

Draft Statement from Soroptimist International for LDC consultation

Soroptimist International(SI) welcomes the opportunity for civil society organisations to submit comments on the Zero Draft Outcome document on the occasion of the 2nd Preparatory Committee Meeting for the Fifth UN Conference on the Least Developed Countries (LDC5).

Soroptimist International is a global women’s organisation that actively contributes to the achievement of the Sustainable Development Goals through empowering local communities to create their own transformative change, supporting the 2030 Agenda. Active in over 3,000 communities across 122 countries worldwide, including in Least Developed Countries, SI contributes to the achievement of gender equality through its aim to ‘Educate, Empower and Enable’ women and girls. By supporting communities to identify their needs, SI projects build local capacity, infrastructure and skills. Our comments are based upon the tried and tested experience and knowledge of Soroptimist International grassroots projects which respond to the needs of marginalised women and girls working in many of the Least Developed Countries.

SI hopes that a realistic but ambitious Programme of Action for the next decade is agreed by all Member States and welcomes many of the targets and actions proposed in the Zero Draft document.

The projects that Soroptimists undertake which contribute to the achievement of the SDGs demonstrate that together civil society and NGOs can achieve transformational breakthroughs for a sustainably developed world. We urge that these comments be taken also against the context of SDG 5 on Gender Equality and its targets but acknowledging the interlocking of each of the Sustainable Development Goals provides a major driver to improvements across all aspects of communities and societies especially for vulnerable and marginalized women and girls.

The Role of Civil Society

Civil society organisations, such as SI, are in a prime position to observe and respond to gaps in efforts to achieve the SDGs. Civil society organisations (CSOs) implement multidimensional projects that recognise the interconnected nature of the SDGs every day. For many, this ‘innovative approach’ is not new; many of these now recognised approaches were used effectively by CSOs long before the creation of the SDGs. Therefore, it is important to recognise the expertise of NGOs and CSOs as agents for sustainable development. NGOs and CSOs are often uniquely placed to support vulnerable groups and can access information and perspectives that it is harder for governments and other services to access.

By integrating the perspectives of vulnerable groups into sustainable development programmes, NGOs and CSOs enhance programmes’ legitimacy and accountability. The qualitative data and storytelling from those with lived experience that NGOs and CSOs bring to the table is essential and useful knowledge as governments plan their strategy to recovery from the pandemic and to achieve the 2030 Agenda. For the actions and ambitions in the LDC5 Outcome Document to be successful, it is vital that the expertise and recommendations of CSOs, including SI, are used to ensure programme efficacy.

Gender Equality (SDG5)

To achieve the LDC Outcome Document targets, women and girls in all their diversity must equally benefit and experience equal outcomes from any actions taken. Increasingly, women and girls are being left behind and are disproportionately impacted by poverty, food insecurity, economic insecurity, a lack of educational opportunities, barriers to accessing health services, and many other sustainable development challenges. Gender-transformative actions which will benefit all of those living in Least Developed Countries, not only women and girls, is particularly important in the wake of the COVID-19 pandemic.

The disproportionate and gender unequal impacts of COVID-19 upon all women and girls was described by the UN Secretary General as a “shadow epidemic”. These impacts are created and compounded by pre-existing discriminatory attitudes, processes and policies that harm women and girls in all their diversity, and rely on outdated and regressive gender stereotypes. Many methods we have to combat COVID-19 are restricted to those with more resources or those from high socio-economic backgrounds. Women and girls in Least Developed Countries have been disproportionately economically impacted by the COVID-19 pandemic in the following ways:

- Lockdowns require that people having space to isolate — the homeless, those living in slums, shared housing, prisons, shelters or densely populated areas cannot access that space.
- Women and girls have faced additional barriers to education and employment as they do not have access to computers, reliable electricity and frequently, family support. This is due to the digital divide or because the needs of men and boys are prioritised within the household.
- For women in lower waged jobs or in the informal economy, it may not be possible to work from home due to the nature of the sector they work in. This puts them at higher risks of facing poverty.
- Lack of access to social protection floors including benefits have also put women and girls at risk of poverty and homelessness. For those who have access to social protections, like pensions, there are frequently gender gaps, with women receiving less than men due to a lifetime’s accumulation of discrimination and discriminatory policies.

These are just some of the ways in which the COVID-19 pandemic has revealed the deep-seated inequalities that exist within our societies. As countries attempt to ‘build forward better’ the world is presented with a unique opportunity to be able to restructure these systems to ensure that these impacts are not long-lasting.

If the international community is serious about combating this pandemic, vaccinations must be fairly distributed. Additionally, more support must be given to increasing the number and quality of healthcare facilities, particularly in the Least Developed Countries. The UNDP has documented that while in the Global North, per 10,000 people there are 55 hospital beds, over 30 doctors and 81 nurses, in the Global South per 10,000 people there are only 7 hospital beds, 2.5 doctors and 6 nurses. This gross global inequality must be addressed as a matter of urgency.

Without fair distribution of vaccines and other health resources, regions of the world such as the Least Developed Countries will continue to suffer from COVID-19. Women and girls, already are at greater risk of poverty, gender-based violence, lack of education, and other inequalities and will be left behind.

If this were to happen, the global community, and in particular countries who are not ensuring the fair distribution of COVID-19 vaccinations, will be responsible for a continuing health crisis and for driving worsening gender inequality. All people, regardless of where they live or their income, must have access to a vaccine as quickly as possible. The COVID-19 pandemic has demonstrated the interconnectedness of our world. National self-interest does not and will not contain COVID-19. Multilateralism is needed as COVID-19 will continue to threaten all countries unless it is addressed equally across all countries. Fair vaccine distribution is not only vital to addressing inequalities, but it is one of the most effective ways to address the pandemic and its unequal impacts.

SI would like to address particularly **Key focus area 1 Investing in people in LDCs: eradicating poverty and building capacity to leave no one behind** in the context of ensuring the targets of SDG 5 on gender equality can be met.

Within Key Focus Area 1 SI is especially concerned with the LDC5 zero draft paragraphs on **Achieving universal access to education**(SDG4) and **Population and Health** (SDG 3)

Education (LDC Zero Draft para 38 – 47, 48 – 53)

The importance and value of SDG 4 ‘ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’, strikes to the heart of SI’s mission – to educate, to empower and to enable women and girls. Many SI grassroots projects use education as a critical cross-cutting mechanism to unlock the potential of women and girls, both as individuals and as members of a community who can promote development. These projects take a broad interpretation of education, understanding the need for life-long education and training to ensure that the benefits of education are experienced by all. These benefits include promoting gender equality, reducing poverty, improving health outcomes, peace promotion and social stability.

SI recognises that COVID-19 has cut across all efforts to improve access to education and training throughout the world. Ensuring that young people are able to get back to school and college as soon as possible is a priority.

SI grassroots projects show that providing girls with an education helps break the cycle of poverty: educated women are less likely to marry early and against their will; less likely to die in childbirth; more likely to have healthy babies; and are more likely to send their children to school. Tackling adult illiteracy and promoting employable skills facilitates women’s inclusion in sustainable economies, empowers them in their communities and ensures better outcomes for women and their families. By educating, empowering and enabling women and girls, SI understands women’s and girls’ education as both an intrinsic right and as a critical lever to reaching other development objectives; the benefits of education are clear.

However, poverty and economic disenfranchisement are not only outcomes of a lack of education, they are also significant factors in preventing women and girls accessing education. Policies and actions taken to improve educational access for women and girls must also address economic barriers to education at all levels. Discrimination, gender stereotypes, the impacts of poverty, child labour, child marriage, inadequate sanitation and violence at schools all create environments that prevent women and girls from achieving their fullest potential.

As well as structural challenges to women’s and girls’ full and equal participation in education, there can be individualised barriers to education including school fees, safe transportation and uniform costs, early pregnancy, or being kept home to work in a family business. From the evidence witnessed across SI projects, it is clear that investing in girls’ and women’s education needs to be

seen as equally important as investing in the education of men and boys. To improve women's and girls' access to quality education, policies and actions must directly tackle situations that contribute to unequal outcomes. This will require more political will at all levels to confront prejudice, social inequality and the marginal regard for girls that can all be identified as a root causes of many of these problems.

Increased efforts must be made to achieve gender equality within formal and non-formal education systems, including vocational training and apprenticeships, as a critical aspect of the 2030 Agenda.

SI calls upon all development actors to expedite efforts to achieve SDG4 by including the following in the LDC5 Programme of Action:

- Ensuring education is inclusive and accessible for all – this requires renewed and increased efforts to reach all girls, older women and those who have not attended school, who come from marginalised or rural communities, who have caring responsibilities and those who are leaving prisons and other institutions.
- Requiring all actions to implement and achieve the SDGs adopt a human rights-based approach, including the human rights of women and girls.
- Urgently addressing the educational needs of migrating and displaced women and girls, regardless of whether they are 'on the move' or have arrived at their destination.
- Creating educational opportunities appropriate for women and girls of all ages, understanding that for a variety of reasons many older women have been unable to participate in education and develop new skills or adapt skills they have, to support the ability to gain a stable income.
- Adopting a broad understanding of education, apprenticeships and vocational training, that responds to the needs of the economy, and the individuals participating in forms of education.
- Taking urgent steps to ensure that education institutions are free from violence, including gender-based violence, and journeys to and from schools and education facilities are safe.
- Ensuring all education facilities are equipped with WASH facilities that are safe for menstruating girls and women can use, and adapted for the needs of those with disabilities.
- Responding to the impacts of climate change upon rural and urban communities, with the understanding that those impacts exacerbate and compound the impacts of poverty, and can cause migration, therefore changing the requirements education systems need to address.
- Continuing to develop capacities for data collection, including the creation of new qualitative indicators. Understanding the quality of education and other sustainable development activities is vital to assessing whether the 2030 Agenda has been achieved.

Health (LDC5 Zero Draft para 54 – 60)

The section on health does not give enough recognition to all the health issues facing women and girls. This section must be given more strength, particularly in the context of the COVID-19 pandemic and the increasing gender gap in health that the pandemic has caused with women and girls facing worsening health outcomes.

Progress on SDG 3 to '*ensure healthy lives and promote well-being for all at all ages*', has been impacted dramatically by the global health crisis created by the pandemic with women facing a myriad of negative health outcomes due to COVID-19 as responses to the pandemic affect medical

provision more widely. The reallocation of resources and changing priorities have seen declining quality in healthcare related to sexual and reproductive health services, including maternal health services so it is good to see this recognised at **para 56 Target: Eliminate preventable maternal, infant and child deaths.**

There has been an increase in both maternal and infant mortality and teenage pregnancies due to the lack of access to and provision of general services as a result of the pandemic but also in times of all crises such as conflict and natural and man-made disasters.

There are countries where local sports teams are allowed to train in-person and thousands can attend sporting events, but women must give birth without their partners or chosen support, those with disabilities are denied their carers or chaperones to attend appointments, and translators are not allowed to provide their services. This means women and girls are receiving healthcare interventions that they do not understand and cannot consent to. There is long-established evidence that health outcomes for women and babies are improved by women having their chosen support at birth in addition to any attending medical professional.

There is increasing evidence to show that women and older people are more likely to suffer from 'long COVID', where a cycle of COVID and additional symptoms have reoccurred over months.

It will take many years to truly know the health impacts of COVID-19 upon women, but while we continue to focus on COVID it is vital that other aspects of healthcare are not neglected. Even during a pandemic there is no reason to move backwards on achievements made in maternal and infant health, sexual and reproductive health, cancer screenings, and in other areas of health. Ensuring quality, human rights - based healthcare for all must be a priority.

To ensure healthy lives and promote wellbeing at all ages, SI asks that Governments commit to the following actions in the LDC5 Programme of Action:

- Access to high-quality healthcare must be universally available. Income, nationality, gender, ethnicity, race, disability, geographic location, HIV/AIDS status and other factors should not be a barrier to accessing healthcare, as all have an equal right to health. Health programmes should be examined and expanded to ensure that they are not discriminatory on any grounds.
- All decisions on health provision during the COVID-19 pandemic must be based on evidence. Hospital management must be able to justify their decision on limiting healthcare, including by using risk assessments. There are many reports of hospitals creating healthcare access policies based on perceptions that there is no evidence for, placing patients, and particularly women and girls, at increased health risk.
- All women and girls who are pregnant must have access to high-quality maternal health services, including in rural areas. During the pandemic, this includes allowing the woman to select an advocate to attend appointments and birth. This is proven to create better health outcomes for parents and infants, decreases maternal mortality risks, and best fulfils human rights obligations relevant to health.
- There must be improved resourcing to support healthcare workers and providers through the pandemic, to ensure that healthcare providers can promote improved health outcome post-pandemic and can build resilience. Many healthcare providers and hospitals were stretched beyond capacity before the pandemic hit. To ensure healthcare resilience capacity buffers should be introduced to healthcare systems which will support those systems being better able to cope with capacity surges.

This will require full resourcing and support by governments, the private sector, CSOs and other stakeholders.

The current global context of pandemic, climate change, increased migration, and conflict means that we need the 2030 Agenda more than ever. The success of the SDGs requires the concerted and collective actions of all stakeholders, including governments, civil society and industry. For the full range of sustainable development benefits can provide, efforts to ensure provision for women and girls must remain ambitious and implementation must be gender- responsive.

Soroptimist International

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