

Guidance Note on CEDAW and COVID-19

The Committee on the Elimination of Discrimination against Women (the Committee) expresses deep concern about exacerbated inequalities and heightened risks of gender-based violence and discrimination faced by women due to the current COVID-19 crisis and calls on States to uphold the rights of women and girls.

While many States consider restrictions on freedom of movement and physical distancing necessary to prevent contagion, such measures may disproportionately limit women's access to health care, safe shelters, education, employment and economic life. The effects are aggravated for disadvantaged groups of women and women in conflict or other humanitarian situations.

States parties to the Convention on the Elimination of All Forms of Discrimination against Women (the Convention) have an obligation to ensure that measures taken to address the COVID-19 pandemic do not directly or indirectly discriminate against women and girls. States parties also have an obligation to protect women from, and ensure accountability for, gender-based violence, enable women's socio-economic empowerment and guarantee their participation in policy and decision making in all crisis responses and recovery efforts.

Recalling the [joint declaration of the ten United Nations human rights treaty bodies](#) and the Committee's [call for joint action in the times of the COVID-19 pandemic](#), and taking note of the [OHCHR Guidance Note on COVID-19 and Women's Human Rights](#), the Committee further urges States parties to uphold women's rights in their responses to the public health threat posed by the COVID-19 pandemic. In particular, the Committee calls on States parties to:

1. **Address the disproportionate impact of the pandemic on women's health.** Gender bias in the allocation of resources and diversion of funds during pandemics worsen existing gender inequalities, often to the detriment of women's health needs. Women's disproportionate burden of caring for children at home and for sick or older family members as well as their high representation in the health workforce expose women to an increased risk of contracting COVID-19. States parties must address women's increased health risk through preventive measures and by ensuring access to early detection and treatment of COVID-19. States parties should also protect women health workers and other frontline workers from contagion through measures such as the dissemination of necessary precautionary information and adequate provision of personal protective equipment as well as psychosocial support.
2. **Provide sexual and reproductive health as essential services.** States parties must continue to provide gender-responsive sexual and reproductive health services, including maternity care, as part of their COVID-19 response. Confidential access to sexual and reproductive health information and services such as modern forms of contraception, safe abortion and post-abortion services and full consent must be ensured to women and girls at all times, through toll-free hotlines and easy-to-access procedures such as online prescriptions, if necessary free of charge. States parties should raise awareness about the particular risks of COVID-19 for pregnant women and women with pre-existing health conditions. They should provide manuals for health workers guiding strict adherence to prevention of infection, including for maternal health, during pregnancy, at-birth and the post-delivery period.
3. **Protect women and girls from gender-based violence.** During confinement, women and girls are at increased risk of domestic, sexual, economic, psychological and other forms of gender-based violence by abusive partners, family members, and care persons, and in rural communities. States

parties have a due diligence obligation to prevent and protect women from, and hold perpetrators accountable for, gender-based violence against women. They should ensure that women and girls who are victims or at risk of gender-based violence, including those living in institutions, have effective access to justice, particularly to protection orders, medical and psycho-social assistance, shelters and rehabilitation programmes. National response plans to COVID-19 should prioritize availability of safe shelters, hotlines and remote psychological counselling services and inclusive and accessible specialised and effective security systems, including in rural communities, and address women's mental health issues, which stem from violence, social isolation and related depression. States parties should develop protocols for the care of women not admitted to such services due to their exposure to COVID-19, which includes safe quarantine and access to testing.

4. **Ensure equal participation of women in decision-making.** Governments, multilateral institutions, the private sector and other actors should ensure women's equal representation, including through women's rights organisations, meaningful participation and leadership in the formulation of COVID-19 response and recovery strategies, including social and economic recovery plans, at all levels and recognize women as significant agents for societal change in the present and post COVID-19 period.
5. **Ensure continuous education.** Due to the shutdown of educational institutions and children staying at home, many women and girls are relegated to stereotyped roles in domestic work. While online schooling can help ensure continuous education, this is not an option for many girls and women who carry the burden of domestic work and/or lack the necessary resources and devices to access the internet. States parties have an obligation to provide inclusive alternative educational tools free of charge, including in rural or remote areas where internet access is limited. Suspension in the delivery of subsidized school meals and provision of sanitary commodities for girls and young women through educational institutions may result in lack of food and unhygienic menstrual practices. States parties should therefore redeploy such subsidies and commodities to domestic households during times of school shutdown.
6. **Provide socio-economic support to women.** The COVID-19 crisis adversely affects women in low-paid jobs and in informal, temporary or other precarious forms of employment, especially in the absence of social protection. COVID-19 response and economic recovery plans should address gender inequalities in employment, promote transition of women from the informal economy to the formal economy and provide relevant social protection systems for them. They should also formulate post-pandemic programmes and targets for women's economic empowerment. Economic resuscitation, diversification and market expansion plans should target women and provide economic stimulus packages, low-interest loans and/or credit guarantee schemes to women-owned businesses and ensure women's access to market, trade and procurement opportunities, with particular attention given to women living in rural areas.
7. **Adopt targeted measures for disadvantaged groups of women.** States parties should uphold the SDG principle of 'Leave no one behind' promoting inclusive approaches in their legislative, policy and other measures. During the COVID-19 pandemic, they should reinforce measures to support disadvantaged or marginalized groups of women. In particular, States parties should:
 - Mitigate the impact of COVID-19 on the health, including mental health, of **older women** and those with pre-existing health conditions by ensuring access to health care through medical home visits, safe transport to health care facilities and psycho-social counselling.
 - Ensure that basic services including health care, shelters for victims of violence, and inclusive education remain accessible for **women and girls with disabilities** during times of confinement and reduced service delivery, including in rural areas and for those in institutions.

- Ensure access to adequate food, water and sanitation for **women and girls in poverty**, including by providing food stocks and upgrading related necessary infrastructures. Ensure that **migrant women and girls**, including those in an irregular situation and those without health insurance, have adequate access to health care and that health care providers are not under a duty to report them to immigration authorities.
 - Take special measures for the protection of **refugee and internally displaced women and girls**, such as systematic screening for COVID-19 in and around refugee and IDP camps, and address their increased risk of trafficking and survival sex during the pandemic.
 - Ensure that **indigenous women and girls** have access to culturally acceptable healthcare, aiming at an integrated approach between modern medicine and indigenous traditional medicine, including access to equipment, testing and urgent emergency treatment for COVID-19. All services should be provided in collaboration with local indigenous authorities and ensure respect for their right to self-determination and territorial protection against virus propagation. States parties should ensure that **indigenous women and girls and those belonging to minorities** have access to continuous education and COVID-19 related information, including in native languages.
 - Address discrimination against **lesbian, bisexual and transgender women** in access to health care and ensure that they have access to safe shelters and support services whenever exposed to gender-based violence during home confinement.
 - Consider alternatives to detention for **women deprived of liberty**, such as judicial supervision or suspended sentences with probation, in particular for women detained on grounds of administrative or other non-severe offences, low-risk offenders and those who can safely be reintegrated into society, women nearing the end of their sentences, pregnant or sick women, older women and women with disabilities. **Women political prisoners**, including **women human rights defenders** detained without sufficient legal basis should be released.
8. **Protect women and girls in humanitarian settings and continue implementing the women, peace and security agenda.** States parties must adopt a rights-based approach and undertake a gender-conflict analysis to protect women and girls in humanitarian settings and conflict situations. They must take remedial measures to reduce the risk of COVID-19 and counter disruptions of services to prevent avoidable maternal and child morbidity and mortality in humanitarian settings.
 9. **Strengthen institutional response, dissemination of information and data collection:** States parties should strengthen and coordinate national machineries to respond effectively to COVID-19. They should widely disseminate updated, scientifically accurate and transparent information on the gendered risks of COVID-19 and measures for available health and support services for women and girls. Such information should be available in plain and multiple languages and accessible formats, through all appropriate channels, including internet, social media, radio and text messages. In view of the post COVID-19 recovery path, States parties should collect accurate and comprehensive age- and sex-disaggregated data on the gendered impact of the health pandemic to facilitate informed and evidence-based policy making regarding women and girls.