
The COVID-19 pandemic has both highlighted and exacerbated existing inequities across populations that live in the margins and are traditionally excluded, neglected or discriminated against in government policies. COVID-19 responses across the globe have compounded the effects of existing poverty, inequalities, and discrimination based on ethnicity, social and refugee status, disability, sexual orientation, and gender identity. We call on Member States to engage and support civil society to identify and address the needs of the most marginalized and vulnerable.

Women and girls specifically have been suffering. We have seen an increase in gender-based violence due to lockdowns and lack of access to maternal and child healthcare due to the disruption of non-COVID-related health services. Member States must:

- be guided by evidence-based programs and strengthen health workers’ capacity to respond to this violence
- catalyze greater awareness on the prevalence, consequences, causes, and preventability of all forms of violence, in particular against women, girls, and children, and
- address any disruptions in the continuum of care for maternal and child health services.

Women represent 70% of the health workforce globally and as such are faced with demands at work and in their home, taking care of patients, sick family members, and providing care and nutrition to their children. Governments should also provide women with childcare, sick leave, and other financial protections to support their livelihoods.

Overall, we urge Member States to lean on the principle of “Leave No One Behind” and take on the challenge of tackling deep-rooted inequalities and exclusion and focusing on the inclusion of the poorest, most vulnerable, and marginalized populations.