus Crisis', composed of developing strategies for collective feminist mutual aid, which include emergency plans for women to exit dangerous domestic situations, and mobilising health professionals and carers for children. In Mexico, social sector efforts to cope with violence against women have been truncated, but NGOs are bravely trying to help.

**GENDER POLICIES** - Taking into account the differences in the situation of women and men is an important political issue and is necessary for taking effective political measures, reviving economic and social activity and strengthening the equality of women and men in society<sup>6</sup>.

**GENDER COMMUNICATION**- The COVID-19 pandemic has been accompanied by an unprecedented 'infodemic'. A flood of information about the virus, often false or inaccurate and spread quickly over

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<sup>5</sup> LA DIMENSION DE GENRE DE LA CRISE DU COVID-19 - Note de l'Institut pour l'égalité des femmes et des hommes à la demande de madame Nathalie Muylle, ministre fédérale chargée de l'Egalité des chances

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social media, can – according to the World Health Organisation (WHO) – create confusion and distrust and undermine an effective public health response.

This ‘infodemic’ feeds on people’s most basic anxieties. Social confinement has obliged millions of people to stay in their homes, increasing the use of social media including as means of access to information, while online platforms, fact-checkers and social media users are reporting millions of false or misleading posts. Given the novelty of the virus, gaps in knowledge have proven to be an ideal breeding ground for false or misleading narratives to spread.

Building on the Action Plan against Disinformation in line with our democratic values, to address the risks for open societies. Our common values and democratic institutions, including free expression and free and plural media, are keystones to the resilience of our societies to the challenges of the COVID-19 pandemic<sup>7</sup>.

## 5. A WISE4All strategic agenda

More can be done if we work together. Together with the European Commission, various European countries have published notices on COVID-19. On 10 April the European Commission and the 27 Member States published the ERAvsCORONA document, an action plan divided into 10 points to be implemented in the short / medium term.

The priority actions for coordinated research and innovation actions are:

### 1. Coordination of R&I funding against the Coronavirus

This action aims at giving national authorities a possibility to work closer and align activities through Programme level cooperation.

### 2. Extending and supporting large EU wide clinical trials for clinical management of Coronavirus patients

3. **New funding for innovative and rapid health-related approaches** to respond to coronavirus and deliver quick results relevant to society and a higher level of preparedness of health systems  
This action aims at funding innovative approaches for researchers and innovators to deliver quick results relevant to society focussing on (1) Social and economic impacts of the outbreak response; (2) Medical technologies and ICT-applications; (3) Health systems preparedness (including manufacturing).

4. **Increasing support to innovative companies:** This action aims at increasing support to the recently closed Horizon 2020 European Innovation Council pilot Accelerator using the opportunity

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<sup>7</sup> [https://ec.europa.eu/info/sites/info/files/communication-tackling-covid-19-disinformation-getting-facts-right\\_en.pdf](https://ec.europa.eu/info/sites/info/files/communication-tackling-covid-19-disinformation-getting-facts-right_en.pdf)

of the bottom-up call where more than 1,000 coronavirus related applications have been received (out of a global number of around 4,000) to support the best applications relating to the coronavirus. It also aims at increasing support to research & innovation financial instruments addressing coronavirus related issues. This would assist with the increasing demand of financial support notably for rapid vaccines development and deployment / upscaling of good manufacturing practice production facilities of EU enterprises. It also includes establishing a Coronavirus European Innovation Council Platform for matchmaking services with dedicated groups and matchmaking services for start-ups and SMEs to exchange ideas on coronavirus innovations and connect with investors, public procurers, corporations and others.

**5. Creating opportunities for other funding sources to contribute to R&I actions on Coronavirus.**

This action aims at awarding Seals of Excellence for coronavirus relevant innovations by SMEs/startups evaluated as excellent, but not selected for funding under the European Innovation Council calls. It would also request consent of SMEs/startups to provide their contact details to Structural Fund managing authorities. Under this action, a favourable treatment of state aid to COVID19 Seals of Excellence applies. Additional funding sources, e.g. national / regional funding, private foundations, InvestEU etc will be explored.

**6. Establish a one-stop shop for Coronavirus R&I funding.** An “ERA Corona platform” will provide complete overview of all ongoing R&I funding initiatives on the Coronavirus. See <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/covid-19>

**7. Establish an ad-hoc High Level R&I Task Force on the Coronavirus:** Without duplicating existing structures, such a new ad-hoc High Level R&I Task Force could advise on possible R&I actions of EU relevance on identified medium and long-term priorities and communicate about coordinated R&I actions to the general public.

**8. Access to Research Infrastructures:** The availability of the services provided by Research Infrastructures (analytical facilities, biological samples, reagents, pathogen labs, regulatory support, social science Research Infrastructures etc.) and of the data they hold (e.g. for the re-testing of raw data and assessing the societal effects and effectiveness of pandemic responses) is vital for researchers working on the coronavirus. New services (including High Performance Computing and Artificial Intelligence) and datasets are being brought on stream and it is important to match supply and demand across borders. Reuse of this document is allowed, provided appropriate credit is given and any changes are indicated (Creative Commons Attribution 4.0 International license). For any use or reproduction of elements that are not owned by the EU, permission may need to be sought directly from the respective right holders.

9. **Research data sharing platform:** This action aims to establish European data exchange platform for SARS-CoV-2 and coronavirus-related information exchange, connected to the European Open Science Cloud. This will allow quick sharing of research data and results to accelerate discovery. Researchers should be required to provide immediate and full open access and to share research outcomes (data, models, workflows, results) that are as FAIR as possible in real time.

10. **Pan-EU Hackathon to mobilise European innovators and civil society:** The Commission have given patronage to a pan-European Hackathon (#EUvsVirus) which will be organised through a coalition with the organisers of the hackathons held in Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, The Netherlands, Poland, Portugal, Romania, Slovenia, Spain, and Sweden. This Hackathon is expected to shorten the time to deployment of innovative solutions developed by start-ups and policy makers since innovators will be able to leverage the work already done by other innovators in Europe instead of starting from scratch or redoing the work done already by other innovators. It is also expected to provide information to hospitals and public administrations on the existing innovative solutions in other Member States. The planned date for the Hackathon is 24-26 April 2020.

Many of the 10 points have already been completed, such as point 3, with the call published on 19 May, but European cooperation is not enough. International cooperation is important given that the World Health Organization tells us that today, 215 countries, areas or territories are affected by COVID-19. On May 4, President von der Leyen coordinated a worldwide event, Coronavirus Global Response, in order to join forces and ensure that no one is left behind in the fight against COVID-19. The European Commission contributed € 1 billion through Horizon 2020 funding. The planned sum of € 7.5 billion was exceeded thanks to the generosity of many countries that promptly responded.

With this document we would like starting a discussion on the WISE4All Strategic Agenda 2021-2027. In order to rise up to the challenges put forth by the new EU programme we believe it is essential to mobilise every effort towards the proposal of a common and shared vision that can have a voice in Europe and exist at an international level. That is why we have come up with the creation of a Strategic Agenda to respond to EU challenges.

The purpose of the agenda is to enable members, respecting and enhancing their different specificities, to better answer to the complex scientific, technological, environmental, economic and social challenges of the coming years, actively participating in the implementation of the new European policies for the period of 2021-27, proposing itself as a reliable and mature counterpart in the dialogue between institutions and the civil society.

While the agenda is primarily geared towards indicating strategic priorities for research and innovation, the agenda is a key reference document for WISE4All general guidelines towards other policies as well.

We put forward the reflections above solely as initial attempts towards the production of a document but here are some questions that emerged from the first research:

- Are women more resistant to covid-19 than men?
- Does age influence?
- Are there any geographical differences?
- Do socio-economic factors play a role?
- What impact does the pandemic have on psychological health?
- What factors influence the degree of resilience and vulnerability?
- How is discrimination related to Covid19?
- What impact does the pandemic have on female sexuality?
- Are there strategies or methods for preventing and solving these problems?
- Could the perspective of the psychology of disaster intervention (related to PTSD) be useful?
- What role do digital environments play in young women's social interactions during the pandemic?
- Is there a digital divide or are socio-economic differences exacerbated by the pandemic?
- Could it be useful to analyze previous famous sociological experiments, in order to face the pandemic?
- How do cultural patterns influence the care of women in the face of the pandemic?
- Which are the most vulnerable groups at risk?
- What can we learn from the arts and social sciences from a gender perspective about Covid-19?
- Are there data from previous pandemics that can be extrapolated to the current one?
- What role do social organizations play in the security of data of women responsible for health policy during Covid-19?
- Could the funding of data science in gender equality organisations be improved?
- Would collaboration with 'national statistical offices' be appropriate to measure secondary impacts (maternal health, mental health and economic impacts)?
- Is collaboration with "women's rights advocates" and "feminist researchers" necessary?
- Should national measures be taken to prevent gender-based violence online and ensure women's safety during the pandemic?
- Is there a need for an inclusive approach in addressing "women's digital connectivity"?
- How could reliable and quality information be made available to women to combat misinformation during the pandemic?
- What role does journalism play in achieving a collective response to defend the rights of women affected by Covid-19?
- How could the community of women journalists be protected from the negative impact of the pandemic?
- Is the work of women journalists in covering the pandemic getting enough recognition?
- Is any special training or preparation needed to cover this type of complex situation?
- Does Covid-19 increase the burden of unpaid work (housework, childcare) on women?

- How could women be protected from the precariousness of work and the economic recession produced by Covid-19?
- What other groups of vulnerable women are emerging as a result of the pandemic?
- How could the population be made aware of this situation that affects women in particular?