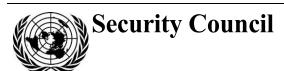
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Letter dated 27 May 2020 from the Representatives of the Dominican Republic, Germany and the United Kingdom of Great Britain and Northern Ireland to the United Nations addressed to the Secretary-General

Germany and the Dominican Republic, as Co-Chairs of the Informal Expert Group on Women and Peace and Security of the Security Council, and the United Kingdom, which worked in close cooperation with them, would like to share the summary of the meeting on responding to the coronavirus disease (COVID-19) pandemic held by the Group on 29 April 2020 (see annex).

We should be grateful if you would have the present letter and its annex circulated as a document of the Security Council.

(Signed) José Singer Weisinger

Ambassador

Special Envoy of the Dominican Republic to the Security Council

(Signed) Christoph Heusgen

Permanent Representative of Germany to the United Nations

(Signed) Jonathan Allen

Chargé d'affaires of the United Kingdom to the United Nations





Annex to the letter dated 27 May 2020 from the Representatives of the Dominican Republic, Germany and the United Kingdom of Great Britain and Northern Ireland to the United Nations addressed to the Secretary-General

Summary of the meeting on responding to the coronavirus disease (COVID-19) pandemic held by the Informal Expert Group on Women and Peace and Security on 29 April 2020

On 29 April 2020, the Informal Experts Group on Women and Peace and Security convened a meeting on the response to the coronavirus disease (COVID-19) pandemic. The members received briefings from the Deputy Executive Director of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Deputy Special Representative of the Secretary-General for Political Affairs and Electoral Assistance of the United Nations Assistance Mission for Iraq (UNAMI), the Deputy Special Representative of the Secretary-General for the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), the Assistant Secretary-General for Human Rights and a representative of the Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict. The briefers provided an overview of challenges and responses related to the COVID-19 pandemic with regard to the women and peace and security agenda.

Members of the Security Council underscored the important role that women play at the frontlines of the response to the pandemic and called for the representation of women from diverse backgrounds in decision-making bodies. They expressed concern about the shrinking political space for women's human rights defenders during the COVID-19 crisis and warned of the potential negative impact on women's participation when peace processes are moved to the digital space. Members of the Council also expressed concern about the exacerbating impact of the pandemic on existing inequalities, rising levels of domestic violence against women and limited access for women to sexual and reproductive health services during the pandemic. They emphasized that resolutions on women and peace and security and the national action plans adopted by many countries compel the international community to protect women and ensure their participation in all contexts.

Members of the Council asked questions about reprisals against women human rights defenders during lockdown orders and the work of the United Nations to ensure women's access to health care and the protection of sexual and reproductive health rights during the pandemic. Concerning Iraq, Council members enquired about access to justice for survivors of domestic violence and about progress on the adoption of domestic violence legislation. With respect to the Central African Republic, Council members enquired about the impact of the pandemic on the participation of women in the upcoming elections and about the stigma of COVID-19 as a disease introduced by foreigners potentially disrupting the work of the United Nations and international humanitarians in general.

Below are the main points raised during the meeting:

• Representation of women in policy decision-making related to COVID-19, including in the multiple task forces created to lead the health-care response, to formulate emergency measures, to protect citizens from economic devastation and to develop plans for recovery, is very low. However, women have been playing an active role in the local response to the pandemic in conflict-affected countries, including by producing and distributing materials and supplies in remote communities and by finding alternative ways to shelter and support

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women that are being abused during the quarantine. They have also continued their political and peacebuilding work and have been amplifying the Secretary-General's call for a global ceasefire. Women are monitoring ceasefires, petitioning for the release of prisoners and humanitarian access, and proposing confidence-building measures. In conflict settings, where the delivery of health care by Governments can be compromised, the role of local mid-level peacebuilders becomes a lifeline for the most vulnerable communities. Women's organizations are expert local peacebuilders and are especially suited to respond to public health emergencies. However, their very existence is threatened by lack of funding. For this reason, the Women's Peace and Humanitarian Fund has opened a special window to support these organizations during the pandemic.

- In several conflict-affected countries, such as Afghanistan, Lebanon or Libya, UN-Women has already undertaken assessments of the impact of the pandemic on women. Their surveys indicate that women worry about lack of livelihoods first, followed by lack of access to health-care facilities and an increase in violence against women.
- In response to the COVID-19 crisis, the Government of Iraq established a ministerial crisis service under the chairmanship of the Ministry of Health and Environment. A parliamentary crisis cell was also established, with female members of parliament comprising 11 of its 24 members. Furthermore, the President launched an initiative to mobilize grass-roots efforts to counter COVID-19, and many women in Iraq have engaged proactively with this programme in their communities, supplying humanitarian assistance to families affected by the economic impact of the pandemic, promoting public health campaigns that urge Iraqis to stay at home or manufacturing protective clothing for medical staff.
- The COVID-19 pandemic is reinforcing gender inequality in Iraq in the political, social and economic spheres. Iraqi women, in particular women living in displacement settings and female-headed households, are particularly affected by the crisis. Domestic chores are traditionally shouldered entirely by women and the lockdown is increasing their burden exponentially. Some women have been prevented by their families from accessing health care or self-isolating in order to continue their domestic duties or because of the stigma associated with the virus. Furthermore, given the already limited access of women to employment and the comparably smaller income of women, the loss of livelihood is likely to hit women, in particular those living in female-headed households, especially hard.
- Domestic violence, which is already a significant social problem in Iraq, is being exacerbated by the lockdown. The country's limited services to support survivors, including women's shelters, have either become inaccessible during the curfew or have had to close down for the duration of the lockdown. During the lockdown, access to justice has become almost impossible for survivors of domestic violence as Iraqi law requires them to formally report the abuse in person to the police and to provide a witness. As a result, registration of domestic violence cases decreased in March. In a meeting with the Chief Justice on 22 April 2020, members of the parliamentary women's committee advocated for the implementation of concrete measures to protect women and other vulnerable individuals from domestic violence, primarily by reducing the bureaucracy around reporting. The adoption of the domestic violence legislation is stalled, with two draft laws competing for adoption amid a very long backlog of draft laws awaiting adoption.

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- In the Central African Republic, a significant outbreak of COVID-19 would have a devastating effect. There is only one hospital in the entire country. COVID-19 not only constitutes a public health threat, but also a significant security threat: a mass contagion would lead to a deterioration of the country's stability, including widespread panic and fear and socioeconomic hardship, leading to a spike in violence. A potential derailing of the peace process would increase significantly the level of insecurity for women inside and outside their homes. This would in turn have an adverse impact on women's participation in the upcoming elections, as women will be less likely to register for voting and women candidates will not be able to campaign.
- Women and their networks are at the centre of strategic communication efforts to advance social cohesion and reconciliation in the Central African Republic and maintaining faith in the national peace process, both at the national and at the local levels. Women make up 23 per cent of the monitoring and implementation bodies of the peace agreement and their voices are vital for the success of the peace process. Women also play a crucial role in the prevention of and response to the stigma of COVID-19 as a foreign disease, which has already led to violence against United Nations staff following the infection and evacuation of a MINUSCA staff member.
- Throughout conflict-affected countries, COVID-19-related emergency measures restricting movement limit the civic space for women human rights defenders and peacebuilders and make them more vulnerable. Women activists are specifically targeted in their homes, such as a well-known Syrian activist who was a coordinator of the ongoing anti-government protests in Syria and who was killed in early April. Furthermore, there are reports that quarantine measures are abused as detention as a form of retaliation. Human rights organizations, in particular grass-roots organizations, experience a drop in funding as funds are diverted to other needs during the COVID-19 crisis.
- The crisis has a direct impact on protection capacities, as it leads to a decrease in patrolling, United Nations troops, humanitarian convoys and escorts by human rights teams, including senior women protection advisers, and sets limits to monitoring activities and investigations. This, in turn, creates an opportunity for non-State actors to increase violence, in particular violence against women. At the same time, impunity for sexual and gender-based violence is growing as authorities shift their focus away from the prosecution of such violence and trials and investigations are postponed or delayed. Furthermore, restrictions of movement make sexual and reproductive health services less accessible for women, leading to a rise in maternal deaths.
- The Secretary-General's call for a global ceasefire means that all parties must refrain from employing any tactic of warfare, including conflict-related sexual violence. Some of the belligerent parties that have endorsed the Secretary-General's call for a global ceasefire are listed in the annex to the reports of the Secretary-General on conflict-related sexual violence as credibly suspected of committing or being responsible for patterns of conflict-related sexual violence. Compliance with these commitments should be monitored by verifying that both gunfire and conflict-related sexual violence cases have ceased.
- Women in displacement settings are particularly vulnerable to being subjected to conflict-related sexual violence owing to reduced humanitarian access and oversight. Furthermore, the release of detained perpetrators of sexual violence owing to COVID-19-related concerns can pose an additional threat for communities. Moreover, highly militarized government responses can have a chilling effect on survivors of sexual violence with regard to seeking health

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services. To ensure that already scarce resources allocated to sexual and reproductive health services are not diverted away from survivors, it is critical that they are designated as essential services. Any sort of disruption of these services can have long-term effects and ramifications. During past epidemics, more women died from a lack of reproductive health care than from the disease itself.

 In the Democratic Republic of the Congo, a joint investigation into a mass rape was suspended owing to COVID-19-related concerns. In South Sudan, a scheduled training for the security sector on the prohibition of conflict-related sexual violence was suspended following government directives about the pandemic. Furthermore, the release of some women and girls abducted by armed groups has stalled owing to COVID-19-related concerns in South Sudan. In the camps in Cox's Bazar, restrictive social norms are inhibiting women's and girls' access to health care. Moreover, the potential closure of women-friendly spaces poses a great risk as they are the only spaces where women can safely report violence, seek assistance and receive lifesaving information about the pandemic. Furthermore, economic hardships lead to an increased risk of trafficking in the camps in Cox's Bazaar. In Somalia, there are indications of an increase in sexual and gender-based violence and Al-Shabaab is taking advantage of the situation to intensify its operations. Finally, as a positive example, in Mali, the senior women protection adviser is part of the United Nations COVID-19 task force, an example that should be emulated by other countries.

The following recommendations were made:

- The Security Council should include language on women and peace and security in all decisions relating to the COVID-19 pandemic, such as language on the collection of sex-, age- and disability-disaggregated data, women's full, equal and meaningful participation in all aspects of peace processes and their implementation and in the development and implementation of all pandemic response efforts, the support for innovative services to prevent and respond to violence against women and girls and the designation of these services as essential, the support for gender-inclusive long-term recovery strategies and the need to cease all tactics and methods of war, including the use of conflict-related sexual violence as a tactic of war or terror.
- While the Council holds its meetings online, Council members should facilitate the participation of women's civil society organizations in virtual meetings held by the Security Council on thematic issues and context-specific situations and consult regularly with women and peace and security advocates to ensure that the Council's deliberations and decisions are informed by gender analysis.
- Council members should support and monitor the full, equal and meaningful participation of women, including through digital tools, in ongoing ceasefire and peace negotiations, political transitions, the implementation of peace agreements and crisis recovery decision-making in contexts on the agenda of the Security Council.
- The Security Council should urge governments and parties to conflict to respect women's rights and to refrain from using heavy-handed emergency measures that curtail their work, and ensure that these measures are proportionate, non-discriminatory, time-bound and subject to civilian oversight, including by women's civil society organizations.

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- The Council could encourage emergency funding for local women's organizations in conflict-affected countries, including through existing multi-donor funding mechanisms.
- Council members should use all relevant forums to call for support to sexual and reproductive health and rights and adequate implementation of the Minimum Initial Service Package for reproductive health in crisis situations, and for special attention to the increased protection risks affecting displaced women and girls.
- National action plans on women and peace and security remain relevant frameworks in times of crisis and national COVID-19 response plans should include earmarked funding for services for survivors of sexual and gender-based violence and sexual and reproductive health services.

In closing the meeting, the Co-Chairs thanked the briefers for their participation and committed themselves to following up on the important issues raised.

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