



# ARAB STATES REGIONAL DIALOGUE

## DIVERSITY INCLUSION: WOMEN WITH DISABILITIES & MIGRANT WOMEN WORKERS AMIDST COVID-19

### CONCEPT NOTE

15<sup>th</sup> June 2020 (10-12PM)



## I. INTRODUCTION AND BACKGROUND

Since the World Health Organization declared the COVID-19 outbreak a pandemic in March 2020 at the time of writing the total number of cases globally are now circa **4.5 million** and continue to increase across the world. The cases inside the WHO EMRO<sup>1</sup> region is **335,088** (7.4% of all cases worldwide primarily from **Iran, Pakistan, Saudi Arabia, the UAE, Qatar, Kuwait and Egypt** representing **89%** of the cumulative cases within the EMRO region). Concern remains around the accuracy of data and availability of testing in the region. Mortality rates are **6.8%** globally and **3.0%** inside WHO's EMRO region. The number of confirmed cases is rising in conflict affected countries: **Iraq** (3,404), **Yemen** (126), **Libya** (65) and **Syria** (51<sup>2</sup>).

Women with disabilities (Women with disabilities) are at a heightened level of risk, exclusion and discrimination during the COVID-19 pandemic as articulated by the UN Secretary General (SG)<sup>3</sup>, which contravenes the Convention on Rights of Persons with Disabilities and Convention on the Elimination of All Forms of Discrimination Against Women among others. One in every five women are likely to experience disability in her life<sup>4</sup> and are therefore at a high level of disadvantage<sup>5</sup>. ESCWA estimate that countries report relatively low prevalence of disability ranging between 0.2 to 5.1%<sup>6</sup>. Whilst there is limited data available on women with disabilities in COVID-19 the WHO<sup>7</sup>, Organisations of Persons with Disabilities (OPD) and anecdotal agency evidence underpin the United Nations' Deputy Secretary General's call for "Stronger partnerships with International Financial Institutions, civil society organizations, the private sector, academia and the scientific community...We are all in it together. But our immediate priority is to address the needs of the most vulnerable countries and communities who risk being left behind" (May 2020).

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<sup>1</sup> Countries in WHO's EMRO Region: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Occupied Palestinian Territory, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen.

<sup>2</sup> WHO Updates, May 2020

<sup>3</sup> Ibid

<sup>4</sup> WHO and World Bank, World Report on Disability (2011); UN DESA, Ageing and Disability?

<sup>5</sup> R. D. Truog et al. (2020), "The Toughest Triage – Allocating Ventilators in a Pandemic", The New England Journal of Medicine, DOI: 10.1056/NEJMp2005689

<sup>6</sup> ESCWA "Disability in the Arab Region", 2018. Bahrain, Egypt, Iraq, Jordan, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia and Yemen. Low reporting may be due to non standardized methodology across the region

<sup>7</sup> WHO (2019) Gender Equity in the health workforce: Analysis of 104 countries



This is a cause of concern in multiple sectors: economic, protection services and decision-making. The impact on the **economy** is devastating with ESCWA estimating revenues are expected to drop by at least \$20 billion in 2020<sup>8</sup> and an estimated USD \$42 billion GDP decline with the loss of 1.7 million jobs with nearly 700,000 jobs lost for women.<sup>9</sup> As women dominate insecure and low paid employment, they are likely to be disproportionately affected by furloughs. Women carry out three times as much **unpaid care** work as men<sup>10</sup> and in the Arab states' region women spend 4.7 more time on unpaid care work than men which is the highest amongst all regions<sup>11</sup>. Women's livelihoods are rapidly depleting as they constitute the majority of the under-employed workforce with minimal or no access to health insurance, social security or pension (in Egypt in 2018, 80% of women compared to 63% of men did not have access to health insurance)<sup>12</sup>. The negative impact on Women with disabilities is heightened.

Spikes in the levels of **domestic violence** and sexual exploitation are already evident when households are placed under the increased strains of mobility restriction and physical and financial insecurity and risk, especially among displaced populations in crowded refugee camps<sup>13</sup>. Women are at greater risk of domestic violence and abuse, a common pattern evidenced in past pandemics such as Zika and Ebola<sup>14 15</sup> and shadow pandemic reports<sup>16</sup>. It is estimated that **women with disabilities are up to 10 times more likely to experience sexual**

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<sup>8</sup> <https://www.unescwa.org/news/escwa-warns-historic-decline-foreign-direct-investment-arab-region-due-covid-19>

<sup>9</sup> UNESCWA, March 18, 2020, HT TPS://www.UN SCW a.org/news/least-17-million-jobs-will-be-lost-Arab-region-due-coronavirus-pandemic and "Covid-19: economic cost to the Arab region". E/ESCWA/CL3.Sep/2020/Policy Brief 1.

<sup>10</sup> WHO (2019) Gender Equity in the health workforce: Analysis of 104 countries

<sup>11</sup> ILO (2018). Care work and care jobs for the future of decent work.

<sup>12</sup> UN Women: Women's Needs & Gender equality in Egypt's Covid-19 Response

<sup>13</sup> IASC (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: food security in agriculture and UN Women, COVID-19 and ending violence against women and girls, 2020 <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>

<sup>14</sup> Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Report of the Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone.

<sup>15</sup> S. Hellum Braathen, P. Rohleder and G. Azdale, "Sexual and reproductive health and rights of girls with disabilities: a review of the literature". SINTEF, 2017

<sup>16</sup> Link to Shadow pandemic on Violence against women:

<https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>



**violence than women without disabilities** and have severe access challenges to most shelters<sup>17</sup>.

Despite women being the face of the pandemic their representation in the emergency response is woefully inadequate and they are barely visible in the emergency response task forces where key **decisions** are made<sup>18</sup>. This is more pronounced with the invisibility of women with disabilities in such spaces.

**Migrant Women Workers with disabilities and migrant women:** The Arab States region is one of the main destination sites globally for foreign contract workers, their proportion to local workers in some of the Gulf States is amongst the highest globally. Women migrants constituted 38% of the total migrant population in the Arab region in 2015<sup>19</sup>, concentrated in the informal service and manufacturing sectors, especially domestic work where they suffer from discrimination and human rights violations.

The Covid-19 crisis and lockdown has magnified existing fault lines for these women. News reports and anecdotal evidence from the field reveals that the pandemic is already curtailing identification of victims of trafficking and smuggling due to measures of confinement and the closure of social services which play an important role in identifying them. Further, job losses, homelessness, non-payment of wages, lack of access to information on prevention and protection from COVID, overcrowding in detention centers, living spaces that increases risk of infection, violence, lack of access to testing and treatment are increasing concerns of trafficked, smuggled and poor undocumented migrant women. In addition, there is misinformation about migrants and migration which seems to have intensified with the onset of the COVID-19 pandemic, stigmatizing migrants. Travel restrictions that are part of the lockdown have halted the issuing of work permits barring many migrants from reaching countries of employment. Lockdowns in countries of destination and inability to return to countries of origin in the immediate has left many migrants in dire straits, with the prospect of large deportations for those without jobs, expired contracts and those who are undocumented. **There is no available data on the proportion of migrant women workers with disabilities, although there is some data on disability among refugee populations.**

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<sup>17</sup> Will the SDGs still be relevant after the pandemic? A disability rights perspective/SDGs knowledge hub/IISD(2020)

<sup>18</sup> Secretary General Policy Brief: Disability Inclusive Response to COVID- 19, April 2020 (draft)

<sup>19</sup> Ibid



Limitations of **data** availability on women with disabilities mean the extent of their exclusion in the COVID-19 response and recovery is hidden. Whilst some data is evident in the region namely on Syria, for example, with 27% of the population, aged 12 and above, are persons with disabilities<sup>20</sup> it is unknown how discrimination impacts on their COVID-19 inclusion.

The UN Convention on the Rights of Persons with Disabilities (Article 4.3), the UNDIS and UN Women Strategy<sup>21</sup> highlight the importance of inclusion of women with disabilities. WHO Guidance which states that persons with disabilities “may be impacted more significantly by COVID-19” and therefore targeted measures to the COVID-19 Response and Recovery must ensure the **elimination of negative attitudinal barriers, and the**

**extension of social protection, health care and financial protective measures to persons with disabilities**<sup>22</sup>. The obligation of states to PwD is further emphasized by the Special Envoy of the UN Secretary General on Disability and Accessibility<sup>23</sup>. Similarly, CEDAW, the SENDAI Framework and the UN Global Compact on Safe, regular and orderly migration speak to the protection of all migrant women and women with disabilities

Undoubtedly the pandemic reveals the fault lines of inequality and now shines a spotlight on the extent of our interdependency on collective reliance on public social safety nets highlighting that the “world’s formal economies and the maintenance of our daily lives are built on the invisible and unpaid labor of women and girls”<sup>24</sup>.

## II. The Dialogue

UN Women Regional Office for the Arab States in partnership with the Arab Organisation of Persons with Disabilities (AOPD), the Arab Forum of Women with Disabilities (AFOWD), the Cross Regional Centre for Refugees and Migrants (CRCRM) will host a Dialogue of women with disabilities and other representatives from civil society including women migrants and domestic

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<sup>20</sup> A principled and inclusive response to COVID-19, focused on the most vulnerable  
HI Messages on COVID-19. The prevalence rate for the world population is 15 years.

<sup>21</sup> United Nations Disability Strategy (2019) and UN Women the Empowerment of Women and Girls with Disabilities: Towards Full and Effective Participation and Gender Equality, (2019)

<sup>22</sup> WHO Covid-19 Disability considerations during the COVID-19 outbreak (2020)

<sup>23</sup> Joint Statement: Persons with Disabilities and COVID-19  
by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility

<sup>24</sup> Gender equality experts recommend key actions for Covid-19 response and recovery for G7 leaders, Generation Equality press release 12 May 2020



workers on 15th June 2020 to share their **experiences, challenges, priorities and solutions** for the COVID-19 Response and Recovery plans across the Arab states region.

Participants will be civil society members with invitations circulated through AOPD, other CSOs and UN networks (social media). A joint media brief will be disseminated one week prior to the Dialogue date.

The Dialogue will include testimonies from women with disabilities, women migrant workers, caregivers of persons with disabilities and women leaders within civil society. The dialogue will be facilitated by the AOPD Executive Director (Ms. Jahda Abou Khalil) and ROAS' Deputy Regional Director (Ms. Janneke van der Graaff – Kukler).

Communications for the event will include:

- Sign language
- Announcer message and banner (Arabic and English) shared on the websites for both ROAS and AOPD and social media
- Key media invited to participate in the event. If confirmed, the event will allocate some time for a Q&A.
- Social media coverage during the event (3-5 tweets)
- Post-event story highlighting key messages by speakers and main topics discussed (Arabic and English)

### III. Objectives

The Dialogue offers a space for women with disabilities to share their knowledge and experience and offer solutions to inform policy and program responses to the COVID-19 pandemic. The good practice and recommendations emanating from the Dialogue will be curated and shared out to key networks engaged in the response including the broader civil society, international community and governments. The Dialogue is envisioned as a first step towards creating virtual regional platforms to give visibility to women with disabilities' agency and concerns within the response and recovery frameworks across the region. The inputs will feed into a statement on priorities and recommendations by AOPD/AFOWD.

The Dialogue will be available in alternative formats including sign language and closed caption (TBC).

The Dialogue will focus in on the following issues :

- The impact of the pandemic on women with disabilities and women migrant workers



- Perspectives on the extent of inclusion of women with disabilities of migrant workers within program and policy responses to the pandemic
- Perspectives on extent of accessibility to information and communication on the pandemic for persons with disability and migrant women workers
- Identifying priority recommendations to mitigate the impact of the pandemic on women with disability, their caregivers and migrant women workers

The outcome of the Dialogue will include a curation of the priority concerns and recommendations to inform COVID-19 response and recovery planning and finance.

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**IV. AGENDA (2.5 hours to allow for sign and captions). Chat box and audio chat comments to be captured by UN Women**

TIME	SUBJECT	LEAD
9:30-9:55	Audience admitted to Zoom waiting room	
10:00	Introduction to the Dialogue and alternative access details	Moderator (UNW)
10:05	Welcome remarks by Deputy Regional Director, UN Women	Ms. Janneke van der Graaff-Kukler
10:10	Opening and welcome remarks by AOPD	AOPD Chair, Dr. Nawaf Kabbara
10:15	Overview of COVID-19 status in the region	Ruth M. Mabry, WHO
10:20	AOPD 1 intervention protection services	Ms. Soumia Amrani, Morocco
10:35	AOPD2 intervention leadership	Ms. Katham Obied Matrouceh, UAE
10:55	Perspective from women migrant worker	Roula Hamati, CRCM
11:10	AOPD 3 intervention communications	Ms. Wissal Kazaz, Palestine
11:30	Policy recommendations by civil society	Lina Abou Habib, Arab States Civil Society Network
11:40	Discussion with Q&A taken from the chat box	AOPD Executive Director, Ms. Jahda Abou Khalil & Moderator UN Women
11:55	Summary of priority concerns and recommendations	Moderator UN Women and AOPD Executive Director, Ms. Jahda Abou Khalil
12:05-12:10	Closing remarks	AOPD Chair, Dr. Nawaf Kabbara