EBPMが実現する社会的包摂

東京大学 経済学研究科
政策評価教育研究センター（CREPE）

山口慎太郎

「社会的弱者」に着目したデータの不足

Gender and COVID-19

Advocacy brief
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World Health Organization

Background

Pandemics and outbreaks have differential impacts on women and men. From risk of exposure and biological susceptibility to infection to the social and economic implications, individuals' experiences are likely to vary according to their biological and gender characteristics and their interaction with other social determinants. Because of this, global and national strategic plans for COVID-19 preparedness and response must be grounded in strong gender analysis and must ensure meaningful participation of affected groups, including women and girls, in decision-making and implementation.[1]

WHO calls on its Member States and all global actors to guide investments in quality and gender-sensitive research on the adverse health, social and economic impacts of COVID-19. Countries are advised to incorporate a focus on gender into their COVID-19 responses in order to ensure that public health policies and measures to curb the epidemic take account of gender and how it interacts with other areas of inequality. In particular:

There is limited availability of sex- and age-disaggregated data, thus hampering analysis of the gendered implications of COVID-19 and the development of appropriate responses

vulnerabilities to the infection as a result of both sex- and gender-related factors. Data (on persons tested, severity of the disease, hospitalization rates, discharge [recovery] and health worker status) that are disaggregated at a minimum by sex and age – as well as by other stratifiers such as socioeconomic status, ethnicity, sexual orientation, gender identity, refugee status etc., where feasible – could help in identifying and addressing health inequities related to COVID-19.

KEY ASK 1. Member States and their partners are encouraged to collect, report and analyse data on confirmed COVID-19 cases and deaths that are disaggregated by sex and age, at a minimum, in accordance with WHO's global surveillance and national surveillance guidance – see WHO's webpage on *Coronavirus disease (COVID-19) technical guidance: surveillance and case definitions*.[5] Member States are also urged to conduct a gender analysis of data and to invest in quality gender-responsive research on the potentially differential adverse health, social and economic impacts of COVID-19 on women and men. The findings of such analysis should be used to fine-tune response policies.
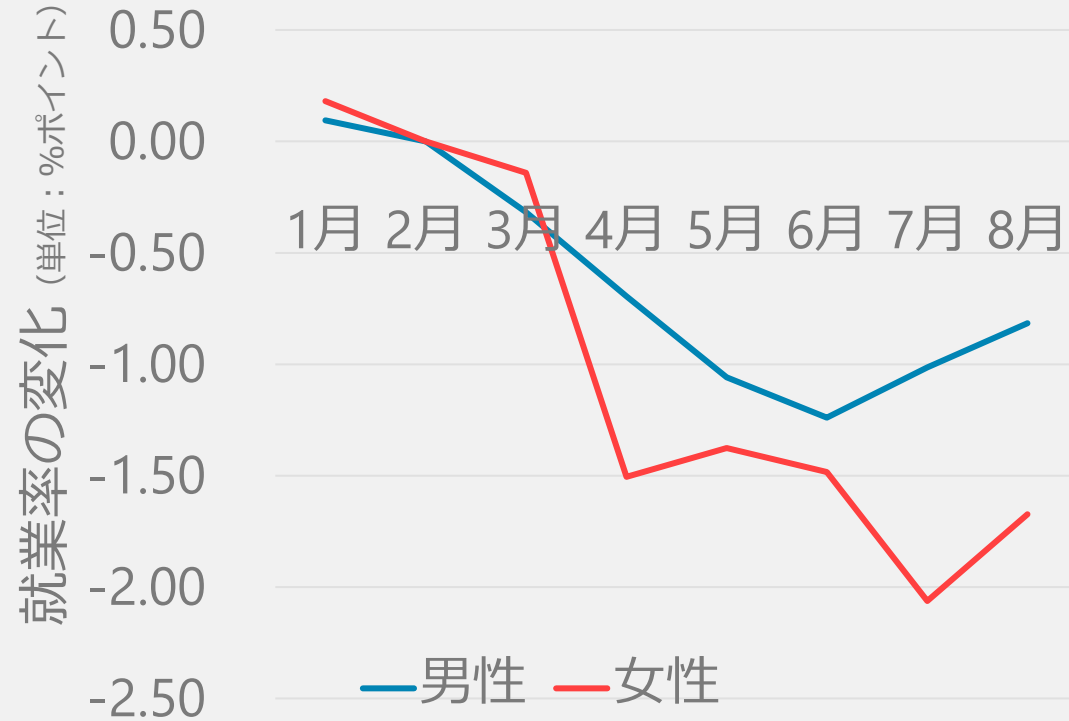
Violence against women and children increases during lockdowns

- WHOに報告されたコロナ陽性者数の60%について性別と年齢情報なし。

- 粗い集計データでは「社会的弱者」の困難が見逃されがち。適切な政策も講じられない。

- 社会階層、配偶者の有無、子どもの年齢などで細かく分類された統計が不可欠

日本でも女性雇用への影響を考える上で重要

15－64歳の就業率変化

（対2020年2月、月効果調整済）

就業率の変化（単位：％ポイント）

| | 1月 2月 3月 4月 5月 6月 7月 8月 |

0.50
0.00
-0.50
-1.00
-1.50
-2.00
-2.50

——男性 ——女性

出所：労働力調査より筆者作成

特に女性の雇用に悪影響
- 対面サービス業が多いから？
- 休校・休園の影響？

細かいレベルの集計が不可欠
- 子どもの有無・年齢

「社会的弱者」の実態把握を
- シングルマザー
- 低学歴層

調査統計・業務統計の迅速な活用を

内閣府「コロナ下の女性」研究会 緊急提言

「行政の業務統計を含む統計情報の積極的活用を促し、迅速な実態把握とその分析を進めること」

省庁間の連携充実を

上記研究会が総務省「労働力調査」を利用するのに申請から一月半かかる

政策形成に資する研究の推進

各省が所管する研究所では基礎研究よりも政策研究を

審議会・研究会などを通じて外部専門家を内部化して活用