



General Assembly

Distr.: Limited
3 November 2020

Original: English

Seventy-fifth session

Third Committee

Agenda item 28

Advancement of women

Algeria, Antigua and Barbuda, Bahrain, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, China, Comoros, Côte d'Ivoire, Egypt, Eritrea, Fiji, Gambia, Guinea, Jordan, Malawi, Mali, Mauritania, Morocco, Nicaragua, Nigeria, Oman, Saudi Arabia, Sudan, Uganda, United Arab Emirates, Viet Nam, Yemen and Zambia: revised draft resolution

Strengthening national and international rapid response to the impact of the coronavirus disease (COVID-19) on women and girls

The General Assembly,

Recognizing the grave and increasing threat to global health posed by the coronavirus disease (COVID-19), and that the pandemic is deepening existing inequalities, undermining sustainable development and disproportionately affecting women and girls of all ages, underscoring the need to address this prolonged public health crisis owing to its grave humanitarian, economic and social consequences, and stressing the importance of strengthening national health systems, especially in developing countries,

Reaffirming its resolution [70/1](#) of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, which addresses the need to achieve gender equality and the empowerment of all women and girls, in order to ensure that no one is left behind, and that the systematic mainstreaming of a gender perspective in the implementation of the 2030 Agenda is crucial,

Reaffirming also its resolution [69/313](#) of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which is an integral part of the 2030 Agenda for Sustainable Development,

Recalling the Universal Declaration of Human Rights,¹ the International Covenant on Economic, Social and Cultural Rights,² the International Covenant on Civil and Political Rights,³ the International Convention on the Elimination of All

¹ Resolution [217 A \(III\)](#).

² See resolution [2200 A \(XXI\)](#), annex.

³ Ibid.



Forms of Racial Discrimination,⁴ the Convention on the Elimination of All Forms of Discrimination against Women,⁵ the Convention on the Rights of the Child,⁶ the Convention on the Rights of Persons with Disabilities⁷ and relevant provisions of international humanitarian law,

Recalling also the Beijing Declaration and Platform for Action⁸ with its 12 critical areas of concern, including women and health, and that 2020 marks their twenty-fifth anniversary, the Programme of Action of the International Conference on Population and Development⁹ and the Constitution of the World Health Organization,¹⁰

Recalling further the high-level meeting on universal health coverage, held in New York on 23 September 2019, and the adoption of its political declaration, entitled “Universal health coverage: moving together to build a healthier world”,¹¹

Recalling its resolutions [74/270](#) of 2 April 2020 on global solidarity to fight COVID-19, [74/274](#) of 20 April 2020 on international cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19, [74/306](#) of 11 September 2020 on the comprehensive and coordinated response to the COVID-19 pandemic and [74/307](#) of 11 September 2020, entitled “United response against global health threats: combating COVID-19”,

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health,

Deeply concerned that the impacts of COVID-19 will be profound on everyone across all spheres and may disproportionately affect women and girls in all contexts, exacerbating existing inequalities, and that all these impacts are further amplified especially in contexts of armed conflict, and humanitarian emergencies, with a risk of reversing the progress that has been made on gender equality and the empowerment of all women and girls,

Noting with concern the loss of life caused by the COVID-19 outbreak and its negative impact on public health and health systems, and in this regard emphasizing the need to ensure accessible, available, affordable and quality health-care services for women and girls during the pandemic, including for those who face multiple and intersecting forms of discrimination,

Recognizing the critical role of and efforts made by health workers, 70 per cent of whom are women, and other front-line and essential workers, including humanitarian personnel, around the world aimed at addressing the pandemic through measures to protect the health, safety and well-being of people, concerned that women health workers are more likely to be exposed to the virus and dealing with enormous stress balancing paid and unpaid work roles, while taking into account that they are often underpaid, and emphasizing the importance of providing health and other essential workers with the necessary protection and support,

Expressing concern that women and girls continue to carry a disproportionate share of unpaid care, which needs to be addressed, and in this regard expressing

⁴ United Nations, *Treaty Series*, vol. 660, No. 9464.

⁵ *Ibid.*, vol. 1249, No. 20378.

⁶ *Ibid.*, vol. 1577, No. 27531.

⁷ *Ibid.*, vol. 2515, No. 44910.

⁸ *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

⁹ *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

¹⁰ *Ibid.*, vol. 14, No. 221.

¹¹ Resolution [74/2](#).

further concern that, when taking care of infected family members, they are more likely to be exposed to COVID-19,

Acknowledging that women and girls have specific health needs, that during the COVID-19 pandemic they must have equal access to COVID-19 prevention, mitigation and treatment interventions, as well as access to essential, safe, affordable, effective and quality medicines and vaccines for all and effective primary health care, especially in indigenous and rural communities, and that negative social norms and gender stereotypes can have particular impacts during a widespread health crisis,

Expressing concern that the spread of COVID-19 and its socioeconomic impact can negatively affect mental health, aggravated by factors such as job loss or wage cuts, inadequate or lack of nutritious food, and lack of access to safe water and sanitation and commodities, as well as additional responsibilities due to the closure of schools and care facilities,

Deeply concerned that the negative socioeconomic impact of the COVID-19 pandemic poses a serious threat to the progress that has been made in women's economic empowerment, economic autonomy and productive lives, and may affect them disproportionately and differently from men, as they often earn less, save less, have less access to ownership and control over land and other forms of property, have less access to credit and hold less secure jobs, they are also more likely to be employed in the informal sector, which leads to less access to social protection and pensions, and are at greater risk of falling into poverty, in particular when entitlements are tied closely to formal employment, they represent the majority of single-parent households, bear the majority of domestic and unpaid care work and spend longer hours than men on unpaid care work, and as they take on greater care demands at home, their jobs and income can also be disproportionately affected by cuts and layoffs, especially since households headed by women are far more likely to be economically disadvantaged, in particular in terms of exacerbating their risk of exposure to COVID-19,

Recognizing that school closures, physical distancing and containment strategies may affect girls and boys differently, especially adolescent girls, who, owing to negative social norms, are more likely to be expected to take on unpaid care and domestic work, limiting their access to remote learning and other education support programmes, and may put them at a greater risk of being subjected to harmful practices, such as child, early and forced marriage, female genital mutilation, as well as sexual and gender-based violence, child labour and trafficking in persons, which may lead to girls, and in particular girls living in poverty, girls with disabilities, indigenous girls, migrants, refugees and those living in rural and remote areas, leaving school before the completion of their education,

Noting with concern that, owing to school closures, the COVID-19 crisis has exposed the digital divide, both between and within countries, including the gender digital divide and vast disparities in the availability of learning materials, including access to the Internet, and communication devices, and that even though much focus has turned to remote learning platforms, many public schools, especially in developing countries, are not set up to use them or do not have the technology and equipment to provide online teaching, which leads to limited or lack of education for many children, especially girls,

Deeply concerned by the increase in cases of gender-based violence, including domestic violence, as a result of lockdown measures, the lack of availability of protection services and the increased challenges to holding perpetrators accountable, which also affect front-line health workers and community health volunteers,

Stressing the importance of the systematic collection and use of quality, timely and reliable data disaggregated by sex, age, disability and other characteristics relevant in national contexts as an essential tool for the design, implementation and evaluation of effective policies in response to the COVID-19 pandemic and the recovery,

Condemning social stigma and discriminatory behaviours against those infected with COVID-19, which can negatively affect their caregivers, family members, friends and communities, and recognizing that addressing those challenges is also a critical element in combating the COVID-19 pandemic,

Concerned at the proliferation of disinformation and misinformation about the pandemic, especially in the digital space, and stressing the importance of providing data and information to the public to counter such practices,

Recognizing the fundamental role of the United Nations system in catalysing and coordinating the comprehensive global response to the COVID-19 pandemic and the central efforts of Member States therein, recalling the constitutional mandate of the World Health Organization to act, inter alia, as the directing and coordinating authority on international health work, and recognizing its key leadership role within the broader United Nations response and the importance of strengthened multilateral cooperation in addressing the COVID-19 pandemic and its extensive negative impacts,

1. *Pledges* to take further concrete action to ensure the full, effective and accelerated implementation of the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development during the response to the pandemic, with a view to achieving gender equality and the empowerment of all women and girls, and the full and equal enjoyment of all their human rights and fundamental freedoms;

2. *Emphasizes* the need for full respect for and the protection and fulfilment of human rights, and stresses that there is no place for any form of stigmatization, discrimination, racism and xenophobia in response to the pandemic;

3. *Acknowledges* the measures, policies and strategies put in place by Member States to address and mitigate the impacts of COVID-19 at the national level, stresses that these measures should be in accordance with the obligations of Member States under international human rights law, and urges Member States to mainstream a gender perspective on a system-wide basis when designing, implementing and monitoring such measures, policies and strategies, in meaningful consultation with and with the full, equal and meaningful participation of women and, where appropriate, girls and taking into account their specific needs;

4. *Takes note* of various appeals made by the Secretary-General to address COVID-19 and its impacts, in particular his appeal for peace at home and in homes around the world, as well as the efforts of the United Nations system in developing policy guidelines that are responsive to the specific needs of women and girls during the pandemic;

5. *Encourages* Member States to take the necessary measures to implement people-centred, gender-sensitive, context-specific, whole-of-government and whole-of-society, and prevention-oriented responses when designing their health preparedness and response plans for COVID-19, outlining both immediate and long-term actions, taking into account the direct and indirect impacts on women and girls' health and their specific needs, including by:

(a) Ensuring the accessibility and availability of quality health care, including ongoing access to essential, safe, affordable, effective and quality medicines for all, without discrimination of any kind, with particular attention to patients with chronic diseases, older women, victims of violence, antenatal and postnatal care and delivery

services, including emergency obstetric and newborn care, putting in place necessary infection control measures and maintaining HIV/AIDS voluntary and confidential testing, counselling and treatment access with no interruptions, particularly, but not exclusively, in terms of prevention of mother-to-child transmission of HIV/AIDS, and recognizing, in this regard, the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end, once safe, quality, efficacious, effective, accessible and affordable vaccines are available;

(b) Ensuring a sufficient supply of hygiene kits and necessary medical supplies, voluntary and informed family planning methods for women and sanitary pads for all women and girls, as well as the provision of care through innovative strategies such as mobile clinics;

(c) Ensuring that verified and scientific COVID-19 public health messages, including targeted prevention and precautionary measures to be taken at the individual and community levels, are developed and disseminated, as appropriate, in accessible formats and through multiple media platforms to ensure that these messages are widely available to all women and girls, including women and girls with disabilities, pregnant women, older women, women living with HIV/AIDS, internally displaced, refugee and migrant women and girls, as well as indigenous women and women living in remote and rural communities;

(d) Taking appropriate measures to address the specific physical, mental and psychological health needs of and psychosocial support for female front-line health workers and to create a safe, enabling and violence-free working environment for them; providing appropriate personal protective equipment, including essential hygiene and sanitation items, and access to safe and affordable water, particularly for those female health workers quarantined; addressing the gender pay gap, where it exists, in the health sector; and ensuring their full, effective and meaningful participation in decision-making and response planning;

(e) Developing, as appropriate, psychological services as well as other community-based solutions, including making use of digital spaces, for the provision of mental health and psychosocial support for women and girls;

(f) Engaging all relevant stakeholders, including civil society, women's organizations, youth-led organizations, the private sector and academia, through, inter alia, participatory and transparent multi-stakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of policies responsive to COVID-19, in order to take into account the specific needs of women and girls;

6. *Urges* Member States to allocate resources to the continuation of universal access to health-care services, including sexual and reproductive health-care services, such as family planning and maternal health care for women to prevent high levels of maternal mortality and morbidity, as well as the exposure of pregnant women to the virus in health facilities, including while accessing antenatal care and delivery;

7. *Encourages* Member States to introduce, adjust or expand, as necessary, national social protection programmes and adapt targeting methodologies, as appropriate, to ensure access to social protection and assistance programmes that would support those affected by COVID-19, especially women, by expanding the reach and benefit levels of social assistance programmes, including to those working in the informal sector, such as cash transfers and social pensions, as well as other programmes that can be implemented with low transaction cost, and to ensure that the information on the availability of and ways to access these social protection and assistance programmes is widely available and accessible to all women and girls, especially those who are vulnerable or in vulnerable situations;

8. *Calls* upon Member States to uphold children's right to education, and in that regard urges them to ensure girls' access to quality education by implementing appropriate measures, including, when relevant, by supporting families to allow their children, in particular girls, to return to school in the immediate aftermath of the pandemic and promote continuous education throughout the pandemic;

9. *Encourages* Member States to ensure access to infrastructure and public services, including access to safe and affordable water and sanitation, as well as menstrual hygiene management for all women and girls, and safe and affordable transportation, inter alia during humanitarian emergencies, including in rural areas and informal settlements, settlements for internally displaced persons, refugee camps, as well as migrant shelters;

10. *Recognizes* that older women, women and girls with disabilities and those with underlying medical conditions require special attention because of their higher risk of experiencing severe symptoms of COVID-19, and in this regard encourages Member States to develop the necessary measures to support them as well as help household caregivers, including by ensuring access to and continuity of essential care for older persons and persons with disabilities, while ensuring that older persons and persons with disabilities are treated with respect and on an equal basis, and to implement more flexible measures for those employees who are caregivers in their household by considering expanding access to paid leave and paid sick leave;

11. *Urges* Member States to take effective measures to prevent and respond to the increase of violence against women and girls amid the COVID-19 pandemic by integrating evidence-based prevention, response and protection measures, including by designating and expanding the capacity of domestic violence shelters as essential services and supporting them, as well as increasing resources, in collaboration with civil society on the front line of response, ensuring access to justice for women and girls who are victims of violence and stepping up advocacy and awareness-raising campaigns to address all forms of violence and discrimination against women and girls, particularly during confinement;

12. *Recognizes* the importance of strengthening the leadership and full, equal and meaningful participation of women in all decision-making processes in the design and implementation of national response and recovery policies and strategies to address the COVID-19 outbreak, which poses multidimensional threats, and for which the promotion of people's engagement and inclusiveness, particularly of women, families and communities, is fundamental for a more effective, immediate and rapid response;

13. *Calls upon* Member States to ensure that all relevant policies and procedures are responsive to the specific needs of women and girls in the light of the efforts made to reduce the impact of COVID-19, document the efforts of government on women across policies to protect them and their family members from COVID-19, and implement all those policies with necessary supporting programmes and initiatives;

14. *Encourages* States to collect quality, timely and reliable data disaggregated by age, sex, disability and other characteristics relevant in national contexts relating to the impact of COVID-19 and response and recovery efforts to ensure that targeted policies and programmes to address challenges faced by women and girls are adequately identified and addressed;

15. *Urges* intensified international cooperation, including North-South, South-South and triangular cooperation, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, as well as public-private partnerships to contain, mitigate and defeat the pandemic, including by exchanging information, scientific knowledge and best

practices, and to ensure that these efforts are gender-responsive in order to ensure that women and girls are not disproportionately affected or left behind in response efforts;

16. *Calls upon* relevant entities of the United Nations system to assist Member States, upon their request, in designing and implementing gender-sensitive national plans and strategies, in order to respond to and recover from the pandemic;

17. *Requests* the Secretary-General to take the steps necessary to effectively coordinate and follow up on the implementation of the present resolution and, in this regard, to consider briefing the General Assembly on its implementation, as appropriate.
