

## PROTECTING HUMAN RIGHTS IN TIMES OF COVID-19

*A brief overview of statements and recommendations by the UN human rights mechanisms*

The International Service for Human Rights (ISHR) has documented and compiled the following existing public statements issued by the UN human rights mechanisms and experts, to assist and support our partners in guaranteeing human rights protection and monitoring human rights-compliance of governments' action in addressing the COVID-19 outbreak.

You can find a landing page for these recommendations in the ISHR website or [by clicking here](#). *Both this document and the webpage will be regularly updated with the most recent statements.*

The Office of the High Commissioner for Human Rights (OHCHR) has created a landing page ([access here](#)) for the different statements issued by the Special Procedures experts, the Treaty Bodies committees, the High Commissioner for Human Rights, or the Office itself. **We have prepared a summary of the key concerns and recommendations raised in these statements.** Although not covered here, a number of statements have addressed country situations such as [Israel and Palestine](#), [India](#), the [Central African Republic](#), the DPRK, [Syria](#), [Yemen](#), and [Eritrea](#).

Some of the resources below also exist in several or all other UN official languages, including in Spanish, French, Arabic, Chinese or Russian. The translations are regularly updated, please check regularly [here](#).

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## STATEMENTS FROM THE HIGH COMMISSIONER FOR HUMAN RIGHTS

**In a public statement on 6 March (available in all UN languages [here](#)),** High Commissioner Michelle Bachelet stated that *'human rights need to be front and centre in response'* to COVID-19.

Referring to the impact of measures taken such as self-isolation and school closures, in particular in terms of economic and social rights, which disproportionality impact women, she stressed the need for a holistic approach, *'which means taking great care to protect the most vulnerable and neglected people in society, both medically and economically'*.

Underscoring that *'international solidarity and cooperation are more needed than ever'*, she reiterated that any measures taken, in particular lockdowns and quarantines, *'should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk'*.

**In a joint statement on 12 March with the UN High Commissioner for Refugees Filippo Grandi (available in English, [Spanish](#), [French](#), and [Arabic](#)),** the High Commissioner declared this outbreak is a *'test of our systems, values and humanity'*.

They focused on the response to focus on those most marginalized and neglected, in particular regarding living facilities for the elderly, detention facilities, and migrant or refugee camps: *'the health of every person is linked to the health of the most marginalised members of the community. Preventing the spread of this virus requires outreach to all, and ensuring equitable access to treatment.'*

It is vital to overcome *'existing barriers to affordable, accessible health care'* and to tackle structural inequality *'based on income, gender, geography, race and ethnicity, religion or social status'*.

As people on the move, including refugees, may be particularly targeted, it is also *'vital that any tightening of border controls, travel restrictions or limitations on freedom of movement do not prevent people who may be fleeing from war or persecution from accessing safety and protection'*.

They conclude: *'If our response to coronavirus is grounded in the principles of public trust, transparency, respect and empathy for the most vulnerable, we will not only uphold the intrinsic rights of every human being. We will be using and building the most effective tools to ensure we can ride out this crisis and learn lessons for the future.'*

## STATEMENTS FROM THE UN TREATY BODIES

**NOTE** – All Treaty Bodies sessions are [temporarily postponed until June](#): suspended sessions are postponed to upcoming sessions scheduled after June, and submission deadlines are postponed accordingly. Additionally, [complaints procedures](#) function normally, with a 2-months extension to the deadline for State responses.

**In a joint statement, the 10 UN Treaty Body** organs have urged States to ensure human rights compliance when adopting measures to combat COVID-19. They urged States to:

- ⇒ Adopt measures to protect the rights to life and health, and to ensure access to health care to all who need it, without discrimination;
- ⇒ Take extra care of those particularly vulnerable to the effects of COVID-19, including older people, people with disabilities, minorities, indigenous peoples, refugees, asylum seekers and migrants, people deprived of their liberty, homeless people, and those living in poverty. This includes to:
  - Provide targeted support – including financial, social and fiscal – to those particularly affected, such as those without health insurance or social security;
  - Ensure provision of essential goods and services to the most vulnerable so that no one is left behind;
  - Use all means available, including distance learning, to continue access to education, particularly for children and adolescents;
  - Provide students with disabilities equal access to the same education opportunities;
- ⇒ Take active steps to ensure a sense of solidarity prevails, including through protection against racism and xenophobia or the growth of unbridled nationalism;
- ⇒ Ensure that strict controls, including limitations on freedoms of movements, peaceful assembly and privacy, are undertaken pursuant to a valid legal framework;
- ⇒ Ensure that state of emergency declarations are exceptional and temporary, strictly necessary, and justified due to a threat to the life of the nation;
- ⇒ Ensure that state of emergency, or any other security measures, are guided by human rights principles and should not, in any circumstances, be an excuse to quash dissent.

**This statement is available in [English](#), [Chinese](#), [Russian](#) and [Arabic](#).**

**In a [public statement](#) on April 6, the Committee on Economic, Social and Cultural Rights (CESCR)** highlighted the most important impacts of the COVID-19 pandemic on the enjoyment of economic, social and cultural rights, as well as recommendations to States so that they combat the pandemic ‘in a manner consistent with their obligations under the [International Covenant on Economic, Social, and Cultural Rights].’

The Committee stressed the ‘indivisibility and interdependence of all human rights’, recalling the COVID-19 global health treat has also ‘multiple implications for the enjoyment of civil and political rights’: measures to combat it must be ‘reasonable and proportionate to ensure protection of all human rights.’

The Committee expressed concerns over: weakened health-care systems and social programmes due to 'decades of underinvestment'; the risk of deepening inequalities 'due to unequal access to affordable Internet services and equipment'; and deepening gender inequalities.

They also highlighted the vulnerability of 'disadvantaged and marginalized groups': older persons; prisoners and persons in detention facilities; residents of informal settlements; indigenous peoples, refugees and asylum seekers; health-care workers; precarious workers in the 'gig-economy' or the informal sector, including domestic workers; and categories of workers where the nature of work does not allow to work remotely, such as delivery workers, garbage collection workers, manual labourers, and farmworkers.

Based, States should take a wide range of urgent measures, 'based on the best available scientific evidence', including:

- ⇒ Ensuring adopted measures comply with conditions set out in article 4 of the Covenant, guaranteeing they are necessary to combat the public health crisis, reasonable and proportionate, and lifted as soon as they are no longer necessary for protecting public health;
- ⇒ Prioritizing minimum core obligations imposed by the Covenant, including access to justice and to effective legal remedies;
- ⇒ Ensuring that law enforcement officials respond to cases of domestic violence, that domestic violence hotlines are operational, and that effective access to justice and legal remedies is accessible to women and children who are subject to domestic violence;
- ⇒ Adopting appropriate regulatory measures to ensure that health-care resources in both the public and the private sectors are mobilized and shared among the whole population to ensure a comprehensive, coordinated health-care response to the crisis;
- ⇒ Providing all health-care workers with proper protective clothing and equipment against contagion, and ensuring they are consulted by decision-makers, and that due regard is paid to their advice;
- ⇒ Making all efforts to mobilize the necessary resources to combat COVID-19 in the most equitable manner, in order to avoid imposing a further economic burden on marginalized groups; and prioritizing their special needs in resource-allocation;
- ⇒ Urgently adopting special, targeted measures, including through international cooperation, to protect and mitigate the impact of the pandemic on vulnerable groups, including:
  - Provision of water, soap and sanitizer to communities who lack them;
  - Targeted programmes to protect the jobs, wages and benefits of all workers, including undocumented migrant workers;
  - Imposing a moratorium on evictions or mortgage bond foreclosures against people's homes during the pandemic;
  - Providing social relief and income-support programmes to ensure food and income security to all those in need;
  - Taking specially tailored measures to protect the health and livelihoods of vulnerable minority groups, such as the Roma, as well as those of indigenous peoples;
  - Ensuring affordable and equitable access to Internet services by all for educational purposes;
- ⇒ Protecting all workers from the risks of contagion at work, and adopting regulatory measures to ensure that employers minimize the risks of contagion according to best practice public health standards: until such measures are adopted, workers cannot be obliged to work and should be protected from disciplinary or other penalties for refusing to work without adequate protection;

- ⇒ Taking immediate measures to protect the jobs, pensions and other social benefits of workers during the pandemic, and to mitigate its economic impacts through, for example, subsidizing wages, providing tax relief and establishing supplementary social security and income protection programmes;
- ⇒ Adopting regulatory measures to prevent profiteering on foodstuffs, hygiene products and essential medicines and supplies, including lifting all value added tax on such supplies during the pandemic, and subsidizing the costs of essential foodstuffs and hygiene products to ensure that they are affordable;
- ⇒ Providing accurate and accessible information about the pandemic on a regular basis, in an accessible format and in all local and indigenous languages;
- ⇒ Taking measures to expedite access to affordable Internet services and vital technical equipment by all students, particularly those in poorer communities and regions, so that they can benefit equally from online learning programs;
- ⇒ Ensuring that the extraordinary mobilization of resources to deal with the COVID-19 pandemic provides the impetus for long-term resource mobilization towards the full and equal enjoyment of the economic, social and cultural rights enshrined in the Covenant;

In the international field, States should foster international cooperation and assistance, and have 'extraterritorial obligations to combat COVID-19', including:

- ⇒ Ensuring international assistance and cooperation include the sharing of research, medical equipment and supplies, and best practices in combating the virus; coordinated action to reduce the economic and social impacts of the crisis; and joint endeavours by all States to ensure an effective, equitable economic recovery; putting at the centre the needs of vulnerable and disadvantaged groups and fragile countries, including least developed countries, countries in conflict and post-conflict situations;
- ⇒ Ensuring developed States avoid taking decisions, such as imposing limits on the export of medical equipment, that result in obstructing access to vital equipment;
- ⇒ Making sure that unilateral border measures do not hinder the flow of necessary and essential goods, particular staple foods and health equipment; and that any restriction based on the goal of securing national supply is proportionate and takes into consideration the urgent needs of other countries;
- ⇒ Using their voting powers in international financial institutions to alleviate the financial burden of developing countries in combating the pandemic, such as granting them different mechanisms of debt relief;
- ⇒ Promoting flexibilities or other adjustments in applicable intellectual property regimes to allow universal access to the benefits of scientific advancements relating to COVID-19 such as diagnostics, medicines and vaccines;
- ⇒ Lifting unilateral economic and financial sanctions to enable affected countries to have access to the resources they need to effectively combat the pandemic.

The Committee will continue to monitor the impact of the COVID-19 pandemic on economic, social and cultural rights.

**This statement is available here in [English](#).**

For further reference, the Committee has also published in 2000 its **General Comment No. 14, which provides an authoritative interpretation of the right to health**, its underlying principles and standards: [available in English here](#).

## HUMAN RIGHTS DEFENDERS AND CIVIL SOCIETY SPACE

USE OF EMERGENCY MEASURES - Sixteen UN experts stated States should not abuse emergency measures to suppress human rights, and crackdown against human rights defenders and critiques.

While recognizing the severity of the crisis, and acknowledging that the use of emergency powers is allowed by international law, the experts reminded that 'emergency powers should not be used to quash dissent', and that declarations of states of emergency, 'whether for health or security reasons', have clear guidance from international law.

Based on this, States must:

- ⇒ Avoid overreach of security measures in their response to coronavirus;
- ⇒ Ensure that any emergency responses are **proportionate, necessary, and non-discriminatory, with legitimate public health goals**;
- ⇒ Guarantee that restrictions to fundamental rights and freedoms allowed for under such emergency powers are narrowly tailored, and the least intrusive means to protect public health;
- ⇒ Avoid excessive use of emergency powers to indefinitely regulate day-to-day life
- ⇒ Publicly declare the use of emergency powers, and notify to the relevant treaty bodies when fundamental rights including movement, family life and assembly, are being significantly limited;
- ⇒ Refrain from using emergency declarations based on COVID-19 outbreak as a basis to target particular groups, minorities, or individuals; to cover for repressive action under the guise of protecting health; or to silence the work of human rights defenders;
- ⇒ Maintain a human rights-based approach to regulate the pandemic, in order to facilitate the emergence of healthy societies with rule of law and human rights protections.

**This statement is available [here in all six UN official languages](#).**

ACCESS TO INFORMATION – Three freedom of expression international experts from the UN system, the Inter-American Commission, and the OSCE, issued a joint statement stressing the need for access to, and free flow of, accurate information during the COVID-19 pandemic.

They recalled that the 'right to freedom of expression, which includes the right to seek, receive and impart information and ideas of all kinds, regardless of frontiers, through any media, applies to everyone, everywhere, and may only be subject to narrow restrictions' allowed for in international human rights law.

They highlight that any attempt to criminalise information relating to the pandemic may create distrust in institutional information, delay access to reliable information and have a chilling effect on freedom of expression

Based on this, States must:

- ⇒ Provide truthful and reliable information about the nature of the threat posed by COVID-19 in accessible formats to all, with particular focus on ensuring access to information by those with limited internet access or where disability makes access challenging;
- ⇒ Refrain from blocking internet access;
  - *If internet has been blocked* – as a matter of priority, ensure immediate access to the fastest and broadest possible internet service;
  - Broad restrictions on access to the internet cannot be justified on public order or national security grounds.
- ⇒ Make exceptional efforts to protect the work of journalists, including by robustly implementing freedom of information laws to ensure that all individuals, especially journalists, have access to information;
- ⇒ Address disinformation by providing reliable information, including through robust public messaging, support for public service announcements, and emergency support for public broadcasting and local journalism (for instance, through government health advertisements);
  - Undertake other measures, such as content take-downs and censorship, as a last resort, and only where they meet the standards of necessity and proportionality;
- ⇒ Ensure any use of surveillance technology tools to track the spread of coronavirus is limited, both in purpose and time, abide by the strictest protections and only be available according to domestic law that is consistent with international human rights standards;
  - Guarantee individual rights to privacy, non-discrimination, the protection of journalistic sources and other freedoms be rigorously protected.

This statement is available here in [English](#), [Spanish](#), [Russian](#), [Chinese](#), and [Arabic](#).

## EQUALITY AND NON-DISCRIMINATION

HEALTH AND NON-DISCRIMINATION – 43 experts jointly declared: ‘everybody has the right to health’, without exceptions. The experts stated that COVID-19 is a ‘wake-up call for the revitalization of universal human rights principles’, and reaffirmed the principles of **non-discrimination, participation, empowerment and accountability that constitute a human rights-based approach**, which needs to be applied to all health-related policies.

Based on this, States must:

- ⇒ Act with determination to provide the needed resources to all sectors of public health systems – from prevention and detection to treatment and recovery;
- ⇒ Take additional social protection measures so that their support reaches those who are at most risk of being disproportionately affected by the crisis, including:
  - Women, who bear a heavier burden as they are already at a disadvantaged socio-economic position, and live with heightened risk of gender-based violence.

Expressing their gratitude and admiration to health workers worldwide, they call on States, businesses, media and the public at large to demonstrate support to their work.

This statement is available here in [English](#), [Russian](#), [Chinese](#) and [Arabic](#).

**XENOPHOBIA AND RACIAL DISCRIMINATION** – The Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, E. Tendayi Achiume, expressed concerns over practices, including the use of ‘geographic-based’ names for the virus, that isolate and stigmatize individuals who are or are perceived to be of Chinese or East Asian descent.

She stressed that political responses that stigmatize, exclude and make certain populations more vulnerable to violence are ‘inexcusable’, ‘counterproductive’, and ‘inconsistent with international human rights law obligations’.

She also expressed concern over COVID-19-related expressions of racism and xenophobia online, including harassment, hate speech, proliferation of discriminatory stereotypes, and conspiracy theories.

Based on this, States must:

- ⇒ Eradicate xenophobia throughout all State policy and messaging;
- ⇒ Ensure the response to COVID-19 does not contribute to xenophobia and racial discrimination.

[This statement is available in the 6 UN languages here.](#)

**MINORITIES** – The UN expert on minority issues, Fernand de Varennes, expressed concerns at the exploitation of COVID-19 fears by groups and politicians to ‘scapegoat minorities [leading to an alarming rise in verbal and physical abuses against Chinese and other minorities.’

He further expressed concerns at numerous reports of xenophobia and exclusion of minorities worldwide, ranging from ‘calls to deny access to medical care to undocumented migrants to the absence of information about the pandemic in minority languages.’

Based on this, States must:

- ⇒ Work closely together with the international community to inform, help, and protect minorities
- ⇒ Communicate with minorities in their own languages where possible to effectively transmit vital public health information and care
- ⇒ Enforce measures for their protection against physical abuse and hate speech

**This statement is available here in [English](#), [French](#), [Spanish](#), [Chinese](#), and [Arabic](#).**

**RACIAL EQUALITY** – The UN’s Working Group of Experts on People of African Descent expressed concerns at structural discrimination leading to higher inequality in access to health care and ‘racial disparities in health outcomes and increased mortality and morbidity for people of African descent’.

They also stressed the issues of lack of representation, racially discriminatory impact of policy, and disproportionate presence of people of African descent in places of detention: ‘racial equity and equality in providing health services for all during the COVID-10 crisis’.

Based on this, States should:



- ⇒ Examine how the use of discretion, without adequate guidance, impacts risk and vulnerability in the crisis on the basis of race;
- ⇒ Provide more guidance to healthcare workers and local leadership, to prevent racial discrimination, including through disaggregated data to ensure equitable treatment;
- ⇒ Recognise the specific health risks faced by people of African descent.

This statement is available here in [English](#).

## ECONOMIC AND SOCIAL RIGHTS

RIGHT TO ADEQUATE HOUSING – As States are relying on people to stay home to prevent the spread of COVID-19, the Special Rapporteur on the right to adequate housing, Leilani Farha, declared that ‘housing has become the front line defence against coronavirus. Home has rarely been more of a life or death situation’.

In particular, she is deeply concerned about two specific groups: ‘those living in emergency shelters, homelessness and informal settlements; and those facing job loss and economic hardship which could result in mortgage and rental arrears and evictions’.

Based on this, States should take extraordinary steps to secure the right to housing for all to protect against the pandemic, and must, at minimum:

- ⇒ Cease all evictions;
- ⇒ Provide emergency housing with services for those who are affected by the virus and must isolate;
- ⇒ Provide adequate housing which may require the implementation of extraordinary measures as appropriate in a state of emergency, including using vacant and abandoned units and available short-term rentals;
- ⇒ Ensure that the enforcement of containment measures (eg. curfews) does not lead to the punishment of anyone based on their housing status;
- ⇒ Prevent predatory practices of institutional investors in the area of residential real estate (such as what happened in the aftermath of the 2008 global financial crisis).

Looking specifically at those facing job loss and economic hardship, States must at minimum:

- ⇒ Provide direct financial assistance for or defer rental and mortgage payments;
- ⇒ Enact a moratorium on evictions due to arrears;
- ⇒ Introduce rental stabilization or reduction measures;
- ⇒ At least for the duration of the pandemic, suspend utility costs and surcharges.

*She highlights examples of ongoing good practices:*

- *Moratoriums on evictions due to rental and mortgage arrears;*
- *Deferrals of mortgage payments for those affected by the virus;*
- *Extension of winter moratoriums on forced evictions of informal settlements;*
- *Increased access to sanitation and emergency shelter spaces for homeless people.*

This statement is available here in [English](#), [Spanish](#), [Russian](#), [Chinese](#) and [Arabic](#).

**RIGHT TO WATER** – 11 UN experts, including the Special Rapporteur on the human rights to safe drinking water and Sanitation, Leo Heller, raised concerns over the over 2.2 billion persons who have no access to safe water services, which is vital to ensure personal hygiene and prevent contagion.

Based on this, States must:

- ⇒ Provide continuous access to sufficient water to their populations living in the most vulnerable conditions, including those who are homeless, rural populations, women, children, older persons, people with disabilities, migrants, refugees and all other vulnerable groups;
- ⇒ Immediately prohibit water cuts to those who cannot pay water bills;
- ⇒ Provide water free of cost for the duration of the crisis to people in poverty and those affected by the upcoming economic hardship;
- ⇒ Enforce compliance of public and private service providers with these measures.

**This statement is available here in [English](#), [Spanish](#), [Russian](#), [Chinese](#) and [Arabic](#).**

**HEALTH CARE WORKERS' PROTECTION** – The UN expert on human rights and hazardous substances, Baskut Tuncak, expressed concern at the 'unacceptable shortages in critical protective equipment' for the 'brave' health care workers, and its unequal distribution 'within and between countries': they 'are heroes', 'their tireless work and self-sacrifice show the best of humanity'.

Based on this, States and businesses should:

- ⇒ Urgently provide public and private funds to ensure that protective equipment and other medical supplies are universally available and accessible
- ⇒ Ensure that financial obstacles are removed and that supplies are provided at no cost for low-income countries

Moreover, States must:

- ⇒ Ensure that countries with fewer resources have the necessary protective equipment for all their health care providers
- ⇒ Take immediate measures to effectively deter the hoarding of essential protective equipment, exploitation of demand or profiteering from the current crisis

**This statement is available here in [English](#), [French](#), [Russian](#), [Chinese](#) and [Arabic](#).**

**ECONOMIC AND FINANCIAL RESPONSE** – The Independent Expert on the human rights effects of foreign debt, declared that the 'best response to a potential economic and social catastrophe provoked by the COVID-19 crisis is to put finance at the service of human rights and to support the less well-off through bold financial approaches'.

He expresses concern over the 'adverse consequences of the marketization and privatization' of essential services including health care, and stresses the need for 'fiscal stimulus and social protection packages' for those most vulnerable to help mitigate the consequences of the pandemic.

Based on this, he urges States to frame their economic responses in line with the [Guiding Principles on Human Rights Impact Assessment of Economic Reforms](#), and calls on States to:

- ⇒ Consider the introduction of an emergency universal basic income;
- ⇒ Provide public service free of charge for those who cannot afford them;
- ⇒ Ensure debt-servicing is suspended for individuals who would otherwise be unable to cope with the public health crisis;
- ⇒ Provide economic and fiscal incentives to stay at home, for those working in the informal sector, are self-employed, or who cannot work from home.

He further calls on international financial institutions, including the IMF, to:

- ⇒ Urgently mobilize financial resources to help countries combatting COVID-19.

**This statement is available here in [English](#), [French](#), [Spanish](#), [Chinese](#), and [Arabic](#).**

**SANCTIONS** – The High Commissioner calls for the easing of sanctions to enable medical systems to fight COVID-19, including in Cuba, DPRK, Venezuela and Zimbabwe.

Based on this, States should:

- ⇒ Urgently re-evaluate broad sectoral sanctions, in light of their potentially debilitating impact on the health sector and human rights;
- ⇒ Give broad and practical effect to humanitarian exemptions to sanction measures, with prompt, flexible authorization for essential medical equipment and supplies.

Conversely, country under sanctions should:

- ⇒ Provide transparent information;
- ⇒ Accept offers of necessary humanitarian assistance, and prioritize the needs and rights of vulnerable people;
- ⇒ Adopt measures to guarantee national and international organizations can carry out their humanitarian work unhindered.

**[This statement is available in the 6 UN languages here.](#)**

The Special Rapporteur on unilateral coercive measures, has urged all Governments to ‘save lives by lifting all economic sanctions’ in a **statement available here in [English](#), [Russian](#), and [Chinese](#).**

The Special Rapporteur on the right to food has similarly called on economic sanctions to be lifted to prevent hunger crisis, in particular in Zimbabwe, Cuba, Iran, Syria and Venezuela, in a **statement available here in [English](#), [Russian](#), [Chinese](#), and [Arabic](#).**

## VULNERABLE GROUPS

**WOMEN** – The UN’s Working Group on discrimination against women and girls, together with four other UN experts, including on violence against women, have expressed concern at the very likely increase in ‘rates of widespread [domestic] violence’ against women and children, ‘including intimate partner femicides’, as situations of abuse ‘worsen considerable in cases of isolation such as lockdowns.’

While ‘risk is aggravated in a time when there are no or fewer shelters and help services available’, less community support and police interventions, the experts express particular concern about

women at higher risk, such as women with disabilities, undocumented migrant women and victims of trafficking.

Based on this, States must:

- ⇒ Refrain from putting the protection of victims on hold, and continue combatting domestic violence
- ⇒ Ensure measures to protect victims remain available or be adopted during the crisis, including:
  - Ensuring access to protection by restraining orders
  - Maintaining safe shelters and help lines for victims
- ⇒ Ensure police increases its efforts for rapid action
- ⇒ Come up with new and create solutions to support victims, including providing online chats and texting services

**This statement is available here in [English](#), [Russian](#), [Chinese](#) and [Arabic](#).**

**PERSONS WITH DISABILITIES** – The Special Rapporteur on the rights of persons with disabilities Catalina Devandas Aguilar, expressed concern about limited amount of guidance and support provided to persons with disabilities to protect them, despite being a high-risk group.

They are additionally disadvantaged by measures taken, in particular when social distancing and self-isolation are not possible solutions for those who rely on the support of others in their daily lives. She also notes the grave situation of persons with disabilities in institutions, psychiatric facilities and prisons.

Based on this, States have a heightened responsibility towards this population due to the structural discrimination they experience, and therefore must:

- ⇒ Take additional social protection measures to guarantee the continuity of support in a safe manner throughout the crisis, including: reasonable accommodation measures for persons with disabilities, their family members and caregivers; additional financial aid; and possibility to work from home or receive paid leave to guarantee income security;
- ⇒ Establish clear protocols for public health emergencies to ensure that, when medical resources are scarce, access to healthcare, including life-saving measures, does not discriminate against people with disabilities;
- ⇒ Ensure public advice campaigns and information from national health authorities is made available to the public in sign language and accessible means, modes and formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language;
- ⇒ Consult and involve organizations of persons with disabilities in all stages of the COVID-19 response.

**This statement is available [here in all six UN official languages](#).**

**MIGRANTS AND PEOPLE ON THE MOVE (1/2)** – In a joint statement, OHCHR, IOM, UNHCR, UNICEF and UN-Habitat stated that migrants ‘must be seen as both potential victims and as an integral part of any effective public health response’.

Migrants and people on the move face particular vulnerabilities due to the circumstances of their journey and the poor living and working conditions in which they can find themselves. Additional obstacles in accessing health care include: language and cultural barriers, cost, lack of migrant-inclusive health policies, and fear of deportation.

Based on this, States must:

- ⇒ Take measures to protect the health of the most vulnerable regardless of status, including:
  - Adequate prevention, testing, and treatment;
  - Continued and increased access to emergency shelters for homeless people without barriers related to immigration status;
  - Suspensions of evictions;
- ⇒ Ensure an inclusive approach that fully includes migrants, regardless of their migratory status, in all aspects of the response to COVID-19, including, but not limited to: prevention, detection, equitable access to treatment, care or containment measures, safe conditions of work, and measures to mitigate economic downturn;
- ⇒ Ensure risk communication and protection messages engage with all communities and are available in languages and media formats that are understandable and accessible by all;
- ⇒ Guarantee that enforcement policies and practices, including forced return and immigration detention, are carried out in accordance with human rights obligations and can be adjusted to ensure they are compatible with effective public health strategies and maintain adequate conditions;
- ⇒ Put in place the necessary measures to protect the health of migrants in immigration detention centers, and urgently establish non-custodial alternatives to detention as a measure to mitigate these risks;
- ⇒ Ensure any restrictions to freedom of movement are applied in a proportionate and non-discriminatory way, and do not unduly affect human rights and the right to seek asylum;
- ⇒ Pay specific attention to the situation of migrant workers.

*They mention examples of ongoing good practices: extending working visas, and appropriate steps to alleviate constraints due to business closures.*

**This statement is available in [English](#), [Spanish](#), [Chinese](#), and [Arabic](#).**

**MIGRANTS AND PEOPLE ON THE MOVE (2/2)** – The UN experts on the rights of migrants, and on trafficking in persons, reiterated the vulnerability of migrants, asylum seekers, as well as exploited and trafficked persons, due to the lack of access to minimal protection against contagion

Based on this, States must:

- ⇒ Adopt measures ensuring every individual in the national territory, regardless of their migration status, is included and has access to health services;
- ⇒ Urgently adopt inclusive measures aimed at protecting migrants and trafficked persons in their national response to COVID-19, such as prevention measures, testing, medical treatment, health services and social assistance;
- ⇒ Take steps towards the regularisation of undocumented migrants whenever necessary, in view of facilitating their access to health services;

- ⇒ Facilitate procedures to allow people who have been granted residence permits on grounds of trafficking and have a job or are participating in a training programme to obtain work permits;
- ⇒ Automatically extend for at least six months all protection and assistance programmes for migrants in vulnerable situations and trafficked persons that are close to their expiration date, in particular unaccompanied children close to adulthood;
- ⇒ Establish protocols with local health providers to ensure access to testing, medical consultation and treatment of all residents in immigration facilities;
- ⇒ In overcrowded or inadequate facilities:
  - Provide accurate and accessible information on the COVID19 outbreak, practical advice on preventing infection and access to clean water, sanitation facilities and other prevention materials;
  - Identify alternative measures and consider releasing those who have a place to stay in the community.

*They mention examples of ongoing good practices: granting temporary residency rights, including access to social and health benefits to migrants including asylum seekers.*

**This statement is available here in [English](#), and [Russian](#).**

IDPs – The Special Rapporteur on Internally Displaced Persons (or IDPs), Cecilia Jimenez-Damary, expressed concerns at the vulnerable situation of estimated 40 million IDPs worldwide, regarding, limited access to essential services and healthcare.

Of particular concern are displaced people with disabilities, belonging to minority groups or indigenous communities, as well as those in overcrowded facilities and inadequate emergency shelters. She also highlights ‘vulnerability in heightened in contexts of armed conflict’.

Based on this, States must:

- ⇒ Scale up humanitarian assistance to IDPs while taking appropriate measures to prevent the transmission of COVID-19 and protect humanitarian workers;
- ⇒ Support the Global Humanitarian Response Plan COVID-19;
- ⇒ Protect IDPs based on the [Guiding Principles on Internal Displacement](#) and without diverting from existing delivery of humanitarian assistance;
- ⇒ Ensure that all IDPs have access to water, sanitation, facilities for personal hygiene, adequate housing and food; have access to access to appropriate health care in a timely manner and without discrimination;
- ⇒ Ensure all IDPs are informed about the disease risks, prevention and treatment;
- ⇒ Include IDPs in their decision-making process, in particular in identifying challenges they face and designing tailored responses to COVID-19;
- ⇒ Adopt prevention and response measures in camps, based on risk assessments involving the camp population, which may include a physical re-planning of camps, bearing in mind health imperatives of self-quarantines, while ensuring that physical distancing does not result in lack of support to the most vulnerable.

**This statement is available here in [English](#), [Spanish](#), [Russian](#), [Chinese](#) and [Arabic](#).**

OLDER PERSONS – The Independent Expert on the rights of older persons has issued an appeal urging States to better protect older persons in face of heightened risk in COVID-19 pandemic.

She expresses alarm at ‘reports of abandoned older persons in care homes’, and at the disproportionate risk of death faced by older persons due to the care support they need, and the high-risk environments they live in, such as institutions.

She stresses that ‘social distancing must not become social exclusion’, exacerbated by measures such as denying visitors to residential care homes. She further highlights the need for a ‘holistic human rights approach’ to ensure equal realization of all their rights.

Based on this, States must:

- ⇒ Find creative and safe ways to increase social connections, and provide older persons with ways to stay in touch online, including those in residential care homes and remote areas;
- ⇒ Ensure triage protocols are developed and followed to ensure such decisions are made on the basis of medical needs, the best scientific evidence available, and not on non-medical criteria such as age or disability;
- ⇒ Ensure that essential support services at home in the communities can continue without putting older persons and their care providers at risk.

**This statement is available here in [English](#), [Russian](#), [Chinese](#) and [Arabic](#).**

LGBTI – On 27 March, the UN’s expert on LGBT rights, Victor Madrigal-Borloz, sent an open letter on COVID-19 to the LGBT community. He expressed his solidarity with the community, and raised concerns that the LGBT community remains ‘amongst the most marginalized and excluded because of stigma and discrimination’.

Persons at greater risk include those living with compromised immune systems, in particular those living with HIV/AIDS; older persons, and LGBT homeless persons; and LGBT youth. Fear, stigma, discrimination and criminalization, are also additional obstacles in accessing public health services.

He sends a message of support to the LGBT community:

*‘I believe that our strength and tenacity, and our capacity for kindness and compassion will be among our unique contributions to the manner in which this great adversity will be met. I am also eager to do my bit, by supporting you in any way possible, which might include the amplification of your voice and your live experience. If you feel that this might prove to be useful, please do not hesitate to help me better understand how the COVID-19 pandemic affects your communities, how it impacts on your lives, your rights, and your freedoms, and I am also eager to hear **if there are any other ways in which you think the mandate can contribute to supporting you through these uncertain times. Stay strong and safe my dear friends.**’*

The expert can be contacted at [ie-sogi@ohchr.org](mailto:ie-sogi@ohchr.org)

**This letter is available here in [English](#), [French](#) and [Spanish](#).**

CHILDREN – UN experts, including the Secretary-General’s Special Representative on Violence against Children, called on States to ‘boost child protection measures to help safeguard the welfare of millions of children worldwide who may be more exposed to violence, sale, trafficking, sexual abuse and exploitation’.

They express concerns at the impact of confinement and other measures limiting child protection services that ‘exacerbate the vulnerability of children’, at greater risk of experiencing violence and discrimination, including online. Of particular concern are those ‘living in psychiatric and social care institutions, orphanages, refugee camps, immigration detention centres and other closed facilities’.

Based on this, States must:

- ⇒ Ensure that child protection is fully embedded into the response to COVID-19, with adequate resources allocated both during and after the pandemic
- ⇒ Ensure that adequately staffed and equipped child protection services and law enforcement are available and accessible to all children, including:
  - Toll-free 24-hours hotlines;
  - Free texting services;
  - Remote psychological and social services;
  - Mobile shelters for minors;
- ⇒ Support frontline operators in the child protection services, neighbourhood and community watchdogs and law enforcement;
- ⇒ Guarantee robust collaboration between private industry and law enforcement to ensure early detection of cybercrimes and the effective blocking and removal of child sexual exploitation material online;
- ⇒ Empower children to participate actively in responding to this crisis, including through peer-to-peer activities.

This statement is available here in [English](#).

## PLACES OF DETENTION

**In a statement on 26 March, the High Commissioner** Michelle Bachelet called on States to take urgent action to protect the health and safety of people in detention and other closed facilities, including: prisons, immigration detention centres, residential care homes, mental health facilities and psychiatric hospitals, nursing homes, and orphanages.

She expressed concerns over the situation of overcrowded places, with unsanitary conditions, and inadequate or non-existent health services, where distancing or self-isolation are often impossible.

Based on this, States should:

- ⇒ Work quickly to reduce the number of people in detention;
- ⇒ Release every person detained without sufficient legal basis, including political prisoners and others detained simply for expressing critical or dissenting views;



- ⇒ Examine ways to release those particularly vulnerable to COVID-19, among them older detainees and those who are sick, as well as low-risk offenders;
- ⇒ Guarantee that those released are medically screened and measures are taken to ensure that, if needed, they receive care and proper follow-up, including health monitoring;
- ⇒ Provide for the specific health-care requirements of women prisoners, including those who are pregnant, as well as those of inmates with disabilities and of juvenile detainees;
- ⇒ Fully respect safeguards against ill-treatment of people in custody, including access to a lawyer and doctor;
- ⇒ Guarantee that restrictions on visits to closed institutions are introduced in a transparent way and communicated clearly to those affected, to avoid suddenly halting contact with the outside world.
  - *She mentions as examples of ongoing of good practice: setting up expanded videoconferencing, and allowing increased phone calls with family members and permitting email.*

In particular, States have a **particular duty to protect inmates' physical and mental health and well-being, as set out by the [UN Standard Minimum Rules for the Treatment of Prisoners](#)** (also known as the [Nelson Mandela Rules](#)).

In light of threats in national contexts to impose prison sentences to those who fail to obey to distancing regulations, the High Commissioner recalls **that 'imprisonment should be a measure of last resort, particularly during this crisis'**.

→ *Upcoming resource: 'COVID 19: Focus on persons deprived of their liberty', guidance for UN agencies, governments, NHRIs and civil society.*

[This statement is available in the 6 UN languages here](#)

**In a public statement on 3 April, the OHCHR** was 'encouraged to note that a number of countries have indeed been taking action' to reduce overcrowding in prisons, including Iran, Indonesia, and possibly India and Turkey. Other announced releases have also included at-risk groups.

Still, OHCHR urges States to:

- ⇒ Release every person detained without sufficient legal basis, including political prisoners, and those detained for critical, dissenting views;
- ⇒ Only exceptionally consider for temporary release from custody during the course of the pandemic, 'people fairly convicted of serious crimes recognized under international law, or prisoners who might pose serious risk to others';
- ⇒ Review who is being held and take measures as soon as possible to ensure the necessary physical distancing.

**This statement is available here in [English](#), [French](#), and [Arabic](#).**

**The Subcommittee on Prevention of Torture** issued on 25 March a major [Advice to States Parties and National Prevention Mechanisms relating to the Coronavirus Pandemic](#) (in English).

It urges compliance with the **principles of ‘do no harm’ and ‘equivalence of care’** to guide measures addressing detainees and staff in places of detention. The Subcommittee reminds that the prohibition of torture and ill-treatment is absolute, and cannot be derogated from ‘even during exceptional circumstances and emergencies which threaten the life of the nation’.

**With regards to places of detention**, the Subcommittee stresses States’ responsibilities under the [Nelson Mandela Rules](#), in particular under Rule 34 to ensure prisoners enjoy the ‘same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination’. They Subcommittee urges States to take a number of measures in respect to places of detention, including, if applicable, for patients who are involuntarily admitted to psychiatric hospitals. These include to:

- ⇒ Conduct urgent risks assessments to identify those most at risk;
- ⇒ Reduce populations in places of detention, including by:
  - Implementing schemes of early, provision or temporary release for those detainees for who it is safe to do so, taking full account of non-custodial measures indicated as provided for in the Tokyo Rules;
  - Reviewing all cases of pre-trial detention and determining whether it is strictly necessary in light of current public health emergency, and extending the use of bail for all but the most serious cases;
  - ‘Reviewing the use of immigration and closed refugee camps with a view to reducing their populations to the lowest possible level’;
- ⇒ ‘Ensure that sufficient facilities and supplies are provided (free of charge) to all who remain in detention in order to allow detainees the same level of personal hygiene as is to be followed by the population as a whole’;
- ⇒ ‘Prevent the use of medical isolation taking the form of disciplinary solitary confinement, ‘as it must only be used ‘on the basis of an independent medical evaluation, proportionate, limited in time and subject to procedural safeguards’;
- ⇒ Ensure that all detainees and staff receive reliable, accurate and updated information on measures being taken, their duration, and the reasons for them.

They determined that **quarantine facilities are *de facto* a form and places of detention**, and, for this reason, fall within the scope of the [Optional Protocol to the Convention Against Torture] OPCAT mandate, and within the sphere of oversight of both the [Subcommittee] and of National Preventive Mechanisms [NPM].

The Subcommittee states that NPMs ‘cannot be completely denied access to officials places of detention, including places of quarantine’: NPMs should continue undertaking visits of preventive nature (respecting necessary limitations), and should resort to alternative methods to fulfill their mandate, including: data collection; establishing ‘hotlines’ within places of detention and secure communication channels -including secure email- with those detained; seeking information from third parties; and ‘enhancing cooperation with NGOs and relief organisations working with those deprived of their liberty’.

Further, the Subcommittee urges States to ensure that those held in quarantine:

- ⇒ Are not viewed or treated as ‘detainees’, but treated ‘at all times as free agents’, except for necessary and lawful exceptions ‘based on scientific evidence’;
- ⇒ Are permitted internal freedom of movement, are able to communicate with families and friends through appropriate means, and receive appropriate psychological support both during and after the period of separation;
- ⇒ Benefit from the ‘fundamental safeguards against ill-treatments’, including:
  - Information on the reasons of being quarantined,
  - Right to access independent medical advice,
  - Legal assistance, and notification of third parties.

The full statement is available [here in all UN official languages](#).

## ADDITIONAL RESOURCES

**Front Line Defenders – Ideas & tips for human rights defenders on ‘physical, emotional and digital protection while using home as office in times of COVID-19’.** *Soon to be translated into Arabic, French, English, Russian and Spanish.*

- ➔ <https://www.frontlinedefenders.org/en/statement-report/physical-emotional-and-digital-protection-while-using-home-office-times-covid-19>

**World Health Organization – Online courses** in up to 6 languages, addressed to a wide audience, including health professionals and civil society, on different topics related to COVID-19, such as: methods for detection, prevention, response and control; and guidelines for response planning.

- ➔ <https://openwho.org/channels/covid-19>