

Statement by the UN Working Group on discrimination against women and girls* Responses to the COVID-19 pandemic must not discount women and girls

As governments attempt to tackle the unprecedented public health and economic crises caused by the COVID-19 pandemic, we are deeply concerned that women and girls are suffering even more egregious violations of their human rights. In the absence of gender sensitive intersectional responses, different forms of systemic discrimination already faced by women and girls will be exacerbated. The dramatic increase in women's caregiving responsibilities, the rise in what was already an epidemic of sexual and domestic violence, the continued feminization of poverty, the proliferation of barriers to healthcare, especially pregnancy-related healthcare, will profoundly jeopardize women's safety and well-being, economic security, and participation in political and public life, both during and after the pandemic. The measures taken by governments to mitigate the risks to health and life posed by COVID-19 must take into account the specific attributes and circumstances faced by women and girls. These include, but are not limited to their sex, gender, age, disability, ethnic origin, and immigration or residence status. States must refrain from any action that will exacerbate the already disproportionate economic and social impact of this pandemic on women and girls.

Women are currently at the frontlines, providing essential medical and other services and keeping communities running while lockdowns are enforced. As a result, they face a tremendous increase in their working hours, and are at greater risk of being directly exposed to COVID-19. There are reports of nurses, doctors, midwives, and hospital cleaners contracting the virus while on duty, due to the lack of adequate provision of personal protective equipment. In some countries health workers have been dismissed from their jobs or arrested for complaining about the inadequate means of protection. Others have been evicted by landlords for fear of contagion.

Restrictions on the provision of health services essential to women and girls, such as pre and post-natal care, termination of pregnancy and the availability of contraceptives, imposed in many countries to address the excessive demands on health services caused by the pandemic, also affects women and girls' health disproportionately. In some countries, the human rights of women are being violated during and after pregnancy and childbirth in an attempt to allegedly expedite the process or prevent contagion (e.g. cesarean sections and forceps delivery performed without medical indication, denial of epidural, prohibition of partner's presence, and separation of newborns from mothers). Some governments are creating new barriers to access to abortion services, by deeming it a non-essential medical procedure. Elderly women are also discriminated in their access to health care, in particular with respect to the allocation of scarce medical resources such as ventilators in intensive care units.

Moreover, women and girls are at greater risk of domestic violence including sexual abuse without any recourse during the pandemic. Home isolation makes them more vulnerable to abuse by partners and family members, while their access to counseling and other emergency services, including alternative housing and legal assistance as well as access to courts has been drastically reduced. In some countries domestic violence reports have almost tripled, while there are no shelters or shelters do not have sufficient capacity for all victims who need protection and many shelters are no longer accessible due to the lockdowns. Femicides by intimate partners are being reported with alarming frequency. Women with disabilities in institutions, nursing homes, and psychiatric and other facilities as

well as older women in residential care homes are also at heightened risk of violence due to the lack of external oversight..

Women's already disproportionate share of care responsibilities has become particularly onerous during the COVID-19 crisis, with risks of serious consequences on their physical and mental health. The cultural construction of gender has imposed certain roles to women and girls within the family such as caring for children and other dependent family members as well as providing for basic needs of family life such as domestic work, food, hygiene and education for children. The burden is now heavier on them to fulfill this role due to a significant increase in the care needs of children, elderly and the sick, as well as the threat of food insecurity. This is even more burdensome for women working in essential services and women single heads of household. Despite the increased burden, their unpaid care work continues to be undervalued and unrecognized, without any means to ensure its fair distribution or alleviation through the expansion of social protection.

Women are represented disproportionately in precarious, informal and poorly paid work, including domestic work. Owing to the lack of adequate social protection packages, they are at a higher risk of harm from the social and economic shocks linked to measures that are being introduced to curb the pandemic. Loss of income has direct consequences for women's ability to afford housing, food and water for themselves and their household. The digital divide among women and men also places women in a disadvantaged position, affecting their ability to work or study from home, and to provide home schooling for their children.

Many women and girls face multiple and intersectional forms of discrimination, and are at risk of being further marginalized including, but not limited to, women and girls from minorities, indigenous, migrant and rural communities, older women, and women and girls with disabilities, who are particularly negatively affected by the crisis. For example, indigenous women lack information in their language on prevention strategies and on how and where to get health services. Rural and poor women who lack access to clean water at home face an increased burden in collecting water in crowded public spaces to cover their basic needs. This is linked to a higher risk of exposure to the virus. Due to emergency measures, many women and girls with disabilities have experienced the disruption of support networks essential for their survival and are in dire situations, and lack access to accessible and inclusive information, including in sign language, Easy Read and Braille formats. Older women are subjected to ageism and stereotyping, have limited access to information on how to protect themselves, and are excluded from economic recovery programmes.

Despite the disproportionate negative effects of the crisis on women, as well as their presence in frontline roles and their critical role in keeping communities running, they are largely absent from local, national and global COVID-19 response teams, policy spaces and decision-making. However, in few countries, women are leading national responses that have recorded better outcomes and progress in curbing the virus.

At this critical time, States must ensure that policy decisions are taken with equal and meaningful participation of women from diverse groups and take into account the gendered risks and realities which are exacerbated by other circumstances such as, poverty, location in a rural area or "food desert", and identities such as ethnic origin, disability, and age as well as pre-existing structural deficits. A key benchmark of any new policy must be that it does

not deepen existing structural inequalities, or create new vulnerabilities, but rather ameliorates and creates new opportunities that are just and equitable.

We note that some States have been taking specific measures towards limiting the gendered impact of the pandemic such as: putting in place creative arrangements to support women victims of gender based violence, for example hotlines, online services, or reception of alerts at food stores; including shelters for women survivors in the list of essential services; authorizing the use of telemedicine for reproductive health care at home; providing economic support for domestic workers and low income earners who have stopped working; providing extended paid leave for any parent to take care of children or persons with disabilities who stay at home; providing free childcare; or providing temporary housing and food for poor women.

However, further measures are needed. We call on States to take a gender sensitive intersectional approach in their responses to COVID-19 and implement the following measures:

- Make testing universal and free and follow-up with containment strategies that do not put women and girls at greater risk of violence and abuse.
- Ensure access to treatment without discrimination on any ground for all who test positive, regardless of insurance coverage, and provide paid sick leave for workers in the formal and informal sectors, to ensure the effectiveness of containment strategies without creating specific harms for women.
- Provide functional personal protection equipment for all women working at the frontlines in essential services.
- Ensure continued and safe access to support services, emergency measures including legal assistance and access to judicial remedies for women and girls at risk of or who are subjected to domestic and sexual violence, harassment and abuse.
- Significantly overhaul and expand social protection systems to take into account women's specific needs and vulnerabilities including, but not limited to, paid sick leave, increased support for child and elderly care, housing and food subsidies.
- Provide universal health care for all women and girls, including uninterrupted access to a full range of sexual and reproductive health services. This also requires ensuring that there is no disruption in the supply chain of sexual and reproductive health commodities, including prioritizing their continued production, shipping and distribution.
- Recognise women as heads of family on an equal basis with men so that they may enjoy the same financial or social benefits, such as cash transfers.
- Specific attention should be paid to women and girls from marginalized groups and their specific needs in terms of accessibility and adequacy of information about the pandemic, the ability to maintain social distance, and access to testing and treatment as well as other necessities including food, housing, sanitation and essential support services.
- Ensure that medical decisions concerning elderly women are based on medical need, ethical criteria and on the best available scientific evidence, not primarily on age.
- Provide protection against discrimination and abuse of domestic workers, many of whom are migrant workers, including income support and measures to limit their risk of exposure in the workplace, as well as timely access to testing and treatment.
- Systematically gather disaggregated outbreak-related data, to examine and report on the gender-specific health effects of COVID-19, both direct and indirect as well as

on the gender-specific human rights impacts of COVID-19 and utilize this data in the formulation of responses.

In addition to the specific, short time measures, the crisis is an opportunity to address structural inequalities and deficits that have consistently held women back, and to re-imagine and transform systems and societies. In order to fully comprehend the gendered impact of the crisis, it is crucial to understand the structural discrimination underlying this emergency which is not only causing but exacerbating serious violations of women and girls' human rights. Feminists globally are uniting across movements and borders to shape a collective and inclusive response to these unprecedented circumstances. Notwithstanding the constriction of spaces for advocacy and engagement with governments due to the lockdowns, we strongly recommend that their voices be heard and their leadership recognized so that the solutions they recommend can be implemented.

(*) The [Working Group on discrimination against women and girls](#) was established by the Human Rights Council in September 2010. It is comprised of five independent experts: **Ms. Meskerem Geset Techane** (Chair), **Ms. Elizabeth Broderick** (Vice-Chair), **Ms. Alda Facio**, **Ms. Ivana Radačić**, and **Ms. Melissa Upreti**.

The Statement has been endorsed by: Dubravka Šimonovic, Special Rapporteur on violence against women, its causes and consequences; Leo Heller, Special Rapporteur on the human rights to safe drinking water and sanitation; Rosa Kornfeld-Matte, Independent Expert on the enjoyment of all human rights by older persons; Catalina Devandas Aguilar, Special Rapporteur on the rights of persons with disabilities; Fernand de Varennes, Special Rapporteur on minority issues, and Leilani Farha, Special Rapporteur on the [right to adequate housing](#).