



COVID-19 PANDEMIC AND GENDER INEQUALITY IN SUB-SAHARAN AFRICA: A MULTI-COUNTRY STUDY OF ANGOLA, ETHIOPIA, KENYA AND NIGERIA

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Abstract

The COVID-19 pandemic, which emerged at the end of 2019 in China, quickly spread around the world in early 2020, with devastating consequences for the global economy and human health. The pandemic has left more than one million people dead and several million others in various states of morbidity. A 2022 World Bank report claims that the COVID-19 pandemic sent shock waves through the global economy, triggering the largest economic crisis in more than a century. The COVID-19 pandemic unleashed a health and economic emergency in Sub-Saharan Africa. It also triggered a dramatic impact on local economies across the region, prompting a sharp decline on GDP growth to 1.9% in 2020, the poorest economic outcome in more than three decades (IMF, 2021). While women comprise 50% of Africa's population, they account for only 33% of its collective GDP. Empirical studies reveal that at the current rate of progress, gender parity across the region may take more than 100 years to be achieved (McKinsey Global Institute, 2019). In a paradox of gender inequality, Africa has witnessed rising cases of domestic violence against women and girls since lockdowns emerged in March, 2020. Cases of rape in Nigeria and South Africa, as well as child molestation and sexual trafficking in Kenya assumed epidemic dimensions. Women and girls also showed a disproportionate burden associated with the COVID-19 pandemic in access to education, employment, gender-based violence, as well as palliatives distributed by governments to mitigate the virus. The trends were discernible in Angola, Ethiopia, Kenya, Nigeria, as well as most other countries across Sub-Saharan Africa.

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1.0 INTRODUCTION

1.1 Preamble

The COVID-19 virus emerged at the end of 2019 in China and took the world by storm, disrupting international travel, undermining personal contracts and propelling policy makers to shutdown businesses and schools, in a bid to curtail the spread of the pandemic. This development exacerbated gender inequality around the world in general and in Sub-Saharan Africa in particular. Gender inequality is especially high in the region, fuelled by cultural, religious and institutional forces. While women comprise 50% of Africa's population, they account for only 33% of its collective GDP. Empirical studies reveal that at the current rate of progress, gender parity across the region may take more than 100 years to be achieved (McKinsey Global Institute, 2019).

The pandemic has impacted men and women disproportionately, with the latter bearing the brunt of the COVID-19 pandemic in Sub-Saharan Africa. Women stood at the forefront of the pandemic, fighting and suffering from several gender-specific challenges, particularly with the

constraints in accessing health and reproductive services, as well as being at a higher risk of physical and sexual assault arising from lockdown measures.

Indications are however that gender equity in Sub-Saharan Africa has improved in recent times. The 2022 SDG Gender Index reveals that Sub-Saharan Africa witnessed some progress on gender equity over time, with an increase of 2.2 points between 2015 and 2020, leaving the region with an overall index score of only 52 in 2020. The region's index score reveals a mixed performance for the three lowest-scoring nations: Democratic Republic of Congo ('fast progress', +4.0 points), Niger ('some progress' +2.9 points) and Chad ('no progress', + 0.7 points). On the other hand, the biggest improvements are discernible in Benin (+9.3 points), Senegal (+4.8 points) and Tanzania (+4.4points), all acknowledged with 'fast progress' (Hawke, 2022). While Africa continues to make progress on gender parity, its performance remains far below some of the world's other major regions, undermining the region's development challenges and prospects of meeting the 2030 Sustainable Development Goals.

The paper is structured into four sections. Section one introduces the emergence of the COVID-19 global pandemic. Section two examines the pandemic and gender inequality in Sub-Saharan Africa. Section three spotlights the pandemic and gender inequality in Angola, Ethiopia, Kenya and Nigeria. Section four ends the paper with concluding remarks.

1.2 The Emergence of the COVID-19 Pandemic around the World

The COVID-19 pandemic, which emerged at the end of 2019 in China, quickly spread around the world in early 2020, with devastating consequences for the global economy and human health. The pandemic has left in its trail more than seven hundred million confirmed cases, accompanied by almost ten million deaths. In a recent report, the Congressional Research Service (CRS) (2022) reveals that the effects of the COVID-19 pandemic on the global economy are severe and multi-dimensional. The report estimated that the pandemic reduced global economic growth in 2020 to an annualized rate of about -3.2%, with a recovery of 4.2% to 6% projected for 2021 and a moderately slower rate projected for 2022.

A 2022 World Bank report claims that the COVID-19 pandemic sent shock waves through the global economy, triggering the largest economic crisis in more than a century. The pandemic propelled inequality to higher levels, both within and across countries. According to the World Bank (2022) report, the economic impacts of the pandemic were particularly severe in emerging market economies, where income losses attributed to the scourge exacerbated some pre-existing economic fragilities. It also reveals that the crisis had a dramatic impact on global poverty and inequality. Global poverty rose for the first time in a generation, while disproportionate income losses among disadvantaged groups led to significant spike in inequality, both within and among countries. The World Bank survey data in 2020 showed

temporary unemployment was higher in 70% of all countries for workers that completed only a primary education. Also, income losses were larger among youth, women, and the self-employed, as well as casual workers with lower levels of formal education. The survey also reveals that women were especially affected by income and unemployment losses as they were more likely to be employed in sectors more prone to lockdown and social distancing policies.

Sanchez (2021), in a comprehensive study of COVID-19 pandemic economic impact around the world, examined 171 nations and grouped them into three categories according to their per capita income: low, middle and high income. The author also examined health indicators to show how severe the virus affected these nations. Finally, the author compared economic forecasts in the International Monetary Fund (IMF) in October, 2019 (pre-pandemic) for 2020 in respect of their actual values to determine the pandemic's impact on growth and major economic variables. Findings reveal that low and high-income groups each comprise 25% of the world's countries, while middle-income group account for 50%. Average per capita income in 2019 was more than five times larger in middle-income group than in the low-income group, while in the high-income countries, it was almost 20 times larger.

Sanchez reveals that the immediate consequence of shutting down several sectors of the economy was a significant decline in global GDP growth during 2021-22. The author shows a decline of 8.7% for median middle income countries. Wealthier countries reveal more resilience, with a median of 6.4%, largely attributed to economic recovery prior to the end of 2020. However, the study reveals that the impact of the pandemic was smaller in poorer countries, as several lacked resources to implement strict lockdown. The median GDP growth in this group of countries was 5.2% lower than expected. Detailed illustration of COVID-19 impact on the global economy is revealed in figure 1.

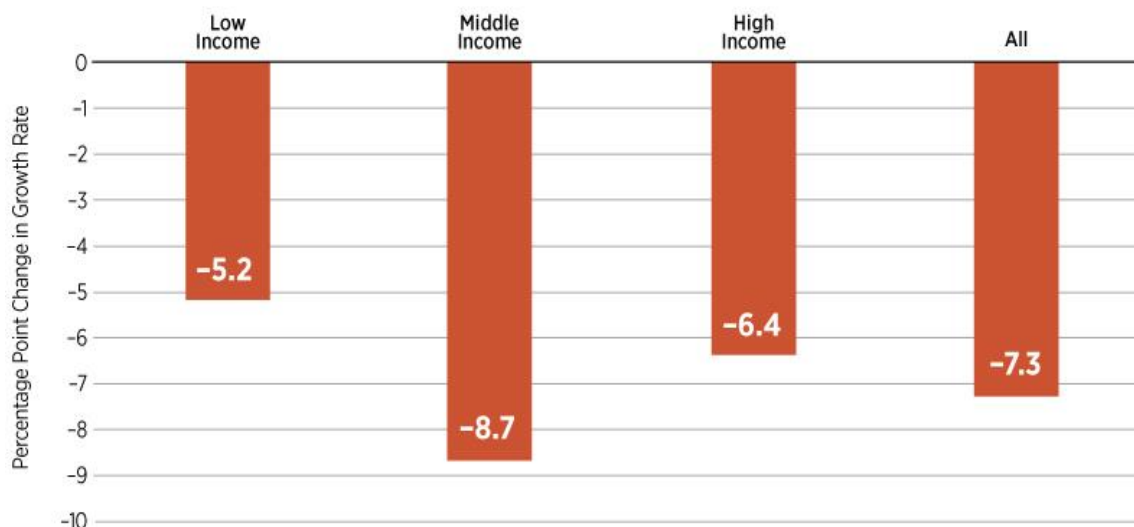


Figure 1: The Impact of COVID-19 on GDP Growth by Country Classification

Source: Sanchez, 2012

Figure 1 shows the impact of COVID-19 on GDP growth by country classification. It reveals low-, middle-, and high-income countries with -5.2%, -8.7% and -6.4% of growth in 2020 respectively. The global average was estimated at -7.3%. It should be noted that the COVID-19 impact is the difference between the actual gross domestic product growth rate in 2020 and the IMF forecast projected in October, 2019. Sanchez (2021) also reveals interesting health outcomes and policies associated with the COVID-19 pandemic. The author shows that the pandemic had a major impact on all three country groupings. Average excess mortality, which shows how much more the number of deaths was relative to previous years, was more than 34% in low-income countries, about 14% in middle income countries and almost 10% in high-income countries. As expected, poorer countries were more affected by mortality rates, as their COVID-19 testing capacity was limited against the backdrop of power resources.

Jeanne, Bourdin, Nadon and Noiret (2022) examined the global spread and inequalities attributed to the COVID-19 pandemic. The authors combine a geographic approach based on mapping the global spread of the pandemic with the collection of data and socio-economic variables. They also employed an Ordinary Least Square (OLS) model to identify the impact of the virus on certain socio-economic factors observed worldwide. Findings reveal that globalization, or the rapid movement of goods, capital, information and human migration, and the geography of economic relations, were the main drivers of the spatial structuring and speed of the international spread of the COVID-19 pandemic.

Mapping deaths attributed to the COVID-19 pandemic revealed an active global spread in all societies and human groups, with the possible exception of the most isolated regions, notably in Africa, Asia and Amazonia. By April 2020, the most severely affected regions of the world were the Extreme Orient, Europe and North America, from where the virus spread to other parts of the world. Jeanne *et al.*, 2022 reveal that the pandemic featured an exceptional degree of contagion, with the average incubation period estimated between 5/6 days and up to 14 days, accompanied by a widespread potential of asymptomatic cases. Thus, the global scale of diffusion presented a problematic challenge for policy makers. The pandemic rapidly gathered momentum and spread around the world within 4 months. The main stages of the spatial spread of the pandemic closely travelled across the economic geography of the world.

Ileka and Hajilee (2020), in a study of the COVID-19 pandemic impact on the global economy, identify the following sectors with the most severity:

- i. Tourism Industry:** The tourism industry witnessed a negative impact, as the number of visitors to various locations, hotels and other tourism-related destinations declined in response to the mitigating measures imposed by policy makers to contain the virus across the world. The decline of tourism undermined export revenues, estimated to have fallen by US\$910 billion to stand at US\$1.2 trillion in 2020.
- ii. Aviation Industry:** The impact of the pandemic on the aviation industry can be

likened to its effect on the tourism sector. The similarity is attributable to the considerable link between the two industries. In several cases, consumers requiring the goods and services offered by businesses in the tourism industry arrive at their destinations on airplanes. However, the emergence of the COVID-19 pandemic has triggered a marked reduction in the demand for the services offered by the aviation industry.

iii. Media and Culture: The Media and Culture sectors were among the industries severely affected by the pandemic. The Organization for Economic Cooperation and Development (OECD) countries recorded a decline in the employment level across cultural and creative sectors, estimated between 0.8 and 5.5% in 2020. This is attributed to the implementation of social distancing and lockdown measures to contain the spread of the virus. However, not all the impact on the sector was entirely negative. While offices were closed, online interactions continued in several organizations in both the public and private sectors of the economy. Such online platforms as Netflix, Meta, twitter, zoom, among others, were available to people staying at home.

iv. Food retail industry: Food retailers have responded to the high level of demand that strained the industry against the backdrop of supply chain disruptions caused by lockdown. Consumers from various demographics have transformed the methods of buying goods and services to the benefit of digital platforms. The growth of e-commerce in the food retail industry was accompanied by benefits, allowing customers to purchase food items from their homes. This development has reinforced consumers' benefits from increasing supply of food, as well as lower prices of food items.

2.0 THE PANDEMIC AND GENDER INEQUALITY IN SUB-SAHARAN AFRICA

2.1 The Prevalence and Consequences of the COVID-19 Pandemic in Sub-Saharan Africa

The COVID-19 pandemic unleashed a health and economic emergency in Sub-Saharan Africa. The pandemic triggered a dramatic impact on local economies across the region, prompting a sharp decline on GDP growth to 1.9% in 2020, the poorest economic outcome in more than three decades (IMF, 2021). At the dawn of the crisis, public health experts were particularly pessimistic

about the potential impact of the pandemic on Africa. A United Nations agency projected that, in the worst case scenario, 3.3 million Africans would die from the disease (Campbell, 2021). This is particularly against the socio-economic profile of the region, characterized by widespread poverty and a largely dysfunctional health infrastructure in several countries. However, the predictions have turned out to be negative. Instead, the region has witnessed lower mortality numbers than other regions of the world.

The initial economic impact of the COVID-19 pandemic on Africa was severe, pushing tens of millions more people into extreme deprivation. The pandemic undermined global demand and prices for Africa's oil and mineral exports, which account for the bulk of governments' income and foreign exchange earnings across the region. It also disrupted trade and tourism, while stemming remittances from Africans in the Diaspora. However, most African economies began to recover in 2021, assisted by rising commodity prices; but growth rates in the immediate future are unlikely to reverse increases in poverty and debt, according to the CRS (2022a) report.

The first wave of the COVID-19 virus was confirmed in Africa on 14 February, 2020, when first case was reported in Egypt. The pandemic was initially confirmed in Sub-Saharan Africa, when Nigeria recorded its first case at the end of February, 2020. While the first wave of the pandemic trended more slowly in Africa than the rest of the world, by December, 2020, the second wave emerged with more intensity with several more cases. Although, the prevalence rate of the pandemic was low across Sub-Saharan Africa in 2020, the spread of more transmissible variants by mid-June, 2021 triggered an alarm across the region. The worrisome trend was exacerbated by the dearth of vaccines, the fragile healthcare systems, as well as the onset of winter weather conditions in Southern Africa (USAID, 2021). While several countries in the region did not report large-scale mortality as initially expected in 2020, the third wave of the pandemic in 2021 presented increased risk of health, economic, as well as other development setbacks. More countries began to report disturbing increases in the number of new COVID-19 cases, particularly in the DR Congo, Namibia, Uganda, Zimbabwe, Eritrea, Liberia, Rwanda, Sierra Leone and South Africa. By mid-June, 2021, the Alpha and Beta COVID-19 variants have been reported in more than 25 African countries, with the Delta variant prevalent in 14 countries. The crisis was

compounded by limited diagnostic testing and weak surveillance systems. Consequently, analysts opined that community based transmission was likely more widespread than generally reported.

In a comprehensive study of the first and second waves of the COVID-19 pandemic in Africa, Salyer, Maeda, Sembuche, *et al* (2021) evaluated the reported COVID-19 epidemiology data across all 55 African Union (AU) member states to understand the pandemic's progression across the continent. The authors conducted a cross-sectional analysis on data between Feb 14 and Dec. 31, 2020, employing COVID-19 epidemiological, testing and mitigation strategy data reported by All-member states to assess trends and identify the response and mitigating efforts at national, regional and continental levels. The authors also conducted descriptive analyses on selected variables, including cumulative and weekly incidence rates, case fatality ratios (CFRs) tests per case ratios, growth rates, as well as public health and social action in place.

Findings reveal that African countries, as of December 31, 2020, had reported 2,763,421 COVID-19 cases and 65,602 deaths, or 3.4% of the 82,312,150 cases, and 3.6% of the 1,798,994 deaths reported worldwide. Nine of the 55 African countries accounted for more than 82.6%, or 2,283,613 of reported cases. On the other hand, 18 countries reported CFRs greater than the global CFR (2.2%). Seventeen countries reported tests per ratios less than the recommended ten to 30 tests per case ratio range. At the peak of the first wave of the pandemic in Africa in July, 2020, the average daily number of new cases was 18,273. As at Dec. 31, 2020, Fourty countries, or 73% of nations in the region had witnessed or experiencing a second wave of cases, with the continent reporting an average of 23,790 daily new cases for the epidemiological week 53. Table 1 reveals data on COVID-19 cases, deaths, recoveries and tests across Africa as of Dec. 31, 2020.

Table 1: Covid-19 cases, deaths, recoveries, and tests across Africa, as of December, 2020

	Cases	Cases per 100 000 population	Deaths	Case fatality ratio	Recoveries	Tests	Testing ratio *	Tests per case ratio
Central	75 166	49.0	1483	2.0	68 198	1 585 477	10 336	21.1
Burundi	818	7.1	2	0.2	687	76 962	6635	94.1
Cameroon	26 277	103.9	448	1.7	24 892	781 009	30 870	29.7
Central African Republic	4963	103.4	63	1.3	4873	35 303	7355	7.1
Chad	2141	13.6	104	4.9	1704	68 217	4318	31.9
DR Congo	17 998	20.8	591	3.3	14 701	95 223	1098	5.3
Equatorial Guinea	5277	376.9	86	1.6	5136	76 864	54 903	14.6
Gabon	9571	455.8	64	0.7	9388	371 281	176 800	38.8
Republic of the Congo	7107	129.2	108	1.5	5846	73 120	13 295	10.3
São Tomé and Príncipe †	1014	507.0	17	1.7	971	7498	37 490	7.4
Eastern	325 472	83.7	6082	1.9	256 380	5 175 185	13 314	15.9
Comoros †	765	85.0	9	1.2	626	6227	6919	8.1
Djibouti	5831	583.1	61	1.0	5728	100 294	100 294	17.2
Eritrea †	1252	23.6	1	0.1	676	23 693	4470	18.9
Ethiopia	124 264	112.9	1923	1.5	112 096	1 800 236	16 351	14.5
Kenya	96 458	184.8	1670	1.7	78 737	1 046 667	20 051	10.9
Madagascar	17 714	65.6	261	1.5	17 228	100 305	3715	5.7
Mauritius †	527	40.5	10	1.9	496	301 345	231 804	571.8
Rwanda	8383	65.5	92	1.1	6542	730 136	57 042	87.1
Seychelles †	256	256.0	0	0.0	212	21 504	215 040	84.0
Somalia †	4714	30.2	130	2.8	3612	26 509	1699	5.6
South Sudan	3558	26.8	63	1.8	3131	105 002	7895	29.5
Sudan †	25 730	60.5	1576	6.1	15 240	158 804	3737	6.2
Tanzania ‡	509	0.8	21	4.1	178	3880	64	7.6
Uganda	35 511	77.7	265	0.7	11 878	750 583	16 424	21.1
Northern	932 564	456.7	24 323	2.6	776 895	7 002 858	34 294	7.5
Algeria †	99 610	233.3	2756	2.8	67 127	230 553	5399	2.3
Egypt †	138 062	136.4	7631	5.5	112 105	1 000 000	9881	7.2
Libya	100 744	1526.4	1478	1.5	73 252	549 138	83 203	5.5
Mauritania	14 364	305.6	337	2.3	11 380	145 381	30 932	10.1
Morocco	439 193	1200.0	7388	1.7	407 504	4 457 349	121 785	10.1
Tunisia	140 557	1191.2	4730	3.4	105 499	620 308	52 568	4.4
Sahrawi Arab Democratic Republic	34	5.7	3	8.8	28	129	215	3.8
Southern	1 185 617	640.5	30 453	2.6	971 679	8 968 128	48 450	7.6

	Cases	Cases per 100 000 population	Deaths	Case fatality ratio	Recoveries	Tests	Testing ratio *	Tests per case ratio
Angola	17 553	55.2	405	2.3	11 044	305 810	9617	17.4
Botswana	14 805	616.9	42	0.3	12 136	544 167	226 736	36.8
Eswatini	9358	668.4	184	2.0	7073	92 315	65 939	9.9
Lesotho	3094	134.5	51	1.6	1480	33 109	14 395	10.7
Malawi	6471	32.8	189	2.9	5700	84 986	4314	13.1
Mozambique	18 642	59.4	166	0.9	16 663	271 947	8661	14.6
Namibia	23 941	920.8	196	0.8	20 076	209 155	80 444	8.7
South Africa	1 057 161	1819.6	28 469	2.7	867 597	6 609 208	113 756	6.3
Zambia	20 725	114.5	388	1.9	18 660	601 003	33 205	29.0
Zimbabwe	13 867	80.2	363	2.6	11 250	216 428	12 510	15.6
Western	244 602	63.0	3261	1.3	218 915	3 601 780	9278	14.7
Benin †	3251	27.6	44	1.4	3061	379 760	32 183	116.8
Burkina Faso	6707	32.1	85	1.3	5100	96 866	4634	14.4
Cabo Verde	11 840	1973.3	113	1.0	11 559	107 817	179 695	9.1
Côte d'Ivoire	22 490	88.2	137	0.6	21 934	258 506	10 137	11.5
The Gambia	3800	172.7	124	3.3	3669	30 329	13 786	8.0
Ghana	55 168	183.3	335	0.6	53 928	672 364	22 338	12.2
Guinea	13 738	102.5	81	0.6	13 153	304 347	22 712	22.2
Guinea Bissau	2447	122.4	45	1.8	2378	36 588	18 294	15.0
Liberia †	1800	36.0	83	4.6	1406	39 870	7974	22.2
Mali	7090	36.0	269	3.8	4650	141 653	7191	20.0
Niger	3323	14.3	102	3.1	1825	62 421	2691	18.8
Nigeria	87 564	43.6	1289	1.5	73 713	948 048	4717	10.8
Senegal	19 140	114.6	410	2.1	17 254	280 040	16 769	14.6
Sierra Leone †	2611	33.1	76	2.9	1892	65 275	8263	25.0
Togo	3633	44.3	68	1.9	3393	177 896	21 695	49.0
			All countries					
Total	2 763 421	209.4	65 602	2.4	2 292 067	26 333 428	19 956	9.5

* Testing ratio was the number of molecular and antigen tests per 1 million population.

Source: Salyer, Maeda, Sembuche, et al (2021)

Findings reveal that the proportion of cumulative cases and deaths diverged across the five geographical regions of the AU: 43% of cases and 46% of death in Southern Africa, 12% of cases and 9% of deaths in Eastern Africa, 34% of cases and 37% of deaths in Northern Africa, 3% of cases and 2% of deaths in Central Africa, and 9% of cases and 5% of deaths in Western Africa. Nine countries accounted for 2,283,613 cases, or

82% of the COVID-19 cases reported in Africa: South Africa (38.3%), Morocco (15.9%), Tunisia (5.1%), Egypt (5.0%), Ethiopia (4.5%), Libya (3.6%), Algeria (3.6%), Kenya (3.5%) and Nigeria (3.2%). Figure 2 reveals COVID-19 prevalence: (A) cases in Africa as at Dec. 31, 2020, (B) cases by 100,000 population, (C) COVID-19 cases fatality ratio, and (D) tests per case ratio.

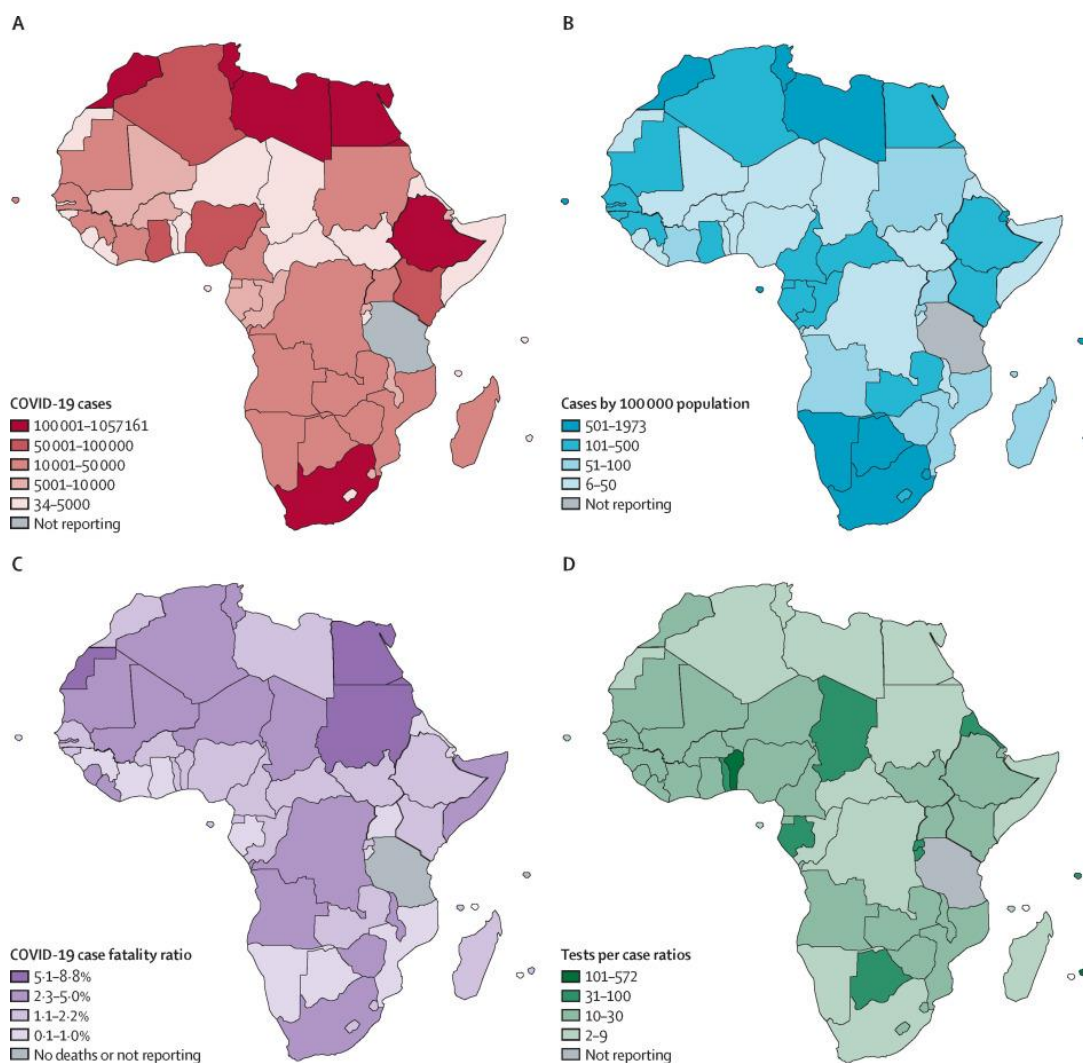


Figure 2: COVID-19 Cases, Cases by 100,000 Population, Fatality Ratio and Tests per Case Ratio in Africa as of December 31, 2020

Source: Salyer, Maeda, Sembuche, et al (2021)

Africa fared better than other regions of the world with the prevalence, mortality and morbidity trends associated with the COVID-19 pandemic. Prognosis across the region reveals resilience against the virus, despite poor access to vaccines and largely poor healthcare infrastructure in most countries. Indeed, some World Health Organization (WHO) officials expressed optimism that Africa “can control the pandemic in 2022” (CRS, 2022a). As of April, 2022, most African countries had emerged from fourth wave of the COVID-19 pandemic, driven largely by the Omicron variant, which was initially detected in Botswana in late 2021. The pandemic has exerted serious burden on the healthcare system in several African countries, disrupting routine immunization, diagnosis and treatment of other diseases, maternal and child healthcare, as well as other health services.

2.2 The State of Gender Inequality in Sub-Saharan Africa

Inequality is a challenge in the developing world (Igbatayo, 2022). The IMF (2022) identifies three concepts associated with income inequality: life time inequality; inequality of wealth; and inequality of opportunity. Gender inequality can be aptly described as a social phenomenon in which people are not treated equally on the basis of gender.

The 2016 Africa Human Development Report encapsulates the region’s state of gender equality and proffers solutions aimed at accelerating the pace of women’s empowerment in all spheres of society. A tool for measuring gender equity is the Gender Development Index (GDI). This is an instrument that measures differences between male and female achievements in three key dimensions of human development: (i) health, measured by female and male life expectancy at birth; (ii) education, measured by female and male

expected years of schooling for children, and female and male average years of schooling for adults aged 25 years and older; and (iii) equitable command over economic resources, measured by female and male estimated earned income (UNDP, 2016).

The GDI reveals that on average, women in Sub-Saharan Africa achieve 87% of male human development outcomes. While the region outperforms South Asia and the Arab states; it ranks among the poorest performers in other regions around the world. A sub-regional outlook in Sub Saharan Africa reveals that women in East and Southern Africa show the highest achievements in terms of human development compared to men, followed by Central Africa and least in West Africa. The 2016 African Human Development Report also reveals that there were significant differences in the Human Development Index (HDI) values for men and women in all sub-regions. Southern Africa features the highest

female-to-male ratios, at over 0.92, followed by East Africa, at 0.90. Another gender equity measure is the Gender Inequality Index (GII). This indicator measures gender differences and features gender-based inequalities in three dimensions - reproductive health, empowerment and economic activity. Reproductive health is measured by maternal mortality and adolescent birth rates; empowerment is measured by the proportion of parliamentary seats held by women and attainment of secondary and higher education by each gender, and economic activity is measured by the labour market participation rate for women and men. Consequently, GII can be viewed as the loss in human development attributed to inequality between female and male achievements in the three dimensions of GII. In the GII ranking, the closer the value is to zero, the higher the gender equality. Table 2 shows GII calculations for the top ten and bottom ten African countries.

Table 2: GII calculations for the top ten and bottom ten African Countries

HDI rank 2014	Country	GII rank 2014	GII rank 2014
188	Niger	0.713	154
185	Chad	0.706	153
172	Cote D'Ivoire	0.679	151
179	Mali	0.677	150
176	DR Congo	0.673	149
187	Central African Republic	0.655	147
177	Liberia	0.651	146
181	Sierra Leone	0.650	145
183	Burkina Faso	0.631	144
175	The Gambia	0.622	143
155	Zimbabwe	0.504	112
184	Burundi	0.472	109
106	Botswana	0.480	106
63	Mauritius	0.419	88
83	Algeria	0.413	85
116	South Africa	0.407	83
126	Namibia	0.401	81
163	Rwanda	0.400	80
96	Tunisia	0.240	48
94	Libya	0.134	27

Source: United Nations Development Programme, 2016

Poor GII scores are impeding human development prospects across African countries. Evidence reveals that 1% increase in GII reduces HDI by 0.75%. Gender inequality in the region is driven by discriminatory social institutions.

Gender inequality is deeply rooted in the African society. The issue undermines concerted efforts aimed at fast tracking the region's development agenda and also to achieve the 2030 Sustainable Development goals. While women comprise more

than 50% of Africa's combined population, it accounted for only 33% of the continent's collective GDP in 2018. Although progress towards gender equity has increased in recent years, at the current pace, it would take 142 years to achieve gender parity (McKinsey Global Institute, 2019). The challenges faced by African women are compounded by their "double burden" of working in the home and the labour force. The 2019 MGI report reveals that advancing women's equality could deliver a significant dividend to

Africa's growth. The prospect could add US\$316 billion, or 10% of GDP by 2025. And in a "full potential" scenario, Africa could potentially add US\$1 trillion, or 34% to its collective GDP by 2025.

The 2022 SDG Gender Index reveals that Sub-Saharan Africa continues to make progress on gender-related issues. The SDG Gender-Index is an indicator providing a snapshot of the global agenda on the vision of gender equality embedded in the 2030 sustainable Development Goals. By showcasing where there is progress and where there isn't - the index aims at fostering action on gender equality. The Index covers 56 key indicators in respect of 14 of the 17 SDGs, with each goal representing between three and five gender-related indicators.

2.3 THE COVID-19 Pandemic and Gender Inequality in Sub-Saharan Africa

Women have shared a disproportionate burden associated with the challenges of COVID-19 pandemic in Sub-Saharan Africa, exacerbating already-existing gender inequality that prevails across the region. While the mortality trends associated with the pandemic may be low in Africa, it has seriously disrupted women's lives and reversed decades of progress towards women's rights and gender equity (Parsitau, 2021). Since the emergence of the COVID-19 pandemic, African women and girls have played critical roles in mitigating the scourge, as frontline care workers, caregivers at home and at work and as mobilizers in their communities.

While job losses have deepened with the onslaught of the pandemic in Africa, women and girls are the most vulnerable. A major reason is attributed to the prevalence of women who are engaged in the informal sector, often without job security and benefits. Available data reveal that over 60% of Africa's health care workers and essential service providers are female.

In a disturbing development, women and girls in Africa have faced increasing gender-based violence since the wake of the COVID-19 pandemic. Africa has witnessed rising cases of domestic violence against women and girls since lockdowns emerged in March, 2020. Cases of rape in Nigeria and South Africa, as well as child molestation and sexual trafficking in Kenya assumed epidemic dimensions. The lockdown has affected women severely, as they are particularly vulnerable to financial stress and insecurity,

inability to flee abuse, social isolation, crowded homes, and reduced networks.

In a study on the effects of COVID-19 on regional and gender equality in Sub-Saharan Africa, Aoyagi (2021) reveals that Women in Africa have been hit particularly hard by the pandemic, owing to their poor levels of income and high prevalence of poverty. Even before the emergence of the pandemic, 81% of the female workforce lived under the threat of poverty in Sub-Saharan Africa, compared to 77% of the male workforce. Findings also reveal that women's employment in Sub-Saharan Africa is predominantly in the informal sector, with more than 70% of women engaged in non-agricultural jobs found in the informal economy. This trend has exacerbated the challenges faced by women against the backdrop of the COVID-19 pandemic.

The IMF (2021) affirmed the devastating impact of the COVID-19 pandemic on women's livelihoods in Africa. The report reveals that prior to the pandemic, women, on average, dedicated 3.2 more time than men to unpaid care work. However, the pandemic has exacerbated childcare responsibilities on women and girls across the continent, forcing the former to reduce work hours, or drop out of the labour force during the crisis. According to the IMF (2021a) report, a June 2020 survey by the World Bank, Facebook and the OECD found a large gender gap in pandemic-related business closures in Nigeria, with 44% of female-owned businesses surveyed closing, in contrast to 33% of male-owned businesses.

Social protection, defined as a range of policy instruments and programmes needed to reduce the lifelong vulnerability to poverty and exclusion, is critical to fostering gender equity (UNICEF, 2023). However, Sub-Saharan Africa has lagged behind other regions of the world in the application of social protection policy and practice. This is particularly in evidence with the COVID-19 response across the region. A UN Women (2021) report finds that Sub-Saharan Africa has a long way to go in putting gender equality at the centre of its social protection systems and programmes. For example, the United Nations Development Programme (UNDP) and UN Women COVID-19 Gender Response Tracker reveals that of 233 social protection and labour market measures taken across Sub-Saharan Africa in response to COVID-19, only 28% was aimed at strengthening women's economic

security (such as cash transfers, or in-kind support extended to women) and only 2% allotted support for unpaid care (such as paid time off to care for infirmed family members, or compensation for day-care and school closures).

3.0 THE PANDEMIC AND GENDER INEQUALITY: A MULTI-COUNTRY STUDY OF ANGOLA, ETHIOPIA, KENYA AND NIGERIA

3.1 The Pandemic and Gender Inequality in Angola

Women have played key roles in the Angolan society. They have been engaged in providing food and other basic needs for both household survival and livelihoods. During the colonial period, the Portuguese separated men from their families through centuries of slave trade and subsequent forced labour on plantations. This left women with serious burden for child care and household well-being (AfDB, 2008).

While gender equity has improved in Angola, particularly in recent times; considerable challenges remain. For example, as at February 2021, only 29.6% of seats in the national parliament were held by women (UN Women, 2023). Across the country, 30.3% of women aged 24 years were married or in a union before the age 18. However, the adolescent birth rate was 163 per 1,000 women aged 15-49 years by 2014, down from 190.9 per 1,000 in 2009. Also, in 2008, 24.7% of women aged 15-19 years reported that they have been subject to physical and/or sexual violence by a current or former intimate partner over the previous 12 months. In addition, women of reproductive age (15-49 years) often faced barriers associated with their sexual and reproductive healthcare and rights. In 2016, only 29.8% of women had their need for family planning met with scientific methods.

Angola's performance in monitoring the SDGs from a gender perspective is rather weak. As at December, 2020, only 36% of indicators needed to monitor gender-related SDGs were available. However, indications are that there are considerable gaps between male and female in unpaid care and domestic work, labour market indicators, as well as gender pay gaps in information and communications technology skills. Also, such key areas, including gender-related gaps in poverty, physical and sexual violence, and women's access to resources lack comparative methodologies for regular monitoring, according to the UN Women (2023) report.

The Global Gender Gap Index score for Angola was 0.64 in 2022, down from 0.66 in 2021. The latest performance reveals that 36% of females in Angola were less likely to have the same opportunities as males in the country. The performance ranked Angola among the lowest in Sub-Saharan Africa, placed 28th among 36 countries in the region (Statista, 2023). The Global Gender Gap Index measures gender-based gaps on four dimensions: economic participation and opportunity, educational attainment, health and survival, and political empowerment.

Angola has witnessed the rapid spread of the COVID-19 virus across the country, with the first two cases confirmed on March, 21, 2020. Angola, as at January 21, 2023, confirmed 105,384 cases of the pandemic, with 1,934 deaths. Also, a total number 25,692,530 vaccine doses have been administered across the nation as at June 18, 2023 (WHO, 2023). The pandemic has had a disproportionate effect on women than men in Angola. Women are more vulnerable to economic fragility during the confinement and movement restrictions, largely attributed to their higher prevalence in informal sector jobs (UNDP, 2020). Resource scarcity was a serious factor undermining governments efforts in tackling the pandemic, with women placed at the frontline of the pandemic as healthcare providers in hospitals and infirmaries. Women faced more risk of exposure to the COVID-19 virus, as they struggle to cope with inadequate protection gear across the nation's health infrastructure systems.

The United Nations Conference on Trade and Development (UNCTAD), in 2022, published a report on the economic and social impact of COVID-19 in Angola. It also reveals that women and girls were hit particularly hard by the pandemic, pushing a disproportionate number of females into a vicious circle of poverty and inequality. Since most women are engaged in the informal sector, without employment benefits or social safety nets; the pandemic undermined their livelihoods, particularly against the backdrop of government policies, which restricted personal contacts and enforced business shutdown to control the pandemic. In the education sector, females were more vulnerable to the onslaught of the pandemic, as they were more prone to sexual violence and abuse, with some forced into early marriage and others became pregnant, making it difficult to complete their education.

3.2 The Pandemic and Gender Inequality in Ethiopia

Gender inequality remains a development challenge in Ethiopia. While significant progress has been achieved in recent times, challenges remain to foster gender equity across the nation. Ethiopia has achieved 41.7% of legal frameworks that promote, enforce and monitor gender under the SDG indicator. In Ethiopia, available data reveal that 40.3% of women aged 20-24 years were married or in a union before the age of 18 years. Also, the adolescent birth rate is 79.5 per 1,000 women aged 15-19 years as of 2014, up from 71.2 per 1,000 in 2013. In 2018, 26.5% of women aged 15-49 years reported that they have been subject to physical and/or sexual violence by a current or former intimate partner in the previous 12 months. In addition, women and girls aged 10+ spent 19.3% of their time on unpaid care and domestic work, in comparison to 6.6% spent by men. In 2018, 63.5% of women of reproductive age (15-49 years) had their need for family planning needs satisfied with scientific methods. And, as at February, 2021, 38.8% of seats in the national parliament were held by women (UN Women, 2023a).

In a study of changing trends on gender equality in Ethiopia, the Ministry of Women and Youth in Ethiopia (2019), in collaboration with UNICEF, published findings of a trend analysis on gender equality and women’s empowerment between 2011 and 2016, as well as the association between women’s empowerment and child wellbeing outcomes. In 2022, Ethiopia showed an overall gender gap index score of 0.71, ranking it 74th of 154 countries around the world. The nation’s gender disparity reduced slightly from 0.66 in 2016 to 0.71 in 2020. It, however, widened again in 2021, at 0.69 (Statista, 2023a).

The COVID-19 pandemic was severe in Ethiopia, with the first case confirmed on March, 13, 2020. Since its first confirmed case to July 5, 2023 there have been 500,920 recorded cases of COVID-19, with 7,574 deaths. Also, as of May 28, 2023, a total of 68,856,793 vaccine doses have been administered across the country (WHO, 2023a). The World Bank, in a 2020 report, presents monitoring data on gendered impacts of the COVID-19 pandemic on households in Ethiopia. The analysis is based on a sample of 3,058 households in both urban and rural areas across Ethiopia. Findings reveal that most respondents adhered to COVID-19 preventive measures and were conscious of its impacts. Yet, more female respondents employed these behaviours and reported stronger health concerns. The report also reveals that about 4 months into the pandemic, over 71% of male and 74% of female respondents reported washing of their hands very frequently, and 40% of male and 39% of female respondents reported wearing facemasks very frequently, while 52% of male and 59% of female respondents reported being very worried about themselves or their family members falling ill from COVID-19 and about 60.1 of both male and female respondents considered the pandemic a substantial threat to their finances. The World Bank (2020) report also reveals that female-headed households seem to have similar access to food items, but with poorer access to medical facilities in rural areas, in comparison to their male counterparts. Table 3 show the performance of households in Ethiopia concerning ability to buy certain food items when needed, as revealed in the nationwide survey.

Table 3: Ability of Households in Ethiopia to buy certain Food Items when needed

	Rural		Urban		National	
	Male HH	Female HH	Male HH	Female HH	Male HH	Female HH
Medical Treatment	94%*	86%*	94%	94%	94%	91%
Teff	52%	48%	79%	77%	63%	66%
Wheat	61%	52%	85%	84%	71%	73%
Maize	75%	81%	85%	78%	78%	80%
Edible Oil	74%	64%	85%	86%	77%	75%

Note: *shows statistically significant differences between male and female headed households

Source: World Bank, 2020

Table 3 reveals that female-headed households seem to have similar access to food staples as male-headed households. However, only 86% of female-headed rural households were able to access medical treatment as needed in the

previous month, compared to 94% of male-headed households.

In the education sector, it is interesting to note that the World Bank survey shows that children in

female-headed households were engaged in learning activities at similar levels since school closures but with different tools. However, there were differences in the type of children's learning activities between male- and female-headed households. For primary school children, fewer female-headed households (8%) had children that met with a tutor, compared to male-headed households (32%). Also, women were perhaps more cautious about COVID-19 measures and less willing for their children to meet with a tutor. For secondary school children, significantly more female-headed households preferred educational TV programmes (72% vs 17%), and less female-headed households preferred educational radio programmes (4% vs 47%).

3.3 The Pandemic and Gender Inequality in Kenya

Gender inequality remains a challenge in Kenya. However, the nation has witnessed substantial gender equity in recent times, allowing the nation to be classified among the Medium Human Development Countries in the world (countries featuring Human Development Index of 0.550 and 0.699). In 2019, Kenya ranked 0.545 on the Gender Inequality Index (GII), placing it 134 of 189 countries around the world. The ranking placed Kenya ahead of several countries in Sub-Saharan Africa. However, the nation's GII score is still higher than in several countries in other regions of the world, an indication that more needs to be done to foster gender equity (Njeru, 2020).

A UN Women (2023b) report affirms Kenya's progress on some women's rights in recent times. For example, in 2019, 74.4% of Kenya's women of reproductive age (15-49 years) had their needs for family planning satisfied with scientific methods. However, the UN Women (2023b) report noted that more work needed to be done to achieve gender equality under the SDG indicators, with a focus on violence against women. Also, 22.9% of women aged 20-24 years were married or in a union before age 18. The adolescent birth rate was 96 per 1,000 women aged 15-19 as of 2014, the same as in 2013. As of February 2021, only 21.6% of seats at the national parliament were held by women. And in 2018, 22.8% of women aged 15-49 years reported that they had been victims of physical and/or sexual violence by a current or former intimate partner in the previous 12 months. Kenya's capacity to monitor its performance on SDGs from a gender perspective is weak. The UN Women (2023b)

report affirms that only 41.8% of indicators needed to monitor its SDGs as at December, 2020 were available. Indications are that Kenya is closing its gender gap in recent years. In 2022, Kenya's Gender Gap Index score stood at 0.73, meaning that females were about 27% less likely to have opportunities as males. The performance ranked Kenya 9th of 36 nations (Statista, 2023b). The nation's gender gap index rose from 0.69 in 2017 to 0.7 in 2018. However, it declined to 0.67 in 2020, rising again to 0.69 and 0.73 in 2021 and 2022, respectively.

The COVID-19 pandemic has brought in its wake not only several adverse effects on public health outcomes, but also on economic and social well-being in Kenya. In order to mitigate the effect of the virus, government imposed lockdown restrictions, including social distancing rules and work-from-home advisories. Also, Educational institutions were forced to close down, while the 2020 academic session was annulled, with primary and secondary schools closed until January, 2021 (Gender and Public Health Emergencies, 2023). Kenya's first case of the pandemic was confirmed on March 13, 2020. According to the World Health Organization, by July 5, 2023, Kenya had reported 343,786 cases of the COVID-19 pandemic, with 5,689 deaths.

Kenya's policy on school closure was accompanied by an unintended outcome on school-age children, many of whom were forced into income-generating activities to supplement their household livelihoods. Several school-age girls were performing household chores at the expense of learning and were associated with risky sexual behaviours. According to the Gender and Public Health Emergencies (2023) report, a surge in teen pregnancies in one of the country's 47 counties (Machakos) reported a total of 3,964 girls aged 19 years and below to be pregnant. About 5% of these girls were reported aged 14 years and below.

In 2020, Kenya's Ministry of Health published a report on the assessment of the gendered effects of the COVID-19 pandemic on households in Kenya. The study is driven by a survey of individuals and households across Kenya's 47 counties. It assesses the effect of COVID-19 on incomes, food security and agricultural activity; education; unpaid care and domestic work; access to healthcare services and health-seeking behaviour; access to social protection; access to water and sanitation services and menstrual hygiene products; and gender-based violence during the COVID-19 pandemic, with data disaggregated by

sex, location of residence (urban and rural), as well as economic/regional bloc. Findings reveal that the number of women who lost all incomes in the wake of the pandemic was 1.6 times as much as that for men. Fewer women than men reported to have money/income for themselves. The decline in personal income was featured across all economic blocs, with 8 in 10 women living in Narok-Kajiado economic bloc reporting a decline in their personal incomes. The situation was more sobering in Frontier Country Development Council (FCDC), where 1 of 2 women reported loss of their income, compared to 1 in 5 in other economic blocs.

Findings also reveal that social protection was almost the same at 7% for both men and women. A disaggregation of gender by income level reveals that the social protection programme benefited six times more households headed by men (60%) with incomes below Kenyan Shillings (Ksh) 77, 000.00 than those headed by women (10%). It also reveals that some women (about 15%) and men (19%) from higher income groups also received the support, translating into twice as many households headed by men and 1.5 times more households headed by women in the higher-income group receiving social protection.

In respect of food security and agricultural activities, findings show that households headed by women were hit harder, with 3 of 5 (58%) of these forced to adopt coping mechanisms by eating less/skipping a meal or going without food (15% or more than 1 of 7) altogether. In addition, half of households headed by men (50%) ate less or skipped meals due to lack of money or other resources, while 16% of these (1 of 6) also went without food due to lack of money.

Access to healthcare services was one of the most affected public services with the onslaught of the COVID-19 pandemic. Although, available data show that the rate of COVID-19 infection is higher in men than women across Kenya, women bear a disproportionate burden of the scourge. While women were slightly more affected than men in the lack of access to childcare services (15% compared to 14%), men were significantly more affected by lack of access to other healthcare-related services (58% for men compared to 51% for women).

The education sector was hit particularly by the COVID-19 pandemic, with all schools and institutions of higher learning closed indefinitely.

While over 65% of both boys and girls continued to learn from home, rural inhabitants were disadvantaged, compared to their urban peers. More girls (34% and 28%) than boys (33% and 27%) did not continue learning from home. On regional basis, boys and girls in FCDC were most disadvantaged, with 45% and 40%, respectively reporting not learning from home. On the other hand, the South Eastern Kenya Economic Bloc (SEKEB) recorded the highest number of children learning from home, with about 8 or 10 learning from home.

3.4 The Pandemic and Gender Inequality in Nigeria

Gender inequality is a dominant development issue in Nigeria, with a global gender gap index placed at 0.64 in 2022, which has fluctuated significantly over the past several years. Nigeria scored 0.88 in the Gender Development Index in 2019. The nation's index score spiked in 2019, translating into a worsening gender inequality in such key indicators as education, health and wealth. Nigeria's Gender Development Index remained at a high level of 0.87 from 2010 to 2018 and increased even higher in 2019 at 0.88 (Statista, 2023c). A key indicator of gender inequality in Nigeria is the low proportion of women in the national parliament, with only 29 women, or a paltry 6% represented in both the Senate and House of Representatives since 2019.

The COVID-19 virus has impacted negatively Nigeria's health outcomes, as well as economic well-being. The first case of the pandemic was confirmed in the country on February 27, 2020. Since its first case until July 5, 2023, there have been 266,675 confirmed cases, accompanied by 3,155 deaths. As of March 19, 2023, a total of 116,606,863 vaccine doses have been administered across the nation (WHO, 2023c). The pandemic threatens Nigeria's fragile human capital. Since its first confirmed case in February, 2020, Nigeria has suffered four distinct waves of infection, peaking around June, 2022 (Lain and Vishwamath, 2022).

The COVID-19 pandemic has profound implications, exacerbating gender inequality across the nation. In a study of gender-based violence (GBV) in Nigeria during the COVID-19 crisis, the United Nations System in Nigeria (2020) published findings on the dimensions of the crisis across the country. The situation in Nigeria is a manifestation of the global trend of associated with increased GBV. The scourge was

reported to have escalated since the emergence of lockdown, particularly in the three most affected areas (Lagos state, FCT and Ogun State). For example, the Lagos State Domestic and Sexual Violence Response Team confirmed a three-fold increase in the number of telephone calls received through dedicated hotlines in one month. There were sharp increases in cases of intimate partner violence, as well as domestic violence. Increased incidence of GBV also accompanied lockdown measures imposed by other states as well. Initial data from the United Nations System in Nigeria (2020) reveal a general increase in GBV across

the nation’s six geopolitical zones. The data cover 24 states. Preliminary information in March, 2020 indicated the total number of GBV incidents reported at 346, which spiked to 794 by the first part of April, 2020, or an increase of 56% in only two weeks of lockdown. Some of the GBV incidents were particularly tragic, leading to the death of victims, the rape of children, including incestual rape, as well as tenant-landlord assault. Table 4 shows the number of reported cases of GBV in Nigeria in March and April, 2020 across Nigeria’s geopolitical zones.

Table 4: Number of Reported Cases of Gender Based Violence in Nigeria in March and April, 2020 by State and Geopolitical Zone

Geopolitical Zone	State	Number of cases per state		Number of cases per Geopolitical Zone	
		March	April	March	April
North East	Adamawa	16	20	50	115
	Bauchi	9	30		
	Borno	6	26		
	Gombe	19	39		
North West	Kaduna	6	23	52	87
	Katsina	23	33		
	Sokoto	23	31		
North Central	Benue	30	52	67	156
	FCT	5	31		
	Nasarawa	5	20		
	Niger	2	8		
	Plateau	25	45		
South East	Abia	25	46	36	92
	Anambra	3	22		
	Ebonyi	5	2		
	Enugu	3	22		
South West	Ekiti	25	51	91	296
	Lagos	37	185		
	Ogun	18	22		
	Osun	3	18		
	Oyo	8	20		
South South	Cross River	8	12	18	35
	Rivers	10	22		

Source: United Nations System in Nigeria, 2020

Table 4 shows the incidence of GBV across states and geopolitical zones in Nigeria in March and April, 2020. It reveals Lagos with the largest cases, with 37 incidents in March, skyrocketing to 185 in April, 2020.

The onslaught of the COVID-19 pandemic in Nigeria has unleashed pressure on the nation’s fragile healthcare infrastructure, exacerbating multiple pre-existing inequalities and fragilities. The rise of the Shadow Pandemic of GBV also threatened the health and well-being of already vulnerable women and girls. Driven by pre-existing inequalities and vulnerabilities, women and girls faced heightened risks of exposure to GBV during the COVID-19 pandemic. These

groups included refugees and internally displaced persons, as well as women and girls living with disabilities and informal workers.

Complementing the United Nations report on GBV in Nigeria during the pandemic is another report by the UN Women (2020), which affirmed that women and girls face greater risk of increased GBV, including domestic abuse arising from prolong periods of confinement within homes, as well as increased tension within households attributed to economic challenges..

In a report by Gender and Public Health Emergencies (2023a), findings show that the

COVID-19 pandemic has disproportionately affected women and other vulnerable groups in Nigeria. The report embraces both primary and secondary gendered impacts of COVID-19. Primary impacts cover immediate, direct impacts, including COVID-19 infections, vaccinations, deaths, and related illnesses. On the other hand, secondary impacts comprise long-term social, economic and non-COVID-19 health impacts. Findings also reveal that 60% of women surveyed were “fully engaged” in childcare, while men have not stepped up to share the burden of care work and have instead focused on returning to paid work. A survey for the study shows 755 respondents in Lagos, Ogun State and FCT from April 25 to May 4, 2020 confirmed that mental health toll associated with the pandemic may have exacerbated violence, with women and girls reporting the bulk of incidents. Females suffer emotional abuse (15% of respondents) and were almost two times more likely to develop depression and 1.66 times more likely to develop post-traumatic stress disorder. Evidence also reveals that contraception use among adolescent girls dropped by 66% from January to May, 2020, compared to 46% for adult women.

Women reported difficulties obtaining government palliatives or aid to mitigate the pandemic. A survey for the study also reveals that in July, 2020, of the 5,813 women from nine states and the FCT, 75.8% did not receive any assistance, while 15.9% received food items, 3.7% received facemasks and sanitizers, and only 1.2% received cash. In a development that holds disturbing consequences for the education sector, another survey reveals that out of 308 adolescent girls, 31% reported that they did not attend school in the last year. Reasons attributed to the development range from lack of funds to pay for school fees and supplies (34%), school closure (33%), and the need to work and supplement family livelihood (8%).

4.0 CONCLUSION

4.1 Concluding Remarks

The COVID-19 pandemic, which emerged from China late in 2019, had taken the world by storm. The virus was quickly transmitted around the world in early 2020, driven by international travel. In order to contain the virus, governments around the world banned international travel, enforced restriction of movements and shutdown businesses and schools. The impact of the pandemic to the global economy was severe, undermining international trade, capital mobility and tourism.

Its impact on human health was particularly tragic, with almost 10 million dead and hundreds of millions with severe illnesses. The pandemic has deepened poverty around the world, leaving millions with extreme deprivation against the backdrop of business shutdown and restriction of movement. It has also exacerbated gender inequality, as women became more vulnerable than men to the burden associated with the pandemic.

The COVID-19 virus in Sub-Saharan Africa triggered considerable challenges across the region. Initially, some analysts were worried that the prevalence of the pandemic would be higher across Africa than other regions of the world, given the fragile state of its healthcare infrastructure. However, this turned out not to be true. In fact, the region fared better than other regions in the world, particularly with the prevalence and death associated with the pandemic. However, the pandemic has compounded the challenges of gender inequality across the region. Women have suffered a higher risk of exposure to the pandemic as childcare givers and health professionals at the frontline against the virus. Women and girls also faced increased gender-based violence arising from sexual assault, rape and trafficking across Sub-Saharan Africa. The shutdown of schools and higher educational institutions has led to a spike in teenage pregnancies and forced marriages in several African countries, compounding pre-existing gender inequality in the region. In general, the pandemic has had a severe impact on gender equity, which was particularly evident in Angola, Ethiopia, Kenya and Nigeria as part of a global trend associated with the pandemic.

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