

"Informal briefing on UN-Women's work for women and girls with disabilities in the joint response to COVID-19 crisis"

Thursday, September 17th, 2020

Speaker: Dear colleagues I would like to welcome you to this morning's briefing and the first of two post sessions to be held for the remainder of 2020. Many of you have followed the sessions of the second session over the past two days, closing yesterday with the adoption of four of the sessions. Thank you for your participation and for joining us today on an important topic to you and women and Finland alike.

Having these standalone briefings is powerful and important in streamlining the sessions. I think this is to the benefit of these individual items. We will then have more space and more attention to concentrate on these important topics.

Today's briefing organized by UN-Women and cosponsored by the Permanent Mission of Ecuador should inform the board on its work with women and girls in response to the COVID-19 crisis. The important role the Mission of Ecuador has had in underlining the need to always look after persons with disabilities in all United Nations policy.

We are aware of the immeasurable impact that the COVID-19 pandemic has had on the world. However it's important to assess how this crisis resulting from the spread of COVID-19 is deepening preexisting inequalities and exposing cracks in our systems.

Women and girls with disabilities are vulnerable in this regard.

Today we will hear more about what needs to be done through all systems to ensure that as we build back better and that the rights of women and girls with disabilities are addressed.

Please help me welcome the following colleagues, Anita Bhatia, director resource management for sustainability and partnership with UN-Women.

The United Nations coordination provider for UN-Women

. . . we will first hear from the exercise director and followed by a dialogue on gender responsiveness and gender inclusion. We will go then to a question and answer session. Then we will return to the podium for closing remarks.

First Anita Bhatia, please go ahead.

Speaker: Thank you so much. It's great to be back with you again today. Nice to see you again and to see others. Excellencies, distinguished delegates and United Nations colleagues. I'm honored to join you on this important topic. I'll try to keep it brief. We want to hear from the team on the status of the work.

But reflecting on a few things. As you said, Mr President we know that women and girls experience forms of discrimination and exclusion. When you think about it it's not surprising that women with disabilities are 3x more likely to have no access to education or healthcare needs and 2x less to be unemployed and more likely to experience violence. It's not a pretty picture.

As you said, the crisis has shown that our systems for people with disabilities don't work. It exacerbates discrimination experienced by vulnerable populations under ableism, the patriarchy, racism, and classicism.

We know through surveys there is a real issue here. For example, a recent survey of women trans, and non-gender confirming showed that in lockdown these people were less able to escape violence. So we see an increase to access in services but this population is more reliant on formal methods of support and so the situation is worse. The impact of healthcare related risks and inadequate social protection constitutes a constraint to the enjoyment of human rights by this population. They are at a higher risk of contracting COVID-19 but they are excluded from policy health measures that don't address the complex issues of this population.

It impedes people's abilities to make informed decisions and flex agency.

We can change this with public policy interventions. Through enhanced coordination in the United Nations system made up in the team here to present the information, composed of all parts of the system we are committed to working across the system and encourage the rights of women and girls with disabilities.

The focus of our initiative is to support country level responses and the broader United Nations response to COVID-19 through knowledge based learning and guidance on people with disabilities.

Another thing we will focus on is the disability inclusion strategy. We want our organization to meet the standers of others and for women and girls with disabilities.

An example of the response work we have been doing in Moldova we have provided psychosocial support to women with disabilities online that target this population. And our office in South Africa has included disability inclusion access to address violence against women. These are not the only places where we have been working.

Mr President we appreciate Finland's work on this as well as Ecuador. I want to assure you on behalf of UN-Women management we take this very seriously. I hope you see that depth in the presentation that will follow. Back to you. I apologize in advance that I have to leave this interesting session a bit early to manage another appointment.

Speaker: Thank you. I share your positive assessment on the progress of inclusion of persons with disabilities. This is major progress but much work still needs to be done. But thank you for giving so much attention to this issue. We appreciate it.

I'll now open the interactive dialogue on disability inclusion and the response to COVID-19, please welcome our next speakers on the partnership of the rights of people with disabilities.

I give the turn to . . . please, the floor is yours.

Speaker: Thank you Mr President. And thank you everyone who joined this important event. This is an area that falls between the cracks and some of the statistics mentioned, they give you a flavor of the critical challenges we confront together as a United Nations system. This is not something the United Nations alone can tackle.

Together we will do a joint presentation. But I will also present a bit of the UN-Women and what we do as an entity. The two examples she mentioned, these are not the only two. We are working in other areas as well and will share examples. Then our next speaker will share the joint intervention and tools.

I'll highlight in the 20 years of our involvement what we are doing for women with disabilities in peace and conflict settings. The challenge of healthcare is even worse.

First slide. I will mention some of the challenges articulated by the opening statement, Mr President. We mentioned that the risk is greater for contracting COVID-19 with women with disabilities. They are not like other marginalized groups. They need to depend on others for some services.

By this statement, I am not saying all the challenges of disabilities are of equal nature. If you talk about physical disability, mental disability, learning disability that whole spectrum is wide. There's more exposure to the risk that's being posed by the pandemic.

There's greater risks in the last 7 months, with illness and death in COVID-19 for these specific groups. Also then this creates more challenges due to the preexisting mental health conditions, decreased access to healthcare, Medicare and housing, and disproportionate impacts on livelihood and inadequate access to social protections. These can already not be sufficient for the population. But with COVID-19 these resources are diverted to the front lines so that leaves a wide gap in the countries that we serve on the ground.

One of the less highlighted area, is increased discrimination and violence. This target group faces this.

Next slide. What is our approach to this? I won't tackle disability inclusion as a whole. We look into a number of areas, not COVID-19 specific. But one, we are looking for more robust knowledge and types of models. We don't want this a headquarter driven exercise with support. We are working with our regional offices to get a concentrated knowledge based for women and girls with disabilities in conflict and post-conflict settings. We are developing these in our regional offices. This work is happening fast.

We are also looking at support services to make United Nations officers as part of the cities and more inclusive. We promise two things, the more inclusive process and more inclusive management processes.

Inclusion is easier said than done. It's not just about building or accessibility but it's about how we practice our management and the ways we look at human resource. These are long term investments.

The third approach, diversifying our practice and initiative and resource base. We want to do more with less. Member States, IFIs we have productive discussions with them and our United Nations partnerships. We are working with Habitat looking at cities and inclusion agenda. Some partners are present today but we are working with the International Disability alliance too. NPTF fund, that's been already partnered with us and is joining us today.

For the interest of time, I will highlight a few deliverables for the information of the Member States and stakeholders today that we have already done in launching this program. [Switching transcribers.]

We started this as early as April. To understand the emerging needs of women with disabilities so we

don't develop this out of isolation in headquarters without understanding the real challenges individuals and stakeholders are facing. We've done targeted webinars to address issues of women with disabilities amid COVID-19 and violence against women with disabilities. We're introducing policy. The secretary general's office made sure we're addressing gender and inclusion.

We're providing psychosocial support. Moldova was mentioned. We are continuing to expand into different disabilities. Offices in Africa are prioritizing this as well, so that we're ending violence against women with disabilities. We're also going to other spotlight countries so that we can do more with less.

One highlight to mention is that we're establishing a help desk. Countries can message us and we can meet the demands and needs of stakeholders.

This is a flavor of what we've done before a UN-wide approach. I am handing this over to Ola to address the jointness and early priorities. Then I'll come back to specific women segments.

Ola?

Speaker: Ola, the floor is yours.

Speaker: Thank you. Thank you for the invite and we really are keen to share what we're doing and the future planning and engagement for supporting disability inclusion at a country-level, especially with women and girls with disabilities.

This is a partnership since 2011, responding to countries' needs to commit to the global commitment on the rights of people with disabilities. It's operating through a multi partner trust fund, providing support to countries through joint programming, knowledge, and capacity building to ensure we can keep with the global commitment.

It was clear early into COVID-19 that people with disabilities and specifically women and girls with disabilities are left behind in countries lacking an apparatus. We have enacted programs in 30 countries, and it's obvious there needs to be an immediate response to support those countries and people with disabilities. As it was addressed, the issue is not something we could oversee. It's a life threatening situation. Women and girls with disabilities are at most risk, not just from exclusion of services, but being more vulnerable to violence. There are no mechanisms to protect them or even provide the right services as needed.

To mitigate the situation, we had different strategies. We provided the help desk to support existing programs and to redirect activities to make sure existing programs are tailored to response to the situation. We also opened the opportunity financially for countries asking us for additional resources in order to ensure we have activities that response to this situation.

In the four countries we provided that, there has been a lot of attention provided to women and girls with disabilities, especially with sexual and reproductive health issues and social protection.

Even with education, we're working closely to make sure access to information is available for people with disabilities. Many groups of people with disabilities, superficially women and girls with disabilities, are disconnected. They aren't aware of how to protect themselves or access services.

The most important strategy is a global initiative where UN-Women, as a main member, is

coordinating. This is to make the best of the in house expertise in responding to the situation and in supporting countries in the next wave of thinking amid the crisis.

The global initiative is intended and was launched in July, meant to last one year. It brings together main non-UN agencies. It had three objectives. One is to provide immediate information and tools and guidance to response to the situation and to work with governments and civil society actors in a way that's inclusive. This is not the case in most countries.

The second outlet is to make sure women and girls with disabilities and organizations of people with disabilities are equally engaged in the process. We've seen even from beyond this crisis that they're not always equally engaged. They don't have the voice or access to information. The actual realities of people with disabilities are missed. We are ensuring what we do at any level is systematically engaging people with disabilities, women and girls with disabilities. We want whatever is produced to be accessible to them so it's not difficult to comprehend and so they can engage.

Last, we need to learn more from this situation. We have seen from previous global crises and pandemics that disability has been missed. There wasn't enough evidence to see what has worked well or not. There is a lot of knowledge and evidence to inform future steps, even with the socioeconomic recovery plans and the governments' reflections on them. Capitalizing on this space is really crucial. I'll talk more about the outputs and deliveries later. I'll stop there with how the program will look.

Back to you Monjurul.

Speaker: Thank you. Through the joint initiative, UN-Women is planning to achieve a number of things. We mentioned what we're doing in addition to the program. Within the context of it, we are to make sure our regional policy and knowledge and analytics are up to date. We're doing that with regional offices around the world. We will not be able to do this in every region at once, given the capacity and challenges in mobility during COVID-19.

That is a key cornerstone for intervention.

We're doing joint knowledge development for organizations for people with disabilities. We want things more rooted in their realities. We're going into good practices on gender disability and violence and their realities during the COVID-19 response.

This is happening as our offices and cities are responding. We are also factoring our own strategies for implementation. We're developing advocacies. We're calling it "knowing your rights." We are doing stakeholder concentrations. We've done one already.

One challenge of the refugee, migrant, and this crisis is the psychodrama and challenges women are facing. Our offices are dealing with refugees and the psychosocial trauma that has impacted many women in the camp situations.

We will work with them comprehensively on the check list. We're developing guidance and checklists for corporate gender and disability issues to facilitate inclusion.

Over to you, Olga.

Speaker: Thank you. Our implementing members have different abilities. It's really a diverse type of

engagement and knowledge with United Nations country teams to ensure what we plan to happen is inclusive and engaged equally with the right stakeholders.

As you can see, we're able to produce knowledge in terms of checklists and key issues we've identified. There are issues around accountability and mechanisms to really understand the implications of the situation on the most marginalized groups, including women and girls with disabilities. We are looking at recovery plans and how inclusive they are.

Sexual-reproductive health policies and services are key, but in my experiences, women and girls with disabilities are missing out on that. There are gender based violence and education issues. With remote learning, we have seen the struggles for children with disabilities.

In addition to knowledge products, each agency has their own webinar, but we are planning a collective series that will be launched in October with our members and other partners. We'll be engaging with global experts to provide some key guidance to countries with the best expertise available. That will be available for government offices and actors as well.

There are the case studies looking into the understanding of the current situation. We have the briefs that will be available. The guidance note. It's about access to information, technical guidance, and support.

I want to mention that we launched our upcoming call for proposal. We emphasize we want to see a schematic mainstream consideration of the rights and needs of women and girls with disabilities. We highlighted the COVID-19 situation needs to be reflected, and we need rights of people addressed.

We're going to systematically, based on our new strategy, ensure our future programs will be more strongly addressing the rights of women and girls with disabilities. Thank you so much.

Speaker: The last slide is on a specific area. Countries in conflict and a post conflict setting had a greater share of challenges, including transition nations. That includes United Nations agencies as well.

We looked at two specific angles. This is 20 years of 1325. This is the first year of 2475, which endorsed protections for people with disabilities in areas of conflict.

We're looking at what the institutional challenges are for making rule of law more disability inclusive. This is more challenging during COVID-19 where the visibility of women with disabilities are really low key. Women themselves are struggling to be involved in national action plans and security. We want to explore what our status is. That will be finalized this year, later in October. We'll be observing 20 years then.

We're looking at intersectionality and rule of law and security. This considers barriers faced by women and for people with disabilities in a COVID-19 situation.

These two will give us an entry point to support our UN mandated missions, for security Council and politically mandated missions both. We will have specific tools to address women with disabilities in a pandemic situation, especially where the situation is much more grave than a region not in conflict.

With this, we will close our presentation and are happy to respond with questions later on.

We want to do and learn from our colleagues on the ground. We want to reflect that in our programming. This is critical for women so that we can factor it into the narrative of leaving no one behind.

Speaker: Thank you for your presentation. It was instructive. Now I give the floor to Leyla Sharafi and Amanda McRae.

Speaker: Thank you. I would like to share my screen if that's OK. Is the visible?

Speaker: We can all see. Thank you.

Speaker: Thank you so much to UN-Women for inviting us to talk about our partnership. I'm Leyla Sharafi, gender advisor at UNFPA. It's a pleasure to share this work and to hear about our sister agencies' work with improving rights of women and girls with disabilities.

[Switching transcribers]

Sorry. Just give me a second. I'm having technical difficulties.

I can't advance the slides. Okay. I'll just speak then. The share screen function is not working.

Sorry?

Speaker: I can share your slides. Give me one second.

Speaker: I just sent it, Priyanka.

Thank you so much again. I wanted to say echoing others, persons with disabilities face discrimination and barriers during COVID-19. We have been highlighting this.

We know during crises and COVID-19 is no different, and that gender based violence against women and girls increases. Especially against women and girls with disabilities.

I know there were stats at the beginning of the session and according to our research, women and girls with disabilities face up to 10x more violence. And with a crisis like COVID-19 that's even more exacerbated.

Sexual and reproductive health and rights for persons with disabilities can be severely affected during crises. Persons with disabilities have the same rights to sexual and reproductive rights during any time, even COVID-19.

I planned to show you some resources we developed at UNFP and I hope to show those to you. But for UNFPA our priorities during COVID-19 is to ensure life saving services and making sure that women and girls with disabilities have access to sexuality education and information related to different services.

Like UN-Women we have highlight the gendered implications of the pandemic and we know that practices like child marriage can increase during this time. We use demographic data and intelligence to understand the challenges of COVID-19. We have seen a huge response from young people to show

engagement and getting involved in their communities around COVID-19. We are trying to support that.

Something very important to the conversation today is highlighting the importance of protecting and promoting the rights of marginalized populations, especially persons with disabilities.

As I was invited to talk about the partnership aspect, I'm building on what others have said. The partnership with UN-Women and Women Enabled which you hear more about from my colleague builds on UNFPA's building initiatives. This is a five year program that promotes the rights of women and girls with disabilities around sexual and reproductive rights. All the work that UN-Women has done with inclusion and that our colleagues and spoken about this morning.

We were lucky to have this opportunity to support disability inclusion during COVID-19, that was spoken about. This was an opportunity for us to come together.

We saw collaboration opportunity around gender based violence. This builds on cooperation that both entities are already undertaken under different services. It really builds on what we already are doing as two United Nations agencies. And the work around disabilities. We have done work and joint events together and looked at for example, the UN swap as a space where we develop more disability inclusion. It's not the first time but it's a great opportunity to work together.

We bring strength and maximize funding and share expertise and operational cooperation. This one is important. All intentions might be great, but if we don't manage to bring the operations together, like work plans, and transferring funds and working with our IPs, having similar IPs, these questions are important when you do a joint program. And importantly joint strategizing. This is important when you talk about issues that get left behind. Like disability. It's important to put our heads together and reach Member States and reach financing.

As UN entities we have our mandate specific work. But there are areas where we should collaborate. Then the United Nations PR machines is so important to enable that cooperation. It helps us be more efficient and harmonize and avoid duplication.

During COVID-19 I will close by saying that there are already tremendous setbacks for women and girls with disabilities. We see women's rights threatened and there's already a backlash on gender equality and women's rights but it's worse during COVID-19 because there's measures that are forcing women and girls to not have access to their rights.

The socioeconomic impact is immeasurable. But 70% of healthcare workers are women. The care burden is tremendous on women and girls. They are not in school so they get more care work. And again increases in violence against women. We don't know the impact on programming for women and girls. That's a major concern. Then if there are issues like disability they get less funding.

But I think think opportunities are great so that we can build back better together and forge stronger partnerships. In UNFPA we have talked about bringing together the peace nexus. It's a development emergency and a humanitarian emergency. COVID-19 has helped us see how nexus comes to life.

The joint approach together with the UN PRPD shows us how to be most efficient with resources. And in a time like COVID-19 you really have to pool together, and this is what that project has allowed us to do.



So I'll end there and Amanda can tell us more about the specifics of the project. Thank you.

Speaker: Thank you Layla and for the opportunity to participate in the meeting. Women enabled International works to advance rights at the junction of women and disability. We are so glad to continue our partnerships.

With the specifics of the projects that Women enabled is working with, one priority of the project is to document the lived experiences of women with disabilities on the ground. This is related to gender based violence and sexual and reproductive rights along with things that impact that, like meeting basic needs, access to employment and education and access to more broad healthcare related to COVID-19 and disability related needs.

Women Enabled had the opportunity early on to conduct a global survey of women with disabilities to get a sense of their needs and issues back in March and April. This collaboration gives us the chance to dive deeper. We are working with 7 organizations of persons with disabilities all around the world, women led organizations to dive into those issues and get a sense of what's going on. You will hear from my colleague from Sri Lanka in a moment.

Through virtual consultations at the national and regional level we are getting a sense of how this crisis is impacting people around the world. We will hold 16 of these in conjunction with our partners covering almost every region of the world and then doing a written survey as well.

This is a variety of national and regional contexts and circumstances that the survey will cover. In some sense the fact that these are virtual and can be done from a long distance increases our access to women with disabilities in several locations as compared to the pre-COVID-19 context.

Based on the findings of these consultations we will draft gender based violence and sexual and reproductive rights checklists. These are targeted to the country teams so it meets needs on the ground and making sure it's reaching people who need it. We also work with service providers and Civil Society organizations that support women and girls with disabilities on the ground.

We are also doing an impact assessment as it impacts women with disabilities in several countries and a compendium with best practices on that topic. And a "know your rights" materials specifically focus on women with disabilities so they know their rights and can advocate for themselves more effectively.

This partnership has allowed all of us to create a full package of resources for governments healthcare providers, United Nations country teams and women with disabilities themselves to help them respond to future crises.

Thank you very much. I think from here I pass the floor on to Niluka Gunawardena.

Speaker: Mr President, distinguished participants, thank you for allowing me to present on the work that women international is doing.

[Audio cutting out.]

Um, . . . [indistinct.] . . . hear me?

Speaker: The connection is patchy but we can see you. Please try.

Speaker: Alright. Then I will share my screen with you to make things more accessible.

Sri Lanka's involvement means we are investing in building leadership capacity with women with disabilities in Sri Lanka. I am part of the Sri Lanka part of the consultation. This consultation was conducted just two days ago.

Looking at the ground level realities of women with disabilities I will share the findings with you today.

One very basic thing that came out was the dialect of access to basic needs among women and girls with disabilities. Especially women and girls in rural settings in Sri Lanka. There was no transportation or travel.

Women who were cut off from the main roads, they didn't know there were transportation options. Women said they couldn't get to the food trucks on time. Also there were sanitary napkins running out in the countries because it wasn't seen as an essential service.

There were short periods of time when shops were open and people had to queue up and social distance. But this wasn't practical for women who couldn't stand in line for a long time. Or for those who couldn't social distance because they needed personal assistance. Also for deaf women. People don't realize you can't lip read with a mask on for example.

So there was a great fear of contagion and COVID-19 stigma. People were left on alert. People weren't checking up on their neighbors anymore so there was a degree of abandonment.

Also less access to healthcare. We had a service that would take you from your home to the nearest hospital but they wouldn't drop you back at your home. And at this time there were no alternative publicly available modes of transport. So people were ending up at hospitals with no ability to get home. These existing inequities were exacerbated during this crisis.

Women with psychosocial disabilities and their issues were exacerbated too. They were contained to their homes. We saw an increase in calls to call-in service. Also, women who need more access to rehabilitation, or how needed just diapers, they struggled to get access to services and to items. It makes you rethink what is essential for women or women with disabilities and persons with disabilities in general. We see things that are essential that we wouldn't think about otherwise.

I was also surprised to find out that mental health issues were not seen as that important. Mental health hospitals were not admitting people. It was hard to get treatment for non-COVID-19 related conditions. Those on long term medication were having problems too. People had to resort to more traditional forms of medicine, or home based resources.

Access to information was an area lagging marked By participants. In Sri Lanka these news items . . .

In Sri Lanka we didn't have access to understand sign language. It wasn't provided on television. Or like the hotlines, these were supposed to give out information related to the COVID-19 pandemic but there was none with disabilities.

The other thing, a lot of people in my country, persons with disabilities and especially women with disabilities living in care homes, or homes for children, there was a lack of accountability. People didn't have access. The heightened risk of contracting COVID-19 in these institutional settings was a big gap we were looking to address in this region.

I could talk more about this in the Q&A.

With social protection, there was Rs 5000 living allowance for vulnerable populations but it was limited. Accessibility was problematic. This is also the case in this country when it comes to emergencies. It's often Civil Society organizations that need to fill in those gaps.

As Layla talked about there's an escalation of gender based violence in this time. There is restriction of home based environments and then a breakdown of community supports. We hope to follow up more on home visits.

Also reports of sexual assault and police harassment of persons with disabilities. If you look at the media there are reports of more police harassment and. Police is a huge issue now around the world. Young people were stepping out for just a few hours and being detained by police and they claimed he was an alcoholic. This puts the spotlight on the need to educate those in the healthcare sector and the law enforcement sector.

There's no desegregated data for the prevalence of GVB. [Switching transcribers.]

They don't have accessibility equity or access to iPads or laptops or smartphones. The lessons online for students who can't read aren't accessible. Some students are blind and have inaccessible content.

If you have a place with just one or two computers, there's a tendency to prioritize the education of children without disabilities.

In Sri Lanka, we have special schools. For example, schools for children. Those students learned sign language in their social, but nobody in the home is proficient in it. No one in the community is. It can be frustrating, leading to alienation.

Looking at the area of sexual reproductive health rights. In Sri Lanka, there are lots of taboos related to it, especially in relation to women with disabilities, who are assumed to be asexual. We're not included in the general conversation around sexuality. Curtailment of services as well as a lack of information during this time. Even home based services.

Women experiencing pregnancy weren't able to receive information or services.

Another concern is a lack of privacy. Especially for learning impaired women. They rely on intermediates or interpretation. If you have a lack of those services, such women are almost doubly affected by the scenario.

It's very interesting to read the consultation. In Sri Lanka, sexuality is seen through the lens of marriage. People think women with disabilities aren't afforded roles like motherhood or others. Women with disabilities are seen as burdens. A lot of the work, and even the livelihood is done by women with disabilities. That comes to the economic impacts.

A lot of women with disabilities are self employed. That's something we don't emphasize. During the COVID-19 pandemic, small businesses and shops like dress making have had to stop. That means an income loss, leading to increased dependence. There was another curious thing reported. I mentioned a 5000 rupee living allowance from the government.

Someone receiving it couldn't receive any of the benefits for-- I will wrap up soon. Sorry.

They couldn't receive any of the benefits available. Systems were getting payments for your employees during the COVID-19 period, for example. I won't get into details due to time.

DPOs have been very proactive in lobbying and locating and making sure what few services available were available for people with disabilities. A lot of work was done in providing education and health services access to stakeholders so that they could play an active role.

For build back better, we need to address systemic issues. We need to prepare for a second wave and emergencies. We need to look at what we consider basic. Women's health products and diapers need to be considered basic. We don't really think of these things. We can't have a generic person's response. It needs to be specific.

Quite a few other things here. I think it's an eye opener, the COVID-19 pandemic, especially when it comes to the state of women and girls with disabilities in my region.

Speaker: Thank you so much for a very concrete view from the ground. Now we are moving into our question and answer session.

We have a new head of unit of development and human rights in the Finnish mission at the United Nations. I would ask Kaarina Airas to moderate the session. Kaarina, over to you.

Speaker: Thank you and all the panelists. It's my pleasure to be here. Although I've recently joined the mission, I have a background in both women's rights. I also know about disability inclusion due to previous assignments in Geneva and Helsinki.

We still have a little time before closing. Before the Q&A, I was hoping to check with the panel. Maybe we can benefit from having these panelists here. I would have a few questions in mind. In the interest of time, I don't think we should go through every one of you. Maybe I pose a question, and whoever feels like having something to say might take the floor.

If you have a question for your fellow panelist when listening to introductions, or we have quite a number of member states present in the panel. Before we give the floor to them, maybe you would like to raise an issue or have a wish for a member state. We are here and would like to help you with this mission of disability inclusion in COVID-19 times.

Is there someone who wants to take the floor?

Speaker: This is Monjurul. Welcome aboard. One answer or information would help all of us, UNFPA, UNPRPD, UN-Women, and our valued partner from Sri Lanka. And those who are not here today. Many partners could not come due to time and format.

This is an enormous area of work. No single entity can achieve this. It also poses particular complexities and challenges given that many of our very important government partners who had large social institutions and ministries have their own large capacity in their countries and provinces and smaller administrative units.

How can we really connect better? What we're experiencing is how disability agendas are sometimes overlooked. When the priority comes in, this has been not be prioritized maybe for a good reason. But it's later not addressed. That causes a lot of challenges. Sri Lanka's story is a story for all of us.

For member states, It would be useful to guide our program to your specific needs. After this informal, if I may ask, the missions who kindly joined us could share some updates from their perspective and what they expect from us based on the presentations. Is there anything they could really support or join in a different form? You could have different information transfers. We could work together with different regional offices. I'll stop here. I think this is one area Baeyoung PRPD. How can we respond better and add value? Over to you.

Speaker: Excellent idea. Other people who are engaged in the issue are present. Hopefully we can benefit from this. Anyone else in the panel who would like to react?

Speaker: Go ahead.

Speaker: Go ahead, Leyla.

Speaker: One thing that's been helpful for us as UNFPA in pushing for internal disability inclusion is to have executive board members encourage us to explicitly include disability targeted indicators in the strategic plan. It's helped us move beyond as a matter of principle and value, wanting to have disability inclusion. It's also very practical, including it in the program framework and putting pressure on us to do so. It's been very valuable in pushing it programmatically.

Another example is when there's support extended for specific programs, such as for gender based violence or collecting data around it, as was done in our Asian Pacific region, one thing we were encouraged to do with support of funding to strengthening funding around domestic violence work is to have desegregate information. Having the support of member states to push us to be more disability inclusive, whether through partnerships on specifically funded programs, or when consulting with board members on strategic plans. It helps us internal advocates push for those issues as well. I wanted to say that. Thank you so much.

Speaker: Good to hear the pushing is helpful.

Then Ola?

Speaker: My point complements Leyla's. From our experience in the last few months, we know this crisis has affected the whole globe. The economic implications in many countries will be remaining high. The concern I want to raise is investment on inclusive development in the future keeping in mind the specific attention when it comes to the most marginalized.

When we come to financing future socioeconomic plans, this is really important. We need specific programs that will address the issues that no one else can look into, making sure the complement of all the expertise is very key.

This is an area to flag since we're already sensing the implications on the ability to respond to the high demands. We understand the financial implications are significant for everyone. I'm raising this concern since we don't want disability to be forgotten in any considerations of financing inclusive recovery plans.

We want member states to work with us really closely and to push reforms in governments in how to reflect on reforming policies in a way disability isn't missed. As always, we come a bit late. The government has reformed a system, but it's hard to negotiate disability changes when everything is on paper.

As early as possible, work with us to make the message unified. That's just as important as a financial investment or a push for the right guidance for countries in a reform process.

Speaker: Thank you for that. At a systemic level, I wouldn't be too worried that disability gets more forgotten than now. It's really on the table, and I'm hoping it will be visible in all our work.

In the interest of time, let's hear from our audience. Instead of raising hands, I hope you will use the chat box. I see the Elizabeth has taken the floor. Would you like to also say something?

Is the mic off, or did Elizabeth already leave the meeting? I'm not sure. Maybe Australia. Ms. Oliver.

Elizabeth had to leave, but we will note the remarks. Please, Australia.

Speaker: Thank you for giving the floor. Welcome to New York. Thank you to UN-Women and UNFPA. It's been helpful. I like this innovative way of moderating. It encourages more interactivity. I will not read out my statement, but ask some questions. Leyla, thank you for the example of what we can do to encourage a more rights based approach.

For those bits of the United Nations that are further behind, understand it's very challenging to meet the needs of people with disabilities. Other than funding, what more can we do to encourage a more joint approach?

Speaker: That's a good question. Funding is self evident, but what more can we do? Are we getting any more statements or comments or interventions from the floor? Currently, I don't see many. Since you mentioned Leyla, maybe she'll want to respond.

Speaker: I think everyone on the panel is well placed to answer as well, but beyond funding, it's the solidarity and the technical support. We see member states have been technical partners. In many ways, some of you are leaders in your home countries on these issues.

We want this to be a broad partnership, whether technically or financially.

Keeping up the advocacy in your own statements and keeping it alive at the normative level in your intergovernmental processes is key. In the United Nations, it's our role to support member states. Keeping up this discussion in the normative space is really critical.

Thank you to those who really are doing that. I think the fact we do have a UN disability inclusion strategy, which is one framework for the whole UN, the fact we are seeing more funding toward this

issue, and really just more attention in general in the last few years to disability inclusion is an indication that your support and advocacy is helping.

Thank you.

Speaker: Thank you. Monjurul?

Speaker: I endorse what Leyla has mentioned. I would also mention political support is critical, particularly intergovernmentally. That will really help us. When the UK government tried to mobilize for the global disability summit. When Australia is raising the bar. When Finland is talking in the executive board. When India is stepping up and mentioning inclusion and disability could be one area. When China is hosting a global forum in Beijing for women and women with disabilities. Every one of those move it further.

I would really plead for countries in countries in conflict. I have see the struggles women with disabilities face in terms of good health coverage and accessibility issues. I think those are areas the UN can step up in terms of presence and missions and cooperation with the international community, in places where you have issues of access to basic services.

Speaker: My apologies to our Swedish colleague. I have a blind spot for raising hands. Thank you for writing in the chat.

Speaker: Welcome to Kaarina. I wanted to thank Ecuador and Finland for organizing the briefing. Thank you to all the speakers. It was a fantastic layout for the briefing. Each of you complemented the others. It gave a broad spectrum of how we're working and the tools and resources being provided.

I will say Sweden commands all the work you're doing. I have a question for Leyla.

Is the tag for disability follow up enough? Or is more needed to follow up with results?

I attended a webinar on universal health coverage. The challenge of data coverage over marginalized group was one of the key messages coming from that event. I wanted some comments on how local NGOs could lend a hand in collecting that information. They aren't covered or visible in the data.

Speaker: Thank you so much. I think Monjurul can try to answer that.

Speaker: Tag is not enough, but it's an important step. We are in a position to compare our office activities in the last 5 years. We've seen a gradual increase in progress and the number of offices approaching disability.

I will be brutally honest with you. If we really look at leaving no one behind and developing a UN wide narrative, it's an important gap. We don't have a convincing narrative of leaving no one behind. We're doing our best with the mandate, but it's sometimes not enough.

We independent partners working on it. We have disability markers for disability allocation. In terms of mainstreaming, we are seeing advancements in UN-Women, UNFPA, and all our partners. That's the second important step in developing and adapting a disability marker. I'm hoping the new strategy plan will advance and secure this gain. Thank you for your support.

Speaker: Thank you.

Second question on the data and data collection? Do you want to comment on whether there are difficulties there?

Speaker: I think that was a really great point raised. A major issue across disability work in Sri Lanka is a lack of data. Can you hear me?

Speaker: Yes, very well.

Speaker: When it comes to gender based violence, we have national data, but we don't have desegregated data. We had an election during the COVID-19 pandemic. In terms of access to elections, having an understanding of the needs of people with disabilities ties to the lack of disability specific data. That became an obstacle during this election.

Targeted research like what we're doing with women is really important in creating a knowledge base. Investing in knowledge, creation, and research is something to really think about as a global community.

Speaker: Thank you.

Elizabeth from the EU is back. Do you want to take the floor?

Speaker: Thank you. I had to step out, apologies. I put something on the chat. I want to give this feedback to the organizers. We really thank you and the women in Finland and Ecuador for raising this briefing.

Women and girls are a very diverse group of persons. Despite the devastation of the pandemic, we should also remember and give full credit to the many women with disabilities who are participating and encountering the effects of the pandemic. For instance, by producing facemasks and other PPE. Participating in providing hygiene and prevention information.

The EU is interested in the progress of implementing the United Nations implementation and empowerment of women with disabilities.

The new EU gender action plan will have the strength to focus on intersectionalities, and we intend to have the same in the next EU disability strategy, which will also be renewed very soon. We do need cross cutting and cross sectional strategies and approaches to effectively advance the quality of persons and women with disabilities. Thank you for taking this initiative forward.

Speaker: Thank you and everyone. I see we're 5 minutes past our time. At this point, I should thank everyone. I don't see more requests for the floor. Thank you to the panel and for the statements. I'll hand it back to Jukka.

Speaker: Thank you for making the session so interactive. It was nice hearing from the panelists again. We're past 1:00. I know we can take a few minutes more. I understand if anyone has to leave. Let me say a few closing remarks.

Many thanks for being with us today. You know that disability is a long term priority for Finland's



human rights and develop policy. I want to extend thanks to participants and UN-Women for co-organizing this briefing. Many thanks for everyone being here. We know the COVID-19 outbreak and global crisis has exposed barriers and biases against people with disabilities all over the world. Women and girls with disabilities have been especially left behind. We need to focus on that specifically.

The international community has made a commitment to leave no one behind. Women and girls with disabilities need to be part of our policies.

This also requires participation of women and girls with disabilities in all the processes that concern them. Build back better calls for systemic changes to policies, services, and communication. We have to recognize that business as usual is no longer enough.

We're committed to promoting disability inclusion and gender equality. I am happy Finland, together with 150 member states signed a joint statement in response to the policy brief on disability inclusion and the response to COVID-19. That's a good indication of a solid majority behind these issues.

Disability is also an integral part of Finland's gender equality initiatives and priorities. One of our priorities is to promote the global disability movement. Almost 70% is being allocated to organizations for people with disabilities. We believe this is a crucial element in inclusive development.

We would like to highlight the importance of ensuring disability is fully mainstream in the UN strategic plan. Finland is funding a junior professional officer with UN-Women.

I would also like to highlight the importance of the full inclusion strategy, where Finland is a partner in supporting the role of inclusive strategy within the United Nations as well as in the COVID-19 response strategy.

We're pleased with cooperation UN-Women and UNPRPD have.

Thank you again for contributing to this session. We really need to continue this important work together. Many thanks for being with us today. This has been a good discussion. The meeting is now adjourned. Thank you.

[End of session]

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