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A FEMINIST FUTURE FOR THE PACIFIC

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A FEMINIST FUTURE FOR THE PACIFIC: ENVISIONING AN INCLUSIVE AND TRANSFORMATIVE RESPONSE TO THE COVID-19 PANDEMIC

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Cover image: Miliana Naivalu and her one-year-old daughter Laite Ratuvo, Fiji, Feb 2016 © Robert McKechnie / Save the Children Australia.

ABSTRACT

The COVID-19 pandemic continues to devastate the lives and wellbeing of millions of people around the world; women and girls, people with disabilities, youth, older people, and sexual and gender minorities are most at risk of 'being left behind'. While confirmed cases of COVID-19 are low in the Pacific compared with other regions, the threat of the virus remains and the wider social and economic impacts are already evident. Pacific Island countries grappling with pervasive inequality, sustainable development challenges and climate change now must consider their response to the COVID-19 pandemic.

This paper envisions an inclusive and transformative feminist response focused on four key outcomes: preserving access to healthcare and essential services; promoting women's economic empowerment; protecting women and girls from gender-based violence; and supporting vulnerable and marginalised groups to express their voice and claim their rights amid the pandemic.

Introduction

The COVID-19 pandemic continues to devastate the lives and wellbeing of millions of people around the world; women and girls, people with disabilities, youth, older people and sexual and gender minorities are most at risk of 'being left behind' (United Nations 2020). On 31 December 2019 a cluster of cases of viral pneumonia were identified in Wuhan, Hubei Province, China. On 30 January 2020 the World Health Organization (WHO) declared the novel coronavirus a "public health emergency of international concern", and by 11 March 2020 a "pandemic" (WHO 2020). The virus reached the Pacific just two days later on 13 March 2020, with the first case recorded in French Polynesia. Several months on, six Pacific Island countries (Commonwealth of the Northern Marianas, Fiji, French Polynesia, Guam, New Caledonia and Papua New Guinea) have reported more than 960 cases and 11 deaths (WHO 2020). While confirmed cases of COVID-19 in the Pacific are low compared with other regions, the threat of the virus remains and the wider social and economic impacts of the pandemic are already evident.

The United Nations Secretary-General António Guterres declared: "The virus does not discriminate; but its impacts do" (United Nations 2020).

Estimates suggest COVID-19 could drive half a billion people into poverty worldwide and the number of people living in extreme poverty in East Asia and the Pacific could increase by 11 million if conditions worsen.

Estimates suggest COVID-19 could drive half a billion people into poverty worldwide (Oxfam 2020), and the number of people living in extreme poverty in East Asia and the Pacific could increase by 11 million if conditions worsen (World Bank 2020). Four Pacific Island countries (Vanuatu, Solomon Islands, Kiribati and Tuvalu) are still categorised as least developed countries (LDCs) and face the prospect of graduation in the coming decade (Webb 2019). Vanuatu is scheduled to graduate from LDC status in 2020 and Solomon Islands in 2024, however, that timetable now appears uncertain. The COVID-19 pandemic threatens to reverse the development gains and progress made towards Agenda 2030 and the Sustainable Development Goals across the Pacific, and risks exacerbating inequality and marginalisation for the region's most vulnerable people.

Pacific Island countries already grappling with pervasive inequality, sustainable development challenges and climate change now must consider their response to the impacts of COVID-19. The pandemic is exposing fractures in weak healthcare systems and lack of essential services, decimating economies highly reliant on women's labour participation such as tourism

and hospitality, and fueling gender-based violence in a region where rates are already the highest in the world. As Pacific Island governments and development partners undertake measures to design COVID-19 preparedness and response plans, policies and programs in an attempt to "build back better" (United Nations 2020), this paper envisions an inclusive and transformative feminist response to the crisis that places women, girls and vulnerable groups at the centre of these efforts. Using a gender lens, the paper focuses on four key outcomes: preserving access to healthcare and essential services; promoting women's economic empowerment; protecting women and girls from gender-based violence; and supporting vulnerable and marginalised groups to express their voice and claim their rights amid the pandemic.

Preserved access to healthcare

The COVID-19 pandemic threatens to undermine health gains made in the Pacific over recent decades, disproportionately affecting women and girls, older people, people with disabilities, sexual and gender minorities, and people who are immuno-compromised or have pre-existing medical conditions. Pacific Island countries face particular and unique challenges in providing quality, affordable and accessible healthcare given the geographic isolation, vast distances and limited resources; the pandemic will place further strain on fragile health systems. The Police Minister in Papua New Guinea stated, "The country's health system is not capable of dealing with an epidemic," (Handley & Whiting 2020) and the Government of Kiribati declared it lacks "the human resources and capacity to prevent and stop the spread of disease" (Graue 2020). The pandemic is also compounding existing crises in the region, with the COVID-19 national state of emergency in Samoa announced just one week after the state of emergency for the measles outbreak ended.

A global survey by WHO found countries are already experiencing a reduction and discontinuation of health services during the COVID-19 pandemic (WHO 2020). More than half of countries postponed public screening programs, and the majority of countries partially or fully reassigned health ministry staff to the COVID-19 response. Health services have been disrupted due to lockdown and quarantine measures, supply chain delays and shortages in procuring essential medicines and supplies, and requirements for physical distancing and use of personal protective equipment. Interruption or de-prioritisation of health services endangers and discriminates against vulnerable groups who are already most at risk of contracting the virus. It is estimated three-quarters of HIV programs globally have been disrupted by the COVID-19 pandemic (The Global Fund 2020). Hormonal and gender affirming treatments for sexual and gender minorities may also be impacted, and institutional caregiving for people with disabilities or older people will become more challenging for frontline workers to deliver.

While average life expectancy across the Pacific is increasing, progress towards the Sustainable Development Goals for health has been uneven. Child and maternal mortality rates are on the rise across the Pacific (WHO 2017), and further increases are expected as a result of COVID-19. The pandemic will create additional barriers for women and girls to access child, maternal and sexual and reproductive health services, leading to higher rates of unintended pregnancies (UNFPA 2020). Lockdown measures have impacted contraceptive production and supply chains, with several large manufacturers in Asia significantly reducing their capacity (Purdy 2020). Pacific Island countries are also concerned with balancing health service provision against the demands of preparing for and responding to COVID-19. In Papua New Guinea, the head of Obstetrics and Gynaecology at the University of Papua New Guinea, suggested COVID-19 had made pregnancy even more dangerous for women and their babies and advised, “It’s not best to plan a pregnancy this year” (Whiting 2020).

The WHO reports that prevention and treatment services for non-communicable diseases (NCDs) have been severely disrupted due to COVID-19 (WHO 2020).

This is of particular concern as people with pre-existing health conditions are at greater risk of serious illness or death from COVID-19.

This is of particular concern as people with pre-existing health conditions are at greater risk of serious illness or death from COVID-19. The Western Pacific region has some of the highest rates of NCDs in the world, accounting for 86% of total deaths (McClure 2020); diarrhoea, waterborne diseases, tuberculosis and respiratory tract infections are most prevalent. Diabetes and smoking are also widespread in the Pacific. An estimated 35% of the world’s adults aged 20 to 79 years with diabetes live in the Western Pacific region (IDF 2019) and 26% of the region’s population are current tobacco users (WHO 2020); both diabetes and smoking have been identified as co-morbidities for COVID-19. Lifestyle diseases aggravated by alcohol consumption and poor nutrition are becoming more frequent, with high rates of heart disease, hypertension and obesity. In Papua New Guinea, preliminary data indicates a spike in mortality rates from tuberculosis and other respiratory diseases during the pandemic (McClure 2020).

Although healthcare is available free of charge across most of the Pacific, health-seeking behaviours of vulnerable groups is influenced by a range of factors during the pandemic. Quarantine, lockdowns and transport restrictions limit the autonomy and mobility of women, girls and vulnerable groups, and create additional barriers to access health services. Reduction

or loss of income may limit household budgets available to spend on transport or the purchase of medicines, and additional caring responsibilities make it more difficult for women to attend appointments. Women, girls and other vulnerable groups typically have lower access to mobile phones and internet, which limits access to risk communications and public health messages that encourage continued uptake of healthcare services. Disruptions to existing services and heightened fears and anxieties around the pandemic may encourage communities to rely more heavily on traditional healers and medicine, leading to the late presentation of people with COVID-19 symptoms or other chronic illnesses.

Women are at the forefront of the COVID-19 response and disproportionately represented in healthcare, social services and caring roles, placing them at higher risk of contracting the virus. The WHO estimates that globally 70% of healthcare workers are women, and in the Western Pacific 41% of physicians and 81% of nurses are women (Boniol et al 2019). Global research indicates notable differences in employment conditions and gender pay gaps for women healthcare workers (UN Women 2020). Women frontline responders are often required to use poorly fitting personal protective equipment (Topping 2020) and more likely to be subjected to violence, stigma and discrimination from family and communities given their greater proximity and exposure to the virus. These factors are likely to lead to higher rates of stress and anxiety among frontline responders if they fear transmitting the virus to their own household; provisions such as alternative accommodation are rarely provided. There are also challenges in providing frontline workers with appropriate training and skills related to the COVID-19 pandemic, particularly for those in rural and outer island areas.

A feminist response to COVID-19 recognises the gendered impact of the pandemic and focuses specifically on the needs of women, girls and vulnerable groups. Preparedness and response plans should include robust gender, disability and inclusion analysis, and data disaggregated by gender, age and disability. Investments in child, maternal, and sexual and reproductive health should be increased including midwifery, neonatal services, and child feeding and vaccination programs. Innovative and flexible health delivery models such as tele-health should be adopted to respond to the needs of vulnerable groups, including people living in rural and outer island areas. Supply chains and distribution channels for essential medicines and contraceptives should be guaranteed, and efforts should be made to procure personal protective equipment that has been specifically designed for women frontline workers. Training and psychosocial support should be provided for women frontline workers. Risk communication materials and campaigns should be inclusive in language, format and delivery channel and specifically targeted to vulnerable groups.

Improved access to safe water, sanitation and menstrual health

The effectiveness of the COVID-19 public health response is highly dependent on reliable, affordable and sustainable access to safe water and sanitation, particularly for women, girls and vulnerable groups. In the Pacific it is estimated 45% of people lack access to basic drinking water and 70% lack access to basic sanitation – the highest of any region in the world (Minchin 2020). Given its scarcity, the use of water for drinking and cooking is often prioritised before handwashing and hygiene. Water and sanitation facilities are generally inadequate, poorly maintained and fail to meet basic needs, such as a lack of soap and water, limited privacy, and no place to dispose of used menstrual hygiene products. Access is particularly limited in health clinics, schools and workplaces, as well as for older people, people with disabilities, and sexual and gender minorities. Together these challenges pose serious safety concerns and increase the risks of sexual and gender-based violence for vulnerable groups when using sanitation facilities. Women and girls, particularly those with a disability, from poor households, or who live in rural or outer island areas, face difficulties in accessing quality and affordable menstrual hygiene products during the COVID-19 pandemic. Almost one quarter of women and girls surveyed from Fiji, Papua New Guinea, Solomon Islands and Vanuatu reported menstrual hygiene products had become more expensive since the beginning of the pandemic due a decrease in available income and disruptions to supply chains (Plan International 2020). Women in Fiji reported that prices of menstrual hygiene products increased by between FJ\$0.50 and FJ\$3 per packet (Tora 2020). Women and girls may resort to making their own products with varying efficacy, or have to travel long distances to purchase imported products, exposing them to additional safety risks. Menstrual hygiene is considered “the last taboo” (Burnet Institute 2017) in the Pacific, and cultural practices that impose behavioural restrictions on menstruating women and girls, such as being unable to cook or made to sleep outside, place women and girls at heightened risk during the pandemic.

The COVID-19 pandemic is likely to exacerbate water governance challenges in the Pacific and divert essential investments towards other priorities. In urban and densely populated areas, increasing population growth is placing additional pressure on existing water services. In rural and outer island areas, Pacific Island countries face continued challenges in providing access to safe water and sanitation due to geographic isolation, lack of infrastructure and limited resources. Across the region, inadequate investment in the construction and maintenance of water resources is contributing to a growing crisis. For example in Kiribati, inadequate water and sanitation contributes to high rates of diarrheal and waterborne diseases estimated to cost the government more than A\$7 million annually, or around 4% of the country’s gross domestic product (GDP) (ABC News 2014). The impact of poor water and sanitation services falls disproportionately on women

and girls who bear the primary burden of unpaid care and household duties such as cleaning, cooking, washing, and caring for children, people with disabilities, older people and ill family members.

A feminist response to the COVID-19 pandemic ensures women, girls and vulnerable groups are provided with improved access to safe water, sanitation and menstrual health:

- Increased investments in the construction of facilities such as piped water supplies, toilets and handwashing stations should be made, with a focus on healthcare clinics, schools and workplaces.
- Plans should embrace inclusive design principles that prioritise the needs, accessibility and safety of vulnerable groups, for example by including ramps, handles, lockable doors, sufficient lighting and provisions for menstrual hygiene.
- Utility connection fees should be waived for vulnerable households.
- Supply chains and distribution channels for menstrual hygiene products should be guaranteed, and prices regulated to mitigate against inflation.
- Women and girls, particularly those with disabilities or in rural and outer island areas, should be provided with dignity kits including soap and menstrual hygiene products.
- Women microenterprises should be supported through income-generating activities to equip them with the knowledge and skills to produce and sell sanitary pads.
- Risk communication materials and campaigns should be adapted to the local context and include information on menstrual hygiene.
- Women, people with disabilities and sexual and gender minorities should be included in water governance leadership and decision-making.

Strengthening food security

The COVID-19 pandemic poses a serious threat to the food security and nutrition of women, girls and other vulnerable groups. The Pacific region is geographically isolated, with limited arable land, few resources, and highly exposed to the impacts of climate change and natural disasters. Most households rely on subsistence agricultural production for livelihoods and food security. Pacific Island countries typically produce less than 65% of their country’s dietary energy supply domestically (FAO 2020), and depend on international commercial shipping routes to deliver food and other essential items. There is limited diet diversity across the region with many Pacific Island countries moving away from diets high in fish, fruits and vegetables to a heavy reliance on processed Western food products that are high in salt, sugar and fat. Seven of the top ten countries for diabetes globally are located in the Pacific (World Bank 2019), and there are also high rates of undernutrition and micronutrient deficiencies.

Since the COVID-19 pandemic began, there have been reports of increased food prices across the Pacific and some food shortages, particularly in rural and outer island areas where domestic travel has been curtailed.

In Kiribati the price of rice has risen by over 50% and in Fiji the cost of popular vegetables increased between 11 to 36%, and in some cases up to 75% (Hibi 2020). Communities in Fiji are reporting frequent thefts from communal food gardens (Doherty 2020), and there are warnings of severe impacts of food supplies in Papua New Guinea (Bourke & Kanua 2020). Lockdown and quarantine measures, mobility and transport restrictions and requirements for physical distancing have impacted the ability of households to continue subsistence agricultural production to meet their basic needs. Supplies of imported fertilisers and livestock feed may also be affected.

Households experiencing a loss or reduction of income are faced with difficult choices to adjust the quantity, nutritional value or diversity of food purchased. Women and men may decide to eat less or skip meals to ensure that other household members such as children or older people can eat. This is likely to further exacerbate the poor nutritional outcomes for many in the Pacific, particularly for women and children. Women in the Pacific are often primarily responsible for the sourcing of food and preparation of meals in the household. Additional pressures stemming from a loss or reduction of income, rising food prices, food shortages, mobility restrictions, and larger numbers of household members living under one roof may place women and girls at further risk of domestic and gender-based violence.

A feminist response to the COVID-19 pandemic ensures women, girls and vulnerable groups are supported to strengthen their food security and nutrition:

- Food parcels and cash transfers should be provided to the most at-risk households.
- Food subsidies should be increased or introduced, food prices monitored, and supply chains strengthened to ensure that food can be delivered, stored and distributed in rural and outer island areas to mitigate against potential food shortages.
- Community outreach programs should be supported to continue essential nutritional support, particularly for women and children, through child-feeding clinics and provision of vitamin supplements.
- Women subsistence farmers should be provided with seeds, tools, equipment and training to promote local food production, with a particular focus on market gardens and traditional food crops.
- Refurbishments to public marketplaces should be made to ensure provisions for physical distancing and safe water, sanitation and hygiene so women market vendors can continue to trade produce safely.

Continued support for learning and education

Government-sanctioned emergency measures, school closures, and reductions in public transport in response to the COVID-19 pandemic have significantly impacted the educational outcomes and overall wellbeing of girls and boys in the Pacific. In some cases, provisions have been made for online and distance learning programs,

however, there may be a number of barriers for girls and boys to effectively access these services.

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Mobile internet penetration in the Pacific is the lowest in the world, with just 38% of the region's population estimated to have access (GSMA 2019), and the quality and availability of teaching, materials and resources is likely to be limited. School closures may also result in girls and boys missing out on other initiatives such as school feeding programs. While primary education is free across the Pacific region, many countries charge school fees for junior or senior secondary education, which may no longer be affordable for families who are experiencing a reduction or loss of income.

Girls and boys may lack appropriate supervision if parents or guardians are required to work outside the home during the school closures, or may be placed at further risk of domestic and gender-based violence within the home. School closures may place girls and boys at greater risk of child labour and commercial sexual exploitation and abuse as families face increased economic hardship, and place a disproportionate burden on women who traditionally undertake caring roles for children within the household. Girls and boys in the Pacific, particularly those from rural and outer island communities, often travel long distances to school each day or may reside with extended families or in boarding houses. Quarantine and lockdown measures, and disruptions to public transport and domestic travel may prevent girls and boys from returning home during the pandemic. In some countries, such as Tuvalu, there have also been reports of significant migration of families and children from the capital city to outer islands (Kitara & Farbotko 2020).

A feminist approach to education during the pandemic ensures that girls and boys are able to continue their learning and education:

- Girls and boys should be provided with access to remote learning programs and school materials that are accessible in multiple formats (radio, television and online), and tailored to girls and boys with disabilities and special learning needs.
- Free or subsidised computers and internet should be considered, and cash transfers or waivers should be provided for households to support school fees and other educational costs for secondary students.
- Alternative provisions should be made to provide girls and boys with access to school feeding programs.

- Women and those with caring responsibilities should be provided with additional support through increased investments in childcare facilities, and free or subsidised childcare in areas where these services are already available.

Promoting women's economic empowerment

The COVID-19 pandemic has had a devastating influence on Pacific Island economies, disproportionately impacting women and vulnerable groups and exacerbating gender inequalities across the region.

The pandemic has been described as the “job killer of the century” (Doherty 2020), with 91% of Pacific businesses suffering negative impacts and a decline in revenue (Pacific Trade Invest Australia 2020). Women are overrepresented in the sectors and jobs hardest hit by COVID-19 such as tourism. The Pacific tourism industry accounts for up to 50% of economic activity in the region in countries including Fiji, Samoa and Vanuatu (ILO 2020); however, the impacts of continued closure of international borders, grounding of flights and supply chain disruptions have been disastrous. For example, Cook Islands has suffered a 60% reduction in GDP since the pandemic began and 70% of tourism workers in Vanuatu have lost their jobs (Movono & Scheyvens 2020). With half of the region's population aged under 23 years (The Pacific Community 2016), a freefall in Pacific Island economies coupled with a ‘youth bulge’ is expected to increase youth unemployment.

Across the Pacific, men outnumber women in paid employment (outside the agricultural sector) by approximately two to one (DFAT 2020). The majority of women in the Pacific are employed in the informal economy, which is driving economic development in the region and contributing income for basic household needs. In Solomon Islands, women are responsible for around 90% (US\$9–14.4 million) of the annual turnover at Honiara Central Market (IFC 2010) and in Samoa, 80% of the private sector is comprised of microenterprises, of which women are estimated to lead over 40% (Hedditch & Manuel 2010). The nature of the informal economy, characterised by precarious job security, less pay and lack of social protection such as benefits or insurance, makes women particularly vulnerable to the economic fallout of the pandemic. Women with disabilities and sexual and gender minorities are also more likely to be unemployed or work in the informal sector. In addition to a reduction in income generating activities, women also lack options and resources to pay for care for children, older people, and people with disabilities.

International labour mobility programs provide Pacific women with important opportunities for labour participation and economic empowerment. Under Australia's Seasonal Worker Program (SWP) in 2018–19, almost one in five Pacific seasonal workers were women, with most originating from Vanuatu, Tonga and Timor-Leste (Lawton 2019). Due to international border closures and flight restrictions, some women currently holding labour mobility visas have been

unable to travel to participate in seasonal work programs, exacerbating household economic insecurity and financial hardship. Some women migrant workers already engaged in seasonal work programs have been unable to return home, with an estimated 7000 workers under Australia's SWP stranded in Australia and ineligible for government benefits (Howes 2020). Some workers have been able to continue employment, however, others have been laid off or had their hours reduced. While provisions have been made to extend visas in light of continued border closures, women migrant workers may face particular challenges maintaining access to safe accommodation and healthcare, including reproductive health services in host countries during the pandemic.

The value of remittances to the Pacific is projected to decline significantly as a result of the economic impacts of COVID-19, disproportionately impacting women, girls and vulnerable groups. Remittances from Pacific labour migrants and diaspora communities provide a substantial contribution to the region's economy valued at around 10% of GDP annually, and as much as 40% of GDP in Tonga (IMF 2020). Global research suggests that while women migrant workers earn less than men and pay more in transfer fees, they typically remit a larger portion of their earnings than men (Un Women 2020). In the Pacific, remittances are commonly used to cover essential household expenditure including food, healthcare and school fees. Women migrant workers and diaspora communities face additional challenges sending remittances home to support families during the pandemic, including reduced access to money transfer operators and digital literacy barriers, which preclude women from making online transfers. Women migrant workers and diaspora communities may also reduce or change their patterns in sending remittances home due to access challenges or a reduction or loss of income.

The COVID-19 pandemic will increase the unequal distribution of unpaid care and domestic work resulting in additional burdens for women and girls in the Pacific. In the Asia Pacific region, women perform four times more unpaid care work than men (ILO 2018). In the Pacific, gender roles are clearly defined and women are typically responsible for subsistence agricultural production and household duties. Closure of schools and essential services and additional pressures on health systems means women and girls shoulder the majority of work to educate children at home or care for sick family members.

The direct personal interaction required in care work means that physical distancing is difficult to practice, which places women and girls at further risk of contracting the virus. Concerns around food insecurity place additional pressures on women and girls who spend more time sourcing and preparing food. Discriminatory policies also create barriers for vulnerable groups such as sexual and gender

minorities to access paid carers leave or other social protection mechanisms.

A feminist response to the COVID-19 pandemic promotes the economic empowerment of women, girls and vulnerable groups as the key to a resilient and equitable recovery:

- Economic stimulus packages should be tailored to the needs of vulnerable groups and formal social protection benefits should be expanded to include universal basic income, targeted cash transfers, and provisions for women employed in the informal sector.
- Employers should modify leave policies, such as sick leave, parental leave or carers leave, to ensure they are inclusive of women, people with disabilities and sexual and gender minorities.
- Remittance transfer fees should be subsidised and partnerships sought between financial institutions and other private sector businesses to increase the accessibility of money transfer operators during the pandemic.
- Community engagement programs should be expanded with the aim of transforming gender norms and promoting the reduction and redistribution of unpaid care work within the household.
- Care arrangements for children, people with disabilities and older people should be provided to relieve the burden on women and caregivers.

Protecting women and girls from gender-based violence

The COVID-19 pandemic is exacerbating gender-based violence in a region where rates are already at crisis levels. The Pacific has the highest rates of gender-based violence in the world, with as many as two in every three women experiencing physical or sexual violence in their lifetime, often at the hands of a family member or intimate partner (Tlozek 2016). Gender-based violence magnifies existing inequalities in societies, with increased risks for people with disabilities and sexual and gender minorities. Additional pressures on households and relationships such as lockdown and quarantine measures including crowded living conditions and longer periods of time inside, restrictions on movement, and increased economic hardship are exacerbating pre-existing inequalities that create conditions for increased gender-based violence towards women and girls. Since the beginning of the pandemic, women's organisations in Fiji and Tonga have reported increases in calls to national domestic violence helplines of between 54 to 500%, with almost 50% of women in Fiji reporting a direct correlation between increased violence and the COVID-19 pandemic (UN Women 2020).

Services for women and girls affected by gender-based violence are already limited in the Pacific, particularly in rural and outer island areas, and COVID-19 threatens to divert precious resources and funding away from these services. Pervasive social attitudes and gender norms across the Pacific reinforce perceptions that violence against women and girls is justified and that

men have the right to control women, particularly where men consider women to be 'unfaithful' or 'disobedient'. Cases of gender-based violence are widely underreported due to prevailing stigmas and discrimination. Women and girls affected by violence face significant barriers in leaving abusive partners, including limited financial means, lack of alternative accommodation, and stigmas attached to reporting and seeking support. Quarantine and lockdowns, restrictions on movement and public gatherings, and disruptions to programs and services mean that women and girls have less mobility and autonomy and are cut off from normal support services and social networks including colleagues, extended family members, youth and sporting clubs, and church groups.

A feminist response to the COVID-19 pandemic protects women and girls from increased rates of gender-based violence:

- Preparedness and response plans should include robust gender and 'Do No Harm' analysis, and protection (including child protection) principles should be mainstreamed throughout.
- Increased investments should be made in women's organisations, crisis centres and gender-based violence support services including toll-free helplines, free confidential counselling, legal aid, case management and safe-house accommodation.
- Innovative and flexible health delivery models such as online or phone counselling should be adopted and operating procedures for safe-house accommodation should be reviewed to ensure shelters are safe for women and girls during the pandemic.
- Community outreach should be expanded, with a focus on long-term programs that aim to transform the attitudes and behaviours of men and boys.
- Frontline workers should be trained on responding to disclosures of gender-based violence and referral pathways.

Supporting vulnerable and marginalised groups to express their voice and claim their rights amid the pandemic

Policies designed to mitigate and respond to the devastating impacts of the COVID-19 pandemic also threaten to erode fundamental values of dignity, equality, human rights and civil liberties across the Pacific, particularly for women, girls and vulnerable groups. The nature of the pandemic has demanded an urgent and robust response from governments who have responded by imposing national states of emergency, international border closures, and enforced quarantine and curfew measures in several countries including Fiji and Tonga. However, this has also left limited opportunities for more thoughtful and considered policymaking that prioritises a rights-based approach and commitments to principles of transparency, accountability and inclusive participation. For example, in May 2020 the Papua New Guinea Parliament increased the state's security powers to respond to public health emergencies under the *Public Health Emergency Bill 2020* (Australian National University 2020). The government developed the policy

in haste; it provided opposition members with less than one day to review the bill, and there was no public consultation undertaken.

Many Pacific Island governments developed COVID-19 national preparedness and response plans with little or no consultation or engagement from civil society or communities. Women, people with disabilities and sexual and gender minorities are underrepresented in formal leadership roles across the Pacific, with women's political participation at 8.8% (Pacific Women in Politics 2020). Given the limited role of women in leadership and decision-making, it is unlikely that women and vulnerable groups were meaningfully consulted, heard or represented during these processes. As a result, there is a risk that national plans and policies fail to address the needs and priorities of women, girls and vulnerable groups; alternatively, there is a risk that plans and policies result in measures that are intentionally or inadvertently discriminatory towards marginalised groups such as people with disabilities or sexual and gender minorities. For example, the Government of Vanuatu's (2020) newly released 'Tumi Evriwan Tugeta' Recovery Strategy 2020-2023 for Tropical Cyclone Harold and COVID-19 does not reference any specific objectives or strategies to address issues of gender-based violence or women's economic empowerment.

In some countries, extraordinary measures introduced in response to the COVID-19 pandemic have resulted in the infringement of civil freedoms and liberties and shrinking civil society space. Media watchdogs such as Reporters Without Borders have condemned countries including Fiji and Papua New Guinea for exploiting the crisis, and the United Nations High Commissioner for Human Rights Michelle Bachelet has called on governments to stop using the pandemic as "a pretext to restrict information and stifle criticism" (Robie 2020). In April 2020 Papua New Guinea's police minister accused two journalists reporting on COVID-19 with "misrepresenting" information and "publishing biased and misleading reports" (Pacific Media Watch 2020). Many national emergency measures include harsh provisions for spreading misinformation during the pandemic, including hefty fines and long jail sentences. While some countries have established dedicated COVID-19 hotlines and shared public information on government ministry websites and social media channels, information has been sporadic and piecemeal.

A feminist response to the COVID-19 pandemic supports vulnerable and marginalised groups to express their voice and claim their rights in the midst of the pandemic:

- National preparedness and response plans and policies must protect and promote human rights and dignity at the centre of the response.
- Policies and plans should incorporate robust gender, disability and inclusion analysis; and women's organisations should be included in research, data collection and needs assessments.

- Women's participation and leadership is essential for an effective response to the pandemic, and women should be included in national and local taskforces, committees, and decision-making processes.
- Women, people with disabilities and sexual and gender minorities should be offered genuine and meaningful pathways for engagement, and opportunities to inform and shape the response.
- Civil society should be strongly represented in discussions and consultations, including women's organisations, disabled peoples organisations, youth networks, and faith leaders and faith-based organisations.
- Plans and policies should be shared publically and openly with communities in inclusive and accessible formats to promote transparency and accountability.

Conclusion

The COVID-19 pandemic has already had a devastating impact on the Pacific region, risking hard-won development gains and exacerbating existing inequalities. The impacts of the pandemic are gendered and intersectional, disproportionately affecting women and girls, people with disabilities, youth, older people and sexual and gender minorities. While confirmed cases of the virus remain low, COVID-19 is placing further strain on fragile healthcare systems and essential services, with women at the frontline of the response. The impact of COVID-19 on key sectors such as tourism has significantly impacted women's economic participation, and the pandemic will increase the burden of unpaid care and domestic work for women and girls. Emergency measures such as lockdowns are impacting the autonomy and mobility of women, girls and vulnerable groups and exacerbating rates of gender-based violence. National policies and response plans risk failing to address the needs and priorities of women, girls and vulnerable groups, leading to further discrimination and marginalisation. A rights-based, inclusive and transformative approach to COVID-19 response and recovery is vital if we are to achieve a more feminist future for the Pacific.

Leader relevance response

It is critical for humanitarian leaders to situate feminist leadership principles and behaviours at the centre of the Pacific COVID-19 response, with the 'how' just as important as the 'what'. Leaders must adopt inclusive approaches that facilitate genuine and meaningful engagement from women, girls and vulnerable groups, and make intentional efforts to address barriers to their participation. Partnerships with local organisations and networks such as women's organisations and disabled peoples organisations should promote equity and diversity through sharing of power, decision-making and resource allocation. Self-care and caring for others during the pandemic should be prioritised by creating supportive, flexible and respectful working environments.

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