

Statement on Rights at the Intersection of Gender and Disability during COVID-19

April 9, 2020

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COVID-19 and the government and healthcare responses to this crisis are having a significant impact on the lives of people all over the world. It is vital that governments and health officials ensure that human rights are part of this response. In particular, they must ensure that the rights of people from marginalized communities—those who are most likely to see their livelihoods evaporate, their healthcare needs go overlooked, and their lives upended during a crisis—are the top priority.

States, United Nations entities, human rights experts, and civil society organizations are increasingly recognizing the need to ensure that gender-related rights and disability rights are included in the COVID-19 response. However, rights at the intersection of gender and disability have frequently been overlooked. This is despite the fact that women and girls with disabilities are more than half of all persons with disabilities worldwide and are almost 20% of all women worldwide.

This statement is intended to ensure those actors setting and influencing the COVID-19 response have the tools they need to ensure that response is inclusive of women, girls, nonbinary persons, and gender non-conforming persons with disabilities.

1. Gender-based violence against women, girls, nonbinary, and gender non-conforming persons with disabilities must be specifically targeted and prevented during this crisis, and services related to addressing and preventing gender-based violence are essential services.

- Women, girls, nonbinary, and gender non-conforming persons with disabilities have the right to be free from violence and abuse, and States have an obligation to protect them from violence and ensure access to services and justice if violence does occur.
- Home may be a safe place for most, but for many women, girls, nonbinary, and gender non-conforming persons with disabilities, their homes are a place of fear. Women and girls with disabilities experience violence from partners and family members at at least two to three times the rate of other women, and during lockdowns, shelter in place orders, and other times of mandatory or recommended isolation, these individuals will be even less able to escape violence, particularly if their usual supports are not available to them. Institutionalized persons with disabilities are at further risk of violence due to their isolation, which increases when visitors and monitors may not be allowed in. Support services and justice mechanisms are also often not accessible to persons with disabilities, a situation that may be further exacerbated by crisis.
- States must classify violence-related services and justice mechanisms as essential and must clearly articulate that people, even during lockdowns or other forms of social isolation, can and should leave their homes and seek supports, services, and justice mechanisms following violence. They must also ensure that accessible transportation options remain open and available, as these are essential for many women, girls, nonbinary, and gender non-conforming persons with disabilities to leave violent situations or access services.

2. States must ensure the basic needs of all during this crisis and maintain access to income and education.

- All persons have the right to an adequate standard of living, which includes the right to have their basic needs met, including those related to water, hygiene, food, and shelter. Women and persons with disabilities also have a right to social protection without discrimination, and States must in particular ensure that women and girls with disabilities have access to social protection measures to ensure an adequate standard of living. Furthermore, women and persons with disabilities further have a right to education on an equal basis with others and without discrimination, and the obligation to ensure accessible and inclusive education persists during crises.
- Women, girls, nonbinary, and gender non-conforming persons with disabilities already disproportionately live on the brink of extreme poverty, due to significant barriers to accessing education based on gender and disability discrimination, as well as lower rates of formal employment, reliance on informal sectors of work, and lower rates of pay than men with disabilities or other women. They also have higher costs of living than other women, due to disability-related needs.
 - During this crisis, they will be further deprioritized in accessing education, as families and educators may not recognize the value in educating these individuals, and may face even more significant accessibility barriers with attempts at virtual or distance education.
 - Women, nonbinary, and gender non-conforming persons with disabilities are also likely disproportionately affected by job losses, including in the informal sector, meaning that any source of income they had to meet their basic needs may have evaporated, while they also are likely to have fewer savings due to historically lower pay and higher costs of living.
- States must urgently provide social protection—including income supplementation, rent subsidies and eviction moratoriums, food subsidies, and free clean water and hygiene measures, including menstrual hygiene—to fill the gap in income for all persons so that they can meet their basic needs. States must make particular efforts to reach women, girls, nonbinary, and gender non-conforming persons with disabilities with these measures, including through campaigns that provide information in a variety of accessible formats, and must ensure that social protection goes directly to these individuals rather than to families or partners. States must further enforce the prohibition on discrimination in employment based on gender or disability, so that these individuals can access any remaining formal employment opportunities, and they must also provide particular supports to women, girls, nonbinary, and gender non-conforming persons with disabilities to continue their educations.

3. There can be no rationing of healthcare, including life-saving healthcare, that excludes or deprioritizes people based on disability, gender, or age, and all people must have access to COVID-19 testing and treatment without discrimination.

- Everyone has the right to the highest attainable standard of health. Human rights law requires that States ensure the right to health for women and for persons with disabilities on an equal basis with others and without discrimination.
- Rationing of healthcare including life-saving healthcare and the reallocation of medications and health care equipment to exclude people based on disability, gender, or age perpetuates the idea that people who fall into these categories—including women,

girls, nonbinary, and gender non-conforming persons with disabilities—live lives of less value. This is false, discriminatory, and a violation of their human rights and dignity.

- Governments are responsible for fulfilling the right to health for all, including by ensuring accessible, acceptable, and quality health information, goods, and services. This requires that States mandate that biases and stereotypes at the intersection of gender, age, and disability cannot influence healthcare decisions and that States ensure that healthcare facilities and providers are made aware of these obligations. States must also ensure that COVID-19 treatment is available to all without discrimination while also ensuring that medications or equipment needed by persons with disabilities to meet their health needs are not reallocated towards the treatment of COVID-19 for others.

4. Sexual and reproductive health services are essential services and must be provided free from discrimination.

- Human rights law provides that women, girls, nonbinary, and gender non-conforming persons with disabilities should have access to the health information, goods, and services that they primarily need due to their gender and/or disability. This includes abortion, contraception, maternal health services, and reproductive cancer screenings, all of which are essential to ensuring that women with disabilities can protect their health and safety and can exercise bodily autonomy. The human rights obligation to ensure access to these services does not wane during times of crisis.
- The need for sexual and reproductive health goods and services—including contraception, abortion, and maternal health services—does not decrease during times of crisis and may indeed grow due to an increase in sexual violence. However, sexual and reproductive health services can be particularly difficult for women with disabilities to access even during the best of times, due to the inaccessibility of these services, stigma surrounding disability and sexuality, or other stereotypes held by providers and others about persons with disabilities.
 - Labor, delivery, and the postpartum period are vulnerable times for all women. Policies that prevent support persons or partners from accompanying pregnant persons during this period are cruel and inhumane. They also disproportionately impact women with disabilities, who may require the support of an additional person to effectively have their voices heard and needs raised.
- Governments must ensure that sexual and reproductive health services are available, accessible, and of high quality for all who need them, and they must in particular ensure that women with disabilities can continue to receive the support they need to access these services. Policies on accessing health care, including sexual and reproductive health care, must allow persons with disabilities to bring support persons with them to help ensure that they can exercise their self-determination related to healthcare.

5. Support services for persons with disabilities are essential services and must be maintained during this crisis.

- Many persons with disabilities require support for basic tasks of independent living, including preparing and consuming food, personal hygiene, and leaving their homes. Other persons with disabilities may require support to navigate inaccessible environments or to communicate with others, including healthcare providers.
 - For women, girls, nonbinary, and gender non-conforming persons with disabilities, these support services may be the difference between being able to access needed health services, including sexual and reproductive health services

and COVID-19 response services, and suffering alone at home. If a woman with a disability has to instead rely on a partner or family member to undertake these tasks, that dependence makes them vulnerable to violence and abuse. Outside services provide a network of support for women with disabilities that allow them independence and give them an avenue to leave violent home environments, particularly important in times of increased isolation and heightened violence.

- Furthermore, without these support services, persons with disabilities are more vulnerable to being placed in long-term residential care institutions, in violation of their right to independent living. Women, girls, nonbinary, and gender non-conforming persons with disabilities may be especially vulnerable, as their lives are considered less valuable than men with disabilities in many settings and thus family may be less willing to provide them with support. While institutionalized, these individuals are also more vulnerable to violence and abuse.
- Governments must ensure that support services for persons with disabilities continue to operate and that those who work within them are provided with Personal Protective Equipment (PPE) to keep themselves safe.

6. Women, girls, nonbinary, and gender non-conforming persons with disabilities must be included in response efforts related to COVID-19.

- Women, girls, nonbinary, and gender non-conforming persons with disabilities are a significant portion of the population and know best what their needs are and how to ensure their rights. States are required under human rights law to ensure that these individuals are included in the design, implementation, and monitoring of programs that affect them. These include response efforts related to COVID-19.
- Governments should ensure that women, girls, nonbinary, and gender non-conforming persons with disabilities are consulted throughout the crisis on how to meet their needs, including related to healthcare, prevention of gender-based violence, and meeting basic needs. They should also ensure that information related to the crisis is available in a variety of accessible formats, including easy-to-read, sign language, and Braille formats, and that special measures are taken to ensure that women, girls, nonbinary, and gender non-conforming persons with disabilities receive this information so that they can advocate for their rights and ensure their needs are met.

This Statement was drafted by Women Enabled International in consultation with Red movimiento estamos tod@s en acción (META), Disabled Women in Africa (DIWA), CIMUNIDIS, Women with Disabilities India Network, and Lisa Adams. Please send any comments or questions to Amanda McRae at a.mcrae@womenenabled.org.

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