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Report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary General

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Annual full-day discussion on the human rights of women

Report of the Office of the United Nations High Commissioner for Human Rights

Summary

In accordance with resolution 6/30, the Human Rights Council convened its annual full-day discussion on the human rights of women. The summary of the discussion, contained in the present report, is being submitted in accordance with Council resolutions 6/30 and 47/15. The discussion was divided into two panel discussions: the first focused on the theme “Violence against women and girls with disabilities” and the second addressed the theme “Gender-equal socioeconomic recovery from the coronavirus disease (COVID-19) pandemic”.



I. Introduction

1. On 5 and 6 July 2021, the Human Rights Council convened, pursuant to Council resolution 6/30, its annual full-day discussion on the human rights of women. The discussion was divided into two panel discussions: the first addressed the theme “Violence against women and girls with disabilities” and the second was devoted to “Gender-equal socioeconomic recovery from the coronavirus disease (COVID-19) pandemic”.¹

II. Violence against women and girls with disabilities

2. The first panel discussion was opened by the United Nations Deputy High Commissioner for Human Rights and moderated by Human Rights Advisor at the International Disability Alliance, Jarrod Clyne. The panellists were Vice-Chair of the Committee on the Elimination of Discrimination against Women and former member of the Committee on the Rights of Persons with Disabilities, Ana Peláez Narváez; the Chair of the Union of People with Disabilities “Ravenstvo” (Equality), Gulmira Kazakunova; and the Chair of the Indonesian Association of Women with Disabilities, Maulani Rotinsulu.

A. Opening statements

3. In her opening statement, the Deputy High Commissioner noted that women and girls with disabilities faced barriers to their rights, as gender and disability intersected. Despite the high number of women and girls with disabilities, estimated at about 700 million, they remained largely invisible and excluded from participation in most decisions that affected their lives. That had increased the risk of gender-based violence against them. Global data on gender-based violence against women with disabilities were limited, which in itself spoke to that invisible crisis. Where available, data indicated that between 40 and 68 per cent of young women with disabilities experienced sexual violence before the age of 18 years.

4. Women and girls with all types of impairments should be at the centre of designing, developing and implementing laws, policies and services for the prevention of and response to the violence they faced. The Deputy High Commissioner stressed the importance of supporting organizations that could represent the rights of women and girls with disabilities to promote their full-fledged participation and to ensure their representation not just in disability-specific issues and mechanisms, but in all issues and on all platforms. She further underscored that the accessibility of all public discussions, at the national or international level, was paramount and acknowledged the support of the Government of Canada in making the panel discussion accessible with captioning and International Sign language interpretation.

5. The Deputy High Commissioner mentioned isolation as another important factor that increased the vulnerability of women and girls with disabilities, which affected them throughout their life cycle, in their homes or in institutions, both online and offline. In institutions, such as orphanages, girls with disabilities might lack access to a functional complaint mechanism for mental, physical or sexual abuse or violence, particularly when they had communication or intellectual impairments. Those girls might be ignored, disbelieved or misunderstood, all of which were conducive to systematic and continuing violence. Isolation could also occur when they lived with their families. For example, in rural and poor areas, girls with disabilities were often seen as an additional financial burden for the family, which could lead to neglect. For those with physical impairments, a lack of transport often led to their confinement at home or the denial of their access to education. When women and girls with disabilities were carrying out household tasks, such as collecting water and firewood, they might be targeted for violence, as they were considered less able to resist.

¹ The webcasts of the two panel discussions are archived and can be viewed at <https://media.un.org/en/asset/k19/k19u5o2na3> and <https://media.un.org/en/asset/k1m/k1mcs0jfe0>, respectively.

6. Lockdowns resulting from COVID-19 exacerbated the risk of violence against and abuse of women and girls, as they had for many vulnerable and marginalized groups. At the same time, the Deputy High Commissioner recognized that efforts had been made by some countries to mitigate the impact of the pandemic on women with disabilities. Such efforts included (a) establishing chat services with geolocation and psychological support during isolation, (b) enabling victims to contact the police and access information, (c) providing a helpline available 24 hours per day, seven days per week, and (d) making legal services available in several languages and accessible to women and girls with disabilities. She concluded by stating that Sustainable Development Goal 5 could not be achieved without ending violence against women and girls with disabilities in all their diversity.

B. Overview of presentations

7. Mr. Clyne introduced the panel discussion by stating that violence against women and girls with disabilities was a form of discrimination based on power and control, created by stereotypes and harmful social norms and the patriarchal and ableist social structures still prevalent in the world today. Violence against women and girls with disabilities was a cause and a consequence of the violation of their human rights and their continued marginalization. The situation had been well recognized by the special procedures of the Human Rights Council and the human rights treaty bodies and in resolutions adopted by the Council and the General Assembly. The panel discussion provided an opportunity to discuss the widespread violations experienced by women and girls with disabilities, to reflect on progress made by States in implementing their due diligence obligations and to consider good practices in integrating a disability-rights perspective in gender-based violence prevention programmes.

8. Ms. Peláez Narváez addressed the pressing situation of violence against women and girls with disabilities and the role of the human rights treaty bodies in tackling the issue. Violence against women and girls with disabilities should be a priority for both the global women's agenda and for each State in its gender equality and women's rights policies and measures.

9. One in five women lived with a disability, with a higher prevalence among women than among men, at 19 per cent compared to 12 per cent. Contributing factors included the lower economic and social status of women and girls, gender-based violence, and harmful and discriminatory practices on the basis of gender. Negative stereotypes and stigma about women and girls with disabilities exposed them to a higher risk of violence compared to men with disabilities and compared to women without disabilities. Those negative stereotypes included infantilization, considering them asexual or hypersexual, the belief that they could not make their own decisions or take care of their children and the lack of credibility in their testimonies.

10. Violence was committed in the form of physical force, legal coercion, economic coercion, intimidation, psychological manipulation, deception and misinformation, in which the absence of free and informed consent was a fundamental component. Moreover, some of the forms of violence suffered by women and girls with disabilities could be considered cruel, inhuman or degrading treatment or punishment. Such violence could include forced or involuntary pregnancy or sterilization; medical procedures and interventions without free and informed consent; invasive and irreversible surgical practices, such as psychosurgery or female genital mutilation; and isolation or confinement. The separation of children from their mothers with disabilities was a violation of the human rights of women and girls with disabilities. Despite the seriousness of the violence, little was known about it and hardly any action was taken to combat it.

11. Referring to the work of the human rights treaty bodies, Ms. Peláez Narváez said that those had been consistently addressing the rights of women and girls with disabilities since the adoption by the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of Persons with Disabilities of a general recommendation and a

general comment, respectively, on their rights.² The two committees had also issued a joint statement on sexual and reproductive health and the rights of women and girls with disabilities (2018), and a joint statement, together with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), on ending sexual harassment against women and girls with disabilities (2020). With regard to the Committee on the Elimination of Discrimination against Women, issues on women with disabilities had been systematically taken into account in the Committee's concluding observations, general recommendations, statements and guidance, particularly in relation to violence, education, employment and health. In addition, the situation of women with disabilities was increasingly the subject of individual communications submitted under the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.

12. The responses to the COVID-19 pandemic and its socioeconomic impacts had caused perverse effects on women and girls with disabilities. Ms. Peláez Narváez highlighted the necessary measures to be taken by States to fulfil their human rights obligations, including protecting women and girls with disabilities both inside and outside of the home in laws and policies; ensuring that all specialized services relating to gender-based violence were inclusive and accessible to women and girls with disabilities; training all staff working in services and facilities for persons with disabilities; providing information on and communication tools for preventing, recognizing and reporting cases of violence; monitoring all services, programmes and institutions where women and girls with disabilities were served or resided; ensuring the recovery, rehabilitation and reintegration of women and girls with disabilities who were victims of violence; ensuring that all cases of violence against women and girls with disabilities were detected, investigated and, where appropriate, prosecuted; incorporating the disability variable into official data and statistics on gender-based violence and violence against women; and conducting studies on violence against women and girls with disabilities.

13. The lack of accessibility and inclusivity prevented women and girls with disabilities from accessing events where women's rights were advocated. Such failure had, for instance, prevented women with disabilities from participating in the Generation Equality Forum,³ held in Paris in June 2021. The lack of accessibility also prevented them from participating in the sessions of the Commission on the Status of Women, from being able to defend their rights in the public sessions of the Committee on the Elimination of Discrimination against Women and from attending events held during the sessions at the Human Rights Council.

14. Ms. Kazakunova shared concrete challenges faced in advancing the rights of women and girls with disabilities at the national level. Kyrgyzstan had ratified the Convention on the Rights of Persons with Disabilities in 2019, after a long fight by organizations of persons with disabilities; however, no plans to implement it had been adopted and approved. The 2008 law of Kyrgyzstan on the rights and guarantees of persons with disabilities defined the rights that persons with disabilities had. Nonetheless, implementation mechanisms had not yet been established to ensure the enforcement of the law. The 2017 law on prevention and protection from domestic violence did not refer to persons with disabilities and, as a result, State and local authorities did not collect data or monitor the prevention of violence against persons with disabilities. The lack of data gave the impression that persons with disabilities were not subjected to violence.

15. Ms. Kazakunova then referred to discriminatory stereotypes about women and girls with disabilities. According to a 2019 study by the United Nations Development Programme, respondents to a survey had stated that they believed that a woman with a disability should marry a man with a disability, while a man with a disability could marry an able-bodied woman. The study also indicated that every sixth respondent was convinced that women with disabilities could not have healthy children and thus should be forbidden to have any. Furthermore, every tenth respondent denied the sexuality of persons with disabilities and believed that they did not need intimate relationships. The stigmatization of women and girls with disabilities and their dependence on family members prevented them from reporting

² Committee on the Elimination of Discrimination against Women, general recommendation No. 18 (1991) and Committee on the Rights of Persons with Disabilities, general comment No. 3 (2016).

³ See <https://forum.generationequality.org>.

domestic violence against them. Even when they complained about violence and abuse, norms and reporting procedures did not provide sufficient protection or guarantees to ensure access to justice. In that regard, she shared details on a case of domestic and sexual violence perpetrated against a 26-year-old woman diagnosed with infantile cerebral palsy. That example demonstrated a concrete context where such violence occurred, including the scarcity of institutions or organizations working for the protection of women and girls with disabilities.

16. Ms. Kazakunova concluded by stating that significant obstacles prevented the full implementation of the Convention on the Elimination of All Forms of Discrimination against Women and the domestic violence law at the national level. Those obstacles included a shortage of shelters, police inaction, stigmatization, limited government capacity and knowledge, and the ongoing impacts related to the COVID-19 pandemic. Some political processes might also undermine the commitment of Kyrgyzstan to comply with its international human rights obligations.

17. Ms. Rotinsulu elaborated on challenges faced in responding to violence against women and girls with disabilities in the context of the COVID-19 pandemic. The pandemic had directly affected women and girls with all types of disabilities: physical, intellectual, psychosocial and sensory disabilities. Persons with disabilities experienced the impacts differently than others due to the disproportionate lack of access and opportunities in all aspects of their lives. For example, the lack of reasonable accommodation hindered most persons with disabilities from taking an active part in society.

18. The persons most vulnerable to gender-based violence were women on the autism spectrum and those with hearing, visual, psychosocial or intellectual impairments. Their conditions were compounded by the fact that victims were seen as unlikely to report an offence to authorities because of their limited mobility and communication abilities, which led to repeated and long-standing abuse.

19. Ms. Rotinsulu further shared the outcome of an online focus group and survey conducted in Indonesia with women with disabilities. Eighty per cent of survey respondents experienced violence occasionally and 4 per cent experienced violence almost daily. The most common forms of violence were psychological violence in the form of humiliation (48 per cent) and physical violence through beatings (10 per cent). Those who experienced sexual violence reported that 70 per cent was in the form of sexual harassment, 15 per cent rape and 10 per cent sexual exploitation; 68 per cent of respondents did not report their cases to the police due to stigma and a lack of support. Most of the victims receiving legal support were girls with intellectual disabilities. Women with disabilities, particularly blind women, were often not believed by the police when they reported their cases. Furthermore, women with disabilities who provided legal support faced stigmatization by the families of victims, who doubted their ability to provide useful assistance to victims and survivors. Victims who received assistance were mostly underage, between 11 and 18 years old.

20. Building on the finding of the above-mentioned survey, Ms. Rotinsulu recommended (a) strengthening and/or changing policies, (b) designing referral systems and inclusive service programmes, (c) designing accessible and integrated institutional relations, (d) strengthening reporting mechanisms during pandemics, (e) empowering women with disabilities in terms of reproductive rights and their ability to protect themselves, and (f) improving the data-collection system for cases of gender-based violence.

21. All the panellists underscored common characteristics of violence against women and girls with disabilities, namely that such violence occurred both inside and outside of homes and in institutions; offenders were often close relatives to the victim, including partners, family members, personal assistants and professionals who cared for them; and discriminatory stereotypes and laws that denied their legal capacity and their bodily integrity and autonomy, including their sexual and reproductive rights, hindered their equal participation in decision-making and access to justice and thus increased their risk of violence.

C. Statements by representatives of States and observers

22. There was a strong consensus among speakers that women and girls with disabilities continued to suffer disproportionately from violence and abuse, facing unique and pervasive barriers to the realization of their human rights. Several speakers expressed their deep concern about widespread violence against girls with disabilities, manifested, *inter alia*, in abandonment, neglect, exploitation, coercion, institutionalization and forced medical interventions. The lack of access to sexual and reproductive health and rights for girls with disabilities could increase instances of violence, including forced contraception, abortion and sterilization, sexual violence and sexual exploitation. Girls with disabilities were also disproportionately subjected to harmful practices, such as virgin rapes, infanticide, child marriage and female genital mutilation. The speakers agreed that the COVID-19 pandemic had significantly worsened the situation.

23. Several speakers suggested that comprehensive legal and policy frameworks and judicial mechanisms be put in place to eliminate gender-based discrimination and any form of violence against women and girls, with special attention paid to women and girls with disabilities, and to provide inclusive services. They referred to some promising practices, such as the integration of measures to prevent violence against women, including those with disabilities, in training modules for law enforcement agencies and other public officials; and the adoption and amendment of laws to prohibit any form of forced medical treatment, including sterilizations, based on disability. Adopting and implementing relevant legislation remained key to prohibiting violence and providing adequate protection for women and girls with disabilities.

24. Speakers recalled States' obligations under international human rights law, including the Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination against Women, and called upon all States that had not yet done so to consider becoming parties to those treaties. In that connection, it was flagged that the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) was open for ratification by non-members of the Council of Europe.

25. Speakers also underscored the need for collecting disaggregated data to develop programmes that were gender- and disability-responsive and transformative. They called upon States to address the lack of disaggregated data, which prevented an accurate understanding of the phenomenon and undermined its eradication. The level of violence perpetrated against women and girls with disabilities was unknown and might vary due to widespread underreporting and the lack of disaggregated statistics. Communication barriers hindered proper reporting of cases to the police, as did evidence collection methods, such as methods of identifying perpetrators that were not disability sensitive.

26. Speakers recommended that prevention and protection measures include specialized training programmes, not only for law enforcement officials and justice personnel, but also for social services personnel, health-care staff and practitioners, and for all persons working in the service of women survivors of violence. Many speakers urged States to develop accessible services for victims of gender-based violence and to train caregivers, including caregivers with disabilities. It was vital that the COVID-19 pandemic recovery be gender-responsive and embed disability inclusion at all levels. Some speakers recommended integrating the rights of women and girls with disabilities into plans for preparedness and response to emergencies, including wars, conflicts and humanitarian disasters.

27. Speakers recognized the role played by women and girls with disabilities at the forefront of the struggle for gender equality and human rights and called for changes in institutions, in online spaces, in their local communities and in international forums. While paying tribute to their contribution, speakers called for the ensuring of greater and more meaningful participation of women and girls with disabilities throughout the cycle of responses to gender-based violence, from prevention to the protection of victims, access to justice, remedies and reparations, and the fight against impunity. Ethical, safe and meaningful participation required the provision of support and flexible multi-year funding to organizations of persons with disabilities, specifically those led by women and girls. Other

speakers emphasized the need to facilitate dialogues between different stakeholders to ensure that the needs and rights of lesbian, bisexual, transgender and intersex women and persons with disabilities were recognized and protected, and to support organizations that dealt with their rights.

28. Speakers recognized the importance of empowering women and girls with disabilities, including through enhanced access to quality education and lifelong learning, full and productive employment and decent work, and food and nutrition security. Empowerment measures also required an increased knowledge of their rights and their ability to demand redress for violations of their rights. Women and girls with disabilities should have access to moral, psychological, social, health and security support. Referring to the positive effect of comprehensive sexuality education in preventing violence against persons with and without disabilities, some speakers suggested the inclusion of the subject in Human Rights Council resolution 47/15, entitled “Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities.”

29. Speakers also emphasized the importance of exchanging good practices and sharing knowledge and experience. Others suggested strengthening international cooperation through the exchange of technology and resource mobilization, especially for developing countries, to facilitate the fulfilment of human rights obligations.

30. The questions raised from the attendees referred to promising practices relating to addressing intersecting forms of discrimination faced by women and girls with disabilities, preventing violence and institutionalization, the accessibility and inclusivity of services, and ways to build the capacity of public entities. Speakers also asked about the ways to better include organizations of persons with disabilities in the development of programmes, laws and policies, the possible adoption of an international instrument to eliminate violence against women and girls, and how to strengthen accountability and reparation measures for women and girls with disabilities who were survivors of violence.

D. Responses of panellists and concluding remarks

31. In his concluding remarks, Mr. Clyne noted the strong reaffirmation of States regarding their obligations to respect, protect and fulfil all the rights of women and girls with disabilities. He highlighted some of the main points mentioned in the interventions by States and observers, including the imperative for eliminating negative stereotypes, collecting disaggregated data, providing disability-specific services and participation in decision-making. He also underscored the importance of accountability and reparation for victims.

32. Ms. Peláez Narváez shared some promising practices from various countries. Those included training programmes implemented in 2019 by the Office of the United Nations High Commissioner for Human Rights in Guatemala for government officials and civil society representatives on the inclusion of a disability perspective in general policies related to women; the work of the United Nations Population Fund (UNFPA) on promoting human rights and social inclusion of women and girls with disabilities through education on the sexual and gender-based violence they faced; telephone helplines for women and girls with disabilities affected by violence, such as the one established by civil society organizations working with women with disabilities in France; the legislative reform in Spain in 2020 prohibiting forced and non-consensual sterilization of persons with disabilities;⁴ and weekly webinars entitled “No estás sola” (“you are not alone”) held by a non-profit foundation to connect women and girls with disabilities.⁵

33. Ms. Peláez Narváez emphasized the importance of a twofold approach: (a) paying specific attention to the issue of disability in the agenda of women and children, and (b) working directly with women and girls with disabilities through their own organizations. Some United Nations forums were not yet accessible to women and girls with disabilities. Failing to ensure their full access would leave them behind and prevent the achievement of

⁴ See <https://www.boe.es/eli/es/lo/2020/12/16/2> (in Spanish).

⁵ An initiative of La Fundación Cermi Mujeres.

the Sustainable Development Goals. She commended the Commission on the Status of Women for considering making a session – its sixty-sixth – accessible for the first time.

34. Ms. Kazakunova stressed the importance of not only adopting laws and policies, but translating them into action by putting in place mechanisms for the effective respect for the rights of persons with disabilities. There had also been positive steps, such as the establishment of the regional network of women with disabilities in Central Asia. She referred to examples of efforts at the national level in Kyrgyzstan, including the survey in 2019 on stereotypes relating to disabilities, shelters established by civil society organizations for women with disabilities who were survivors of violence, a hotline for victims of sexual violence with disabilities and a summer camp for women with disabilities that was aimed at developing their life skills for independent living. She pointed out challenges faced by organizations of women with disabilities, namely the lack of funding and support by States.

35. In her concluding remarks, Ms. Rotinsulu urged States to enact laws to prohibit sexual and gender-based violence at the national level; harmonize national, regional and international standards and practices; adopt a protocol for inclusive case handling of sexual and gender-based violence during the pandemic; collect disaggregated data; and build the capacity of families to handle sexual and gender-based violence in the family.

III. Gender-equal socioeconomic recovery from the coronavirus (COVID-19) pandemic

36. The second panel discussion was opened by the United Nations High Commissioner for Human Rights, followed by opening remarks by the Minister for Women and Gender Equity of Chile, Mónica Zalaquett Said. The panellists were the Regional Director for Asia and the Pacific at UN-Women; a feminist and development practitioner from Uganda, Maria Alesi; and the Government Commissioner for Gender Equality Policy of Ukraine and Vice-Chair of the Gender Equality Commission of the Council of Europe, Kateryna Levchenko.

A. Opening statements

37. In her opening remarks, the High Commissioner underscored increasing inequality in the world. For the previous decades, the economic models of many countries had been increasingly relying on precarious forms of employment, reducing investments in public services, and favouring tax cuts for the wealthy and for larger companies, instead of progressive taxation. Foreign debt had been a heavy burden, depriving many countries of the fiscal space necessary for investing in public services for health, social protection, education and the protection of livelihoods. Social and economic inequalities exacerbated by the COVID-19 pandemic had undermined women's economic security and their resilience against shocks. For example, in Latin America and the Caribbean, the pandemic had prompted a setback of more than 18 years in women's labour participation. Advancing gender equality was imperative to overcoming crises.

38. The pandemic had hit hardest in the economic sectors where women were overrepresented, and women were also the majority of the workers in the informal economy who had lost their jobs and livelihoods, with little access to social protection. Many of those women were breadwinners for their families and essential workers, caring for people, producing food and managing waste. Women's participation in the labour force continued to decline, more rapidly than that of men, and young women between 15 and 29 years old were three times more likely to be out of the labour market and classrooms than young men. Acknowledging that women and girls absorbed most of the care needs during the pandemic, sacrificing their retention in and return to employment, livelihoods and education, the High Commissioner noted that the economic value of women's contribution to care equated to \$11 trillion, or 9 per cent of global gross domestic product. Nonetheless, response measures addressing unpaid care work had been scarce.

39. The High Commissioner reiterated the importance of gender equality in recovery efforts and, citing "The highest aspiration: a call to action for human rights" of the Secretary-

General, underscored that society was stronger and more resilient when women and men could play a meaningful role in political, economic and social life, contributing to policymaking that affected their lives. Nevertheless, women were yet again excluded from decision-making. She urged the shifting of recovery efforts to stop setbacks in gender equality and to build more inclusive, just and prosperous societies. In that regard, she joined the Secretary-General in his call for a new social contract and a new global deal that created equal opportunities for all and respected the rights and freedoms of all.

40. The High Commissioner elaborated concrete steps towards a new social contract from a human rights perspective: (a) ensuring that the maximum available resources were allocated to quality public services necessary for the enjoyment of minimum essential levels of economic and social rights, such as health care, social protection and education; (b) recognizing the economic value of both paid and unpaid care work; (c) ensuring women's equal rights and responsibilities in the family and eliminating stereotypes and practices that reinforced gender inequalities; (d) prioritizing recovery efforts that protected and advanced the economic security of women facing multiple and intersecting forms of discrimination; (e) adopting progressive tax policies that were fair for those left furthest behind; (f) through international cooperation, supporting States with a high debt burden to free up fiscal space to invest in gender-responsive public services and economic recovery; (g) assessing the human rights impact of proposed austerity measures and debt management proposals; (h) protecting civic space and the participation of women, girls and people with diverse genders in decisions relevant to recovery measures; and (i) ensuring they had access to justice and an effective remedy in case of violation of their human rights, including economic, social and cultural rights. She concluded by calling for the construction of a human rights economy that could deliver a sound and sustainable future for people and the planet.

41. Ms. Zalaquett Said began by underlining that the crisis had affected women the most, deepening pre-existing gaps: (a) it had made women more vulnerable to domestic violence due to confinement measures, (b) it had led to a drastic decrease in women's participation in the world of work and (c) it had increased the unequal distribution of unpaid work. However, women had not been equally involved in strategic decision-making in the response to COVID-19.

42. Ms. Zalaquett Said elaborated those points by comparing the global trend and the concrete situation in her country. She pointed out that the pandemic had led to a dramatic loss of jobs, with 114 million fewer jobs globally, affecting female labour participation 5 per cent more than men. In the case of Chile, prior to the pandemic, female labour participation had reached a historical peak of 53.3 per cent; however, it had decreased to 41.2 per cent between April and June 2020. Regarding unpaid care work, globally, women spent on average 28.7 hours per week on those tasks, compared to 11.7 hours for men. In Chile, on average, women spent 9.6 hours per week more than men on household chores and 10.7 hours more on childcare. Similarly, more than one third of men spent zero hours per week on household chores and more than 50 per cent of men spent zero hours doing care activities. The underrepresentation of women in national institutions created to respond to the pandemic had been replicated in Chile.

43. Ms. Zalaquett Said went on to share the efforts made to respond to that worrying scenario in her country. The Ministry of Women and Gender Equity had articulated a participatory approach in recovery policies. It had convened the COVID-19 women's council, a group made up of women representatives from civil society, academia, the private sector and politics, who worked on the development of short- and medium-term proposals to address the crisis in three areas defined as vital: violence and health, economic recovery and care. Likewise, Chile had formed the COVID-19 social round table, a cross-cutting working group with the aim of coordinating and promoting effective actions against the pandemic, in order to incorporate a gender perspective into all decisions in response to COVID-19.

44. Furthermore, the Government had implemented a series of actions to support women's reintegration into the world of work and to deliver concrete solutions to their care needs. Such efforts included an employment subsidy with a gender focus for the hiring and reincorporation of women into companies, subsidizing part of their remuneration; the law on protected upbringing, which sought to preserve the jobs and income of those in charge of preschool children; and emergency postnatal leave, which consisted of the extension of that

leave in the context of a health emergency. Ms. Zalaquett Said also referred to the protection subsidy, which gave women a monetary transfer for the care of their children under 2 years of age to support their return to work, as well as the development of the universal childcare bill. Another effort being made by the Government was to strengthen partnerships with the private sector, to increase the participation of women, particularly in key sectors for economic reactivation, such as construction, mining and energy. She concluded by calling upon countries to work urgently and in an innovative way to identify and implement strategies for social and economic recovery with a gender perspective.

B. Overview of presentations

45. The Regional Director for Asia and the Pacific at UN-Women remarked that 26 years earlier, feminists and activists had made history with the adoption of the Beijing Declaration and Platform for Action, inspiring a view of women's rights as every bit as essential as other human rights. The commitments of the Beijing Declaration and Platform for Action continued to resonate today. The COVID-19 outbreak had presented unforeseen challenges, compounding almost every threat to the realization of women's rights. For example, even before the pandemic, women in some Asian and Pacific countries had done up to 11 times more unpaid care work than men each day – with an obvious impact on their opportunities for paid work – and the pandemic had pushed that inequity to the breaking point.

46. The Regional Director called upon all stakeholders to seize the opportunity in crisis and to build back better. He highlighted the importance of improving women's economic inclusion through equal pay, better job protection and equal distribution of care work, and through targeted credit and investment in the care economy. He urged the world to focus on both immediate and long-term policy priorities. In the immediate term, he suggested policy measures to protect women care workers, including both professionals on the front lines and those doing essential but unpaid work at home. To do so, all of those care workers should be recognized as essential workers and guaranteed the conditions and equipment necessary for safety at work. He also suggested expanding the coverage of social protection for care workers, including informal unpaid caregivers at home. That would require cash transfers for women with low incomes and unemployed informal workers, paid caregiving leave, flexible work options and childcare support for women on the front lines. Yet, when it came to policy responses in the Asian and Pacific region, measures to support unpaid care in the COVID-19 crisis had been scarce. Of 295 policy measures taken in the region, only 25 had addressed unpaid care (8 per cent of the total number of measures) and only 29 had addressed women's economic security (10 per cent of the total number of measures). According to a study by UN-Women, among 75 top companies in member States of the Association of Southeast Asian Nations (ASEAN), only 12 (16 per cent) indicated that they had any policies or facilities to support employees in caring for children or other dependants.

47. For an inclusive recovery, a robust care economy must be created to rectify the undervaluation and unequal share of care work. That required (a) investing in basic infrastructure to help women to spend less time on unpaid work, such as by expanding electricity access to close rural-urban gaps, (b) stimulating the market and treating the care economy as a real economy, including through public care provision, through employer-provided care or by boosting alternative care provision models, and (c) creating more secure, decent work opportunities in the care economy. In that regard, UN-Women had launched its Care Accelerator programme⁶ to help care entrepreneurs providing accessible, affordable and qualitative care services. Doubling investment in the care economy could add up to 269 million jobs by 2030, and government support would be needed to make those businesses sustainable. In his conclusion, the Regional Director reiterated the importance of recovery efforts being equitable, gender responsive and inclusive. He called for strong multi-stakeholder movements for gender equality and the care economy.

48. Ms. Levchenko began by stating that gender equality was a prerequisite for the success of government policy in every sphere of society. She stressed four key conditions for integrating gender into public policy: (a) upholding international commitments to human

⁶ See <https://seedstars.com/community/entrepreneurs/programs/care-accelerator/>.

rights and gender equality, (b) increasing women's participation in decision-making processes at all levels, (c) cooperating with civil society, in particular women's and feminist organizations, and (d) establishing and strengthening multi-stakeholder cooperation in the development and implementation of government policy. She elaborated those points, referring to concrete actions taken by her country.

49. Regarding international commitments, Ukraine had ratified the Convention on the Elimination of All Forms of Discrimination against Women and the Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights) and was implementing the Beijing Declaration and Platform for Action and Security Council resolution 1325 (2000). Ukraine had also joined the Biarritz Partnership for Gender Equality and Action Coalitions of the Generation Equality Forum. With regard to enhancing women's participation in decision-making, Ms. Levchenko emphasized the importance of temporary special measures, as stipulated in the Convention on the Elimination of All Forms of Discrimination against Women. In Ukraine, a 40 per cent quota had been introduced in local elections in 2020 and, as a result, for some local councils, the representation of women councillors had increased from 8–10 per cent to between 30 and 35 per cent. Temporary special measures could also be applied in the economic sphere, such as to increase women's representation in supervisory boards of State enterprises.

50. As an example of cooperation with civil society organizations, Ms. Levchenko referred to the creation of a platform entitled "Equal rights and equal opportunities" with more than 50 participating civil society organizations. With regard to the role of multi-agency cooperation, Ukraine was committed to developing a national gender equality strategy by 2030 in close cooperation with international partners and civil society organizations. A similar participatory approach had been adopted for the development of the second national action plan to implement Security Council resolution 1325 (2000) on women, peace and security. She concluded by reiterating the commitment of Ukraine to integrate gender equality into all spheres of public policies.

51. In her introduction, Ms. Alesi highlighted that a key pillar for a gender-equal recovery was gender-responsive financing. Gender-responsive financing was not simply funding small projects for women in villages, but it was rather financing through a human rights lens, with a focus on dismantling structures and systems that created and reinforced inequality.

52. Ms. Alesi elaborated on how gender-equal recovery could be financed. First, the debt burden on middle- and low-income countries must be ended. Stating that public debt in Africa currently stood at \$350 billion and in Latin America at \$3.3 trillion, she noted that, when countries were highly indebted, they were forced to impose austerity measures and sacrifice public services at the altar of debt repayments. Furthermore, cancelling the debt burden on low- and middle-income countries would free up their resources to invest in public services and social protection to drive a gender-equal recovery.

53. Second, financing must be intentional with regard to the informal sector. Currently, the majority of economic recovery plans excluded women because those plans had not intentionally targeted the informal sector. Addressing the perception that people working in the informal sector were hard to reach because they were not organized, Ms. Alesi noted that such workers often self-organized into different associations and groupings and Governments could reach them through such organizations if they were creative. Support for the informal sector, which survived on the labour of women, must be accompanied by social protection measures for women.

54. Third, Ms. Alesi urged States to develop and implement progressive tax regimes. Many national tax regimes, which were often regressive, continued to place a tax burden on low-income earners, the majority of whom were women. In Uganda, due to the introduction of a 12 per cent tax on the Internet, which raised the cost of Internet access, women were excluded from access to information and opportunities that were critical for a gender-equal recovery. A progressive tax on wealth and income would help Governments to mobilize funding to meet development obligations without further marginalizing women. She stressed the need to reform taxation not only at the national level, but also at regional and international levels.

55. Fourth, economic recovery could not be achieved without the protection of civic space. A gender-equal recovery could not be delivered if corruption, violence, the erosion of civic space and a clampdown on civil society actors existed. If Governments were not held accountable, including in relation to budget expenditure, there would always be a breakdown of social and economic service delivery, which disproportionately affected women.

56. Lastly, Ms. Alesi highlighted the importance of vaccine justice for a gender-equal recovery. Only 0.78 per cent of the population in Africa was vaccinated against COVID-19 and many low- and middle-income countries continued to have insufficient access. Despite being aware of the negative impact of the debt burden, the World Bank was offering credit facilities to highly indebted countries to purchase vaccines from companies located in countries that were hoarding vaccines. She emphasized the unjust nature of such practices and urged the ensuring of access to vaccines for women in middle- and low-income countries as a condition essential for a gender-equal recovery.

C. Statements by representatives of States and observers

57. There was a strong consensus among speakers that the COVID-19 pandemic had led to a significant setback in the decades of achievements in gender equality and that recovery efforts must ensure gender equality, be free of gender-based discrimination and protect all human rights of all women and girls. Eliminating gender-based violence, protecting the sexual and reproductive health and rights of women and girls, eliminating gender digital divides, and ensuring women and girls' access to sustainable and clean energy were a basis for securing the economic security of women and girls and for reducing their vulnerabilities to future shocks. Speakers across regions expressed concern over pushbacks against long-standing international standards on gender equality and women's rights, including those relating to sexual and reproductive health and rights and the bodily autonomy of women and girls. Concerns were also expressed over the increase in gender-based violence, in particular domestic and intimate partner violence, and child, early and forced marriages.

58. Speakers shared efforts made at national, regional and international levels to ensure a gender-equal recovery. Many countries had adopted or were developing national strategies and policies focused on promoting gender equality, as well as integrating gender equality into national development plans. Efforts were also being made to support women working in the informal sector and running micro-, small and medium-sized enterprises through specific financing instruments or the adoption of gender-responsive budgeting. Some speakers referred to efforts to create multi-stakeholder platforms to facilitate the participation of civil society organizations and women with diverse backgrounds in decision-making. Other speakers indicated that temporary special measures, such as the targeted capacity-building of women electoral candidates, were used to facilitate women's participation in public decision-making. United Nations entities shared tools and studies developed to support States and other stakeholders to identify gaps and obstacles to achieving a gender-responsive recovery.⁷

59. Many delegations reaffirmed their States' commitment to women's economic empowerment, the protection and promotion of women's human rights, the promotion of women and girls' participation in decision-making and a gender-responsive recovery from the COVID-19 pandemic. More concretely, delegations reiterated their States' commitments to upholding international human rights instruments on gender equality and women's rights, including the Convention on the Elimination of All Forms of Discrimination against Women, and Security Council resolution 1325 (2000), as well as their commitments made under the Action Coalitions of the Generation Equality Forum. Speakers also referred to commitments made at the regional level, such as the prioritization of gender equality in COVID-19 response and recovery processes by ASEAN, the designation of 2020–2030 as the Decade of Women's Financial and Economic Inclusion by the African Union, the programme and conference of the International Organization of la Francophonie dedicated to empowering women and girls with digital skills, the development of a comprehensive regional gender-

⁷ Examples include the COVID-19 Global Gender Response Tracker of the United Nations Development Programme and UN-Women; the COVID-19 Population Vulnerability Dashboard of UNFPA; and UN-Women and others, *Justice for Women amidst COVID-19* (2020).

equality strategy by the Caribbean Community, and the Recovery and Resilience Facility of the European Union, which made it mandatory for member States to invest in projects that contributed to gender equality.

60. Speakers suggested a number of areas for policy interventions towards a gender-equal recovery. They included the collection and use of disaggregated data; gender-responsive social protection; gender-equal access to resources; the prevention of and response to gender-based violence, including through the ratification of the Istanbul Convention; universal health coverage, including for sexual and reproductive health and mental health; safe, quality and inclusive education for girls and young women; access of women and girls to digital technologies as a basis for autonomous economic activities; the promotion of the leadership and political participation of women, including young women, as well as that of girls; addressing root causes of gender inequalities, including discriminatory gender stereotypes and social norms; and promoting women's access to justice and gender equality in criminal justice. Speakers called for specific attention to be paid to women and girls facing intersecting forms of discrimination, such as those facing age-based discrimination, those facing caste-based discrimination, those living in rural areas and those with disabilities. Some cautioned States not to use the urgency for socioeconomic recovery as an excuse to restrict or roll back the rights of women and girls or allow them to stagnate. Calls were also made to take into consideration recommendations of United Nations human rights mechanisms in recovery efforts and to join the Action Coalitions of the Generation Equality Forum.

61. Speakers asked panellists about the elements, including macro- and microeconomic measures, required for ensuring a gender-responsive recovery and the empowerment of women and girls overall, transforming the care economy for gender equality, preventing economic violence against women and building resilience for future crises. A question was also raised about the impact of vaccine passports on exacerbating inequalities.

D. Concluding remarks from panellists

62. In her concluding remarks, Ms. Levchenko emphasized the importance of adopting gender-responsive policies, including in recovery plans in the context of the COVID-19 pandemic. She reiterated the four conditions essential for advancing gender equality in public life, that is, ensuring women's participation in decision-making by using temporary special measures such as quotas; working with and supporting civil society, in particular women's rights and feminist organizations, including those working with victims of gender-based violence and other marginalized groups of women; developing strategic documents on women's participation through collaboration between the Government, civil society and international actors; and upholding international commitments to women's human rights.

63. Responding to a question raised, Ms. Alesi stressed the unfair nature of the imposition of vaccine passports. While only a small percentage of people in Africa had obtained full doses of COVID-19 vaccines, some countries had already started vaccinating animals. In this regard, she underlined that vaccine passports were denying the recognition of African people as humans and denying them business opportunities and their citizenship in the global community. She called for countries in Africa and low- and middle-income countries in other regions to collectively protest against that practice. As a macroeconomic measure towards a gender-responsive recovery, she also suggested rejecting the global standard of a 15 per cent minimum corporate tax rate. That would mean lowering existing minimum tax rates in many countries and allowing the outflow of money that was necessary to respond to the pandemic, particularly from low- and middle-income countries. Such a practice would eventually further exclude women and girls in low- and middle-income countries, who were often the most left behind in development.

64. The Regional Director for Asia and the Pacific at UN-Women emphasized the importance of multilateralism to respond to the pandemic. He reiterated the value of the Beijing Declaration and Platform for Action as the most ambitious framework to achieve a gender-responsive recovery. He welcomed the recent international cooperation forged through the Generation Equality Forum among Governments, civil society, business enterprises, and philanthropic and international organizations, and the bold commitments

made under its Action Coalitions, including the one on economic justice and rights. He suggested building forward better by transforming the care economy, expanding access to decent work and resources, and adopting gender-transformative macroeconomic plans, budget reforms and stimulus packages for women and girls in all their diversity. He concluded by inviting all stakeholders to join the Action Coalitions of the Gender Equality Forum and to commit to the global movement for gender equality.
