April 2020

Coronavirus disease (COVID-19) Pandemic

As the COVID-19 pandemic continues to unfold, the crisis will amplify existing gender, racial, economic and political inequalities and impact those most marginalized, including women, girls, LGBTIQ+ individuals, people with disabilities, the elderly, the poor, and the displaced. The call by the Secretary-General for an “immediate global ceasefire” in light of the pandemic, recognizes the particular threat the crisis will have on “women and children, people with disabilities, the marginalized and the displaced.” During public health crises, resources are often diverted from routine health care services and humanitarian programming, including sexual and reproductive health services (CARE Intl., Plan Intl., Women Deliver, UNFPA). In situations already in the midst of conflict or crises, where health systems are significantly eroded and underfunded, this can limit existing capacity to respond to the outbreak. The deliberate attacks by armed groups targeting health facilities and workers, including in Afghanistan, CAR, DRC, Nigeria, Somalia, Sudan, Syria, and Yemen, further weaken health systems and violate international humanitarian law (HRW, WILPF). In times of crisis, there is an increased risk of sexual and gender-based violence, including intimate partner violence, which is compounded by existing vulnerabilities for women and girls with disabilities or who are displaced (CARE Intl., OutRight Action Intl., UNFPA, UN Women, WHO, WRC). As seen during past pandemics, sexual exploitation and abuse by development, humanitarian, and security personnel can also increase, placing women and girls in humanitarian settings at risk (CARE Intl.). Defending women’s human rights and supporting women’s full, equal, and meaningful participation is as critical in peace and security processes as it is in addressing the current pandemic.

The Security Council must:

• Ensure women, peace and security remains a cross-cutting priority in its discussions and decision-making on all country-specific and regional situations and is not deprioritized.

• Demand cessation of attacks against civilians and health facilities and personnel, which violate international humanitarian law and Resolution 2286 (2016), and urge Member States and the UN system to prioritize essential sexual and reproductive health services, including in humanitarian settings.

• Emphasize the importance of ensuring ongoing humanitarian aid distribution and access in line with international humanitarian law, in particular the principle of non-discrimination, and urge all Member States to ensure travel restrictions and border closures don’t impede access for aid workers and aid organizations.

• Demand that all Member States uphold international human rights and humanitarian law and refrain from enacting indefinite emergency measures that limit or entirely curtail the right to movement, assembly, and information, or impose undue restrictions on civic space or the work of civil society and human rights defenders, including women’s rights organizations, as part of pandemic response.

• Call on all Member States to take necessary measures to prevent, address, and document incidences of intimate partner violence exacerbated by the pandemic due to government policies ordering quarantines, social distancing, curfews, and closure of non-essential services.

• Call on all Member States to take necessary measures to prevent outbreaks in detention centers and prisons, including by releasing detainees, such as political prisoners and human rights defenders, and allowing unhindered access to humanitarian personnel and ensuring access to testing and medical care is available to anyone detained.

• Acknowledge the gendered impact of the pandemic, call for all information to be grounded in gender analysis and sex, age and disability disaggregated data, and emphasize the importance of ensuring all responses at the global, national, and local levels are rights-based and age-, gender-, and disability-sensitive.

• Ensure that technological arrangements and technical adjustments to meetings and briefings of the Security Council include space for safe and meaningful participation of civil society briefers, in particular women’s human rights defenders and women-led organizations working in conflict-affected settings.
• Urge Member States and the UN system, including peace operations, to actively support women’s leadership in pandemic decision-making and response planning and ensure there is consistent, regular and ongoing consultations with civil society, including women-led organizations, and resourcing for frontline women’s civil society organizations.

• Modify the mandates of sanctions regimes to ensure lifesaving humanitarian assistance, including the transport and distribution of humanitarian goods and equipment, and the travel and operation of humanitarian personnel necessary for the response, can be made.

**Syria**

As the conflict in Syria enters its tenth year, the international community has continued to fail to deliver a meaningful response. Over 5.6 million people have fled Syria since 2011, and there is an urgent need for humanitarian assistance in the North West as more than a million people have been displaced by fighting, over 80% of whom are women and children according to UN agencies. Those arriving in displacement camps have struggled to find shelter amid freezing winter temperatures. Moreover, as the COVID-19 pandemic continues to spread across the region, there is growing concern that a major outbreak in Syria would be catastrophic. The Council must ensure serious measures are taken, especially within areas of large population density of already vulnerable people, such as displacement camps. Displacement increases the risk of sexual and gender-based violence and other violations that disproportionately affect women, such as making them more dependent on others for safety passage, shelter, and essential services. SGBV, including forced marriage or so-called “honor crimes,” is high in camps such as Al Hol (UNFPA) and other open spaces where women live in informal settings. The Council must call for rights-based, survivor-centered humanitarian action that is gender-responsive and provides immediate and non-discriminatory aid and quality health services, including sexual and reproductive health. There must be continued efforts to support women’s meaningful participation in all peace and political processes. The Office of the Special Envoy (OSE) should prioritize meaningful participation, dialogue and inclusion of Syrian women activists, peacebuilders and human rights defenders. As a means of ensuring accountability, briefings by senior UN officials must include gender-sensitive conflict analysis, including barriers to women’s full, equal, and meaningful participation (S/RES/2449 (2018), OP 12). International human rights law and humanitarian law norms, such as gender equality, must be firmly enshrined in the new constitution in order to ensure that women’s rights are guaranteed in Syria’s future and that women are able to participate equally and meaningfully in social, economic and political life. Finally, the outcomes of the February 2020 meeting of the Security Council IEG on WPS should be reflected throughout all future meetings on Syria.

**Yemen**

The Security Council’s discussions on the situation in Yemen have historically failed to reflect important gender dimensions of the situation, despite multiple meetings of the Security Council IEG on WPS (S/2017/627, S/2017/1040, S/2019/253) and briefings by civil society in 2017, 2018 and 2019. It is essential that Council members emphasize the importance of women’s meaningful participation in any discussion regarding the current peace process, and ensure the 30% quota as a matter of urgency. Women’s human rights and peacebuilding groups are critical to developing a strategic understanding and enabling action on the complex root causes of the conflict. It is critical that women’s CSOs, including grassroots organizations, be part of all Track 1, 1.5 and 2 peace processes and that women’s inclusion in the peace process not be limited to the Technical Advisory Group. Council members should request updates on the Office of the Special Envoy’s (OSE) engagement with these groups and further hear from women civil society leaders at future country-specific briefings. Finally, with the emergence of COVID-19 in the region, concerns over the already dire humanitarian situation in Yemen and fragile health infrastructure in the country are increasing. Currently, 19.7 million individuals in Yemen need health assistance, and only 50% of healthcare facilities are fully functional across the country; given its current state, it is unlikely that the healthcare system will be able to withstand the forthcoming crisis (OCHA). Member States should, therefore, assist Yemen in responding to the pandemic by providing gender-sensitive financial and technical support.