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Algeria, China, Egypt, Saudi Arabia and Zambia: draft resolution

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

The General Assembly,

Recalling its resolutions [56/129](#) of 19 December 2001, [58/146](#) of 22 December 2003, [60/138](#) of 16 December 2005, [62/136](#) of 18 December 2007, [64/140](#) of 18 December 2009, [66/129](#) of 19 December 2011, [68/139](#) of 18 December 2013, [70/132](#) of 17 December 2015 and [72/148](#) of 19 December 2017,

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, 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 Convention on the Elimination of All Forms of Racial Discrimination,³ the Convention on the

¹ Resolution [217 A \(III\)](#).

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

³ United Nations, *Treaty Series*, vol. 660, No. 9464.



Elimination of All Forms of Discrimination against Women,⁴ the Convention on the Rights of the Child,⁵ the Convention on the Rights of Persons with Disabilities⁶ and relevant provisions of international humanitarian law,

Recalling also the Beijing Declaration and Platform for Action⁷ with its 12 critical areas of concern, including women and health, the Programme of Action of the International Conference on Population and Development⁸ and the Constitution of the World Health Organization,⁹

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”,¹⁰

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 and [74/306](#) of 11 September 2020 on the comprehensive and coordinated response to the COVID-19 pandemic,

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 affordable and quality health-care services for women and girls during the pandemic, including for those who face multiple and intersecting forms of discrimination,

Concerned that, globally, women make up 70 per cent of the health workforce and are more likely to be front-line health workers and health facility service staff and, as such, 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,

Recalling the importance of alleviating the care burden and of better redistributing it between women and men, and in this regard recognizing that, in situations where women take the role of caregivers, they play a critical role in promoting hygiene and healthy behaviours within their families, and noting with 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,

⁴ Ibid., vol. 1249, No. 20378.

⁵ Ibid., vol. 1577, No. 27531.

⁶ Ibid., vol. 2515, No. 44910.

⁷ *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.

⁸ *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.

⁹ United Nations, *Treaty Series*, vol. 14, No. 221.

¹⁰ Resolution [74/2](#).

mitigation and treatment interventions, as well as access to essential, safe, affordable, effective and quality medicines and vaccines 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 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, they represent the majority of single-parent households and 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 will also be disproportionately affected by cuts and layoffs, especially since households headed by women are far more likely to be economically disadvantaged and thus more adversely affected by the COVID-19 pandemic,

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, which may limit their access to remote learning and other education support programmes and may put them at a greater risk of being subjected to harmful practices including child, early and forced marriage, female genital mutilation, as well as sexual exploitation, 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 vast disparities in the availability of learning materials and a digital divide, including with regard to access to the Internet, 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 during quarantine, which also affects 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 to 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,

Recognizing the central role of the United Nations system in catalysing and coordinating the global response to control and contain the spread of COVID-19, and acknowledging in this regard the crucial role played by the World Health Organization,

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, and their outcomes and follow-up, during the response to the pandemic, with a view to achieving gender equality and the empowerment of all women and girls;

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 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 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 measures necessary 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 health care, including ongoing access to essential medicines for everyone, 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, and putting in place necessary infection control measures and maintaining HIV/AIDS treatment access with no interruptions, particularly, but not exclusively, in terms of prevention of mother-to-child transmission of HIV/AIDS;

(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 COVID-19 public health messages, including targeted prevention and precautionary measures to be taken at the individual and community levels, are developed and disseminated 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 persons, 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 taking into account their voices in response planning;

(e) Developing, as appropriate, online 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;

(f) Engaging all relevant stakeholders, including civil society, women's 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. *Invites* Member States to maintain the continued functioning of the health system in all relevant aspects, in accordance with national context and priorities, necessary for an effective public health response to the COVID-19 pandemic and other ongoing epidemics, and the uninterrupted and safe provision of population- and individual-level services, for, among others, communicable diseases, including through undisrupted vaccination programmes, neglected tropical diseases, non-communicable diseases, mental health, mother and child health and sexual and reproductive health, and promote improved nutrition for women and children, recognizing in this regard the importance of increased domestic financing and development assistance where needed in the context of achieving universal health coverage;

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, 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 the right of girls to 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 while in confinement;

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

10. *Recognizes* that older women and 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 prevent and respond to the increase of violence against women and girls amid the COVID-19 pandemic by integrating prevention, response and protection measures into COVID-19 response plans, including by designating and expanding the capacity of domestic violence shelters as essential services and increasing resources allocated to them, 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 awareness-raising campaigns to address violence against women during confinement;

12. *Recognizes* the importance of strengthening the leadership and full and meaningful participation of women in all decision-making processes in the design and implementation of national response 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-related policies to protect them and their family members from COVID-19, and implement all these 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 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.