



Policy Brief (March – April 2020)



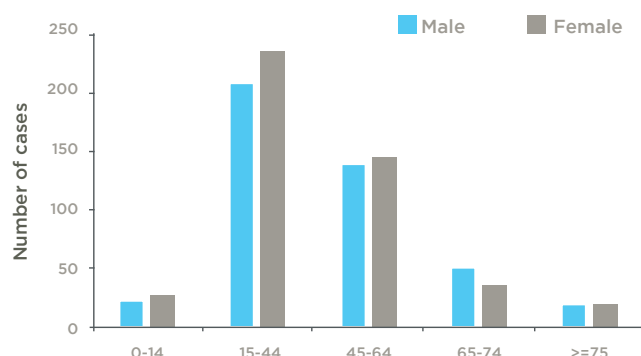
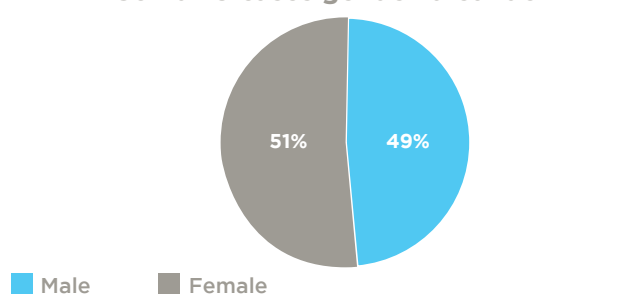
GENDER AND CRISIS OF COVID-19 IN TUNISIA: CHALLENGES AND RECOMMENDATIONS

Tunisian workers confine themselves to the factory to make masks (photo credit Sté Consomed) March 2020

On April 24, 2020, Tunisia has registered 934 confirmed cases of COVID-19. The epidemic curve has remained fairly flat, but vigilance is still required and the population is obliged to prepare to live with the coronavirus.

The gender breakdown of confirmed COVID-19 cases shows that the number of women affected is almost equal to the number of men, contrasting with a mortality rate three times higher for men (M/F sex ratio equal to 3.22)¹:

Covid-19 cases gender breakdown



Gender/age group breakdown of Covid-19 cases

Although the figures support equal access to medical care, several situations show that women may face barriers limiting their access to and provision of care. On Tuesday, April 7, 2020, in a statement delivered on national television, while talking about the difficulties of caring for COVID-19 cases, the Minister of Health Abdellatif Mekki made reference to this situation :

"UPON RETURNING FROM ABROAD, A BANK EXECUTIVE REFUSED TO SELF-ISOLATE., HE REFUSED HIS WIFE'S REQUEST FOR TESTS, HE EVEN WENT BACK TO WORK NORMALLY. THIS BANK EXECUTIVE EVENTUALLY INFECTED HIS WIFE AND ASSAULTED HER WHEN SHE TRIED TO LEAVE THE HOUSE AND REPORT HIS CONDITION."²

Tunisia, like all countries in the world, has had to take a series of measures to deal with the COVID-19 pandemic including, closure of schools and suspension of leisure activities since 12 March, a curfew introduced on March 18 and a general confinement since March 21, 2020. The impact of the pandemic and these preventive measures is gender-differentiated and has highlighted pre-existing inequalities and discrimination.

Women in confinement are experiencing an increase in their workload, especially when they are part of the sectors that continue to work face-to-face or from home with a greater household workload due to the closure of kindergartens and schools, the strict hygiene measures to be undertaken and the whole family reorganization. Proximity and conflicts exacerbate rates of domestic violence, affecting women and children in particular.

¹ National Observatory of New and Emerging Diseases ONMNE <https://covid-19.localbeta.ovh/uploads/img/46.pdf>

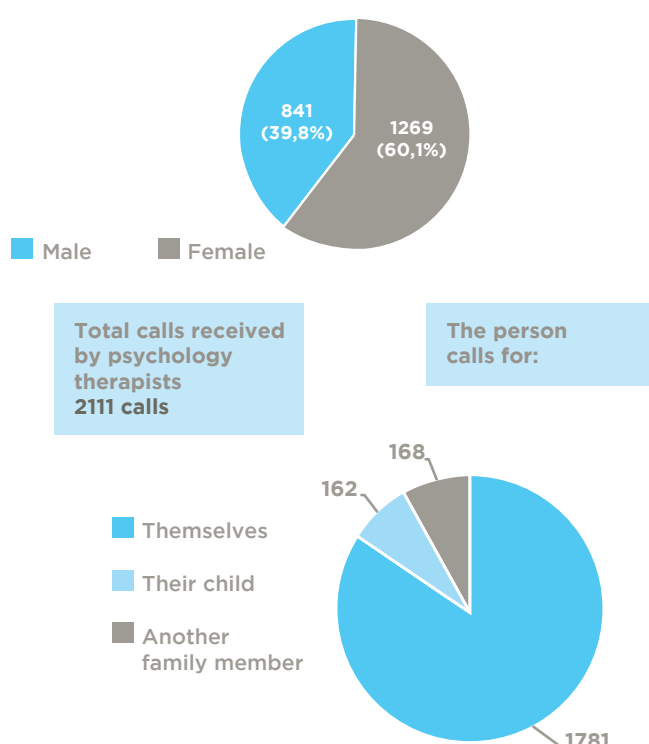
² <https://www.nessma.tv/fr/nationale/actu/mekki-un-cadre-bancaire-contamine-sa-femme-apres-avoir-refuse-de-faire-le-test/211096>

The socio-economic impact on women is also more pervasive given that they are already the most impoverished, and that many of them are in the informal and precarious sector (cleaning staff, informal trade, undeclared craftswomen) and that the government has not taken specific measures for women in the provision of social assistance.

The promotion of women's leadership has been a priority in scientific, medical and academic committees, but the previous low representation of women in decision-making bodies has had a major impact on the management of the COVID-19 crisis.

Data from the psychological assistance unit of the Ministry of Public Health dedicated to managing the psychological impact of the Covid-19 crisis in a period of confinement indicated a great demand from women, with stress and anxiety being the main complaints.

Data covering the period from 30 March to 20 April 2020



Several areas of concern regarding the situation of women during the COVID-19 crisis have emerged, including:

- Difficulties of access to justice and the necessity of protecting women.

- Violence against women: To an already alarming situation of gender-based violence, the Covid-19 crisis and the subsequent confinement has further exposed women to more violence in the absence of adequate protection mechanisms.
- The increased prevalence of women in the health sector and the related need to take specific support and protection measures.
- The declining access to sexual and reproductive health services in recent years, as evidenced by the various indicators, is a challenge that is hardly achievable.
- The failure to include women's leadership in decision-making spheres impacting on women's political future and taking away any gender dimension from the decisions taken.



Access to justice

As of March 16, proceedings in all courts were suspended in Tunisia, except in cases of "emergency or necessity" as stated in the Ministry of Justice's press release of March 15, 2020.

This hasty and generic measure, combined with general confinement, curfews and the paralysis of transportation, has resulted in the isolation of women and the perpetuation of a general sense of impunity. All these factors pose serious obstacles to women's right to access to justice, which is a constitutionally established fundamental right.

Right of access to justice

Article 108 of the Constitution: All persons have the right to a fair trial within a reasonable time. People are equal before justice. The right to take legal action and the right of defence are guaranteed.

• The right to take legal action and the right to defense are guaranteed

Cases of urgency are not defined in the statement, but notes from the Ministry of Justice or the Supreme Judicial Council have outlined them. These are mainly correctional hearings, hearings relating to children at risk, extremely necessary summary proceedings as well as a Public Prosecutor's on duty.

Accordingly, this excludes all matters relating to custody, alimony and protective measures within the jurisdiction of the family court, which are nevertheless vital for subsistence.

• Female victims of violence and access to justice

In the context of the normative and institutional vagueness that accompanies the Covid-19 crisis, the rights of women victims of violence are seriously threatened. According to observers, only extreme cases of physical or sexual violence are dealt with, yet detention, moral and economic violence, particularly deprivation of income and prohibition of work, are recurrent during confinement and present an extreme danger for women.

• Civil society letter to the Supreme Judicial Council to ensure women's access to justice

In view of the alarming reports of an increase in violence against women, the exacerbation of the sense of impunity of aggressors and the large number of refusals and delays in the payment of family maintenance, a group of CSOs sent an urgent³ plea on 20 April to the Supreme Council of the Judiciary urging it to take the necessary measures to :

- Allowing victims to directly file a complaint with the Public Prosecutor's Office without going through the judicial police
- To urge vice prosecutors to take urgent protective measures to assist victims of violence.
- Enable women survivors, civil society or witnesses to bring cases to the attention of prosecutors or to report cases of abuse to units by electronic, telephone or other means.
- The resumption of family judges' duty
- Prosecute officers in specialized units who put pressure on victims or fail to log records.

➡ The Supreme Judicial Council responded favorably to this call in its note of 28 April 2020 providing for a gradual return to regular court duty as of 4 May and instructing family judges to secure protection orders in cases relating to violence against women and children at risk.

Urgent protective measures that may be taken by the Public Prosecutor's Office under Act No. 2017-58 include :

- The transfer of the victim and the children residing with her, if necessary, to secure accommodation;
- The transfer of the victim to receive first aid when she suffers bodily injury;
- Removing the accused from the home or prohibiting him from approaching the victim or being in the vicinity of the victim's home or place of work, in the event of danger threatening the victim or her children residing with her.

• Legal aid at the time of confinement

The Tunisian Constitution acknowledges the State's responsibility to provide legal aid to the economically disadvantaged persons. Law 2017-58 provides for legal aid for all women victims of violence, but in the absence of a general reform of legal aid procedures, these services remain at a standstill.

• Inmates between rehabilitation and isolation

The Ministry of Justice announced in a press release of 16 March preventive and vigilance measures to combat the spread of Covid-19, including :

- The prohibition of direct visits and the reduction of the number of indirect visits to once a week.
- The implementation of an isolation system for new inmates.

Women account for 3% of the incarcerated population⁴. They already suffer from stigmatization and family rejection. These measures are likely to have a significant impact, especially with the ban on inter-regional travel. It is essential to be able to provide them with means of communication by telephone with their families and loved ones. The Ministry has in fact announced measures in this regard.

In order to involve women inmates in national mobilization efforts, since the beginning of the crisis, the tailoring workshop of the women's civil prison has begun producing protective masks and medical suits. More than 20,000 masks have been made in the prison workshops, as announced by the General Directorate of Prisons and Rehabilitation⁵.



(Kasserine Prison Confection Unit- General Committee for Prisons and rehabilitation - April 2020)

3 <https://ftdes.net/ar/lettre-de-la-societe-civile/?fbclid=IwAR3H1GuKapvTDR6msvkr2LXLCQcoNaqS5SmizBxRQR3IGRHcEkIcFoRUMg> (available in Arabic only).

4 <https://www.observatoire-securite.tn/fr/population-carcerale-en-tunisie-2016/>

5 <https://www.turess.com/fr/letemps/112559>

RECOMMENDATIONS

- 1- Support the establishment of a crisis referral mechanism for the benefit of women victims of violence, providing clear and accurate information on the functioning of the courts and the channel between hospitals, judicial police officers, prosecutors, family judges, shelters and civil society.
- 2- Ensure a legal aid duty station that can be reached by all means (telephone, internet, etc.).
- 3- Enable victims to report cases of violence and to file complaints by any means without forcing them to travel physically.
- 4- The resumption of duties by family judges is highly desirable in all cases relating to custody, maintenance and protection orders, which remain more effective and sustainable than the urgent protective measures that can be taken by the public prosecutor's office.
- 5- Support the provision of means of remote communication for female inmates to reach their families and relatives.
- 6- Support the rapid implementation of a remote hearing system and make it available to inmates.



Violence committed against women in times of COVID-19

Since the beginning of the COVID-19 crisis and especially since the strict containment measures implementation, several indicators show a clear upsurge in violence against women in Tunisia.

The prevalence of violence against women was already alarming in Tunisia (47.6% of women reported having suffered at least one form of violence and 1 out of 3 women is a victim of domestic violence).

In 2018, from February to December nearly 45,000 complaints were filed with the units specializing in the investigation of violence against women and children.

Tunisia has adopted an organic law for the elimination of violence (Act No. 2017-58)⁶ which has established institutional mechanisms for the protection of women and the prevention of violence, but has not yet succeeded in eradicating this phenomenon.

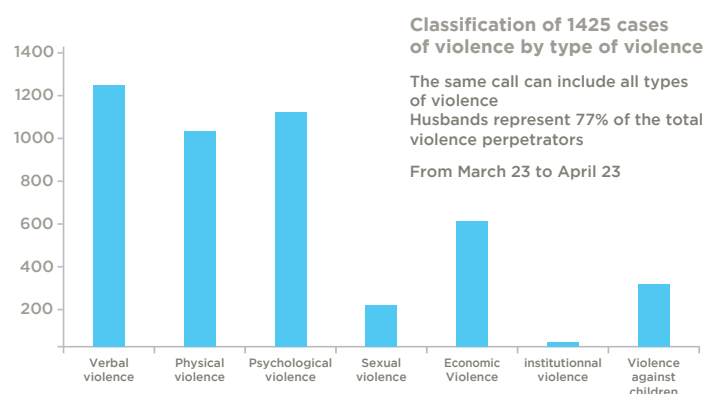
In times of COVID-19, the usual recourses of women victims of violence, largely based on family and friends, have been significantly reduced due to various restrictions on movement and demands for social distancing. The services offered by the agencies responsible for the care and support of women are clearly affected by the reorganization of the work of Covid-19. Several initiatives to raise awareness and provide better support for women victims of violence have mainly come from civil society but also from the Ministry for Women, the Family, Children and the Elderly (MFFES). But they still fall far short of women's needs.

• Data from the **1899 Green Line** made available to women victims of violence by the Ministry of Women, Family, Children and the Elderly. Since 4 February, 2020 this line operates 24/7

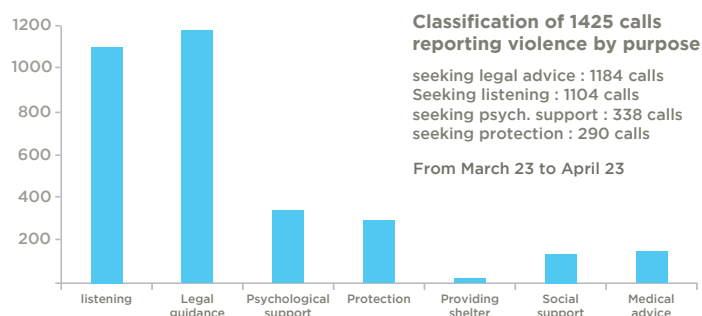
« Between 23 and 29 March alone, 40 women victims of violence were reported compared to seven reports during the same period in 2019. These are mostly women living in inland areas of the country, between the ages of 30 and 40. The assaults were verbal or physical, and in two cases required hospitalization due to their severity. » *Asma Shiri Minister of WFCE.*

It should be noted that the longer the confinement lasts, the greater the increase is in the number of reports. The Ministry initially announced a five-fold increase in the number of calls from women victims of violence at the end of March, and then seven times at the beginning of April to reach nine times compared to the same period last year.

• For instance, between 23 March and 23 April 2020, the Green Line received 1425 calls from women victims of violence.

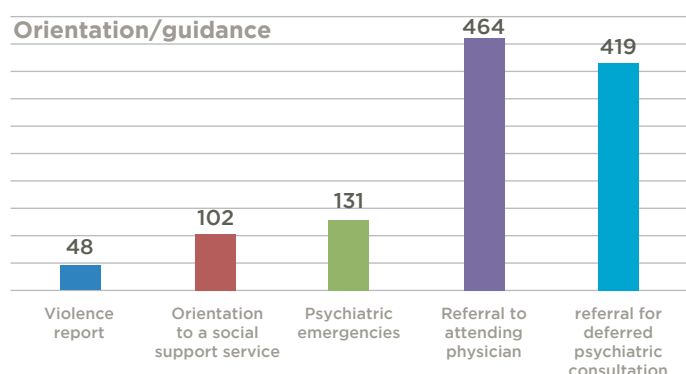


⁶ <http://www.legislation.tn/sites/default/files/news/tf2017581.pdf>



- Data from the CAP, psychological assistance unit, reactivated by the Ministry of Health on 30 March 2020. The CAP (Psychological Assistance Unit) is dedicated to listening and providing psychological support in connection with the psychological impact of COVID-19, with 240 volunteer psychiatrists, child psychiatrists and psychologists from the public and private sectors.

Green Line **80105050**



A note on the screening and referral of violence against women was shared with all stakeholders (operators and psychologists).

- Although the Ministry of Interior's data are not available, some sources report a significant decrease in the number of complaints to the Specialized Units for the Investigation of Cases of Violence against Women and Children compared to last year. The number of requests for forensic and forensic-psychological expertise from these units has also fallen sharply, as evidenced by hospital data.

It is important to access and analyze this data. If the information is confirmed, it raises the question of women's access to the services of these units.

• Civil society data :

several feminist associations including ATFD (Tunisian Association of Democratic Women), AFTURD (Tunisian Women Association for Research on Development) and Beity have set up (FVV) GBV hotlines dedicated to the time of COVID-19.

Data from the Tunisian Association of Democratic Women (ATFD) also show a clear upsurge in gender-based violence compared to the same period last year and progressively as the period of confinement extends.

Accordingly, from 16 to 31 March : 33 women, including four former victims, one female migrant, three men used the listening center. Offered Services included: 26 listening sessions, 15 legal counseling sessions and 14 psychological follow-up sessions.

Between 1-14 April : 43 women, including 30 new and 13 former victims. Offered Services included : 23 listening sessions, 14 legal counseling sessions and 11 psychological follow-up sessions.

All of this data demonstrates an increase in violence against women in confinement. Several signs indicate the seriousness of the violence suffered.

AS VIOLENCE INCREASES, WOMEN FACE GREATER DIFFICULTIES IN ACCESSING PROTECTION SERVICES.

The performance of institutions for the protection of women victims of violence is largely affected by the COVID-19 crisis. These difficulties affect the entire care chain: Ministry of the Interior, Ministry of Women's Affairs, Ministry of Justice, Ministry of Health and even women's associations.

- The Ministry of Interior: the specialized units for the investigation of crimes of violence against women and children work until 2 p.m. and therefore women have more difficulty in filing their complaints. Several women testified to the difficulty they have experienced in registering their complaints with the argument that "only serious and urgent cases are addressed, the courts are closed".
- With the Ministry's decision of 23 March 2020 calling for a halt to all non-emergency care activities, hospitals no longer easily offer services to women victims of violence, in particular for the provision of the initial medical certificate. Difficulties in setting up the COVID + pathway has resulted in many COVID patients-including GBV patients-being considered non-emergency, especially when there are no physical injuries requiring urgent care.
- The courts are closed except for urgent cases. Women's access to the different jurisdictions has become almost impossible: public prosecutor, family judge. (Access to justice has been detailed above).

• Women's associations no longer offer face-to-face services but remote services. The shelters managed by these associations are mostly closed or no longer accept new women for fear of having COVID-19 contaminations.

Several measures have been taken to support women victims of violence

Awareness-raising: awareness campaigns, adverts and videos by :

- The Ministry of Women <https://www.facebook.com/femme.gov.tn/videos/214547243319380/UzpfSTE2MzU1NDkxMzk6MTAyMTQ4OTgzODkwNDY2NTk/>
- The Ministry of Interior <https://www.facebook.com/ministere.interieur.tunisie/videos/251876456186650/UzpfSTE2MzU1NDkxMzk6MTAyMTQ5NTc5MjgyNTUxMDI/>
- As well CSOs : <https://www.facebook.com/femmesdemocrates/videos/656956891721313/?v=656956891721313>

Several television and radio programs, online newspapers and social networks have helped to raise public awareness of violence against women.



➡ The Ministry of Women, Family, Children and the Elderly has taken a series of measures :

- The 1899 green line for women victims of violence became operational for 24 hours,
- Opening of a GBV (Gender-based Violence) accommodation center for the COVID-19 period,
- Raising awareness at the Ministry of Interior, Justice and Health to facilitate women's access to protection measures,
- Establishing an intersectoral commission involving the various ministries and civil society dedicated to the provision of care for GBV survivors.

➡ Civil society : awareness-raising campaigns, remote GBV listening services and advocacy to the Government, relevant Ministries and the Superior Council of Magistracy.⁷⁸⁹

RECOMMENDATIONS

- Organize new public awareness campaigns against gender-based violence ;
- Raise awareness among professionals and workers in the protection and guidance of women who are survivors of violence ;
- Study the extension of the working hours of the units specializing in the investigation of crimes of violence against women and children and set up mechanisms for receiving complaints remotely ;
- Ensure that women victims of violence have access to police and National Guard services to file their complaints and benefit from the protection measures provided for under Law 58-2017 ;
- Enforce article 25 of Law No. 58-2017 criminalizing the intentional exertion of pressure on the victim or any type of coercion with a view to causing him or her to waive his or her rights or to modify his or her statement or retract it ;
- Facilitate the access of violence GBV survivors to health-care facilities and integrate them into the negative Covid-19 circuit and ensure the rapid delivery of the initial medical certificate free of charge in cases of domestic violence ;
- Facilitate access to justice and protection orders (see above)
- Provide safe and healthy accommodation for GBV survivors and their children ;
- Provide social and economic assistance to GBV survivors and promote their access to family pensions ;
- The establishment of the national observatory for the prevention of violence against women in accordance with article 40 of Act No. 58-2017.

Female healthcare professionals and COVID-19

Women are on the frontlines of the battle against the pandemic. They make up the bulk of the nursing staff, who are in direct contact with the patients, and are therefore at greater risk of being infected¹⁰. However, overall data on the representation of women in health decision-making of the health sector is lacking. According to the study published in 2018 and made in collaboration with UN Women on the presence of women in the civil service and access to decision-making positions in Tunisia,

7 <http://www.aswatnissa.org/wp-content/uploads/2020/04/Lettre-ouverte-en-fran%C3%A7ais-2-converti-2.pdf>

8 <http://www.kapitalis.com/anbaa-tounes/2020/04/24/%D8%AA%D9%88%D9%86%D8%B3->

9 <http://www.kapitalis.com/anbaa-tounes/2020/04/24/%D8%AA%D9%88%D9%86%D8%B3->

10 "COVID-19 : the gendered impacts of the outbreak", The Lancet, Vol 395 March 14, 2020.
[https://www.thelancet.com/action/showPdf?pii=S0140-6736\(20\)2930526-2](https://www.thelancet.com/action/showPdf?pii=S0140-6736(20)2930526-2)



(Sfax University Hospital, Dr Olfa Turki, professor of anesthesia-resuscitation gives bottle feeding an infant with covid-19)

“the lowest rates of feminization of managerial jobs have been recorded in sectors that are relatively dominated by women, in this case, healthcare, (the rate of feminization of managerial roles is 39.0% while the rate of feminization of the sector reaches 63.4%). As a result, women's participation in decision-making remains limited.

Sigma conseil estimates the rate of women doctors at 50%, pharmacy graduates to be 72%¹¹ and according to a study on the nursing profession, women constitute 64% of the nursing workforce¹². In some regions the paramedical staff “is clearly predominantly female, reaching a ratio of 80% in some places, while the medical staff tends more or less towards equality”¹³.

Table 6: distribution of doctors by sector and gender

	Private practice	Public health	Total	Share of employment in public health sector
Female	2023	3325	5348	62,2%
Male	4885	3663	8548	42,9%
Total	6908	6988	13896	50,3%

Source: CNOM, December 2015, ratio calculation by authors

Data from the National Council of the Order of Physicians (National Medical Board) for the year 2015 indicate that female physicians are more likely to be in hospital practice (62.2%) compared to 42.9% of male physicians.

The feminization of the sector has not been followed by a consideration of the specific needs of women particularly with regard to childcare

Thus, the announcement by the head of government on 13 March of measures to contain the spread of the Covid-19 virus, reinforced on 16 March, included the closure of nurseries and kindergartens without any institutional alternatives. The head of government indicated in his speech that children could be left in the care of family and neighbours.

During times of confinement and with the recommendations for social distancing and protection of the elderly, the usual social solidarity network based on the help of grandparents is now more difficult to rely on.

On the other hand, the Government Decree No. 153 of 17 March 2020, laying down exceptional provisions relating to the work of employees of the State, local authorities, public administrative establishments and public enterprises, which was extended to health professionals on 23 March by the Minister of Health, provides for incapacity for pregnant women.

Women who are breastfeeding or those with infants, single-parent families or those with sick or elderly dependent relatives were not accounted for, even though working in COVID-19 zone can cause them to be absent for 14 consecutive days.

It should also be noted that health professionals have also faced difficulties in ensuring their own transportation due to the scarcity of public transport, which is already in difficulty, and the preventive and social distancing measures taken by private transporters.

RECOMMENDATIONS

- Provide personal protective equipment for all female healthcare professionals ;
- Provide a plan for the resumption of nurseries and kindergartens taking into account the working conditions of their parents ;
- Make hospitals and health structures responsible for finding solutions for childcare (some hospitals have opened their kindergartens) ;
- Take into consideration the situation of breastfeeding mothers or mothers with very young children, single-parent families and families with dependent sick relatives when establishing the working hours and care positions (COVID+/COVID-) ;
- Provide transportation for health professionals :

¹¹ <http://www.webdo.tn/2018/03/08/tunisie-50-medecins-40-juges-femmes/>

¹² https://www.latunisiemedicale.com/article-medicale-tunisie_3470_fr

¹³ Study in the 13 disadvantaged regions in Tunisia,. Results of the evaluation of the PAZD program (Support Programme for the Development of Disadvantaged Areas). http://www.santetunisie.rns.tn/images/docs/anis/actualite/2018/avril/paz2/Article-5-Sant-et-Genre_valuation-PAZD-II.pdf

Access to Sexual and Reproductive Health Care Services in times of COVID-19

Since independence, Tunisia has developed accessible and free reproductive health services. In the public sector, such services are available within the structures of the National Family and Population Office (ONFP) in the 24 governorates, in some services of university hospitals (Tunis, Sousse, Monastir, Sfax) as well as in basic health centers. Contraception and abortion services are provided in both the public and private sectors.

Indicators	Mics 4 (2012)	Mics 6 (2019)
Contraceptive prevalence rate	62,5%	50,7%
Need met for contraception	90,0%	71,9%

In recent years, SRH services have been experiencing difficulties and a decline in several indicators such as the contraceptive prevalence rate. Access to abortion is also increasingly restricted, especially in the public sector.

It is in this context that the COVID-19 crisis has exacerbated the difficulties of access to SRH, where priority has been given to setting up COVID-19 care channels. The absence or lack of personal protective equipment, especially in the first few weeks, together with confusion about how to implement the Ministry's decision to stop non-emergency consultations and elective surgeries, led to the closure of several ONFP branches (the National Family and Population Offices) and basic health centers. As a result, the 50% of women using family planning and in need to renewing their supplies had difficulty accessing care. Voluntary interruption of pregnancy has not been possible for several women, according to the testimonies collected by the NGOs and which were the subject of an appeal by civil society : **URGENT CALL ON THE PUBLIC AUTHORITIES TO ENSURE CONTINUOUS ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES**¹⁴.




The system for taking care of women's deliveries in Covid-19 time has also had some difficulties; we cite the case of a pregnant woman suspected of being COVID 19 positive who gave birth in the ambulance in Kairouan or another who gave birth in the emergency services in Tunis. The survey conducted by the Tawhida Bechickh Association with the Midwives Association among 126 midwives confirms these data and reports that 50% of SRH services have reduced their activities or stopped provision altogether.

On 24 April 2020 the Ministry of Health issued Circular 23/2020 ordering the resumption of elective procedures in the public and private sector with special mention for prenatal consultations, maternal and child care and sexual and reproductive health services¹⁴.

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WHO rightly considers that reproductive health services, including maternity and reproductive health services, are essential services that must be given high priority in the continuity of care that must be sustained during this period.

		
World Health Organization Tunisia	République Tunisienne Ministère de la Santé	UNFPA
GENERAL RECOMMENDATIONS CONTINUITY OF CRITICAL CARE UNDER Covid-19		
1. Establish governance and coordination mechanisms Implement an accountable regional coordination mechanism at the central level including all stakeholders for essential care Establish a road map for the regional committee in order to ensure continuity of essential care services		
2. Essential services listing ➤ maternal, newborn and child health; sexual and reproductive health - prenatal consultation - postnatal consultation - Essential obstetric and neonatal care - Vaccination of first childhood and women of reproductive age - Access to contraceptive methods including emergency contraception - Voluntary termination of pregnancy, including by medication ➤ Non-communicable diseases and vulnerable populations		

RECOMMENDATIONS

- Ensure women's access to sexual and reproductive health services and reopen all ONFP and basic health centers and hospital services;
- Provide personal protective equipment for all female healthcare professionals;
- Ensure the availability of contraceptives in pharmacies in public and private facilities including emergency contraception, the availability of medical abortion in private obstetrics units/clinics.

¹⁴ <https://www.businessnews.com.tn/appeal-aux-autorites-pour-assurer-la-continuite-de-lacces-aux-services-de-la-sante-sexuelle,520,97279,3>



Women's leadership and response to Covid-19

The Covid-19 crisis demonstrated the undeniable qualities of women's leadership to effectively manage and respond to an unprecedented crisis. The most successful countries in dealing with the crisis had one thing in common: female leadership (Iceland, Germany, Taiwan, Nouvelle-Zélande, et quelques autres)¹⁵.

In Tunisia, women doctors and scientists have been at the forefront since the outbreak of the crisis. To name but two examples :

- Professor Nissaf Ben Alaya, Director General of the National Observatory for New and Emerging Diseases (NONMNE), which stood out for its responsiveness to the early signs of the pandemic and its continued presence to inform the public and monitor the spread of the virus¹⁶.
- Professor Ilhem Boutiba, head of a team of researchers at the microbiology laboratory of the Charles-Nicollé hospital in Tunis who succeeded in sequencing the strains of SARS-CoV-2, responsible for Covid-19. This effort was commended by the WHO, which pointed out that Tunisia is the first country in the region to publish its results in GenBank¹⁷.



Minister of Health and team of the microbiological laboratory - photo credit Jeune Afrique

These successes are in contrast to the under-representation of women in the executive and legislative branches of government and their near exclusion from higher decision-making bodies in response to Covid-19.

• Women in power, background information

Article 46 of the Tunisian Constitution stipulates that: "The State guarantees equal opportunities for men and women in access to various responsibilities and in all areas.

The State strives to achieve parity between women and men in elected assemblies ». This constitutional enshrinement is struggling to find recognition in practice.

• Women in the presidential office

For the first time in Tunisia, a woman is appointed Head of the Presidential Office. As of April 30, the Office had 5 women out of a total of 19 appointments.

• Women in the government

The government of Ilyes Fakhfakh, having obtained the vote of confidence on 27 February, has 6 women (4 ministers and 2 secretaries of state) out of 32 members, i.e. 19%.

For the first time in Tunisia, a woman is appointed to head a regalian ministry, Thouraya Jeribi, Minister of Justice. It is also noteworthy that the Minister of Women's Affairs (Asma Shiri) has been appointed Government Spokesperson (8 April).

All appointed female ministers are independent, reflecting the fact that few political parties have nominated women in the lists addressed to the Head of Government for a governing coalition and demonstrating the inability of political parties to empower a female leader.

Of all the advisers and chargés de mission to the office of the Head of Government, there were not one woman up to 30 April.

• Women in the Assembly of People's Representatives (ARP)

The ARP has 57 women out of a total of 217 deputies, i.e. a rate of 26.27 per cent. The ARP office has 4 women out of 13. Only one woman is at the head of a parliamentary bloc.

• Women in Local Government

Women account for 47% of the candidates elected in the 6 May 2018 municipal elections; they make up only 19% of the presidents of municipalities.



¹⁵ "What Do Countries With The Best Coronavirus Responses Have In Common? Women Leaders", <https://www.forbes.com/sites/avivahwittenbergcox/2020/04/13/what-do-countries-with-the-best-coronavirus-reponses-have-in-common-women-leaders/#768f69c13dec>; <https://www.leconomistmaghrebin.com/2020/04/14/forbes-crise-covid-19-mieux-geree-leadership-feminin/>;

"Women leaders are doing a disproportionately great job at handling the pandemic. So why aren't there more of them?";

<https://edition.cnn.com/2020/04/14/asia/women-government-leaders-coronavirus-hnk-intl/index.html>

¹⁶ « Nissaf Ben Alaya, that lioness in combat, ... A heroine is establishing herself, forcing respect. »

<https://www.leaders.com.tn/article/29574-decouvrez-leaders-magazine-d-avril-2020-exceptionnel-telechargement-gratuit>

¹⁷ <https://www.jeuneafrique.com/928630/societe/ilhem-boutiba-ben-boubaker-nous-avons-reussi-a-sequencer-le-virus-en-tunisie/>

Women almost excluded from high decision-making bodies dedicated to the response to COVID-19

In response to Covid-19, in addition to the National Security Council chaired by the President of the Republic, several crisis commissions were established. While the scientific committee of the Ministry of Health for the fight against Covid-19 includes among its members several female figures (the representation remains fluctuating, with women constituting between 30 and 50 per cent), the same does not apply to the other bodies and councils.

• The National Security Council

The National Security Council, under the Presidency of the Republic, sets general security strategies and policies. Decisions on curfews or the state of emergency were taken after consultation of the Council. Out of some 15 members, two women attend council meetings: the Minister of Justice and the head of the presidential office; this again demonstrates the absence of women at the decision-making level¹⁸.

• The National Authority for the Fight against Corona¹⁹

This Authority is responsible for coordination between the national and regional committees for the management of natural disasters, as well as for monitoring the regularity of the supply of basic products and the distribution of social assistance to impoverished families or families without income; it is required to make recommendations to the various stakeholders. It was regrettable that women were very poorly represented in that Authority; only the Minister of Justice had a seat therein.

• The Corona virus Crisis Unit at ARP

The General Assembly of the ARP voted on 26 March²⁰, six exceptional measures to ensure the functions of the ARP during the Covid-19 crisis by allowing the ARP and the committees to hold their meetings and plenary by telecommunication means but also by providing restricted modalities for the rapid examination of draft laws.

Within this framework, the crisis unit in charge of monitoring the Covid-19 pandemic was empowered to exercise a mission of control of government action outside the plenary sessions.

The crisis unit chaired by the President of the ARP is composed of 20 members, including only 5 women. Several meetings with different ministries have been held but not yet with the Ministry of Women (MFFES), which shows the low interest in any gender approach.

• The Impact of the Lack of Women's Leadership in the Response to Covid-19

- Reinforce gender inequalities, especially as women are on the front line in responding to the crisis on the ground.
- The absence of a gender approach responding to the specific needs of women and defending their rights, which can be seen both in parliamentary action and in the legislative decrees adopted by the Head of Government in response to Covid-19.
- The absence of women politicians from the crisis landscape deprives them of any differentiation and leadership positioning in the future. This is confirmed by the rise of the Minister of Health in the political barometer of April (+37 points), moreover on this survey, there are only two women (Abir Moussi and Samia Abbou) out of about twenty men²¹.

It should be noted that civil society has sent an open letter to the President of the Government asking him to adopt a gender approach in the management of the COVID -19 crisis²².



The new 10-dinar note featuring doctor Tawhida Ben Cheikh. Fethi Belaid / AFP

¹⁸ The composition of the National Security Council, according to Article 2 of Government Decree No. 2017-70 of 19 January 2017.

- The President of the Republic chairs the National Security Council, which is composed of the following members:

1- The Head of Government. 2- The President of the Assembly of People's Representatives. 3- The President of the Republic chairs the National Security Council. The ministers in charge of justice, defense, security, foreign affairs and finance, 4- The head of the national intelligence center. 5- The above-mentioned ministers may request the presence of leaders, directors general or heads of structures whose powers are related to the missions of the council to attend its work. 6- Members of the government, other than those mentioned above, are invited to participate in the work of the national security council, whenever issues falling within their remit are on the agenda. 7- The President of the Republic may invite to the proceedings of the council any person whose presence he deems useful.

¹⁹ The Head of Government announced on Wednesday, March 25, 2020, the creation of a National Authority for the fight against Covid 19, which is composed of the Ministers of National Defense, Interior, Justice, Health, Finance, Trade, Local Affairs, Social Affairs, Communication Technologies, Transport, in addition to senior executives and responding structures.

²⁰ <https://majles.marsad.tn/2019/docs/5e8744004f24d018f250d71> (In arabic).

²¹ As per the April political barometer of the newspaper Le maghreb and Sigma conseil (<https://ar.lemaghreb.tn/>)

²² <http://www.aswatnissa.org/wp-content/uploads/2020/04/Lettre-ouverte-en-fran%C3%A7ais-2-converti-2.pdf>

RECOMMENDATIONS

- Include gender experts on health crisis management committees ;
- Ensure the equitable participation of women in decision-making in the planning of responses and the management of long-term consequences at all levels, including economic, social and budgetary ;
- Put in place strategies to combat political and gender-based violence against women politicians aiming at excluding them from the public arena, in particular by implementing the measures provided for in Law 58-2017 ;
- Support the Haica (High Independent Authority for Audio visual Communication) in affirming the need to respect parity in crisis communication and call on the media to refrain from disseminating stereotypes about the social roles of women and men ;
- Support the activation of the Council of Peers for Equal and Equivalent Opportunities whose main mission is to integrate the gender approach into development policies and plans in Tunisia (planning, programming, evaluation and budgeting) ²³ ;
- Support the implementation of the government decree on gender mainstreaming in the appointment to senior government positions ²⁴ ;
- Support the Parliament for the adoption of an egalitarian approach in its rules of procedure and for the introduction of a systematic gender approach in both its legislative and oversight roles.

²³ Government decree n°2016-626 of 25 May 2016

²⁴ Decree No. 31 of 29 November 2018.

