

COVID-19 GUIDANCE

COVID-19 is a test of societies, of governments, of communities and of individuals. It is a time for solidarity and cooperation to tackle the virus, and to mitigate the effects, often unintended, of measures designed to halt the spread of COVID-19. Respect for human rights across the spectrum, including economic, social, cultural, and civil and political rights, will be fundamental to the success of the public health response and recovery from the pandemic.

ACCESS TO HEALTH CARE

- Health strategies should address not only the medical dimensions of the pandemic but also the immediate, medium and long-term human rights and gender-specific consequences of measures taken as part of the health response.
- Treatment should be available to everyone without discrimination, including the most vulnerable and marginalized. This means addressing pre-existing barriers to access and ensuring that no one is denied timely and appropriate treatment because they lack the means to pay for it, on a discriminatory basis, including age, disability, gender, or sexual orientation, or because stigma prevents them from getting treatment.
- Collect and make public anonymized disaggregated data related to the pandemic, at a minimum by sex, age, and disability, to inform health responses and identify those most at risk of being left behind.

EMERGENCY MEASURES

- Governments have to take difficult decisions in response to COVID-19. International law allows emergency measures in response to significant threats – but measures that restrict human rights should be proportionate to the evaluated risk, necessary and applied in a non-discriminatory way. This means having a specific focus and duration, and taking the least intrusive approach possible to protect public health.
- When states of emergency are declared, states that are parties to the International Covenant on Civil and Political Rights should meet their legal obligation to provide formal notification through the UN Secretary-General. Regional human rights treaties include similar obligations.
- With regard to COVID-19, emergency powers must only be used for legitimate public health goals, not used as a basis to quash dissent, silence the work of human rights defenders or journalists, deny other human rights or take any other steps that are not strictly necessary to address the health situation.
- Some rights cannot be restricted even during a state of emergency (nonderogable), including the principle of non-refoulement, the prohibition of collective expulsion, the prohibition of torture and ill-treatment, the right to freedom of thought, conscience and religion, and others.

- Governments should inform the affected population of what the emergency measures are, where they apply and for how long they are intended to remain in effect, and should update this information regularly and make it widely available.
- As soon as feasible, it will be important for Governments to ensure a return to life as normal and not use emergency powers to indefinitely regulate day-to-day life, recognising that the response must match the needs of different phases of this crisis.

LEAVING NO ONE BEHIND

- All societies include people who are marginalised and face difficulties accessing public information and services for a variety of reasons, some of them reflecting entrenched discrimination, exclusion, inequality, or political divides. COVID19 information and response efforts will need to take particular care to identify people who may be at risk of being missed or excluded, such as national, ethnic or religious minorities, indigenous peoples, migrants, displaced persons, and refugees, older persons, persons with disabilities, women, LGBTI people, children, or people affected by extreme poverty.
- National Human Rights Institutions, civil society and local communities can assist in identifying people who may otherwise be missed or excluded, supporting the flow of accessible information to these groups, and providing feedback to authorities on the impact of measures on communities.

HOUSING

- As people are being called upon to stay at home, it is vital that Governments take urgent measures to help people without adequate housing, as staying at home and practising physical distancing is extremely hard for people living in overcrowded conditions, homeless people, and those lacking access to water and sanitation. Good practices for protecting people living in inadequate housing and the homeless include providing emergency accessible housing (including using vacant and abandoned housing units, available short-term rentals) with services for those who are affected by the virus and must isolate.
- Authorities should take targeted steps to prevent additional people from becoming homeless – for example as people face eviction when loss of income makes it impossible to pay mortgages and rents. Good practices such as moratoriums on evictions, and deferrals of mortgage payments should be broadly replicated.
- When and where containment measures are enforced, no one should be punished because they are homeless or live in inadequate housing.

PERSONS WITH DISABILITIES

- Persons with disabilities are at a much higher risk from COVID-19, and State responses need to include targeted measures to address them. Crisis response measures, health and social protection interventions must be accessible for all and should not discriminate against persons with disabilities.
- Physical distancing, self-isolation and other emergency measures, need to take account the needs of persons with disabilities who rely on support networks essential for their survival and some of whom may experience significant stress with confinement.

- States should put in place additional measures to guarantee the continuity of support networks for persons with disabilities throughout the crisis. When restrictions on movement impede existing family and social support networks, they should be replaced by other services.
- Ensure that decisions on the allocation of scarce resources (e.g. ventilators) are not based on pre-existing impairments, high support needs, quality of life assessments, or medical bias against persons with disabilities.
- States should release persons with disabilities from institutions, nursing homes, psychiatric and other facilities whenever possible, and take measures to ensure the protection of those who are in such facilities.
- Access to additional financial aid and social protection is crucial for persons with disabilities and their families as many depend on services that have been suspended, and may lack the resources to cover their basic needs.

OLDER PERSONS

- Older persons have the same rights as any other age group, and they should be protected equally during the pandemic. Special attention should be paid to the particular risks faced by older persons, including isolation and neglect resulting from physical distancing and age-based discrimination in access to medical treatment and other support.
- Ensure that medical decisions are based on individualized clinical assessments, medical need, ethical criteria and on the best available scientific evidence and not on age or disability.

PEOPLE IN DETENTION AND INSTITUTIONS

- People deprived of their liberty, including in prisons, pre-trial detention, immigration detention, institutions, compulsory drug rehabilitation centres, and other places of detention are at heightened risk of infection in the case of an outbreak. There is a high risk of contamination and physical distancing is difficult to achieve. Their situation should be specifically addressed in crisis planning and response.
- States should adopt special measures to ensure access to information and equality in preventive and other health care for all persons deprived of their liberty.
- States should urgently explore options for release and alternatives to detention to mitigate the risk of harm within places of detention, including for persons who have committed minor, petty and non-violent offenses, those with imminent release dates, those in immigration detention and those detained because of their migration status, people with underlying health conditions, and those in pre-trial or administrative detention. People detained without legal basis should be released, as should people in compulsory drug detention centres or treatment programmes.
 - There should be a moratorium on children entering detention, and states should release all children from detention who can be safely released.
- The situation of people with disabilities and older persons living in institutions is particularly grave. Limiting contact with families may be justified as part of emergency health measures but may result in people with disabilities and older persons being further exposed to neglect and abuse. Community-based support and accessible violence prevention tools should be in place.

INFORMATION AND PARTICIPATION

- Relevant information on the COVID-19 pandemic and response should reach all people, without exception. This requires making information available in readily understandable formats and languages, including indigenous languages and those of national, ethnic and religious minorities, and adapting information for people with specific needs, including the visually- and hearing-impaired, and reaching those with limited or no ability to read or with no internet access.
- Internet access is essential to ensuring that information reaches those affected by the virus. Governments should end any existing internet disruptions or shutdowns and keep the internet on. States should also work to ensure the broadest possible access to internet service by taking steps to bridge digital divides, including the gender digital divide
- People have a right to participate in decision-making that affects their lives. Being open and transparent, and involving those affected in decision-making is key to ensuring people participate in measures designed to protect their own health and that of the wider population, and that those measures also reflect their specific situations and needs.
- Medical professionals and relevant experts must be able to speak freely and share information with each other and the public. Journalists and the media should be able to report on the pandemic, including coverage that is critical of government responses, without fear or censorship. Concerted efforts should be made at the international and national levels to counter false or misleading information that fuels fear and prejudice.
- Incorporating the perspectives, voices and knowledge of women in outbreak preparedness and response is essential, including ensuring their representation, participation and leadership roles in global, regional and national COVID-19 spaces.

STIGMATISATION, XENOPHOBIA, RACISM

- The COVID-19 pandemic is generating a wave of stigma, discrimination, racism and xenophobia against certain national and ethnic groups. We need to work together to push back against this trend, including by referring to this disease as COVID-19, rather than using a geographic reference.
- Political leaders and other influential figures should speak out forcefully against the stigma and racism this crisis has generated and must at all costs avoid fueling the fire of such discrimination. States should act quickly to counter rhetoric that stokes fear, and ensure their responses to COVID-19 do not make certain populations more vulnerable to violence and discrimination.
- The dissemination of accurate, clear and evidence-based information and awareness-raising campaigns are the most effective tools against discrimination and xenophobia, which feed on misinformation and fear. Additional efforts are needed to monitor incidents of discrimination and xenophobia, and responses to any incidents should be swift and well-publicised.
 - Discrimination and entrenched inequalities are contributing to poor health outcomes for certain national, racial or ethnic minorities. Efforts to tackle the pandemic and recover from COVID-19 require the collection of disaggregated data to address these issues.

MIGRANTS, DISPLACED PEOPLE, AND REFUGEES

- Migrants, internally displaced persons (IDPs) and refugees face particular risks, as they may be confined to camps and settlements, or living in urban areas with overcrowding, poor sanitation, and overstretched or inaccessible health services. Those confined in immigration detention centres and other places where migrants and refugees are deprived of their liberty are particularly at risk.
- Migrants and refugees often face obstacles in accessing health care, including language and cultural barriers, costs, lack of access to information, discrimination and xenophobia. Migrants in an irregular situation can be unable or unwilling to access health care or provide information on their health status because they fear or risk detention, deportation or penalties as a result of their immigration status.
- States should take specific actions to include migrants, IDPs and refugees in national COVID-19 prevention and response. This should include ensuring equal access to information, testing, and health care for all migrants, IDPs and refugees, regardless of their status, as well as firewalls to separate immigration enforcement activities from the ability of migrants and refugees to access health, food distribution, and other essential services.
- International support is urgently needed to help host countries step up services – for migrants, IDPs, refugees and for local communities – and to include them in national prevention and response arrangements. Failure to do so will endanger the health of all – and risk heightening hostility and stigma. Specific steps should also be taken to counter hostility and xenophobia directed at migrants, IDPs or refugees.
- 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, or who may otherwise be entitled to protection under human rights law, from accessing safety and protection. States should consider releasing migrants from immigration detention and temporarily suspending forced returns as a way to protect migrants, migration staff, and society as a whole.

SOCIAL AND ECONOMIC IMPACTS

- The right to education needs to be protected in the case of school closures; for example, and where possible, through online accessible and adapted learning, and specialised TV and radio broadcasts. Girls may be disproportionately affected, as many already face significant obstacles to go to school, and may now be expected to take on increased care work at home. Limited educational opportunities for those without access to the internet and other remote learning tools risks deepening inequalities and poverty. Girls and boys may also lose access to nutritious food and other services schools often provide, such as mental health and sexual and reproductive health education.
- Social protection schemes should pay particular attention to children due to the heightened vulnerabilities they face based on their early stage of physical, intellectual and emotional development. Best practices include cash transfers directed at families with children, which have been effective in the protection of children's rights.
- Good practices by governments, the public and private sector, international and national organisations to alleviate both the negative socio-economic effects of this crisis should be shared.

- The occupational health and safety of those working during this crisis, particularly health workers and support staff, the majority of who are women, should be assessed and addressed. Health workers and others working in at-risk environments should be provided with quality personal protective equipment as needed. No one should feel forced to work in conditions that unnecessarily endanger their health because they fear losing a job or a paycheck.
- Fiscal stimulus and social protection packages aimed directly at those least able to cope with the crisis are essential to mitigating the devastating consequences of the pandemic. Immediate economic relief measures such as guaranteed paid sick leave, extended unemployment benefits, food distribution, child care, and universal basic income can help safeguard against the acute effects of the crisis.

FOOD

- The COVID-19 crisis is exacerbating food insecurity, as limitations on freedom of movement and scarcity of protective gear affect agricultural workers, many of whom are migrants in some contexts. Measures to ensure the mobility and safe working conditions of agriculture workers should be put in place urgently to secure food production, as should targeted approaches such as financial support and access to credit, markets, and agricultural inputs such as seeds, for small-scale farmers, especially women.
- Urgent steps are needed to address food insecurity for the poorest and most marginalised segments of the population. Measures aimed at providing immediate support to satisfy people's dietary needs should be put in place, including through provision of food and nutrition assistance.

PRIVACY

- Health monitoring includes a range of tools that track and monitor the behaviour and movements of individuals. Such surveillance and monitoring should be specifically related to and used exclusively for public health-specific aims and should be limited in both duration and scope as required in the particular situation. Robust safeguards should be implemented to ensure any such measures are not misused by Governments or companies to collect confidential private information for purposes not related to the public health crisis.

CHILDREN

- While children seem to have fewer symptoms and lower mortality rates from COVID-19, substantial child protection risks have emerged daily as a result of the measures taken to prevent and contain the virus. States should pay increased attention to child protection needs and children's rights when devising and implementing their pandemic response and recovery plans. The best interests of children should be a primary consideration, and central to the response.
- The right to education has been disrupted for more than 1.5 billion children around the world, as 188 countries have imposed countrywide school closures. Girls are likely to be hit the hardest, as they will in many cases be expected to balance caregiving responsibilities with education, have unequal access to remote learning opportunities, and are at particular risk of leaving schools entirely, which has had particular long-term impacts on their education, health and economic opportunities.
- Stay-at-home orders and lockdowns are also damaging children's physical and mental health. Being confined at home can expose children to increased risk of violence, including maltreatment and sexual violence. Support services and shelters for children at risk need to be continued as a priority.

- Millions of children face poverty as family members become ill or are unable to work. Children in vulnerable situations, including children living in the street, migrant and refugee children, child victims of trafficking or smuggling, children living in conflict zones, and children with disabilities are at particular risk.

YOUTH

- Prior to the COVID-19 outbreak, around one in five of the world's youth were not in employment, education or training, and youth unemployment rates were about three times higher than the rest of the working population. The global financial crisis of 2007 disproportionately affected youth, and especially young women, who are more likely to be employed in the informal economy and often have low-paid, less secure and less protected jobs. States should ensure that efforts to mitigate and address the impacts of the pandemic include provisions that are responsive to young people's specific situations and uphold their rights, including through decent jobs and social protection.

GENDER

- Effective responses to COVID-19 must fully consider and address the specific situations, perspectives and needs of women, girls and LGBTI people and ensure that any measures taken do not directly or indirectly discriminate based on gender.
- Women and girls are likely to face increased care-giving roles in the home, putting them under additional stress and potentially increasing their risk of infection. Across the globe, women comprise 70% of health workers, including midwives, nurses, pharmacists and community health workers on the frontlines, increasing their risk of exposure and infection. Targeted measures to address the disproportionate impact of the crisis on women and girls are needed.
- In many countries, women face disproportionate risks in the job sector, where many work in the informal sector (e.g. domestic workers, nannies, agriculture or supporting family businesses) and may be the first to lose their jobs or suffer from the consequences of the crisis given that they do not have social security, health insurance, or paid leave. Many women are also dependent on accessibility and affordability of childcare, which is now decreasing, further restricting their ability to work and earn an income.
- Older women are more likely to live in poverty or with low or no pensions, which may exacerbate the impact of the virus, and limit their access to goods, food, water, information and health services.
- Restrictive public health measures, including stay-at-home orders or lockdowns, are increasing exposure to gender-based violence, particularly intimate-partner violence and domestic violence. Support services and safe shelters for victims of gender-based violence need to be continued as a priority, including effective referrals, and ensuring the availability and accessibility of avenues to safety for victims. Information on hotlines and online services should be included in COVID-19 messaging.
- Sexual and reproductive health services should be seen as a life-saving priority and integral to the response, including access to contraception, maternal and newborn care; treatment of STIs; safe abortion care; and effective referral pathways, including for victims of gender-based violence. Resources should not be diverted away from essential sexual and reproductive health services, which would impact the rights and lives of women and girls in particular.

- LGBTI people also face heightened risks during this pandemic, and specific measures should be incorporated into response plans to address these impacts. Available data suggests LGBTI people are more likely to work in the informal sector, and also have higher rates of unemployment and poverty, Health services particularly relevant for LGBTI people should continue during this crisis, including, HIV treatment and testing.
- Political leaders and other influential figures should speak out against stigmatization and hate speech directed at LGBTI people in the context of the pandemic.
- Given stay-at-home restrictions, some LGBTI youth are confined in hostile environments with unsupportive family members or co-habitants, increasing their exposure to violence, as well as their anxiety and depression. States should ensure that support services and shelters remain available to them during this period.

WATER, SANITATION AND HYGIENE

- Washing hands with soap and clean water is the first line of defence against COVID-19, but 2.2 billion persons lack access to safe water services and hygiene. Addressing the water, sanitation and hygiene needs of populations in vulnerable situations, including those with unequal and inadequate access to water, particularly women and girls, is essential to ensuring success in the global struggle against COVID-19.
- Immediate measures that can help include prohibiting water cuts to those who cannot pay water bills, providing water, soap and sanitizer free of cost (such as through mobile dispensers in communities without access to adequate sanitation) for the duration of the crisis to people in poverty and those affected by the upcoming economic hardship.

INDIGENOUS PEOPLES

- States should take into account Indigenous peoples' distinctive concepts of health, including their traditional medicine, consult and consider the free prior and informed consent of indigenous peoples in the development of preventive measures on COVID-19.
- States should put in place measures for control over the entry of any person in indigenous territories, in consultation and cooperation with the indigenous peoples concerned, in particular through their representative institutions.
- For those indigenous peoples living in voluntary isolation or initial contact, States and other parties should consider them to be particularly vulnerable groups. Cordons that prevent outsiders from entering the territories of these peoples should be strictly implemented to avoid any contact.

MINORITIES

- States should put in place additional measures to address the disproportionate impacts of the COVID-19 health crisis that minorities may suffer, due to the remote areas or regions in which they live, often with limited access to basic goods and services. Minorities often live in over-crowded housing conditions, making physical distancing and self-isolation more challenging. Limited digital access and parental education gaps may also make home-schooling more difficult.

- Persons belonging to minorities may be more likely to be excluded from health care because they lack resources or official documentation, or because of stigma or discrimination. States should ensure access for minorities to health care, including for those without health insurance or identification papers.

BUSINESS AND HUMAN RIGHTS

- All businesses have an independent responsibility to respect human rights, as set out in the UN Guiding Principles on Business and Human Rights, even in times of economic hardship and public health crisis, and regardless of whether and how governments are meeting their own obligations.
- State interventions to alleviate the economic impact of COVID- 19 in the form of economic aid, stimulus packages or other targeted interventions for business enterprises should stipulate that beneficiary companies should follow the UN Guiding Principles on Business and Human Rights. At the core of States' measures to support companies in the crisis should be protection of workers, particularly those in the most precarious situations.

INTERNATIONAL AND UNILATERAL SANCTIONS

- The international community should advocate for the lifting, or at least suspension, of all sanctions that hamper the ability to effectively fight the COVID-19 pandemic and deprive those in need of vital medical care.
- Governments applying sanctions are urged to immediately review and withdraw measures that may impede countries' efforts to respond to the COVID-19 pandemic, including those which prevent the purchase or shipment of medicine, medical equipment, or other essential goods, impede financing for the purchase of medicine, medical equipment, or other essential goods, or obstruct delivery of humanitarian aid.

TRAFFICKING

- The International Labour Organisation estimates that some 1.25 billion workers will suffer job losses related to the pandemic, which translates to 38% of the global workforce rendering many millions of people more vulnerable to risky or exploitative employment. At the same time, responses to trafficking may be undermined, with shelters and support services facing cutbacks, and policing efforts potentially being affected by the pandemic.
 - States should continue to support the work of national mechanisms, including provision of protection and assistance to victims of trafficking.

INTERNATIONAL COOPERATION AND SOLIDARITY

- COVID-19 has exposed and exacerbated inequalities within and among countries. There is an urgent need for strengthened multilateralism and international cooperation by States and all actors in a spirit of global solidarity and shared responsibility.
 - Financial and technical support to countries and communities in need can save lives and livelihoods. The collective responses of the international community in the short and long term must be guided by all human rights including the right to development. Underscored by international solidarity and cooperation, the right to development will help to build back better, through national and global policies in trade, investment and finance, and an enabling environment for sustainable development.