



## Economic and Social Council

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### Commission on the Status of Women

Sixty-fifth session

15–26 March 2021

Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”

### Statement submitted by Women Deliver, Inc., a non-governmental organization in consultative status with the Economic and Social Council\*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* The present statement is issued without formal editing.



## Statement

The ripple effects of COVID-19 continue to be felt across the world – and girls and women remain uniquely affected by both the pandemic and the recovery. Women continue to play an outsized role responding to the pandemic, including as frontline healthcare workers, caregivers at home, and mobilizers in their communities. And their health and livelihoods continue to be those most at risk – especially for girls and women who experience multiple and intersecting forms of discrimination, such as those living in rural areas; those from religious, racial, and ethnic marginalized groups; those who identify as LGBTQIA+; those living with disabilities; and refugee, migrant, and internally displaced girls and women.

These realities have direct ties to the sixty-fifth session of the Commission on the Status of Women. As world leaders meet to discuss women’s participation and decision-making and eliminating gender-based violence, we must confront how COVID-19 has threatened or reversed progress in these and other areas of gender equality.

Progress on gender equality, and the promise to “build back better” from COVID-19, will hinge on applying a gender lens to response and recovery. As we recognize the 25th Anniversary of the Beijing Declaration and Platform for Action through the Generation Equality Forum this year, it’s ever more important that we keep gender equality and girls’ and women’s health and rights front and center.

COVID-19 is exacerbating longstanding hurdles in achieving a gender equal world. While the world has seen notable progress in advancing gender equality, we remain far from achieving the promise of Beijing. Even before the onset of COVID-19, research from Equal Measures 2030 showed that more than half of the world’s girls and women – as many as 2.1 billion – live in countries that will not reach gender equality targets for the Sustainable Development Goals by 2030 unless significant changes are made. The analysis also shows many countries are experiencing stagnating or regressing gender equality progress. Related to the themes of this year’s Commission on the Status of Women:

Progress needs to accelerate by nearly two times to ensure women are equally represented in key political positions by 2030.

More than 650 million girls and women in 64 countries have never had a female head of state or government.

Nearly half of women globally don’t feel safe walking at night – a figure that has barely changed since 2006.

Around the world, girls and women continue to confront compounding challenges to their leadership and full participation in public life, including consistently high levels of gender-based violence; entrenched and unequal burdens of unpaid care; and increased likelihood of working in the informal economy, which can limit access to health and social services. These and other factors can impact girls’ and women’s ability to effectively participate and lead in politics, business, and communities. Women with intersecting identities face even higher barriers and exclusion from leadership and decision-making roles.

Yet, evidence from the Organization for Economic Co-operation and Development shows that when women are in leadership and decision-making roles, it leads to better outcomes, including lower levels of income inequality. When more women are engaged in leadership bodies – such as legislatures, courts, executive boards, community councils – laws, rulings, and decisions are more likely to be inclusive, representative, and consider diverse views.

Women's exclusion from decision-making is a persistent issue in the health workforce – and this is especially relevant in COVID-19 response. While women are 70 per cent of the health workforce, they are relegated to lower paid frontline positions and those with lower decision-making opportunities. Men continue to hold the majority of leadership roles in healthcare. Analysis conducted by Women in Global Health showed only 3.5 per cent of 115 identified COVID-19 decision-making and expert task forces have gender parity in their membership. Of these decision-making bodies, 85.2 per cent are majority men. The lack of gender balance in leadership holds true at the global level as well: only 10 of the 31 members of WHO's Emergency Committee on COVID-19 are women.

Gender-based violence remains a serious barrier to gender equality and an ongoing threat to girls' and women's health, livelihoods, and wellbeing. WHO estimates indicate more than one in three women (35 per cent) have experienced some form of violence. This is a staggering human rights violation with effects on girls' and women's physical, mental, sexual, and reproductive health. From a 2020 Women Deliver and Focus 2030 public perceptions survey on gender equality in 17 countries, the top priority for improving gender equality for 32 per cent of respondents is ending gender-based violence. It is estimated that the global cost of violence against women is US\$1.5 trillion, and this cost is expected to rise due to COVID-19.

Measures imposed to contain the spread of the pandemic have heightened risks of gender-based violence. Stay-at-home orders led to girls and women being isolated with their abusers and without support services. As a result, it has been projected that domestic violence will increase by 20 per cent globally over the course of the pandemic. When gender-based violence services are deprioritized in crisis, funding can shift elsewhere, leaving women's centers, shelters, domestic violence helplines, and legal aid unable to operate or expand where needed. This includes services for those living in displacement settings, such as refugee camps, and preventing and ending sexual violence and exploitation. The pandemic has also exacerbated violence against girls and women online, as they are using the internet more often due to social distancing. Some groups of women, such as human rights defenders, women in politics, and women from marginalized backgrounds, are particularly vulnerable to targeted attacks online.

Importantly, progress on women's leadership and decision-making, as well as progress on gender-based violence, is directly tied to girls' and women's agency and their ability to make decisions about their own health and bodies. Yet, challenges to women's bodily autonomy continue, with slow progress on family planning goals and compounding restrictions to sexual and reproductive health and rights (SRHR) due to COVID-19. To achieve Sustainable Development Goal targets, access to family planning needs to accelerate globally by three times.

During the pandemic, girls and women are not only finding it more difficult to access basic health and family planning services, but also some governments are using the global crisis to deliberately roll back SRHR. According to research by Guttmacher Institute, modest disruptions to SRH services due to COVID-19 will lead to an additional 49 million women with unmet needs for modern contraceptives, 15 million unintended pregnancies, 28,000 maternal deaths, and 3.3 million unsafe abortions across 132 low- and middle-income countries over twelve months. Renewed commitment to ensure SRH services are always classified as essential – and to push back on governments that seek to regress SRHR – is vital to building a gender equal world, grounded in human rights for all.

Positive change for gender equality is possible. Between 2008 and 2017, 274 legal reforms supporting the rights of girls and women advanced in 131 countries. Over the last 25 years, the world has seen women's representation in national

parliaments double from 12 per cent to 24 per cent. Globally, nearly 68 per cent of girls and women have access to family planning – up from 56 per cent in 2000.

But these improvements do not happen without concerted action – and COVID-19 risks rewinding years of progress if global leaders and decision-makers fail to prioritize gender equality. As governments convene for this session of the Commission, Women Deliver calls on them to rise to these challenges and commit to concrete, time-bound, and tangible action. It's more urgent than ever to invest in gender equality and advocacy, and the time is now.

Governments, multilateral institutions, the private sector, and civil society must work together with renewed commitment – not only advancing a global “build back better” agenda, but also pushing for bigger, bolder commitments and actions for gender equality through the Generation Equality Forum.

Advancing gender equality is fundamental to ensuring the health, freedom, dignity, and liberty of all people. Achieving gender equality means equality for all girls and women – and too often Black girls and women; Indigenous girls and women; girls and women of color; those living in humanitarian settings; those living with disabilities; and LGBTQIA+ individuals are left behind. Gender-balanced leadership, freedom from violence, and bodily autonomy are essential for a gender equal world – and COVID-19 only makes the imperative for action more acute. We urge all stakeholders to join us in this call and commit to bigger, bolder action for all girls and women.

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