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**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of
the High Commissioner and the Secretary-General**

Impact of the coronavirus disease (COVID-19) pandemic on the enjoyment of human rights around the world, including good practices and areas of concern

Report of the United Nations High Commissioner for Human Rights*

Summary

In the present report, the United Nations High Commissioner for Human Rights presents an update on the impact of the coronavirus disease (COVID-19) pandemic on human rights and highlights the extent to which it has exposed systemic gaps in human rights protection that have undermined resilience. The High Commissioner also presents select good practices of Member States as they attempt to deal with the worst global health crisis in over a century. In the recommendations she makes, the High Commissioner underscores the need for addressing human rights throughout the response and recovery to the pandemic in order to build a more sustainable, equitable and secure future for people and for the planet.

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I. Introduction

1. In statement PRST 43/1, the President of the Human Rights Council requested the United Nations High Commissioner for Human Rights to submit a report to the Council, at the forty-sixth session, on the impact of the coronavirus disease (COVID-19) pandemic on the enjoyment of human rights around the world, including areas of concern and good practices. The High Commissioner presented an oral update to the Council at its forty-fourth and forty-fifth sessions, which at the latter session was followed by an enhanced interactive dialogue, during which she stressed that, in order to learn what had gone right in the response to the pandemic, what had gone wrong in previous months also had to be examined.
2. Much of the negative impact of the COVID-19 pandemic has been exacerbated by a failure to address previously existing structural causes of inequality, social exclusion and deprivation, and the inability of many countries, rich and poor alike, to meet the basic needs of a sizeable proportion of their populations. The current multifaceted crisis has unmasked the strong linkages that have existed between race, ethnicity and socioeconomic status, and health outcomes, and which persist to this day. Emergency measures taken by countries around the world in an attempt to check the spread of the virus, sometimes involving restrictions on the free movement of persons, goods and services, have had serious consequences for human rights at times disproportionate to any of the public health gains made. Loss of life and livelihood, disruption of education and health services, and increased violence – particularly violence against women and other vulnerable persons – have undermined the human rights and dignity of millions of people around the world.
3. The current global crisis has not only highlighted glaring disparities between people's enjoyment of their human rights, but also represents an opportunity for change and improvement in order to recover better. A new spirit of innovation has been seen in the development of several new vaccines in record time. Evidence of new thinking has also been seen in submissions from Member States regarding good practices in addressing the ramifications of the pandemic for human rights. Such practices are an encouraging sign that, when the world emerges from this traumatic period, it may be able to rebuild better, seeking to achieve more closely knit and socially cohesive communities.

II. Impact of the coronavirus disease pandemic on human rights around the world

4. The unprecedented and multiple crises brought about by the COVID-19 pandemic have had a negative impact on all sectors of society worldwide, exacerbating existing inequalities and undermining the enjoyment of people's human rights. In "building back better" from the pandemic, Governments will be called upon to identify innovative and inclusive ways to build more resilient, equitable and sustainable societies, which more effectively preserve and strengthen the human rights of their citizens. The Secretary-General's "Call to Action for Human Rights"¹ spells out the transformative role of human rights in addressing the challenges faced globally, and should drive our efforts to recover stronger from the effects of COVID-19.

A. Impact on health

5. As at 1 January 2021, more than 81 million confirmed cases of COVID-19, including 1.8 million deaths, had been reported to the World Health Organization (WHO).² A large majority of those deaths were of older persons, who face higher risks owing also to pre-existing health conditions. The ability of many States to respond to a pandemic of the current

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www.un.org/sg/sites/www.un.org.sg/files/atoms/files/The_Highest_Aspiration_A_Call_To_Action_For_Human_Rights_English.pdf.

² See WHO Coronavirus Disease Dashboard (<https://covid19.who.int/>).

magnitude has been compromised by years of underinvestment in public health services and a lack of universal access to health care.³

6. Overwhelmed public health-care systems have led to disruptions in people's access to health care for other non-COVID-19 conditions, both physical and mental, including women's access to sexual and reproductive health services. The lack of investment in mental health promotion, prevention and care even before the onset of the pandemic has resulted in inadequate responses to the enormous mental health needs generated by the pandemic, given the scale of those adversely affected.

7. In many countries, increasing numbers of private actors are filling the gap left by less-than-robust public health systems through private insurance schemes that may, however, be inaccessible to many. Lack of access to public health care has excluded people with limited financial resources to undergo testing, thus contributing to an acceleration in infection rates. The health impact of the pandemic has demonstrated the importance of a strong public universal health-care system based on the principle of solidarity and protection for all, regardless of a person's ability to pay.

8. While recent progress in developing several safe and effective COVID-19 vaccines holds the promise of putting an end to the pandemic, many obstacles must be overcome to ensure their universal availability, accessibility and uptake. According to a recent report, in 67 countries, 90 per cent of the population will have no access to a COVID-19 vaccine, while certain wealthy countries have already purchased enough doses to vaccinate their entire populations three times over by the end of 2021 (assuming that all candidate vaccines are given regulatory approval following clinical trials).⁴ The foremost challenge is to ensure equitable distribution of new-generation vaccines against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, to the populations of all nations, both rich and poor, without discrimination.

B. Impact on poverty and livelihoods

9. The pandemic has exacerbated pre-existing inequality in the world. According to World Bank estimates, the COVID-19 pandemic and its associated economic crisis has forced 88 million to 115 million people in the world into extreme poverty, reversing a decade of progress in poverty reduction efforts.⁵ All the while, the world's richest people and corporations continued to enjoy increased wealth during the pandemic, particularly in the technology and health-related sectors.⁶

10. The pandemic has resulted in an unprecedented number of global job losses. According to the International Labour Organization (ILO), between April and June 2020 alone, 495 million full-time jobs were lost, with nearly half of the global workforce at risk of losing their livelihoods.⁷ More than one in six young people have stopped working since the beginning of the pandemic.⁸ Workers in the informal economy, a majority of whom are women and include more than three quarters of young workers in the world, have suffered significantly from lockdowns and are overrepresented in many of the sectors hardest hit by the pandemic, such as hospitality and food services.⁹

³ See <https://analysis.covid19healthsystem.org/index.php/2020/04/27/how-are-countries-removing-financial-barriers-to-accessing-health-services-in-the-context-of-covid-19/>.

⁴ Data from the People's Vaccine Alliance. See also Amnesty International, "Campaigners warn that 9 out of 10 people in poor countries are set to miss out on COVID-19 vaccine next year", 20 December 2020.

⁵ World Bank, *Poverty and Shared Prosperity 2020: Reversals of Fortune* (World Bank, Washington, D.C., 2020), p. 5.

⁶ See UBS, *Billionaires insights 2020*, "Riding the storm: Market turbulence accelerates diverging fortunes" (available from www.ubs.com/content/dam/static/noindex/wealth-management/ubs-billionaires-report-2020-spread.pdf).

⁷ "Impact on workers of COVID-19 is 'catastrophic': ILO", UN News, press release, 23 September 2020.

⁸ ILO Monitor: COVID-19 and the world of work, fourth edition, 27 May 2020.

⁹ ILO Monitor: COVID-19 and the world of work, third edition, 29 April 2020.

11. COVID-19 and the measures taken to stop its spread have disrupted food production and supply chains, undermining the right to food and exacerbating an already high level of food insecurity. Lack of access to affordable food exacerbates hunger and starvation, and may force individuals into poverty and extreme poverty, while increasing inequality within and between countries and reversing progress towards the Sustainable Development Goals.¹⁰ The Food and Agriculture Organization of the United Nations (FAO) estimates that, in 2020, the COVID-19 pandemic may add between 83 and 132 million people to the almost 690 million people in the world considered undernourished in 2019.¹¹

12. Poor quality housing and living conditions increase the risk of infection and the spread of the virus,¹² with approximately 1.8 billion people worldwide living in homelessness and inadequate housing, often in overcrowded conditions and lacking access to water and sanitation. Government measures in response to the pandemic that have involved the closure of businesses that have affected people's livelihoods have also had a significant impact on the right to adequate housing, as people are unable to make rental or mortgage payments, risking eviction and displacement. Many migrant workers and domestic workers whose accommodation is a part of their employment arrangements also lose their housing when they lose their jobs.

13. At a time when access to water and sanitation are a key to ending the pandemic, more than 3 billion people worldwide have inadequate access at home to water and soap to ensure basic hygiene.¹³ People in informal settlements – roughly one billion worldwide – are subjected to particularly poor living conditions.¹⁴ As a result, the ability of such populations to protect themselves from COVID-19 is severely affected.

14. Although the pandemic has brought into sharp focus the importance of social protections in times of crisis, the human right to social security and protection is not yet a practical reality for most people. Around the world, some 71 per cent of people, including almost two thirds of the world's children, have no social security coverage, or only partial and inadequate coverage. Women working in the informal economy frequently lack social protection.

15. Social protections not only build sound economies and healthy societies; in today's context of crisis, they also represent essential tools that permit access to health care and education and protect people's rights to adequate housing and food, while shielding them from extreme poverty. There is also increasing evidence that the failure of Governments to uphold people's economic, social and cultural rights contributes to violence and conflict. By protecting those fundamental rights, social protections help to bolster public confidence in institutions and contribute to stability.

C. Impact on education

16. The pandemic has created a disruption worldwide in access to education, a key enabling right for the realization of human rights more generally. Large-scale school closures have affected nearly 1.6 billion learners in more than 190 countries.¹⁵ For those without supportive and well-resourced home environments, including access to the Internet, the impact may be catastrophic, with lifelong effects, as many children may never be able to close the gap in their education caused by the pandemic or, in some cases, even return to school (see A/HRC/44/39). School closures make girls and young women more vulnerable

¹⁰ ILOSTAT, "COVID-19 is driving up food prices all over the world", 9 December 2020.

¹¹ See FAO, *The State of Food Security and Nutrition in the World, 2020*.

¹² "Housing, the front line defence against the COVID-19 outbreak", says UN expert", OHCHR press release, 18 March 2020.

¹³ United Nations Children's Fund (UNICEF) and World Health Organization (WHO), *Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities*, 2019, p. 9.

¹⁴ United Nations Human Settlements Programme (UN-Habitat), "Key messages on COVID-19 and informal settlements", 2020.

¹⁵ United Nations, Policy Brief: Education during COVID-19 and Beyond, August 2020.

to child marriage, early pregnancy and gender-based violence, which decrease their likelihood of being able to pursue their education.

D. Impact of emergency measures

17. Many measures taken by States to control the spread of COVID-19 have had a negative impact on the enjoyment of human rights. Lockdown measures and restrictions on the free movement of persons have increased the risk of isolating particularly vulnerable groups, including older persons and persons with disabilities, with consequences for their mental health and physical well-being. A rise in gender-based domestic violence by intimate partners and family members has been reported during lockdowns.¹⁶ For some children, lockdown measures have increased their risk of being subjected to physical or psychological violence at home and limited the possibility of contact with trusted adults to whom such violence might otherwise be reported.

18. Effective responses to health crises require the collection and management of sensitive data and necessitate strong privacy safeguards. In many cases, however, systems to limit the processing of data to what was strictly required for specific health-related purposes were not in place. Similarly, transparency guarantees regarding data processing and safeguards for addressing data breaches were absent in many countries. These shortcomings also risked undermining movement tracing efforts and public confidence in them.

E. Impact on civic space

19. The pandemic has had a considerable impact on public participation and access to information, with many channels for engagement moving online, excluding those segments of the population who had limited or no Internet access. Civil society organizations as well had to adjust to COVID-19-related restrictions, which often reduced their ability to have direct access to communities and those in need.

20. A number of countries have placed restrictions on access to legitimate information and data related to COVID-19, limiting the ability of people to provide feedback on health measures and undermining trust in the overall response. These efforts have resulted in the suppression of free expression, including threats to and the detention of media personnel, medical professionals, and others. Social media users as young as 14 years of age have been arrested for publishing COVID-19-related videos or posting online stories that are critical of authorities. At the same time, the spread of misinformation relating to COVID-19 has undermined health responses, with deadly consequences, a problem at times exacerbated by some political leaders and government officials.

21. Health-care workers, too, have been intimidated, detained and sometimes convicted for expressing their views regarding the situation inside hospitals. Human rights defenders, lawyers and political activists also have been detained, prosecuted and subjected to intimidation and surveillance for criticizing government responses to the pandemic.

22. The right to peaceful assembly has at times also been a casualty of the pandemic, with restrictions often going beyond what was strictly necessary from a public health point of view, and protesters and organizers of protests facing criminal charges. COVID-19-related restrictions have also been used in the context of electoral processes to weaken or repress opposition voices and to suppress dissent.

¹⁶ See United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), “The Shadow Pandemic: Violence against women during COVID-19”, 2020.

III. Impact of the pandemic on groups

A. Children

23. While children who contract COVID-19 appear to have, overall, fewer symptoms and lower mortality rates, the socioeconomic consequences and psychological effects of the disease on children are only beginning to be fully appreciated, with newly emerging variants of the virus predicted to affect increasingly younger groups.

24. Children are faced with higher levels of physical and psychological violence, including maltreatment and sexual abuse. In addition, forced child labour is on the rise, as are forced child marriage, exploitation and trafficking. The pandemic has exacerbated the digital divide and its impact in daily life, preventing many disadvantaged children, especially those with special needs, from continuing their education with the help of state-of-the-art distance-learning tools. Even when unaffected by COVID-19, millions of children are now at risk of other infections owing to disruptions in the provision of child health care, including routine immunization services.¹⁷

B. Indigenous peoples and minorities

25. The pandemic continues to have a disproportionate impact on indigenous peoples, exacerbating structural inequalities with respect to their enjoyment of social and economic rights. Higher mortality rates of elderly indigenous people due to COVID-19 threatens the culture of indigenous communities, their languages and their traditions. Gender-based violence against indigenous women and forced or early marriage, and harmful ancestral practices such as female genital mutilation, are reported to be on the increase in some communities.¹⁸

26. Migrants, people of Asian heritage and other groups have been singled out and targeted as scapegoats during the pandemic because of an unfounded fear that such persons might be carriers of COVID-19.¹⁹

27. Ethnic minority communities are disproportionately represented in COVID-19 infection and mortality statistics owing to a variety of factors; these include overrepresentation in essential work sectors, socioeconomic disadvantage, poor housing conditions and various other disparities. In some countries, Latinos, black and indigenous persons are roughly three times more likely than white people to die of COVID-19 and at a younger age.²⁰

C. Lesbian, gay, bisexual, transgender and intersex persons

28. Restrictions on the free movement of people have increased the risk of lesbian, gay, bisexual, transgender and intersex (LGBTI) persons being subjected to abuse during police identity checks. In many places, such persons are disproportionately impoverished, homeless and lack access to proper health care, and thus particularly affected by the pandemic. LGBTI persons are more likely to work in industries the activities of which have been disrupted by the pandemic. This is especially the case of transgender persons providing various kinds of personalized and intimate services, including in the sex industry. Homeless LGBTI persons are forced to resort to unsafe social housing and shelter programmes. Some LGBTI persons live in cramped communal spaces or have been forced to stay at home or return to hostile

¹⁷ www.who.int/immunization/monitoring_surveillance/immunization-and-covid-19/en/.

¹⁸ UNICEF, Technical Note on COVID-19 and Harmful Practices, April 2020.

¹⁹ Human Rights Watch, "Covid-19 Fueling Anti-Asian Racism and Xenophobia Worldwide", 12 May 2020.

²⁰ Ed Yong, "Where Year Two of the Pandemic Will Take Us", *The Atlantic*, 29 December 2020. Only 10 per cent of white Americans who have died of COVID-19 were younger than 65, as against 28 per cent of black Americans and 45 per cent of indigenous Americans.

families and/or communities. Since the onset of the pandemic, gender-affirming medical care has been deemed “non-essential” in many States.

D. People deprived of their liberty

29. Several countries have reported COVID-19 outbreaks in detention facilities, resulting in high death rates.²¹

30. Overcrowding in detention facilities remains a critical challenge. Even under normal circumstances, overcrowding undermines a number of the rights of persons deprived of their liberty; during a pandemic, the release from prison of older, ill and low-risk offenders is an important step to lower infections and save lives.²² Insufficient awareness-raising campaigns for prisoners, lack of running water, soap, hand sanitizer and masks, and a lack of suitable isolation areas are problems common to nearly all detention facilities.²³

31. Riots and violent protests have erupted in numerous prisons over inmates’ fears of being contaminated by COVID-19 and frustration at restrictive measures. Prison riots have been violently suppressed in some countries, resulting in death and injuries among detainees, as well as harm to prison guards.²⁴

E. People on the move

32. The impact of the pandemic on migrants, refugees and asylum seekers, as well as on internally displaced persons, has been significant. Border closures have left millions of migrants stranded and many seeking to return to their own countries.

33. Many people on the move lack access to basic services, such as water and sanitation, shelter or sufficiently nutritious food. In some cases, people on the move have also been forcibly repatriated or returned to dangerous areas, in violation of international human rights and refugee law, including the prohibition against refoulement and collective expulsion. The crisis has also exacerbated the already fragile situation of women and girls on the move, who face a greater risk of exposure to gender-based violence, abuse and exploitation and struggle to find access to protection and health services. Meanwhile, loss of employment and wages as a result of COVID-19 are leading to a decline in migrant remittances, with a devastating impact on the approximately 800 million people in destination countries relying on such remittances for their economic survival.²⁵

F. Persons with disabilities

34. Persons with disabilities are disproportionately at risk of succumbing to COVID-19.²⁶ At the same time, there has at times been a failure to meaningfully consult and include such

²¹ Stephanie Desmon, “COVID-19 in Jails, Prisons, and Immigration Detention Centers: A Q&A with Chris Beyrer”, John Hopkins University, 15 September 2020.

²² See OHCHR, “Urgent action needed to prevent COVID-19 ‘rampaging through places of detention’ – Bachelet”, press release, 25 March 2020; and Inter-Agency Standing Committee (IASC), IASC Interim Guidance on COVID-19: Focus on Persons Deprived of Their Liberty (developed by OHCHR and WHO), 27 March 2020. See also *ibid.*

²³ “COVID-19: UN teams step up efforts to protect rights in prisons, as revolts intensify worldwide”, UN News, 5 May 2020.

²⁴ Olga Zeveleva, “Coronavirus in Prisons, a Global Perspective: Tracking policy responses, releases, and riots”, Gulag Echoes, 1 April 2020.

²⁵ World Bank, “COVID-19 Crisis through a Migration Lens”, Migration and Development Brief 32, April 2020.

²⁶ In the United Kingdom of Great Britain and Northern Ireland, a study found that people with learning disabilities had a death rate from COVID-19 that was six times higher than for persons without a disability; see Public Health England, “COVID-19 deaths of people identified as having learning disabilities”, 12 November 2020. In Argentina, the death rate of persons with disabilities

persons in the development of COVID-19 responses, with policymakers sometimes viewing persons with disabilities as passive entities requiring care and protection rather than as full and equal rights holders.

35. Discriminatory triage protocols and practices have in some places resulted in the denial of life-saving COVID-19 treatment,²⁷ with families reporting pressure from health-care professionals to accept do-not-resuscitate orders.²⁸ The denial of adequate health care based on a person's degree of impairment is a serious violation of human rights and is prohibited under international law. Disaggregated data should be gathered for persons receiving COVID-19 treatment to make such discrimination visible.

36. The COVID-19 pandemic has had a particularly devastating impact on persons in institutionalized settings, where preventative measures, such as physical distancing, are more difficult to respect and maintain over extended periods. Visitor restrictions put in place by many institutions have prevented the health and welfare of residents from being monitored by formal mechanisms or by family visits, leaving a potential for abuse behind closed doors, in addition to the social and mental health impact on the individuals concerned. The pandemic has highlighted the urgency of deinstitutionalizing persons with disabilities wherever possible.

37. The pandemic has also highlighted the barriers that persons with disabilities face in securing and maintaining employment,²⁹ as they are more likely to lose their jobs because of discriminatory attitudes and barriers to remote work.³⁰

G. Older persons

38. While the COVID-19 pandemic affects all populations and age groups, evidence indicates that older persons are at a particularly high risk of succumbing to the virus. The response to the pandemic has, however, at times failed to take adequately into account the right to life of older persons.³¹ The hard reality of the current health crisis has also laid bare critical gaps in human rights protection for older persons, such as their lack of social protection, access to health services, autonomy and participation in decision-making, as well as freedom from violence, neglect and abuse. Responses to the pandemic have underscored the need for a fundamental shift in society's interaction with older persons. Paternalistic and ageist approaches to older persons are normatively unacceptable and counterproductive, and should cease. The full dignity, equality and human rights of older persons should be protected and respected.

H. Women and girls

39. The pandemic has had a disproportionate impact on women and girls. Women are overrepresented in the sectors most affected by the crisis, namely the care, retail sales and hospitality and tourism sectors. Globally, women are exposed to a greater risk of contracting

was 7 per cent, compared to 2.2 per cent for persons without a disability; see Agencia Nacional de Discapacidad, "Personas con discapacidad con CUD confirmadas con Covid 19 al 23 de septiembre de 2020", October 2020. In the United States of America, one study found that persons with intellectual disabilities had a 2.5 times higher date rate than those without; see Margaret Turk et al, "Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis", *Disability and Health Journal*, vol. 13, No. 3 (July 2020).

²⁷ Disability Rights International, IDA, Validity et al., *Disability Rights During the Pandemic: A global report on findings of the COVID-19 Disability Rights Monitor*, September 2020, p. 41.

²⁸ Inclusion London, "Abandoned, forgotten and ignored: the impact of the coronavirus pandemic on disabled people", June 2020, p. 21.

²⁹ ILO, UNICEF, United Nations Partnership on the Rights of Persons with Disabilities, International Disabilities Alliance, Special Rapporteur on the rights of persons with disabilities (2020), Brief: Disability-inclusive Social Protection response to COVID-19 crisis.

³⁰ Lisa A. Schur, Mason Ameri and Douglas Kruse, "Telework After COVID: A "Silver Lining" for Workers with Disabilities?", *Journal of Occupational Rehabilitation*, vol. 30, 2020, pp. 521–536.

³¹ United Nations, Policy Brief: The impact of COVID-19 on older persons, May 2020.

the virus: 88 per cent of personal care workers and 69 per cent of health professionals are female.

40. Given the preponderance of women in the informal sector – of which the garment sector is a major component, especially in South and Southeast Asia – employment insecurity, wage disparities and a lack of social security have taken their toll on the livelihoods of women during the pandemic.³² Women often have fewer savings to draw upon when the need arises, further exacerbating the situation.

41. As noted earlier, the increasing number of reports of gender-based violence, including domestic violence, during the pandemic, led the Secretary-General to call for a domestic violence “ceasefire” amid a “horrifying global surge”.³³ Many allegations of rape and sexual harassment by security forces have been reported during the pandemic, while access to justice for victims of domestic and sexual violence remains a challenge in a number of countries. Survivors of such violence have often had no access to justice, proper psychosocial support, safe shelters or sexual and reproductive health services.

42. COVID-19 has disrupted efforts to end child marriage; projections have indeed indicated a potential increase in 13 million additional child marriages between 2020 and 2030.³⁴ The crisis has also exacerbated a pre-existing lack of access to health and reproductive services, including pre- and postnatal care services, as well as access to contraceptives, as health systems have redirected resources to deal with the outbreak of COVID-19, deeming sexual and reproductive health services “not essential”.

IV. Response of the Office of the High Commissioner to the pandemic

43. The Office of the High Commissioner has monitored the COVID-19 situation globally since the onset of the crisis, to identify its implications for human rights and to support effective rights-based responses by Member States and other stakeholders, with an emphasis on the prevention of human rights violations.

44. OHCHR has produced key guidance, advice and messaging on various human rights dimensions of the crisis, as well as detailed COVID-19 human rights guidance notes, including on matters relating to civic space, detention, indigenous peoples, migrants, minorities, women, racial discrimination, LGBTI persons, older people, persons with disabilities business and human rights, access to vaccines and states of emergency.³⁵

45. OHCHR has adopted a COVID-19 strategy that identifies the following priority focus areas:

- (a) Support for vulnerable persons and groups;
- (b) Access to information, and participation of affected groups and relevant stakeholders, including civil society, and national human rights institutions in all response efforts;
- (c) Integration of a human rights-based approach into United Nations system responses at all levels by providing early warning, a human rights analysis of emerging trends, developing and promoting human rights indicators, facilitating a rights-based humanitarian response and gathering and sharing good practices;

³² See ILO, “81 million jobs lost as COVID-19 creates turmoil in Asia-Pacific labour markets”, 15 December 2020.

³³ “UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge’”, UN News, 6 April 2020.

³⁴ See Nelsy Affoum and Isabel Santagostino Recavarren, “Child marriage: the unspoken consequence of COVID-19”, World Bank Blogs, 9 October 2020; and United Nations Population Fund (UNFPA), “Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage”, 27 April 2020.

³⁵ See OHCHR, COVID-19 Guidance at www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx.

(d) Engaging on the pandemic-related economic impact on human rights;

(e) Monitoring, reporting and addressing emerging human rights challenges during the crisis, including states of emergency, restrictions on public freedom, new forms of surveillance and data collection, and incidents of racism, discrimination and xenophobia.

46. The Office has stepped up its cooperation with Member States, United Nations resident coordinators and country teams, national human rights institutions and civil society to provide advice on human rights-based socioeconomic responses to COVID-19 and to offer evidence and policy options on economic recovery processes.

47. OHCHR has furthermore led the development of indicators to assess and mitigate the impact of the COVID-19 pandemic on human rights through a highly collaborative process involving a range of United Nations entities. Ten thematic indicators were issued as part of the United Nations framework for the immediate socioeconomic response to COVID-19;³⁶ the indicators are equally relevant to the United Nations global health and humanitarian responses. They cover a range of critical issues affecting human rights both during and in the immediate aftermath of the pandemic.

48. The Surge Initiative³⁷ has engaged in an analysis of international and national economic policies and measures, including the impact of sanctions and debt distress, stimulus packages and sectoral interventions (such as fiscal space for “minimum core human rights obligations”). OHCHR has been monitoring the steps taken by Governments and businesses to address the immediate and long-term economic social effects of the crisis, advocating for effective measures that comply with international human rights standards to advance the Sustainable Development Goals, reduce inequalities and provide non-discriminatory access to public health services. The Surge Initiative has helped to strengthen collaboration with grass-roots actors, national human rights institutions and disadvantaged groups to build disaggregated datasets and methodologies to address the impact of the COVID-19 pandemic on those who are left behind.

49. In collaboration with the Development Coordination Office and the United Nations Development Programme (UNDP), OHCHR has developed a checklist for a human rights-based approach to socioeconomic impact assessment and country responses to COVID-19.³⁸ The Office has compiled research and provided policy suggestions to United Nations socioeconomic response plans, including analysis on groups left behind and pathways for maintaining adequate levels of health, social protection and other rights on a non-discriminatory basis, leveraging recommendations made by United Nations human rights mechanisms.

50. As co-lead of an inter-agency task team, OHCHR led a human rights review of the socioeconomic response plans of 109 United Nations country teams in October 2020.³⁹ The review led to recommendations on how to comprehensively map disadvantaged groups and to devise targeted measures to address discrimination and structural inequalities relating to those groups. It identified areas of improvement for socioeconomic response plans by, for instance, bolstering the involvement of civil society and national human rights institutions in the design and monitoring of responses and leveraging the systematic implementation of

³⁶ <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>.

³⁷ The Surge Initiative, which incorporates a team of macroeconomists, was launched in August 2019 as a follow-up to the findings and recommendations made by the three task forces established by the High Commissioner to strengthen OHCHR engagement on the Sustainable Development Goals, economic and social rights, inequality and prevention. The Surge Initiative has created a critical space in decision-making and opened up new opportunities for partnering with United Nations entities and local human rights actors to shape country approaches and strategies, anchor human rights in COVID-19-related responses and support long-term country development programming.

³⁸ www.ohchr.org/Documents/Events/COVID-19/Checklist_HR-Based_Approach_Socio-Economic_Country_Responses_COVID-19.pdf.

³⁹ The human rights review, conducted alongside the Development Coordination Office, UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, UN-Women and WHO, was a rapid assessment of the socioeconomic response plans and one of the key actions under the strategic intervention on sustainable development, agreed under the Secretary-General’s Call to Action for Human Rights (see para. 4 above).

recommendations made by human rights mechanism to strengthen interventions in the case of disadvantaged groups disproportionately affected by the pandemic.

51. OHCHR has continued to work towards integrating human rights into the responses of all stakeholders.⁴⁰ Its 92 field presences worldwide have supported Member States, civil society, various State institutions and national human rights institutions in implementing the guidance provided by the human rights system. OHCHR field presences have also monitored the implementation of emergency measures, raised concerns over overbroad measures or the misuse of emergency powers to unjustifiably restrict speech or assembly, and advocated for immediate steps to address the impact of the pandemic on human rights, including for detained persons, migrants, persons with disabilities and older persons. OHCHR has engaged with Governments on emergency measures, including on the role of law enforcement officials, in a number of States. In other contexts, the Office has helped to support the judiciary to remain operational despite pandemic restrictions, and facilitated the resumption of family visits and communications with persons in detention.

52. OHCHR has also continued to support the work of United Nations human rights mechanisms.⁴¹ With the whole spectrum of rights enshrined in the human rights treaties at risk, treaty bodies have made wide-ranging recommendations to guide a rights-based response to the pandemic. Special procedure mandate holders have issued more than 90 press releases and 12 guidelines, conducted multiple social media campaigns, and released 140 communications addressing aspects of the pandemic and relevant governmental responses.

V. Mitigation measures and good practices

53. The pandemic has highlighted the need to listen to and learn from affected communities. OHCHR has been monitoring promising practices globally, and has developed, in partnership with the Raoul Wallenberg Institute of Human Rights and Humanitarian Law and the University of Tokyo, a project designed to gather crowdsourced testimonies regarding examples of good practices on the ground. Moreover, the submissions received by the Office from Member States⁴² described an impressive number of good practices.⁴³

VI. Submissions

54. In Albania, the Council of Ministers has provided financial assistance to both employers and self-employed persons who have experienced a downturn in their economic activities, and made additional payments to those already receiving financial assistance. Recognizing that the Roma community may have eligibility problems, the Government disburses direct cash transfers to them.

55. Algeria has assisted families in need by granting emergency financial assistance (some 2.2 million people to date). It has also granted longer-term financial aid to craftsmen and other semi-professional workers. In close collaboration with civil society, particular attention has been paid to the needs of older persons, persons with disabilities, women, migrants, refugees, homeless persons and the poor.

56. In Antigua and Barbuda, telecommunications firms have agreed to waive all fees for calls made to domestic violence helplines.⁴⁴

⁴⁰ See *Official Records of the General Assembly, Seventy-fifth Session, Supplement No. 36 (A/75/36)*, para. 59 (humanitarian action), paras. 64–67 (migration), paras. 82–84 (children and youth), para. 96 (detention/prisons) and paras. 113–117 (digital space).

⁴¹ *Ibid.*

⁴² Submissions are available on the OHCHR COVID-19 website (www.ohchr.org/EN/NewsEvents/Pages/CoronaVirusContext.aspx).

⁴³ Monitoring results and documentation from all OHCHR field presences have been entered into an innovative tracker database, the Integrated Management Information System (IMIS).

⁴⁴ Laura Turquet, “Expert’s take: Four lessons from COVID-19 that should shape policy decisions everywhere”, UN-Women, 28 August 2020.

57. In the context of its ongoing cash benefit programme (*benefício de prestação continuada*), Brazil assesses other eligibility criteria in addition to that of minimum income, which can be misleading and result in unfair exclusion.⁴⁵

58. Costa Rica has established the “+Women, +Nature” programme to grant credit to women environmental managers.⁴⁶ The programme has entailed the establishment of three financial instruments to enable women biodiversity managers, eco-agricultural producers, ecotourism entrepreneurs, academics and researchers to obtain credit at favourable interest rates to finance their activities.⁴⁷ It has several co-benefits: it mitigates the negative social and economic effects of the pandemic, advances gender equality, and fights climate change.

59. In Croatia, the Ministry of Education, partnership with the public television network, makes online classes available to young people. Social media (YouTube) are also used for educational purposes, while online materials are accessible from the *Škola za život* (School for Life) website.

60. Teachers have been instructed to refrain from grading students during the first two weeks of online teaching, focusing efforts on encouraging students and monitoring their performance, as well as becoming familiar with the use of new teaching technologies.

61. By an amendment to the Unemployment Security Act, Finland has extended unemployment benefits to entrepreneurs and freelancers who have been in financial difficulty since April 2020.⁴⁸

62. Finland has implemented COVID-19-specific contingency and operational plans to ensure adequate accommodation and health care for asylum seekers.

63. Honduras has, with OHCHR support, launched a strategic plan to strengthen guarantees of socioeconomic rights of persons in vulnerable situations.

64. Italy has created a national “inclusion” programme under the auspices of the national anti-discrimination office (UNAR). Safe houses have been opened to offer protection to LGBTI victims of family violence. UNAR, in cooperation with the national health institute and non-governmental and civil society organizations, has also launched an experimental project to create INFOTRANS.IT, a web portal for transgender persons. The Government of Italy has also announced its intention to develop, in consultation with civil society, a new national strategy containing concrete measures to protect LGBTI rights.

65. In Japan, a non-governmental organization has provided cash grants via a mobile telephone system for internally displaced persons and repatriated refugees affected by COVID-19 in Bamiyan, Afghanistan. This unique approach has reportedly worked well, and a follow-up pilot project by the Development and Economic and Social Issues Branch of OHCHR has been undertaken, in partnership with the University of Tokyo, via telephone monitoring and in-person interviews.

66. As part of its National COVID-19 Preparedness and Response Plan,⁴⁹ Malawi has extended social security coverage by introducing a programme targeting 172,000 low-income households in urban and peri-urban areas and paying them the equivalent of a minimum wage (\$47) per month for six months via mobile cash transfer.⁵⁰

67. In the Republic of Moldova, the Government has provided a Russian language version of the official website dedicated to COVID-19 updates. In addition, informational leaflets on

⁴⁵ Law No.13.982 (2 April 2020). See www.in.gov.br/en/web/dou/-/lei-n-13.982-de-2-de-abril-de-2020-250915958.

⁴⁶ Costa Rican Presidency, “Costa Rica launches financial programme for women who protect natural resources”, 2020.

⁴⁷ Ibid.

⁴⁸ Amendment to the Unemployment Security Act. See also Ministry of Economic Affairs and Employment of Finland, “Legislative amendment extends employees’ right to unemployment benefit during lay-off and provides easier and quicker access to unemployment benefit”, 31 March 2020.

⁴⁹ Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/National-COVID-19-Preparedness-and-Response-Plan_08-04-2020_Final-Version.pdf.

⁵⁰ See ILO, Country policy response (www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#MW).

the virus and related measures have been made available in Ukrainian, Romani and Gagauz languages.

68. In Portugal, the António Sérgio Cooperative for Social Economy has launched a national campaign, #cuidadetodos, while the Solidarity Volunteer Network provides emergency assistance to older persons particularly affected by preventive isolation measures.

69. Portugal has also established an online platform within the context of the “Feed those who feed you” programme aimed at promoting local agricultural products and supporting local food chains, as well as ensuring access to basic foodstuffs during lockdowns by bringing farmers and consumers closer together.

70. Portugal is also working to guarantee that foreigners are considered properly documented persons on Portuguese territory and are thus able to enjoy all rights under equal protection of the law. To be eligible for public services, seek employment and open a bank account, individuals need only prove that they have submitted a request for a residency or work permit to the Foreigners and Border Service.

71. The Republic of Korea has taken an innovative approach to suicide prevention during the pandemic. The Seoul Youth Guarantee Centre, a government-operated online counselling programme created for the purpose of suicide prevention, has been greatly expanded in response to the 36 per cent increase in the number of women who deliberately harmed themselves during the first half of 2020 as a result of pandemic-related restrictions. The original target number of 700 counsellors has also been doubled.

72. South Africa has demonstrated how current resources could be used to “build back better” by officially announcing government support for women-owned businesses as part of a commitment to ensure gender equality. At least 40 per cent of all goods and services procured by public entities are to be sourced from women-owned businesses.

73. The Government of South Africa has made a number of commitments under its “Generation Equality” initiative to be incorporated into the national strategic plan. These include providing greater support for women-owned small and medium-sized enterprises, engagement with the financial sector to make financial services more accessible and affordable to women, and ensuring that more women have access to land ownership.

74. Spain has introduced the *ingreso mínimo vital*, a universal basic income.⁵¹ To be eligible, individuals are required to have been residents in Spain for at least one year and had an income of less than €450. Benefits are proportional to family size, with a maximum amount of €1,015 allocated per month.

75. The Sudan has launched a family support programme to provide direct cash transfers to vulnerable families. In July, the Government piloted a programme in five suburbs of Khartoum State, and is currently expanding it with the aim of reaching 80 per cent of the population by 2021. The World Food Programme (WFP) is providing technical support for the development of a digital cash transfer and payment system, together with a complaints and feedback mechanism. Given that an estimated 65 per cent of the population lives below the poverty line, the programme is important for protecting families from extreme poverty.

76. In Togo, a complementary cash transfer (*revenu universel de solidarité*) programme has been implemented to assist informal workers, whom are urged to register online to receive benefits.⁵² at the time of writing, some 581,130 people, 376,108 of them women, had already benefited from the programme.

77. During mandated court closures, Trinidad and Tobago adopted innovative approaches based on the use of digital technology to provide emergency juridical services to women.

⁵¹ Royal Decree 20/2020 of 29 May 2020.

⁵² See <https://novissi.gouv.tg/en/home-new-en/>. See also ILO, “Extending social protection to informal workers in the COVID-19 crisis: country responses and policy considerations”, Social Protection Spotlight, 8 September 2020.

78. Australia, Sweden and France have allocated funding to organizations that support women subjected to violence.⁵³ France has made 20,000 nights of free hotel accommodation available to victims of violence,⁵⁴ while many European countries have implemented a specially coded alert system with the collaboration of local pharmacies to help women victims of domestic violence to be able to place calls for help safely.⁵⁵

79. The European Union has launched a project with a consortium of non-governmental organizations. The initiative, “Joining Forces for Africa – protecting children during the COVID-19 crisis and beyond”,⁵⁶ involves strengthening child protection mechanisms in Ethiopia, Kenya, Mali, Senegal and Uganda, by implementing activities that address risk factors and strengthen measures to improve protection of children in families, communities and institutions.

VII. Recommendations

80. **COVID-19 has not only exposed some of society’s most significant shortcomings, but has also provided a pathway – should we choose to take it – to building a more sustainable, secure and prosperous future. To move forward along that path, the first step needs to be adopting a human rights-based approach to recovery that puts people at the centre of all recovery efforts. Recovering better requires addressing inequalities and discrimination; ensuring participation for all; putting in place a new social contract and transforming economies; and building global responses.**

A. Addressing inequalities and discrimination

81. **Addressing inequalities and discrimination is a defining challenge of the current era, not only of the collective global response to the pandemic. State responses should recognize that marginalized people are both more likely to die of COVID-19 and that they are hardest hit by its socioeconomic consequences. On the basis of that understanding, States should take specific steps their needs during and following the pandemic. In particular, the High Commissioner recommends that States:**

(a) **Develop and implement targeted measures in recovery and response plans to not only include vulnerable and marginalized groups and mitigate the immediate impact of the crisis on them but also to address the systemic and structural barriers to their inclusion that have emerged during the pandemic;**

(b) **Invest in the collection, analysis and distribution of disaggregated data to assess the impact of the COVID-19 pandemic on different population groups and uncover underlying patterns of structural inequalities and pervasive discrimination;**

(c) **Reach out to groups at particular risk, and create channels for involving them in debates and receiving feedback on specific measures; and regularly evaluate the effectiveness of the measures taken to include vulnerable and marginalized groups in response and recovery efforts;**

(d) **Mitigate the disproportionate impact of the pandemic on women and girls by designing a gender-sensitive response;**

(e) **Use current resources to create more inclusive societies, for example through public procurement processes.**

⁵³ See UNDP and UN-Women, COVID-19 Global Gender Response Tracker (available at <https://data.undp.org/gendert tracker/>).

⁵⁴ “UN backs global action to end violence against women and girls amid COVID-19 crisis”, UN News, 6 April 2020.

⁵⁵ Natalie Higgins, “Coronavirus: when home gets violent under lockdown in Europe”, BBC News, 13 April 2020.

⁵⁶ <https://joining-forces.org/project/joining-forces-for-africa/>.

B. Ensuring the free flow of information and safe, inclusive and effective participation

82. An effective response to the pandemic, and recovering better, depends on every person being able to contribute fully to that effort. A vibrant civil society is essential to “building back better”, and the free flow of information and broad-based participation by civil society actors can help to ensure that the recovery responds to real needs and leaves no one behind. Limiting access to information, restrictions, censorship or criminalizing journalistic activity erode trust in health measures taken by authorities. Civil society is critical to providing accurate information about the situation and needs on the ground, designing responsive measures that are inclusive, contributing to the implementation of measures adopted by the authorities, and providing feedback on recovery and response measures. Accordingly, the High Commissioner recommends that States:

(a) Create effective channels for civil society participation in policy development and decision-making at all levels, in particular organizations representing vulnerable persons, indigenous peoples, minorities and marginalized groups, and leverage new technologies to allow inclusive processes in which the voices of civil society are heard;

(b) Protect the space for journalists, defenders, medical professionals and experts, including scientists, to speak freely without threat of disciplinary action or reprisals; and ensure safe procedures for whistleblowing in the health sector, which are critical for professionals to carry out their work without fear of retaliatory lawsuits or intimidation;

(c) Empower national human rights institutions to address the impact of the COVID-19 pandemic in full compliance with the Paris Principles, include the expertise of those institutions in legislative and policymaking efforts to address the pandemic, and support their activities at all times, including during lockdowns;

(d) Build human rights into the design, development and deployment of technological approaches to the pandemic, given the enormous implications of digital technologies for a broad range of rights, in particular privacy;

(e) Ensure women’s full, equal and meaningful participation, representation and leadership in local, national and global COVID-19 policy spaces and decision-making, including with regard to preparedness, immediate and longer-term responses and post-crisis recovery, funding and assistance allocations, as well as in the media.

C. Putting in place a new social contract and transforming economies

83. The Secretary-General called for a new social contract between Governments, people, civil society, the private sector, international financial institutions and other key stakeholders, to ensure employment, sustainable development, universal health coverage and social protection, based on equal rights and opportunities for all.⁵⁷ The macroeconomic and sector-specific policy responses needed to rebuild economies as well as lives and livelihoods in the wake of the pandemic should be flexible, pragmatic and guided at every step by human rights. New forms of progressive taxation to maximize investment in economic and social rights, including by ring-fencing social spending during economic downturns, measures to combat tax evasion and tax avoidance, greater transparency of budget-related measures based on full access to information, and the meaningful participation of all relevant stakeholders in decision-making processes, will be vital.

84. Social protection floors are an essential element in creating greater resilience to future shocks and ensuring a more effective recovery. States should increase coverage of social protection systems through a better balance between contributory and non-

⁵⁷ *Official Records of the General Assembly, Seventy-fifth Session, Supplement No. 1 (A/75/1)*, para. 21.

contributory schemes to cover populations currently left behind. The rights to have access to basic shelter, housing and sanitation are core obligations that should be implemented immediately.

85. The development of robust health systems and universal health coverage are fundamental priorities. To achieve these ends, the High Commissioner recommends that States:

- (a) Adopt a legal and institutional framework guaranteeing everyone access to public health services regardless of their legal, residence, migration or insurance status, or the nature and degree of disability;
- (b) Regulate the price of medicines to ensure accessibility and affordability;
- (c) Proactively assess and remove barriers preventing people from having access to the necessary health care;
- (d) Increase investment in mental health, and strengthen awareness of and responses to the multiple effects of the pandemic on mental health, including those relating to suicide, sexual violence, and child and elder abuse;
- (e) Provide COVID-19 vaccines free of charge when needed, to cover everyone without discrimination, and ensure full accessibility to all.

86. The new social contract should also better ensure access for all to high-quality education. To that end, the High Commissioner recommends that States:

- (a) Resort to distance education only in exceptional cases, and take proactive measures to mediate inequalities resulting from distance education between the rich and the poor;
- (b) Prioritize the adoption of the most accessible low-tech or “no-tech” approaches to distance education to ensure access to all, including by taking measures to ensure accessible learning formats for persons with disabilities;
- (c) Ensure that distance education includes high-quality content suited to local contexts and local languages, and that distance education tools be introduced together with proper training in their use, both for teachers and learners;
- (d) Support teachers and others engaged in the education sector during and after the current crisis by protecting their right to enjoy adequate working conditions, to form and/or join trade unions, and to be covered by a social security system.

87. As economies are relaunched, new investments must lay the groundwork for and reorient States towards sustainable development and carbon neutrality, in accordance with the 2030 Agenda for Sustainable Development and the Paris Agreement on Climate Change, in order to guarantee the ability of current and future generations to enjoy the full range of human rights. In particular:

- (a) All COVID-19 recovery policies should accelerate the transition to zero-emission economies in a manner that contributes to the realization of all human rights;
- (b) Explicit human rights safeguards should be incorporated into relevant laws and policies to prevent and remedy human rights violations connected with major infrastructure projects, particularly in energy and extractive sectors.

D. Building global responses

88. The pandemic has demonstrated clearly how interconnected today’s world is, and the extent to which the safety and security of each of us is dependent upon the safety and security of all. The pathway to a stronger, more resilient future requires new levels of global cooperation and international solidarity. In particular, the High Commissioner recommends that States:

- (a) Coordinate economic policies, including monetary policies, to ensure that the recovery of one group of countries is not achieved at the expense of another;

(b) Support the ring-fencing of resources for social spending, and provide international support through loans and grants, especially for the many least developed countries, small island developing States and middle-income countries that have been hit the hardest by the crisis;

(c) Strengthen international cooperation for expanded debt relief and sustainability initiatives for developing countries, in accordance with the relevant commitments in the 2030 Agenda and the Addis Ababa Action Agenda;

(d) Treat COVID-19 vaccines as a global public good, put in place a well-coordinated global approach to the development and distribution of vaccines, and ensure access for all people on a non-discriminatory basis;

(e) Urgently re-evaluate broad sectoral sanctions in countries facing the coronavirus pandemic, authorize humanitarian exemptions to sanction measures for essential medical equipment and supplies, while countries under sanction measures should provide transparent information, accept offers of necessary humanitarian assistance, and adopt measures to guarantee national and international organizations can carry out their humanitarian work unhindered.

89. As the global community emerges from the pandemic, the universal human rights framework, together with the 2030 Agenda and the Paris Agreement, provides the essential guideposts to ensure a better recovery, serving first and foremost the protection of all people and the planet.
