Thank you Chair. I will speak on behalf of the Asia Pacific Women’s Constituency.

Respected Excellencies and Distinguished Participants:

The COVID-19 pandemic has exacerbated historic structural and deeply gendered inequalities. Domestic and gender-based violence against women and LGBTQ+ people skyrocketed during lockdowns. Women in all their diversity were especially hard hit due to their over-representation in informal and precarious work; many lost their livelihoods, and had no access to social protection. Internet searches related to VAW rose significantly in 8 Asian countries, further showing the dangers of confining women to their homes and restricting their movement.¹

Lockdowns have massively disrupted health services, including SRHR, leading to a rise in unintended pregnancies, unsafe abortions, and preventable maternal mortality across the region. This year, 214,000 unplanned children are expected to be born in the Philippines alone². In Pakistan, over 200,000 unsafe abortions occurred within 3 months³; nearly 1 million women could not access health services for deliveries, and 4 million fewer women received family planning services. According to UNFPA, COVID-19 could result in an additional 13 million child marriages between 2020 and 2030⁴, leading directly to school dropouts, early pregnancies, maternal deaths, a life of domestic servitude for women, and truncated future growth.

¹ UNFPA (2021) COVID-19 and Violence against Women: The evidence behind the talk. See: UNFPA Asiapacific | COVID-19 and Violence against Women: The evidence behind the talk
Women represent 80% of nurses in Southeast Asia and Western Pacific. Due to their over-representation in health and social services sectors, it increases their risk of exposure to the virus, workplace harassment and discrimination.

Without reducing gendered inequality, violence and injustice, it is impossible to achieve progress on ANY of the SDGs. The Women’s Constituency demands governments to:

- Revitalize partnership for gender equality by facilitating country-to-country and regional cooperation and ensure trackable budget allocations of gender-positive laws, policies and programs within national SDG implementation plans.
- Include SRHR as an essential service and ensure that emergency preparedness plans integrate access.
- Use intersectional approaches to address the impact of COVID-19 on women in all their diversity. Disaggregating data by gender, age, location, and disability is key to designing gender-responsive policies.
- Adopt gender-responsive social protection practices that integrate relief efforts with health, nutrition, and education.
- Integrate gender, disability and locational considerations in technology, innovation and capacity building efforts in terms of design, deployment, monitoring and review.
- Create opportunities for skills development for women, along with a redistribution of unpaid work, and promote women’s agency.
- Consider both local health and non-health indicators in vaccine prioritization decisions, including underlying social, gendered, demographic and biomedical factors that make women and marginalized communities more vulnerable.