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Pandemic preparedness and response: National COVID-19 law and policy in human rights perspective (consultation draft)

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Introduction

Recognizing the potentially serious adverse human rights implications of the COVID-19 pandemic and national reactions to it, the Raoul Wallenberg Institute for Human Rights and Humanitarian Law undertook a number of initiatives during 2020 designed to examine different aspects of the pandemic response from a human rights perspective.¹ This report is an important element of that work. It reflects key insights emerging from a pilot study implemented in partnership with the UN Office of the High Commissioner for Human Rights (OHCHR), examining legal and policy responses to COVID-19 in 14 countries across Africa, Asia, Latin America and the Caribbean. These countries include Cambodia, Bangladesh, India (including a separate study focusing on the Indian state of Kerala), Ethiopia, Kenya, Tanzania, Zimbabwe, Democratic Republic of Congo, Mali, Cameroon, Costa Rica, Ecuador, Uruguay, and Barbados.

The project was led by RWI researchers based in Lund, Sweden, working in close cooperation with partners at OHCHR in Geneva. A network of 'Raoul Wallenberg Fellows' were recruited to conduct analysis of legal and policy documents, using a standard tool (see Annex 1). Adapting the ten human rights indicators included at Annex 1 of the UN Framework for the immediate socio-economic response to COVID-19 (the UN Framework),² researchers based at the Raoul Wallenberg Institute in Lund, Sweden, in collaboration with partners affiliated with academic institutions or OHCHR field offices, reviewed relevant legal and policy documents from a human rights perspective. The aim of the study was to gather preliminary insights into areas of concern, as well as promising practices, relating to the ten human rights indicators included in the UN Framework. Country-level insights will be relevant to international and domestic actors committed to a rights-based response to and recovery from COVID-19, and to building forward better with enhanced pandemic preparedness and response frameworks. The tool that we have developed facilitates systematic analysis of legal and policy documents that has relevance for domestic planning and advocacy, as well as for international processes including the work of treaty monitoring bodies, Voluntary National Review processes under the SDG mechanism, and

¹ For more on RWI's work in this area, visit <https://rwi.lu.se/blog-tags/covid-19/>

² <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>

ongoing work articulating a human rights-based approach to disaster risk reduction, as called for under Paragraph 19(c) of the Sendai Framework for Disaster Risk Reduction.³

Key findings of the report are presented in relation to each of the ten indicators mentioned above. A general summary of areas of concern is provided first, followed by a more detailed section containing examples of promising practices. The emphasis of promising practices is intended to highlight the wide range of measures that States may consider adopting to address some of the more concerning consequences of pandemic response initiatives. Highlighting promising practices is not the same as declaring such practices to be 'effective'. Rather, the language in the documents identified reflects elements of a human rights-based approach. Highlighting promising practices is also not intended as an express endorsement of the document itself, or the overall response by the state to the pandemic. No attempt has been made in this report to critically evaluate national legal and policy responses. Indeed, some of the documents that contain promising practices also include measures of concern. A third subsection setting out a general recommendation concludes each section.

Importantly, this report does not address the question of implementation of the national legal and policy frameworks relating to the pandemic response. A number of separate reports examining the impact of response measures on particular groups, including women displaced in the context of Cyclone Idai in Zimbabwe, the experience of indigenous peoples in Cameroon, and the experience of people living in the state of Kerala, India, using an innovative crowdsourcing methodology will inform our future engagement with these questions, and will be disseminated over the course of 2021. There is scope for significant further research in relation to the role of law and policy in protecting human rights in particular contexts relating to the pandemic.

³ Paragraph 19(c) of the Sendai Framework for Disaster Risk Reduction reads: “Managing the risk of disasters is aimed at protecting persons and their property, health, livelihoods and productive assets, as well as cultural and environmental assets, while promoting and protecting all human rights, including the right to development.”

In light of the findings of this pilot study, we conclude that further research, technical collaboration, education and advocacy is indicated from sub-national to international levels to further promote and implement a human rights-based pandemic preparedness and response initiative that leaves no one behind. An agenda for a human rights-based approach to pandemic preparedness for response is developed in the concluding section of this report.

Recommendations

The following 10 recommendations draw directly on the insights derived from the analysis of the legal and policy responses to COVID-19 in the 14 countries included in the pilot study. A broader agenda promoting the development of a human rights-based approach to pandemic preparedness and response is set out at in the concluding section of this report.

In light of the key findings of the pilot study, we make the following recommendations:

1. Attention to persons in situations of potential vulnerability

Already in an early stage of a threatening epidemic or other crisis, the rights and needs of persons in situations of potential vulnerability should be actively taken into account to ensure that no one is left behind in the crisis response. Such assessments should build on pre-existing baseline information, and reflect combined insights of networks of prepared actors interacting within an inclusive, multi-level, multi-stakeholder preparedness and response framework. To promote a more systematic approach to addressing the cross-cutting non-discrimination and equality goal of leaving no one behind, legal and policy documents should explicitly identify a wide range of groups of people who may be in situations of potential vulnerability, and require systematic mapping of their needs and priorities. Acknowledging the existence and specific needs and priorities of different groups is the first step to ensuring equal enjoyment of human rights. In the long term, the State should invest in human rights based models for decision making as well as in models for consultation and active, meaningful, and inclusive participation.

There is clear scope for developing or adapting existing vulnerability and capability assessments to the pandemic context, drawing on existing methodologies within the field of disaster risk reduction, such as the IFRC's participatory Vulnerability and Capability Assessment.

2. Impact of COVID-19 response measures on the right to health

The lack of measures to ensure economic accessibility may be a threat to the accessibility of the right to health, especially among marginalized groups and those most affected by the health crisis and various response measures, who may lack the resources for even bare necessities to ensure their health. All available measures should therefore be taken to ensure the economic and practical accessibility of health services, goods and underlying determinants of health for people in situations of potential vulnerability. This applies both to COVID-19 and non-COVID-19 related essential health services and goods, including treatment for chronic illnesses, HIV/AIDS, mental health conditions and maternal, child, sexual and reproductive health.

A human rights-based preparedness and response model would be grounded in a holistic understanding of health, which also includes the underlying determinants of health that are connected to the enjoyment of economic, social and cultural, as well as civil and political, rights.

3. Violence

States should take decisive and rapid measures to effectively protect individuals from violence both within and outside the home, protecting their human dignity and their rights to life and health. Such measures should include the protection and provision of services for victims, including victims of domestic violence, ensuring accountability for perpetrators, including State officials, and involving representatives of groups experiencing various types of violence and harassment in dialogue, policy making, and so forth. Effective practices relating to the prevention of violence within the home must urgently be identified or developed

Sufficient safeguards should be implemented in law and policy to protect individuals from violence stemming from overreaches of enforcement officials during the crisis, which requires

clear, accessible drafting of legal and policy measures that place limits on the discretion of implementing authorities and avoid creating an enabling environment for enforcement that transgresses international standards. Addressing violence also requires the continued strengthening of systems facilitating access to justice and accountability.

In addition, the State should actively work to dispel misinformation and against stigmatization, discrimination and negative stereotyping which may lead to violence against certain groups.

4. Access to information on COVID-19 in accessible formats

Due to the importance of information on COVID-19 and the measures adopted in response being shared widely and it reaching everyone, explicit references to the accessibility of such information (in different ways) should be made in any legal and policy instruments dealing with communication and public information. In developing accessible means of information sharing, the needs and priorities of various groups should be taken into account, including through consultation with such groups. Accessibility of updated and consolidated instruments should be ensured, taking into account different ways that people access information.

In building forward better, States would do well to revisit their communications infrastructure and consider ways of enhancing accessibility of information, helping to ensure that no one is left behind.

5. Implications for the enjoyment of substantive rights

States must respect the human rights of all people within their jurisdiction. Recognising that some measures may result in violations of human rights, States should reassess the existing restrictions on substantive rights to ensure their proportionality and necessity under the current circumstances and remove any measures which do not comply with their international human rights obligations.

Additionally, States have a duty to protect and fulfil the human rights of all, which includes a positive duty to direct targeted measures assisting people in situations of potential

vulnerability. Measures should minimize the negative impacts of any remaining restrictions, for instance by enhancing social protections among persons unable to earn a sufficient income due to response measures. In addition, to prevent and mitigate future concerns relating to the impacts on substantive rights, the State should adopt a human rights framework for decision-making, including in crisis situations, with references to relevant international standards relating to civil and political, as well as economic, social, and cultural rights.

6. Discrimination against or negative targeting of minorities

States should ensure stringent protections against discrimination and discriminatory application of the various response measures adopted, including accountability mechanisms to respond to discriminatory acts in connection with enforcement of infection prevention and control measures. There is a need for proactive measures to prevent stigmatization and the spread of misinformation, through public awareness raising and effectively spreading accurate information pertaining to COVID-19.

7. Workplace health and safety measures

States should maintain, promote and where necessary strengthen, existing workplace health and safety measures, which should also be diligently monitored and enforced. They should review and strengthen the responsibility of the employer to protect workers from health and security threats emerging from COVID-19 itself and associated sources, such as stress and the mental health toll of the crisis response. Accountability mechanisms should exist and be effective to ensure compliance to ensure the best possible protection for workers, in accordance with international standards and guidelines. Special protection measures should be put in place to protect frontline and high-risk workers, such as health care workers from infection and other harm. Also regular workplace health and safety work, such as accident and long-term disease prevention, should not be forgotten in the midst of the crisis.

8. Equal access to social protections

Since many of the existing measures to ensure adequate social protection for those impacted by COVID-19 and the State's response measures seem insufficient to protect the rights and well-being of the population, States should invest the maximum of their available resources into both the immediate alleviation of individual suffering caused by the crisis, but also into building functional and equitable systems of social protection for poverty alleviation, the full enjoyment of human rights and equality in the long-term. Such measures should specifically target groups of people in situations of potential vulnerability, including marginalized groups, who are likely to be the most affected by the crisis. Essential levels of social protection ensure that the minimum core of rights to food, shelter, the highest attainable standard of health, and social security, are fulfilled, even in situations of disaster like the COVID-19 pandemic.

9. Alternatives to detention

States should conduct rapid assessments of the situation in places of detention and deprivation of liberty and form plans for rapidly alleviating the concerns identified. In particular, such measures should include identification of the most at-risk individuals, reduction of prison and detention populations through release into alternative settings wherever possible, review and reduction of pre-trial and immigration detention, ensuring adequate hygiene measures and respecting minimum conditions such as daily exercise, access to legal representation, complaints mechanisms, and so forth. In accordance with international standards, it is also the State's responsibility to offer persons deprived of their liberty the same standard of health care as their surrounding community, free of charge and without discrimination based on their status.

10. State of emergency

States should comply with their international human rights obligations and immediately assess the continued necessity of the restrictions still in place in light of the current COVID-19 situation and the proportionality of such measures in relation to the goal sought. If significant temporary restrictions are considered necessary and proportionate to contain the COVID-19 pandemic, States should follow applicable human rights norms governing notice of derogations from

relevant international obligations, explaining the reasons, the timeline and the implications of doing so and submitting to international overview. In declaring possible states of emergency, States should strictly follow the requirements put in place by national and international law. The statement of the Human Rights Committee *on derogations from the Covenant in connection with the COVID-19 pandemic* (CCPR/C/128/2) should inform domestic approaches to state of emergency declarations and any consideration and formulation of derogations.

Background

Protecting the public from pandemics is a responsibility that falls clearly within the range of responsibilities that States have towards people within their jurisdiction. Responses to COVID-19 have demonstrated that States are often, if not always, committed to preventing and containing the spread of disease once the danger becomes apparent. However, responses have often not been effectively designed and implemented. The extremely adverse public health consequences, combined with serious impacts on the enjoyment of a wide range of civil and political rights, as well as economic, social, and cultural rights, reveals the importance of developing robust, rights-based systems to prevent and prepare for the spread of pandemic disease, to protect people who are exposed and vulnerable, and to ensure that response measures comply with international human rights standards.

This report builds on findings from a 14 country pilot study of national legal and policy responses to COVID-19 from a human rights perspective. It begins in this section by articulating a human rights-based approach to pandemic preparedness and response. This approach builds on earlier research led by the Raoul Wallenberg Institute concerning the integration of a human rights-based approach into disaster risk reduction and climate change adaptation.⁴

A human rights-based approach to legal and policy analysis asks whether relevant documents are in alignment with, or diverge from, key international standards and guidelines. For the purposes of the pilot study, the relevant standards were those contained in international human

⁴ See <https://rwi.lu.se/disaster-displacement/>

rights treaties, as developed by treaty monitoring bodies. More in-depth analysis will require the consolidation of a range of more specific human rights standards and guidelines relating to public health, social protection, health and safety at work, and other areas of life affected by the pandemic and national legal and policy responses. International standards and guidelines are based on core human rights principles, including the following:

- The duty of States to respect, protect and fulfil the human rights of all persons within their jurisdiction
- The cross-cutting non-discrimination and equality obligation
- The principle of the rule of law
- Principles of necessity and proportionality
- Specific guidance relating to the scope of particular rights, such as the right to health, freedom of movement, right to information, and so forth

These principles are drawn upon in the analysis of insights from the review of legal and policy responses to COVID-19 in the 14 countries that were included in the pilot study.

In addition, particularly thinking about building forward better, the Sustainable Development Goals also warrant consideration. Relevant goals and targets are highlighted in relation to corresponding human rights indicators used to structure this report.

The aim of a human rights-based approach to pandemic preparedness and response is the progressive realization of an inclusive, multi-level, multi-stakeholder framework that systematically integrates the considerations that the international community has consistently and collectively identified as being important features of a life with dignity.

Key findings

1. Attention to persons in situations of potential vulnerability*

* Note that this Indicator also integrates insights that might otherwise fall under Indicator 6 on discrimination against or negative targeting of minorities, as both Indicator 1 and Indicator 6 relate clearly to the cross-cutting non-discrimination and equality obligation.

Committee on the Elimination of All Forms of Racial Discrimination – *Statement on the coronavirus (COVID-19) pandemic and its implications under the International Convention on the Elimination of All Forms of Racial Discrimination*

Committee on the Rights of the Child – *The Committee on the Rights of the Child warns of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children*

UN Committee on the Protection of the Rights of All Migrant Workers and Members of their Families and UN Special Rapporteur on the human rights of migrants – *Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants*

Independent Expert on the enjoyment of all human rights by older persons – *Impact of the coronavirus disease (COVID-19) on the enjoyment of all human rights by older persons (A/75/205)*

Special Rapporteur on the rights of indigenous peoples – *Impact of the coronavirus disease on the individual and collective rights of indigenous peoples (A/75/185)*

Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity – *Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic (A/75/258)*

Agenda 2030 – No one must be left behind

SDG 1 – End poverty in all its forms everywhere

Target 1.5 – By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

SDG 10 – Reduce inequality within and among countries

Target 10.2 – By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

Target 10.3 – Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Target 10.7 – Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies

Areas of concern

The most striking finding to emerge from the comparison of legal and policy responses across the 14 countries is the lack of *systematic* attention to persons in situations of potential vulnerability. We use the term ‘people in situations of potential vulnerability’ instead of ‘vulnerable groups’ or ‘marginalized groups’ as it avoids the preconception of homogenous vulnerability, and associated lack of capability and agency, across a cohesive group of people defined by a single characteristic, such as disability, age, and so forth.

Although many of the legal and policy documents call for attention to be paid to people in situations of potential vulnerability, provisions tend to be vague and general, rather than targeted and specific. Some call for vulnerability and capability assessments to be conducted, but no methodology for conducting pandemic vulnerability and capability assessments was identified in any of the 14 countries, and legal and policy responses tended overwhelmingly

not to be based on such assessments. We recognize that the results of local level assessments will not directly inform national legal and policy measures, but argue that such measures should be informed by continuously updated insights into differential exposure and vulnerability coordinated through a multi-level, multi-stakeholder preparedness and response framework.

There is clear scope for developing or adapting existing vulnerability and capability assessments to the pandemic/epidemic context. Drawing on existing methodologies within the field of disaster risk reduction, the IFRC's participatory Vulnerability and Capability Assessment⁵ would provide a helpful starting point.

Although legal and policy documents tended not to include directly discriminatory provisions, some measures were identified. First, there were measures that singled out internal migrants for particular treatment. Second, some measures targeted homeless people. More generally, we found a tendency towards non-inclusion of language expressly prohibiting discrimination by authorities.

An expressly human rights-based pandemic preparedness and response framework would emphasize the non-discrimination and equality obligation as a cross-cutting feature. Not only would the framework promote measures to help ensure that no one is left behind, it would also address the need for measures to avoid active discrimination.

Promising practices

Promising practices were identified in a number of countries, and these will be described below.

Tanzania's Standard Operating Procedures (SOPs) for Case Management and Infection Prevention and Control explicitly recognize a number of groups as marginalized or in situations of potential vulnerability in the context of the pandemic. These include older persons, those with comorbidities, new mothers and infants and children, especially orphans.

⁵ Ref IFRC VCA methodology

Costa Rica has prepared specific plans for each marginalized group. It not only addresses the specific situation of each group, but it does it in a very clear format. The information and the measures taken are easy to understand and have a comprehensive approach, meeting the diverse needs that each group may have in the context of the pandemic. For instance, the measures adopted to support older adults range from the mental health approaches to the attention on health and food services. They include for instance: provision of care and psychological support through a toll-free telephone line; organized telephone outreach to check on the needs of the elderly population and provide services; strengthening the capacities of community-based networks and services to carry out socio-sanitary interventions that offer effective support to the most vulnerable populations; and communication measures that aim to sensitize and educate the older population about care and self-care regarding the risk of contagion by COVID-19. In addition, specific social protection measures have been implemented to protect older people, including the maintenance of normal monetary transfers; nutritional support during closure of day centres; addressing of situations of violence and risk factors; home care; additional investment in the management of pensions and advance payment of pensions; and the provision of guidelines on protecting elderly persons with disabilities and the elderly in e.g. health care and long-stay homes for older people.

Specific measures have also been adopted targeting persons with disabilities and their families; afro-descendant people; pregnant women and newborns; migrants; indigenous peoples; and persons deprived of their liberty.

Ethiopia's National Comprehensive COVID-19 Management Handbook recognizes that marginalization of certain groups can be a problem in the context of COVID-19, as it may create an appearance of favoritism, exacerbate existing marginalization and create or increase social and ethnic tensions. Specific measures prescribed to limit tensions and marginalization include seeking to engage staff such as contact tracers from within the local community, paying careful attention to issues of marginalization in the provision of support, such as packages of basic necessities, and being careful and mindful to ensure fairness in the provision of incentives and similar. Importantly, the Handbook in several parts also adopts a community-based

approach intended to facilitate respect for communities and to prevent stigmatization and ethnic tensions.

The **Zimbabwe** COVID-19 Operational Plan includes some references to vulnerable populations and foresees capacity assessment and risk analysis, including mapping of vulnerable populations at both national and local levels.

The Education Cluster Strategy repeatedly includes references to different kinds of marginalized and vulnerable groups and raises the specific issues faced by various groups of children. The Strategy includes the principle of Inclusive education, equity, gender, HIV and disability, explicitly recognizing “the different needs of girls and boys and the special needs of children living with disabilities.” It also holds that all activities implemented under the strategy “need to directly address gender discrimination and promote gender equality in order to ensure that no harm comes to children” as well as “directly encourage and ensure the participation of children living with disabilities in implemented education activities and furthering the inclusiveness of education activities.” In addition, the Strategy adopts a community focus and accountability to affected populations “through consulting and actively involving communities, teachers and learners in all aspects of the COVID-19 response and activities; actively seeking feedback of beneficiaries and adjusting programmes accordingly.”

In **India**, the Enabling Delivery of Essential Health Services during the COVID-19 Outbreak Guidance Note deals with preparations and response to COVID-19 from the perspective of ensuring the continued provision of essential health services, including specifically for members of certain marginalized or potentially vulnerable groups, which may have specific health needs. The guidance note prescribes, for instance, that frontline workers “maintain lists of key subpopulation groups in need of essential services, such as: pregnant women, those recently delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs.” Such populations should be followed up regularly and delivery of their essential services should be ensured during the period of the lockdown/restriction.

Ecuador produced a series of guidelines for addressing the particular situation of persons in potential vulnerability, including the situation of indigenous peoples, Afro-Ecuadorians and Montubios, homeless people, children, adolescents and older persons. The Protocol with Intercultural Relevance for the Prevention and Attention of COVID-19 Regarding Indigenous People, Afro-Ecuadorians and Montubios of Ecuador builds on the concept of intercultural dialogue, which is defined as: “a democratic, participatory and inclusive strategy that mediates the expression of respect for and recognition of ethno-cultural, social, political, religious, gender, generational, human mobility and other particularities, to achieve fair and equitable agreements and the reconciliation of individual and collective rights.”

In addition to a tailored communication strategy, the Protocol also addresses access to humanitarian assistance, requiring that “All humanitarian assistance should include information for the community about the type, the content, distribution points, adequate use and other relevant elements in languages and formats accessible for indigenous and ethno-cultural communities.” It requires that distribution points be accessible, safe, and convenient for all beneficiaries of the communities, taking into account local dynamics.

In **Cambodia**, Measures to Manage Migrants Who Have Returned from Thailand, 2020 seek to ensure the coordination and reception of Khmer people returning to the country from Thailand due to the pandemic, who as returning migrant workers may be considered marginalized or in a situation of potential vulnerability. To facilitate the safe and orderly repatriation process, all provinces and cities shall create working groups and cooperate with other relevant actors to provide transportation from border zones to the returnees’ homes. The transportation process importantly respects rights to health with a precise target to vulnerable groups such as children, women, and people with existing illnesses or disabilities.

Cambodia’s Guidelines on Case Management during Infectious Disease Outbreaks (COVID-19), 2020 seeks to protect children from various forms of harm during the pandemic and includes a consistent plan to manage cases through cooperation between State agencies, associations and NGOs. Relevant measures include for instance outreach to map child and family needs, provision of necessary support, and coordinating with community groups, networks and

volunteers to provide support. It also includes a concrete risk assessment matrix, used to map out vulnerability and prioritization criteria to ensure that those most in need of support receive the necessary interventions. Groups of children identified as high risk include for instance children without family care; children affected by restrictions on movement and lack of access to services; children with disabilities or illnesses; and children whose family members have contracted COVID-19. The document also includes a specific section dealing with unaccompanied and separated children and other children without parental care.

In **Uruguay**, vulnerable groups are considered in COVID-19 country preparedness plans depending on the type of measures studied. In the measures adopted by the health sector, there is an action protocol aimed at each vulnerable group. In addition, the Ministry issued specific protocols addressing the particular situation of children and adolescents; pregnant and newborns; and the elderly. Further, the State Health Services Administration (SHSA) contingency plan for COVID-19 infection includes specific measures to guarantee assistance to population from rural areas.

The set of measures related to foreign affairs and migration adopted by the country are aimed at guaranteeing the protection of Uruguayan citizens and foreigners residing in the country. This may imply limitations to the mobility and protection of certain vulnerable groups, such as migrants and refugees. However, the provisions issued specify that the prohibition of entering the country and the consequent closure of borders, do not apply to these vulnerable groups.

In **Bangladesh**, the National Preparedness and Response Plan for COVID-19, Bangladesh (Version 5, March 2020) includes language including on 'Leaving no one behind', the protection of vulnerable populations and treating persons impacted by e.g. quarantine following arrival in the country with dignity and respect, "taking into consideration the gender, socio-cultural, ethnic or religious concerns."

Issues to be considered for the persons with disability during COVID pandemic recognized persons with disabilities as one of the vulnerable groups of the COVID pandemic and provided

guidance for dealing with the pandemic, including in relation to the mental health of persons with disabilities.

Measures to address discrimination against or negative targeting of minorities

In **India** the Updated Containment Plan for Large Outbreaks, Novel Coronavirus Disease 2019, includes active communication measures to avoid stigmatization of affected communities.

India's Disaster Management Act 2005 includes explicit non-discrimination provisions. The Act holds that "While providing compensation and relief to the victims of disaster, there shall be no discrimination on the ground of sex, caste, community, descent or religion." The Act also requires State Executive Committees to "ensure that non-governmental organisations carry out their activities in an equitable and non-discriminatory manner."

The Guidance on Provision of NCD and Mental Health Services in the Context of COVID-19 Outbreak in **Tanzania** provides that measures should also be taken to support the reintegration of COVID-19 patients into their communities considering the risk of stigma and stress upon return and seeking to prevent negative mental health impacts of such attitudes.

In **Costa Rica**, explicit non-discrimination provisions include for instance the Recommendations for African Descent COVID-19, which holds that "It is of the utmost importance that when implementing measures in response to COVID-19, the principle of equality and non-discrimination is guaranteed, that ethnic, cultural and linguistic diversity are taken into account and that gender and intersectionality approaches are included."

Also the General Guidelines for Offices with Customer Service Due to the COVID-19 include a specific provision to protect against discrimination, by explicitly prohibiting discriminatory or xenophobic acts in any place where customer service is provided.

Recommendation

Already in an early stage of a threatening epidemic or other crisis, the rights and needs of persons in situations of potential vulnerability should be actively taken into account to ensure that no one is left behind in the crisis response. Such assessments should build on pre-existing

baseline information, and reflect combined insights of networks of prepared actors interacting within an inclusive, multi-level, multi-stakeholder preparedness and response framework. To promote a more systematic approach to addressing the cross-cutting non-discrimination and equality goal of leaving no one behind, legal and policy documents should explicitly identify a wide range of groups of people who may be in situations of potential vulnerability, and require systematic mapping of their needs and priorities. Acknowledging the existence and specific needs and priorities of different groups is the first step to ensuring equal enjoyment of human rights. In the long term, the State should invest in human rights based models for decision making as well as in models for consultation and active, meaningful, and inclusive participation.

There is clear scope for developing or adapting existing vulnerability and capability assessments to the pandemic context, drawing on existing methodologies within the field of disaster risk reduction, such as the IFRC's participatory Vulnerability and Capability Assessment.⁶

States should ensure stringent protections against discrimination and discriminatory application of the various response measures adopted, including accountability mechanisms to respond to discriminatory acts in connection with enforcement of infection prevention and control measures. There is a need for proactive measures to prevent stigmatization and the spread of misinformation, through public awareness raising and effectively spreading accurate information pertaining to COVID-19.

⁶ Ref IFRC VCA methodology

2. Right to the highest attainable standard of health

Article 12 ICESCR – Right to the highest attainable standard of health

CESCR General Comment No. 14 on the right to the highest attainable standard of physical and mental health

CRC General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health

CESCR General comment No. 22 on the right to sexual and reproductive health

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health – *Final report to the UN General Assembly on COVID-19 (A/75/163)*

SDG 3 – Ensure healthy lives and promote well-being for all at all ages

Target 3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Target 3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Target 3.d – Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

SDG 11 – Make cities and human settlements inclusive, safe, resilient and sustainable

Target 11.1 – By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums

Target 11.5 – By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

Areas of concern

Approaching health from a human rights perspective entails taking into account physical as well as mental health, and addressing the underlying determinants of health, recognizing that people experience differential health outcomes in part because societal responses to intersecting characteristics such as gender, age, social status, ethnicity and others shape aspects of exposure and vulnerability, including living arrangements, income, livelihoods, access to education and information, social networks and so forth. Although at times the underlying determinants of health were acknowledged in legal and policy responses to the pandemic, the marked tendency was towards the adoption of measures targeting prevention and containment of COVID-19, with far less consideration of how to address differential exposure and vulnerability to the virus, along with limited attention to wider aspects of physical and mental health that may be affected by the virus and the associated prevention and containment measures. A human rights-based preparedness and response model would be grounded in the more holistic understanding of health described above.

Compounding the potential adverse consequences of the tendency towards a narrow focus on prevention and control of the pandemic were the potentially harmful prevention and control measures themselves. We noted cause for concern with the vague formulation of certain pandemic prevention and containment measures. International human rights law permits the State to interfere with the enjoyment of most rights, on the condition that such interferences are provided for by law, are necessary in a democratic society, and are proportionate, representing the least possible interference with the enjoyment of human rights. Often, prevention and control measures, including those relating to quarantine, testing, movement restrictions, restrictions on livelihood activities, and so forth, were formulated in a manner that

granted unlimited discretion to authorities, did not contain time limits or other review mechanisms, and generally exposed people to potential violations of their rights in the name of public health. Public health emergencies place human rights under considerable strain, particularly when response measures are not planned in advance, and authorities react, instead of implementing measures that have been planned in advance. Developing pandemic preparedness and response measures in advance can help to avoid potential rights violations that can occur when decisions about prevention and control are taken in the midst of the emergency.

The right to health is typically formulated as entailing not only the availability of healthcare, but also accessibility, acceptability and quality features. In general, we found a lack of measures to promote accessibility of healthcare during pandemic.

Promising practices

Promising practices are divided according to the following categories: Availability, accessibility, acceptability and quality, maternal, child and reproductive health, and mental health.

Availability, accessibility, acceptability, and quality

Most countries clearly recognized the importance of ensuring the continued provision of non pandemic-related health services.

In **Ethiopia**, the National Comprehensive COVID-19 Management Handbook holds that while health care resources need to be diverted to deal with the COVID-19 outbreak, this must be done while giving attention to continuing care to emergency non COVID-19 cases and chronic conditions that need continuous follow up. A number of high priority categories of care are specified and these include, for instance, essential prevention for communicable diseases, particularly vaccination; care of vulnerable populations, such as young infants and older adults; provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions; continuity of critical inpatient therapies; and management of emergency health conditions.

In **India**, the Enabling Delivery of Essential Health Services during the COVID-19 Outbreak: Guidance Note highlights the need to ensure access to healthcare services for specific population sub-groups. High-priority services include essential prevention for communicable diseases, particularly vaccination; care of vulnerable populations, such as young infants and older adults; provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions; continuity of critical inpatient therapies; management of emergency health conditions; auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

Further, essential health services “should be provided free of cost to those seeking care in public health facilities. Beneficiaries should be fully aware of their entitlements, so that they do not delay the process of seeking care for fear of financial hardship.”

In **Barbados**, the Emergency Management (COVID-19) Order, 2020 seeks to protect the right to health by putting in place powers and provisions to allow for the adoption of measures to enhance emergency management in relation to COVID-19 and to support the treatment, prevention and control of the disease. Importantly, the Order includes a proportionality requirement in relation to the imposition of restrictions on persons detained for infection control purposes as well as on isolation of suspected cases. This acts as a safeguard against the disproportionate use of infection containment measures without regard to other interests at stake, including other less restrictive measures, other non COVID-19 health concerns, and fundamental rights considerations.

The Guidelines for the Safe Operation of Schools in Barbados include detailed provisions relating to the putting in place of infection prevention, physical distancing and various hygiene measures in the school environment to protect students and staff from COVID-19. Measures to be adopted relate, for instance, to dealing with sick students and staff; physical distancing and the wearing of masks; informing and educating the school community about the pandemic and best practices; and taking appropriate action against anyone in breach of the protocols provided. In addition, specific guidelines for protecting students with disabilities and younger nursery age children in school environments are included.

Similar protective guidelines for the workspace are provided by COVID-19 Framework for the Recommencement of the Domestic Industry in Barbados and COVID-19: Protecting Domestic Workers in Barbados, which seeks to protect the right to health by preventing and limiting the spread of COVID-19 in industrial and domestic workplaces.

Maternal, child and reproductive health

Most countries recognised the importance of continued provision of maternal, child and reproductive health in the context of the pandemic.

In **India**, the Enabling Delivery of Essential Health Services during the COVID-19 Outbreak: Guidance Note recognizes reproductive, maternal, new-born and child health, as essential health services, which must be maintained during the pandemic. Specific groups whose health should be followed up especially during the pandemic include “Pregnant women with EDD in current month, all High risk pregnant (HRP) women, New-Borns, Children due for immunization, Children with SAM (severe or acute malnourishment).” The guidance note also includes a list of specific high priority services within maternal, child and reproductive health. Importantly also family planning services, including easy access to contraceptives for persons needing them and ensuring availability of medical and surgical abortion services are included as essential.

In **Ethiopia**, the National Comprehensive COVID-19 Management Handbook includes guidelines for infant and newborn care and infection prevention, as well as case management guidelines for pregnant women with COVID-19. The Handbook prescribes that health facilities give special attention to the management of pregnant women in general and that postpartum care should be carried out under precautions. It also explicitly lists services related to reproductive health, including care during pregnancy and childbirth; and care of vulnerable populations, such as young infants as essential services, which must be maintained during the pandemic.

Mental health

In **India**, the need of psychosocial support for both the public at large and for health sector staff is explicitly recognized by the Updated Containment Plan for Large Outbreaks, Novel Coronavirus Disease 2019 and Preparedness and Response to COVID-19 in Urban Settlements.

In **Barbados**, the Guidelines for the Safe Operation of Schools in Barbados encourage schools to, for instance, develop intervention strategies to address the social and emotional learning needs of students who show signs of distress, anxiety or inability to cope during the return to school; to develop internal support systems for staff members who may require assistance to cope with the challenges of working in the new normal environment; and to establish safe spaces to accommodate counselling services for students affected by the virus.

The Guidance on Provision of NCD and Mental Health Services in the Context of COVID-19 Outbreak in **Tanzania** seeks specifically to ensure the availability and accessibility of sufficient mental health services during the pandemic, both for persons with pre-existing mental health concerns and those under increased pressure and stress due to the pandemic. The measures prescribed for this purpose are both general, such as the establishment of a call-centre or toll-free line for anyone needing mental health and psycho-social support, and specific to a certain group such as education, peer-support and counselling provided to persons living with sickle cell disease, who may suffer from poor quality of life and higher risks of COVID-19 related complications due to their illness. The relevant actors should "Provide psychological first aid for self-quarantined persons in homes or appropriate facilities, people in isolation, people with underlying health conditions, families, caregivers, friends of deceased, older adults, children, adolescents, health care providers and social welfare responders."

In addition, the Standard Operating Procedures (SOPs) for Case Management and Infection Prevention and Control recognizes the potential mental health toll of the pandemic, especially in the context of home isolation and institutionalized isolation and quarantine and advises individuals to seek support. It does not, however, include any provisions on where such support is available, or whether it is accessible to all. The SOPs hold that "Setting out mechanisms to reach people affected with psychological conditions due to COVID outbreak areas is crucial as

it contributes to cutting the rate of transmission among them and general population as well as avoiding psychiatric emergencies (suicide, homicide tendencies, violence) among contacts.” It therefore includes provisions on the roles and duties of psychosocial teams during and after the COVID-19 outbreak and measures to be taken to provide psychosocial support to individuals, families, neglected persons and community members affected by the outbreak.

In **Uruguay**, specific measures aimed at preserving mental health are detailed in the document Recommendations for the Protection and Promotion of the Well-Being of Children and Adolescents in the Context of the COVID-19 Pandemic, which seeks to raise awareness among the general population on signs of mental distress, including for instance loss of interest in activities that used to give pleasure, isolation, significant neglect of habitual appearance and changes in habits and behaviour.

In **Costa Rica**, measures under the Protocol on Mental Health and Psychosocial Support include 1) ensuring basic and security services, including covering basic needs and providing protection against harm; 2) activating family and/or community support networks, aiming to restore a sense of normalcy in the lives of the affected people so that they can continue with daily tasks, as well as with the satisfaction of needs; 3) providing emotional support; and 4) providing specialized treatment to those in need.

In **Bangladesh**, Issues to be Considered during COVID Pandemic for Psycho-Social and Mental Health provide for guidelines and provisions in the context of the pandemic, including instructions on addressing mental health directed at the general public; health workers; team leaders or managers working at health facilities; child care facilities; persons with comorbidities, the elderly and their service providers; and persons who are in isolation.

Recommendation

The lack of measures to ensure economic accessibility may be a threat to the accessibility of the right to health, especially among marginalized groups and those most affected by the health crisis and various response measures, who may lack the resources for even bare necessities to ensure their health. All available measures should therefore be taken to ensure

the economic and practical accessibility of health services, goods and underlying determinants of health for people in situations of potential vulnerability. This applies both to COVID-19 and non-COVID-19 related essential health services and goods, including treatment for chronic illnesses, HIV/AIDS, mental health conditions and maternal, child, sexual and reproductive health.

A human rights-based preparedness and response model would be grounded in a holistic understanding of health, which also includes the underlying determinants of health that are connected to the enjoyment of economic, social and cultural, as well as civil and political, rights.

3. Violence

International Covenant on Civil and Political Rights

International Covenant on Economic, Social and Cultural Rights

Convention on the Rights of the Child, article 15

CRC General Comment No 13 on the right of the child to freedom from all forms of violence

CEDAW General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19

Special Rapporteur on violence against women, its causes and consequences – *Statement to the UN General Assembly on the intersection between the COVID-19 pandemic and the pandemic of gender-based violence against women, with a focus on domestic violence*

SDG 5 – Achieve gender equality and empower all women and girls

Target 5.1 – End all forms of discrimination against all women and girls everywhere

Target 5.2 – Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Target 5.c – Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Areas of concern

Although the UN Framework indicator relates specifically to instances of violence online, our approach was to use this indicator to focus on measures that increased the risk of violence, or failed to address such risk. This approach was in part brought on by reports of global increases

in physical violence during the pandemic, and in part by the lack of measures identified dealing with the issue of online violence in the legal and policy documents reviewed during the pilot.

The risk of an increase in violence within the home has been highlighted since the early days of the pandemic. While a few of the documents reviewed recognized the issue of domestic violence as one of importance in the pandemic context, our review did not find any legal or policy measures that specifically sought to tackle this increased risk in a systematic manner. This is clearly of great concern, particularly as initial concerns proved prescient, with widespread reporting of increasing violence against women during the pandemic. This is an area where effective practices must urgently be identified or developed.

Another area where the risk of violence appeared to increase in the context of pandemic prevention and control relates to the role of security services in enforcing relevant measures. In some countries, military personnel were charged with responsibility for enforcing compliance with prevention and control measures, and in a larger number of countries this role fell to police and other security services. Reports of violence by security services in enforcing prevention and control measures are widespread, highlighting the need for authorities to develop enforcement measures more in alignment with international standards.

Promising practices

A number of States did introduce measures to address the increased risk of domestic violence and violence against children.

In **Bangladesh**, The National Guideline for Providing Essential Maternal, Newborn and Child Health Services in the Context of COVID-19 recognizes that in times of crisis, such as the pandemic, women and girls may be at higher risk of denial of sexual and reproductive health services, intimate partner violence and other forms of domestic violence due to increased tensions in the household. It therefore prescribes: counselling and services for responsive caregiving, prioritizing parenting, feeding and protection of the child from abuse, violence and exploitation; and clear measures to prevent and mitigate harassment, abuse or other forms of gender-based violence towards female frontline workers.

Zimbabwe's Education Cluster Strategy explicitly recognizes the enhanced risk of violence to children created by the pandemic and encompasses psycho-social support measures to support the reintegration of learners and staff at heightened risk of experiencing or witnessing violence into the school environment.

Similarly, in **India**, the Enabling Delivery of Essential Health Services during the COVID-19 Outbreak: Guidance Note recognizes the need for victims to access services also during the COVID-19 crisis, holding that health workers should during home visits "be alert to the possibility of increased gender based violence, inform the MO and support the victim to access appropriate health and social services." Further, "Services to victims of sexual and physical violence should be ensured as per protocols. Information about support services under social welfare department, NGOs, One stop crisis centres and helplines should be provided to the victim."

Cambodia's Guidelines on Case Management During Infectious Disease Outbreaks (COVID-19) seeks to ensure the continuation of ongoing case management to protect children from various types of harm, including to prevent, mitigate and remedy domestic violence and sexual exploitation and abuse (SEA). Relevant measures include, for instance, the review and prioritization of cases based on the vulnerability of the child in question; monitoring and follow-up of cases; provision of knowledge and training to social and case workers, and local health and community actors to protect children; preparing for a larger case load and its management; mobilizing community support; and spreading information. The Guidelines also highlight the importance of adopting a survivor centred approach to SEA, by empowering survivors and promoting their recovery by prioritizing their rights.

Ethiopia's Interim Guideline for Child Protection specifically seeks to protect children from violence, exploitation and abuse, including gender-based violence, in the context of quarantine, isolation and treatment due to COVID-19. The Guideline also includes specific measures to prevent, mitigate risk and respond to gender-based violence. Specific preventative measures include e.g. providing safe spaces for women and children; ensuring proper lighting and locks in the quarantine centre; keeping children and parents or caregivers together and not leaving

children alone; and ensuring sufficient numbers of care staff or other volunteers are in place in the centre to keep children safe, protected and stimulated.

The Pandemic Response Plan of the **Democratic Republic of Congo** highlights the risk of increased gender-based violence in the context of COVID-19. The Plan recognizes the risk of exacerbated vulnerability of women and girls who are single heads of household and resort to negative survival strategies (survival sex to meet the needs of the household), and the increased risk of gender-based violence due to containment measures, loss of income and emotional stress related to COVID-19 (domestic violence, psychological and emotional violence, denial of resources, etc.)

The Plan prescribes specific activities against gender-based violence, including medical support to survivors, a hotline providing referral to support services, and awareness-raising activities.

Some States also introduced measures to address more generalized risk of violence, including by State actors.

In relation to the risk of violence by security services enforcing pandemic prevention and control measures, **Ethiopia's** State of Emergency declaration requires use of force by police to be proportionate.

In **India**, the Epidemic Diseases (Amendment) Ordinance, 2020 on the other hand sets out to protect health sector personnel from violence and crime directed against them. The criminalization and ensuring of effective accountability for perpetrators of violent acts against health care personnel, who may be targeted specifically due to being perceived as 'carriers of disease', is important to prevent violence during the pandemic.

Recommendation

States should take decisive and rapid measures to effectively protect individuals from violence both within and outside the home, protecting their human dignity and their rights to life and health. Such measures should include the protection and provision of services for victims, including victims of domestic violence, ensuring accountability for perpetrators, including State

officials, and involving representatives of groups experiencing various types of violence and harassment in dialogue, policy making, and so forth. Effective practices relating to the prevention of violence within the home must urgently be identified or developed

Sufficient safeguards should be implemented in law and policy to protect individuals from violence stemming from overreaches of enforcement officials during the crisis, which requires clear, accessible drafting of legal and policy measures that place limits on the discretion of implementing authorities and avoid creating an enabling environment for enforcement that transgresses international standards. Addressing violence also requires the continued strengthening of systems facilitating access to justice and accountability.

In addition, the State should actively work to dispel misinformation and against stigmatization, discrimination and negative stereotyping which may lead to violence against certain groups.

4. Access to information

Article 19 ICCPR – Right to freedom of expression

Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression - *Disease pandemics and the freedom of opinion and expression* (A/HRC/44/49)

Areas of concern

The right to information is a cross-cutting feature of international human rights law. It is a feature of substantive rights, such as the right to food, the right to health, the right to shelter, and so forth. It is also a feature of the cross-cutting non-discrimination and equality obligation, requiring States to take steps to ensure that information reaches people who may have particular challenges accessing information, such as persons with sensory disabilities, people with little or no ability to read, people who do not speak the official languages of government, and so forth. Although a number of promising practices were identified in this respect, we also found a number of areas of concern.

Few countries had consolidated guidance relating to different elements of pandemic response readily available, for instance through web portals. Of course, large parts of the population in many countries do not access public information through internet channels, but also legal or policy documents addressing the need to communicate to the public in general, and to people requiring communication in accessible formats in particular, were only few and did not typically include comprehensive or practical guidance on how to conduct such communication.

Between the countries included in the study we found a great variety in relation to the levels of availability and accessibility of information, including legal and policy documents for review. While some countries provide comprehensive and consolidated lists of measures and provisions adopted in response to the COVID-19 crisis, in other contexts information was very difficult to come across. Also the level of formality and format of the provisions varied greatly, from laws and officially adopted policies, to various speeches, press-releases and website or social media postings of a political nature. The lack of transparency in relation to measures adopted may

ultimately pose a threat to democratic principles and the rule of law, but also harm the efficiency of public health initiatives put in place.

Public health emergencies increase the importance of access to information in at least two ways. First, individuals require access to information about measures they are required to comply with in order to protect themselves and their families from the risk of infection, and in order to adapt their conduct in accordance with pandemic requirements. Failures in communicating critical public health information can contribute to violations of the right to health, but also other rights including the right to life, the right not to be arbitrarily detained, the right to work, and so forth.

There is also a second reason why access to information is particularly critical during a pandemic. Because prevention and control of the contagion depends on the conduct of individuals within society, the strategy depends heavily on individuals knowing what they need to do, and understanding why they need to do it, allowing them to contribute to the critical public health effort through their actions.

In building forward better, States would do well to revisit their communications infrastructure and consider ways of enhancing accessibility of information, helping to ensure that no one is left behind.

Promising practices

Promising practices are divided into the following categories: Community engagement, indigenous peoples, linguistic minorities, persons with sensory impairments, persons with mental health conditions, children, persons living in rural areas.

Community engagement

The National Preparedness and Response Plan for COVID-19, **Bangladesh** calls for community mobilization, outreach to local influencers and trusted individuals, use of a variety of media and formats, amongst other measures that contribute to making information more accessible to the public at large but also for instance refugees living in camp-settings. In addition, action

points are included on containing the spread of misinformation and responding accurately, rapidly and through a variety of communication tools.

In **Ethiopia**, the National Comprehensive COVID-19 Management Handbook provides for community based approaches, including establishing mechanisms to listen to and address community concerns, rumours and misinformation; keeping the community updated on the response; involving trusted community influencers as much as possible to disseminate information; and continually adapting the risk communication and social mobilization strategy to address community concerns and rumours.

In **India**, the Preparedness and Response to COVID-19 in Urban Settlements policy sets out a number of measures clearly intended to reach populations that are generally difficult to reach. The policy provides for the use of a variety of media and interpersonal communication through surveillance staff and community influencers and volunteers more likely to reach a wider audience, as the communication methods can be adapted to specific needs. Surveillance workers active in the community shall, for instance, be trained in skills such as: inter-personal communication with households for creating awareness on COVID-19 and other essential health services, addressing stigma, health seeking behaviour and other issues, and establishing rapport with the community. Community groups are identified as key to creating awareness among populations living in urban settlements. The policy provides that "All risk communication interventions must address psycho-social issues and stigma removal messages particularly in local languages. Posters should be put up outside in the community area, toilets, water points. Local cable TV channels may be utilized to create community awareness. The population uses mobile and social media applications for communication. Hence social media should be used with appropriate messages to target these population and for refuting fake news."

Indigenous peoples

Costa Rica's Prevention Guidelines for Indigenous Territories prescribe communication actions to be taken to generate clear informational messages with cultural relevance. Such measures include transmitting messages in indigenous languages using the radio; home visits carried out by indigenous or non-indigenous health workers focused on preventive education, demonstration of proper hand washing, greeting and sneeze protocol; soap delivery; checking for and providing access to drinking water in homes; and educational talks on COVID-19 in schools aimed at teaching staff and students.

Ecuador's Protocol with Intercultural Relevance for the Prevention and Attention of COVID-19 Regarding Indigenous People, Afro-Ecuadorians and Montubios of Ecuador adopts a targeted approach to communicating risk to indigenous populations. It brings together specialists from the Secretariat of Bilingual Intercultural Education and representative organizations to translate and adapt messages to distinct languages and local contexts. It also brings together a team of actors who speak and write in the relevant languages to produce graphic and audio-visual materials. Provision is made for coordination with the National Council for Disability Equality (*Consejo Nacional para la Igualdad de Discapacidades*) to ensure inclusivity. Authorities from national to local level have responsibility for dissemination of messages relating to prevention of and protection from COVID-19.

Linguistic minorities

Costa Rica has produced illustrated guides, protocols, posters and videos, in accessible language, in different languages (English, Spanish, French), including various indigenous languages (Mistiku, Ngabere, Maliku, Cabecar, BriBri). The videos are subtitled and star popular Costa Rican characters in order to capture the attention of the largest number of the population with their explanations and messages. Also, specifically child-friendly information materials have been produced. Furthermore, telephone lines, emails and social networks are enabled for the population to make inquiries, and for relevant health and social actors to conduct outreach with, for instance, the older population.

Persons with sensory impairments

Government plans under **Bangladesh's** Issues to be Considered for the Persons with Disabilities during the COVID-19 Pandemic include using sign language in electronic media and other forms of communication, and providing accessible public documents in braille versions.

Also some other countries have published for instance videos with subtitles or sign language interpretation, but there is generally no comprehensive guide for such measures, which seem to be implemented on a more *ad hoc* basis.

Persons with mental illness

The Guidance on Provision of NCD and Mental Health Services in the Context of COVID-19 Outbreak in **Tanzania** includes a number of public awareness and information sharing provisions, including one, in relation to communication with mental health service clients, which explicitly requires adjustments for cognitive accessibility of information. The Guidance holds that mental health service clients shall be provided with the same quality of information regarding COVID-19 awareness and prevention given to all citizens, wherever they are, at home or in mental health facilities. The actors providing such information shall therefore ensure that information provided to mental health service users is properly addressed and received; develop easy to read pamphlets that explain COVID-19 awareness and prevention information in simple and understandable symbols and basic words for persons with cognitive disabilities and those with low literacy.

Children

Zimbabwe's Education Cluster Strategy includes references to the spreading of accessible information, with reference to both age-appropriate messaging to children and accessibility in terms of language and visual impairments.

Also several plans related to the reopening of schools and implementation of infection prevention measures in educational environments include provisions on the implementation of child-friendly information and education on for instance important hygiene measures.

People living in rural areas

In **Cameroon**, the Special Declaration of Prime Minister on COVID-19 aims at improving the efficiency of the measures taken to fight the pandemic and to ensure the welfare of the population. It prescribes the intensification of sensitization campaigns in urban and rural areas, in both official languages as well as in local languages.

Recommendation

Due to the importance of information on COVID-19 and the measures adopted in response being shared widely and it reaching everyone, explicit references to the accessibility of such information (in different ways) should be made in any legal and policy instruments dealing with communication and public information. In developing accessible means of information sharing, the needs and priorities of various groups should be taken into account, including through consultation with such groups. Accessibility of updated and consolidated instruments should be ensured, taking into account different ways that people access information.

In building forward better, States would do well to revisit their communications infrastructure and consider ways of enhancing accessibility of information, helping to ensure that no one is left behind.

5. Civil and political rights/Economic, social and cultural rights

International Covenant on Civil and Political Rights

International Covenant on Economic, Social and Cultural Rights

CESCR General Comment No. 19 on the Right to Social Security

Special Rapporteur on the right to education – *Right to education: impact of the COVID-19 crisis on the right to education; concerns, challenges and opportunities* (A/HRC/44/39)

Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression - *Disease pandemics and the freedom of opinion and expression* (A/HRC/44/49)

Special Rapporteur on the right to privacy - *Preliminary evaluation of the privacy dimensions of the coronavirus disease (COVID-19) pandemic* (A/75/147)

SDG 3 – Ensure healthy lives and promote well-being for all at all ages

SDG 4 – Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

SDG 6 – Ensure availability and sustainable management of water and sanitation for all

Areas of concern

A vast range of substantive human rights risk being adversely affected in the context of a pandemic, both owing to the harmful impacts of the virus itself, but also as a consequence of the prevention and control measures that are introduced. Although the latter are designed to mitigate the impact of the former, the methods adopted need to be in accordance with the law, they must be necessary, and they must be proportionate, entailing the least possible interference with substantive rights. Owing no doubt to the lack of pandemic preparedness, many countries quickly adopted prevention and control measures that, if implemented, risked seriously interfering with the human rights of affected people. Measures that we identified

across the 14 countries included a number that threatened the enjoyment of freedom of movement, the right to liberty, the right to seek asylum, the right to freedom of assembly and expression, and the right to education.

More generally, we noted a lack of clarity in the wording of the provisions, and a lack of safeguards that would serve to constrain potentially harmful conduct. Of particular concern is the prevalence of provisions and measures providing various authorities with significant and poorly defined extraordinary powers to for instance “take any necessary measures to deal with the outbreak.” Where restrictions and extraordinary powers are put in place, the measures only very seldom refer to the proportionality and necessity of such measures. This raises concerns in relation to the possibility of the overextension of State powers.

In a similar line, there are also cases of entire rights and even systems of rights being suspended during the crisis, with reference to the pandemic but without the necessary derogation procedure being followed and without mechanisms in place for lifting restrictions as soon as they can no longer be considered necessary and proportionate.

Many states have also adopted measures relating to the gathering of information and data on, for instance, individuals' health status, contacts and movements. However, the legal and policy documents reviewed do not generally provide detailed guidance on the implementation of such measures and they only seldom include any provisions relating to the protection of privacy in the context of gathering and handling of sensitive personal information. This raises concerns about the right to privacy

In general, there is also a clear lack of human rights approaches and human rights language in almost all documents considered.

The range of measures of concern serve to highlight the importance of a pandemic preparedness and response agenda based on international human rights standards.

Promising practices

Taking measures to prevent and contain the spread of the pandemic may entail interference with the enjoyment of some human rights. International human rights law permits such interference, provided the measures adopted are provided for by law, are necessary in a democratic society, and are proportionate to the objective pursued, representing the least possible interference in the enjoyment of rights, for the shortest possible period. Although, as noted above, a range of measures threatened or indeed resulted in the denial of a range of substantive human rights, some promising practices clearly sought to reduce the adverse impacts.

Promising practices are divided into categories relating to the overall human rights-based approach, rights relating to quarantine and isolation, the right to seek asylum, the right to education, the right to privacy, the right to work, and the right to education. Measures relating to the right to an adequate standard of living and to social security are primarily addressed under Indicator 8 on Social Protection.

Overall human rights-based approach

Ethiopia's National Comprehensive COVID-19 Management Handbook, also includes a section on Ethical Issues in COVID-19 Management, which is based on guidelines provided by the WHO. It contains a provision stating that "Relevant ethical principles included in the guide line are justice (fairness), beneficence (acts that are done for the benefit of others), utility (actions are right insofar as they promote the well-being of individuals or communities), respect for persons (treating individuals with humanity, dignity and inherent rights), liberty (social, religious and political freedom), reciprocity (making a fitting and proportional return). Other ethical issues that may arise include prioritization of limited resources, withdrawal of treatment and termination of care/life support."

Such ethical guidance can be extremely important to include since the COVID-19 pandemic, like other potentially serious public health crises or other disasters, is likely to require balancing of different interests against each other, prioritization of efforts and care, and so forth. However, to ensure human rights protections and to protect the persons in situations of vulnerability,

who may require special protections and measures, the ethical guidance should also include a human rights based approach to such decision making.

The Handbook further reflects the principle of consultation and participation, declaring that “All aspects of infectious disease outbreak response efforts, including COVID-19, should be supported by early and ongoing engagement with the affected communities. In addition to being ethically important in its own right, community engagement is essential to establishing and maintaining trust and preserving social order.”

Rights relating to quarantine and isolation

In **Barbados**, the Emergency Management (COVID-19) Order, 2020, dealing with the present pandemic allows for the use of quarantine and isolation, as well as for instituting restrictions on the freedom of movement. Quarantine shall be ordered where “a public health officer has reasonable grounds to believe that a person has been exposed to another person who is or may be infected” with COVID-19. The power to impose such measures “may only be taken if the public health officer considers, when taking the decision, that the restriction or requirement is proportionate to what is sought to be achieved by imposing it.” A similar proportionality requirement is in place in relation to isolation, which may be imposed where a public health officer has reasonable grounds to believe that a person may be infected and “considers that it is necessary and proportionate [to place the individual in isolation] in order to reduce or remove the risk of the person infecting or contaminating others.”

In **Tanzania**, the Standard Operating Procedures (SOPs) for Case Management and Infection Prevention and Control hold that constructive engagement with communities will be essential to ensuring acceptance of quarantine measures, that those in quarantine will be provided with social and psychosocial support and that the needs of vulnerable populations will be prioritized. “Cultural, geographic and economic factors affect the effectiveness of quarantine. Rapid assessment of the local context will be evaluating both the drivers of success and the potential barriers to quarantine and inform the design of the most appropriate and culturally accepted measures.”

Further, the SOPs hold that “Quarantine will be implemented as part of a comprehensive package of public health response and containment measures and, as per Article 3 of the International Health Regulations (2005), be fully respectful of the dignity, human rights and fundamental freedoms of persons.”

In addition, the SOPs require that individuals be placed in an environment with suitable infection controls, including ventilation and waste-management protocols; the maintenance of social distancing; accommodation at an appropriate level of comfort, including food, water and hygiene provisions and appropriate medical treatment for existing conditions; communication in a language that they can understand; assistance for persons who are quarantined, isolated, subject to medical examinations or other procedures for public health purposes; assistance with communication with family members outside the quarantine facility; if possible, access to the internet, news and entertainment; psychosocial support; and special considerations for older individuals and individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease. International standards and guidelines, including those developed for other disaster contexts, can help to inform the content of measures for ensuring the protection of human rights in situations of quarantine and isolation.⁷

In **Bangladesh**, the National Preparedness and Response Plan for COVID-19 foresees the use of mandatory quarantine for travellers entering the country, as well as the possibility of community quarantine, where it is considered necessary to control an imminent public health risk. The Plan, however, also includes provisions to protect the rights and dignity of persons placed in mandatory quarantine, including: suitable infrastructure in accordance with WHO guidelines; provision of accommodation, food and other necessary supplies during quarantine; establishment of appropriate communication channels to avoid panic and to provide

⁷ RWI is currently developing a compendium of key international standards and guidelines relating to disaster risk reduction and management, as part of its contribution to Building Resilience to Disaster Risk programme, in collaboration with the Asia Disaster Preparedness Center, Stockholm Environment Institute, and the Swedish Civil Contingencies Agency. More information about the programme is available here: <https://www.adpc.net/igo/contents/Publications/publications-Details.asp?pid=1353#sthash.XX2DQY13.KjXiOt7W.dpbs>

appropriate health messaging to those quarantined; individuals must be treated with respect for their dignity, human rights and fundamental freedoms and any discomfort or distress associated with quarantine should be minimized, including by treating individuals with courtesy and respect; taking into consideration the gender, socio-cultural, ethnic or religious concerns of travellers.

Ethiopia's National Comprehensive COVID-19 Management Handbook notes that specific needs of persons with a history of substance abuse should be taken into account, as quarantine or isolation "can lead to sudden cessation of the substances they were using (Substance withdrawal) which can provoke severe withdrawal reactions including seizures, delirium, coma or death."

Ethiopia's Interim Guideline for Child Protection deals specifically with children, which is a group in situation of potential vulnerability, based on their reliance on adult support and care, in quarantine and isolation situations, which entail compounded vulnerability. The Guideline recognizes the problem raised by gender-based violence, including sexual exploitation and abuse.

The Interim Guideline for Child Protection prescribes that a number of health relevant services must be made available during quarantine and isolation in governmental quarantine centres. Focus for the document and subsequently the measures prescribed is, however, the protection of children from abuse and family separation. Measures prescribed include facilities separated by gender; the provision of sanitary materials including menstrual hygiene products; sufficient staff of both genders to keep children safe, protected and stimulated; training on psychological first aid, as well as updated gender-based violence referral pathways and how to safely refer survivors to available services. In addition, quarantine centres must ensure support services to survivors of gender-based violence by trained social workers with case management expertise with full consideration for privacy and confidentiality, availability of Mental Health and Psychosocial support (MHPSS) for the frontline workers for their own mental health and psychosocial well-being.

Ethiopia's Standard Operating Procedure for Returning Migrants provides that returnees in situations of potential vulnerability, including unaccompanied children, pregnant and lactating women as well as mothers with young children, the elderly, returnees with chronic illnesses, including mental health conditions, should be identified early and separated to special quarantine facilities. The SOPs prescribe that special measures should be taken to ensure accompanied children are not separated from family and caregivers.

Once at the quarantine centre, returnees shall be subject to health screening, be offered recreational activities, health monitoring and COVID-19 testing, and basic services such as food, water, health services, including mental health and psycho-social support services. Quarantine facilities shall be subject to multi-sectoral assessment by a joint team consisting of governmental, NGO and UN representatives to ensure the availability of minimum services.

The SOPs also foresee the creation of a "referral pathway with Governmental, Non-governmental organizations and UN agencies providing services to vulnerable returnees to ensure vulnerable returnees receive needs-based services after being discharged from quarantine facilities and before returning back to their areas of origin." For instance, victims of trafficking should be referred to NGOs providing rehabilitation services.

Right to seek asylum

The restrictions **Uruguay** put on cross-border movement through for instance Decree 104.020 - Closure of Borders restrict the freedom of movement across the State's borders and may imply limitations on the protection of certain vulnerable groups, such as migrants and refugees. However, the provisions issued specify that the prohibition of entering the country and the closure of borders do not apply to "manifestly founded cases of international protection", "duly justified situations of family reunification", nor to transitory entry for labour, economy, business or judicial purposes and based on urgent need.

Right to education

Measures prescribed in **Tanzania's** Basic Education Sector Response and Recovery Plan due to Effects of Coronavirus Disease span from the short to the long term and are to be implemented

giving “special consideration to children with special learning needs, girls, those who are geographically marginalized and are in vulnerable communities.” These measures include, for instance, the promotion of online learning platforms and virtual libraries, development and distribution of printed learning materials, with additional materials available for all students with visual impairments, and the use of mass media for the dissemination of learning programs, through e.g. TV, radio, SMS and internet.

In **Uruguay**, the central document on the provision of education in the context of the pandemic is the Application Protocol for the Reintegration of Students to Educational Centers of the National Administration of Public Education and to Authorized Educational Centers, in the Framework of the COVID-19 pandemic. The protocol attempts “to establish the conditions that allow guaranteeing the right to education within the current circumstances, reaffirming the focus on students, particularly addressing those cases of greater vulnerability, as active subjects of this right.” It also refers extensively to the Global Framework for the Reopening of Schools, issued by UNICEF, UNESCO and other international institutions, which highlights the risk to the education, protection and well-being of children posed by the widespread closure of schools and the crucial nature of the best interests of the child. Within this framework, it is argued that the timing of the eventual reopening of schools should be guided by the best interests of the child and by general public health considerations, based on an assessment of the benefits and related risks and based on existing evidence, including public health, education and socioeconomic factors.

Right to privacy

In **Barbados**, the Guidelines for the Safe Operation of Schools in Barbados hold that schools should “inform staff that data protection and privacy rules should be respected” in connection with health screening and information gathering. There is however no clarification of what such standards consist of nor any references to guidelines for dealing with sensitive personal information. The Curfew Directives in turn seek to protect the privacy of individuals by prohibiting transmission of video or audio recordings, or in other ways making known to the public the identity of any person who is in a quarantine or isolation station.

The right to privacy is also addressed under **Ethiopia's** Standard Operating Procedure for Returning Migrants, declaring that "Individuals in quarantine must have their rights with respect to their protection of their personal health information maintained. This means that, after discussion with the public health authorities, information about the individual's health situation should only be discussed with those staff members directly involved with assisting quarantine. In practice this may include cleaners of the guest's room and relevant laundry and catering staff."

Right to work

In **India**, the Ministry of Home Affairs Order on the Movement of Migrant Workers during Lockdown, provides that "State/Union Territory Governments shall ensure adequate arrangements of temporary shelters, and provision of food etc. for poor and needy people, including migrant labourers, stranded due to the lockdown measures."

In addition, all employers shall continue to pay wages, without any deduction, during the period their businesses remain closed due to lockdowns and landlords shall defer one month worth of rent and refrain from any evictions.

In **Costa Rica**, measures aimed at guaranteeing access to work during the pandemic and the restrictions and economic challenges faced by businesses, generally include the flexibilization of unemployment insurance and the authorization of the reduction of working hours, which may impact incomes and decent working conditions. The temporal scope of the measures is however clearly stipulated and the reduction of the working day is conditioned to a reduction in company income by at least 20% since the declaration of the state of emergency, providing for safeguards against abuse. In addition, the National Institute of Women managed to include certain articles to guarantee and protect the labour rights of women in the process of reducing working hours. Such provisions include the express prohibition of applying the reduction of the working day and wages or the suspension of the employment contract for pregnant and/or breastfeeding women; that measures may in no case affect the benefits that women receive for maternity leave, medical disability, disability due to work hazards or leave to care for sick dependents; the prohibition of applying the measures for discriminatory purposes; and the

express provision that workers whose working hours are reduced may also have access to subsidies from unemployment programs. In addition, the government has created a new scholarship program for online training promoted by the Government, whose objective is to benefit 50 thousand Costa Ricans affected by unemployment due to the pandemic.

In **Ethiopia**, the COVID-19 Workplace Response Protocol seeks to minimize the negative impact of COVID-19 on the national economy, the sustainability of enterprises and on social economic situation and livelihood of the worker. It refers to ILO Guidelines on how to respond to and manage natural and manmade crisis in the workplace. The measures outlined in the Guidelines include ensuring basic income security; including workers in safety net schemes if the crisis persists; ensuring access to basic social services and in particular health services; as well as respect for key provisions of international labour standards on for instance occupational health and safety, social security, employment, non-discrimination, working arrangements and protecting vulnerable workers.

Right to water

Ethiopia's National Comprehensive COVID-19 Management Handbook recognises water service provision as "an essential measure to allow for regular handwashing with soap, which is essential to protect individuals and reduce disease transmission in communities. It is especially important not to shut off water services because of inability to pay and governments should prioritize providing access to those without services through other immediate actions (e.g. protected boreholes, tanker trucks, extending piped supplies etc.)."

Recommendation

States must respect the human rights of all people within their jurisdiction. Recognising that some measures may result in violations of human rights, States should reassess the existing restrictions on substantive rights to ensure their proportionality and necessity under the current circumstances and remove any measures which do not comply with their international human rights obligations.

Additionally, States have a duty to protect and fulfil the human rights of all persons within their jurisdiction, which includes a positive duty to direct targeted measures assisting people in situations of potential vulnerability. Measures should minimize the negative impacts of any remaining restrictions, for instance by enhancing social protections among persons unable to earn a sufficient income due to response measures. In addition, to prevent and mitigate future concerns relating to the impacts on substantive rights, the State should adopt a human rights-based framework for decision-making, including in crisis situations, with references to relevant international standards relating to civil and political, as well as economic, social, and cultural rights.



6. Discrimination against or negative targeting of minorities

This indicator has been merged with Indicator 1 for ease of reference, as both indicators relate to the non-discrimination and equality obligation.

7. Workplace health and safety

Article 7 ICESCR – Right to enjoyment of just and favourable conditions of work

Article 12 ICESCR – Right to the highest attainable standard of health

ILO – *Policy Brief on COVID-19: Pillar 3: Protecting workers in the workplace*

SDG 8 – Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Target 8.8 – Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

Areas of concern

Owing to the need to reduce physical proximity between people in order to reduce the spread of the virus, pandemic prevention and control measures have had unprecedented, adverse impacts on individual livelihoods, pushing millions deeper into poverty. There are strong incentives on States to facilitate economic activity. However, without workplace health and safety measures, allowing people to go about their business in the midst of a pandemic risks increasing the rate of infection. An effective pandemic preparedness and response framework would draw on international public health standards and include decision-making mechanisms designed to balance prevention and containment with economic and social rights considerations.

Our research found a general lack of workplace health and safety measures outside of the immediate healthcare context. There is also great variation between documents and countries in relation to the attention paid to the risk of stress-related illness and mental health hazards in the workplace. While some policies prescribe the provision of different support mechanisms to prevent and treat mental health issues and stress-related illness among health care and

other essential workers, many others focus only on the risk of infection without taking into account other health hazards.

We also found that certain measures were introduced to require personnel in critical positions to work.

Promising practices

Some promising practices were identified. These include:

In **India**, Lockdown orders and guidelines include certain detailed guidelines on, for instance, limitations on the percentage of staff present, provision of transportation, hygiene measures, information spreading and social distancing. Before allowing newly permitted activities to reopen, the State or Union Territory authorities shall ensure that necessary preparations are in place to allow workplaces to follow standard operating procedures. In workplaces, temperature screenings and sanitizers must be in place and social distancing respected; persons over 65, persons with co-morbidities and parents of children below the age of five may be encouraged to work from home; use of *Aarogya Setu* is encouraged; staggered shifts and breaks are to be implemented; workplaces shall be sanitized and large meetings prohibited. According to the guidelines, work should despite the reopening be carried out from home where possible.

The Updated Containment Plan for Large Outbreaks, Novel Coronavirus Disease 2019 includes explicit recognition of the mental health toll of the pandemic and the need of psychosocial support for both the public at large and for health sector staff, who are working under fear of an unknown disease and under stressful and demanding conditions. The plan also provides for capacity building and increased supply of staff, which can serve to protect the health and safety of workers.

In **Costa Rica**, specialized workplace health and safety guidelines are provided by for instance the Prison Guidelines, which provide guidance on the maintenance and cleaning of prison facilities and vehicles, and specific protection measures for staff at penal facilities. Such

protection measures include extreme precautionary measures; avoiding the engagement of workers with comorbidities in the care of patients in such facilities; and hygiene measures.

The Guidelines for Centers that Provide Care to Victims of Violence clearly detail the measures that the staff must take to ensure health and safety in the centres for victims of violence. These are specific measures adjusted and elaborated exclusively taking into account the reality of these centres. They consider the work dynamics, the distribution of the activities, and the different factors that come into play in these institutions. These result in a list of measures that should be effective as their design takes into consideration the specific characteristic of such centres.

In **Ethiopia**, the COVID-19 Workplace Response Protocol holds that employers shall provide information on safety measures in relation to COVID-19 in formats and languages that workers understand, such as writing, pictures and audio/video.

The Protocol further provides for a large number of workplace infection prevention measures to be undertaken by employers, safety officers or committees and workers. Employers' duties include, for instance, ensuring the availability of water, sanitary materials, adequate masks; establishing a taskforce to follow-up and monitor COVID-19 prevention and mitigation with membership of workers' representatives, providing information on safety measures in formats and languages that workers understand; and putting in place a follow-up, control and reporting system for COVID-19 response in consultation with trade unions.

Recommendation

States should maintain, promote and where necessary strengthen, existing workplace health and safety measures, which should also be diligently monitored and enforced. They should review and strengthen the responsibility of the employer to protect workers from health and security threats emerging from COVID-19 itself and associated sources, such as stress and the mental health toll of the crisis response. Accountability mechanisms should exist and be effective to ensure compliance to ensure the best possible protection for workers, in accordance with international standards and guidelines. Special protection measures should be put in place

to protect frontline and high-risk workers, such as health care workers from infection and other harm. Also regular workplace health and safety work, such as accident and long-term disease prevention, should not be forgotten in the midst of the crisis.

8. Equal access to social protection

Article 9 ICESCR – Right to social security, including social insurance

Article 11 ICESCR – Right to an adequate standard of living

Special Rapporteur on extreme poverty and human rights – *Looking back to look ahead: A rights-based approach to social protection in the post-COVID-19 economic recovery*

Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context – *COVID-19 and the right to adequate housing: impacts and the way forward (A/75/148)*

SDG 1 – End poverty in all its forms everywhere

Target 1.3 – Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

SDG 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture

SDG 10 – Reduce inequality within and among countries

Target 10.4 – Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

Areas of concern

Closely related with the need for people to return to work is the need for States to roll out social protection measures for those who face adverse economic outcomes as a result of the pandemic and associated prevention and control measures. In this context we found a number of promising practices, but also areas of concern.

Housing is one of the critical sectors where adverse economic impacts of the pandemic and associated prevention and response measures can have a severely adverse impact on human rights. If people are prevented from working or otherwise earning money, covering the cost of housing can become impossible. A number of national pandemic response frameworks did not include social protection mechanisms to address people's inability to pay rent or mortgages, increasing the risk of eviction.

More generally, a number of frameworks lacked provision for social protection at all.

Finally, measures that were introduced often focused on short term responses. Social protection measures are also often narrow and poorly defined, and many measures to respond to urgent social protection needs seem to be taken in an *ad hoc* manner, without much clarity as to what the specific measures shall entail, who will qualify for such support, and so forth. Due to their *ad hoc* nature, social protection measures are also often not systematically reflected in the legal and policy framework, which may create flexibility, but may also pose a risk to the consistency, equality, transparency, and foreseeability of measures.

International human rights law recognizes that States have a duty to respect, protect and fulfil the rights of persons within the jurisdiction. In practice, this means that States are not always required to directly provide support to individuals to ensure they enjoy rights to food, shelter, health care, and so forth. However, in situations where individuals are unable to cover the cost or for other reasons cannot secure the resources necessary to enjoy at least the minimum core of economic, social and cultural rights, the State is required to take steps to fulfil that minimum core. As recognized by the UN Committee on Economic, Social and Cultural Rights, without this concept of a minimum core, the entire framework of human rights obligations in relation to economic, social and cultural rights would be deprived of all meaning.⁸ Consequently, a

⁸ On the duty to fulfil the minimum core of economic, social, and cultural rights even in situations of disaster, see CESCR, General Comment No. 3 on the nature of States' parties obligations; General Comment No. 4 on the right to adequate housing; No. 12 on the right to adequate food; General Comment No. 14 on the right to the highest attainable standard of health; General Comment No. 15 on the right to water; General Comment No. 19 on the right to social security.

human rights-based approach to pandemic preparedness and response must contain measures to fulfil economic and social rights through targeted social assistance. This is an essential feature of the commitment to leaving no one behind.

Promising practices

Promising practices are divided into categories relating to food and shelter, and financial support.

Food and shelter

Zimbabwe's Presidential Powers (Temporary Measures) (Deferral of Rent and Mortgage Payments During National Lockdown) Regulations, 2020 Consolidated (SI 96-2020) was adopted to alleviate the financial pressure caused by the lockdown measures and the COVID-19 crisis at large. The temporary measures include the deferral of mortgage and rent payments during the national lockdown, protection from eviction and foreclosure etc., a presumption that the protected tenant or mortgagor who does not perform full payment is unable to pay and therefore protected by the safeguards adopted and prohibitions on increasing rents or mortgages during the lockdown. All of these measures protect the right to adequate housing during the lockdown.

The measures also include provisions on the payment of rent and mortgages which have been deferred after the end of the national lockdown. These entail the payment of one third of a relevant monthly rent or mortgage payment per month, continuing until such time that all payments have been made in full.

In **Cameroon**, the Special Declaration of the Prime Minister on the Easing of Restrictions of 30th April prescribes the increase of the level of family allowances from 2,800 FCFA to 4,500 FCFA, providing additional financial support to parents, which may be of importance to supporting the enjoyment of an adequate standard of living.

In **Uruguay**, the Budget allocation for homeless shelters and food plans consists of a transfer of 1,000 million pesos to the Ministry of Social Development for the extension of hours and

the creation of new shelters for homeless people, and for the strengthening and enhancement of existing cash-transfer and nutritional programs. Shelters were to be created specifically for people over 65 years of age, to ensure their stay in decent conditions throughout the day.

In **Ethiopia**, the summary of COVID-19 Economic Response Measures seeks to help low-income communities avoid future crisis brought on by housing and rental payments, amongst other challenges. It therefore includes a waiver of 30% of the rental income tax for owners of rental properties who have waived rent payments for their low-rent paying tenants.

Financial support

In **Uruguay**, the Flexibilization of unemployment insurance is based on the existence of a group of workers who do not meet all the requirements to access unemployment benefit and the interest of widening such benefits in light of the general slowdown in economic activity and employment crisis caused by the pandemic. It therefore establishes a special unemployment benefit regime, for all workers included in any of the activity groups established for the wage councils, which will be available to all those who have the right to receive the general unemployment benefit, whether they are workers with a fixed or variable monthly salary.

In addition, the government has adopted the Special Scheme for Partial Unemployment Insurance, which is intended to respond to sectors of activity that are affected by the partial stoppage of their activities and the consequences that this causes on employment.

The Budget allocation for Uruguay Social card entails an increase in the amount of benefits available through the existing cash-transfer program.

Recommendation

Since many of the existing measures to ensure adequate social protection for those impacted by COVID-19 and the State's response measures seem insufficient to protect the rights and well-being of the population, States should invest the maximum of their available resources into both the immediate alleviation of individual suffering caused by the crisis, but also into building functional and equitable systems of social protection for poverty alleviation, the full enjoyment of human rights and equality in the long-term. Such measures should specifically



target groups of people in situations of potential vulnerability, including marginalized groups, who are likely to be the most affected by the crisis. Essential levels of social protection ensure that the minimum core of rights to food, shelter, the highest attainable standard of health, and social security, are fulfilled, even in situations of disaster like the COVID-19 pandemic.

9. Alternatives to detention

Article 12 ICESCR – Right to the highest attainable standard of health

UN Subcommittee on the Prevention of Torture – *Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic*

Areas of concern

People who are deprived of liberty are often particularly vulnerable in the context of disasters. They are unable to take steps to protect themselves, and rely on the State to ensure their rights to life, health, shelter, clothing, food, and so forth, are respected, protected and fulfilled. More than any other indicator considered in this study, the protection of people deprived of their liberty was the area most consistently lacking in national legal and policy responses to the pandemic. Consequently, people deprived of their liberty are at significant risk of exposure. As authorities are aware of the risk of infection and the conditions that increase that risk, there is a strong likelihood that failure to take appropriate measures to protect people deprived of their liberty from pandemic risk could amount to a violation of a range of human rights. To build forward better, developing legal and policy measures that address pandemic risk faced by people deprived of their liberty is a high priority.

Of similar concern was the introduction of measures that provide for the detention of people who contravene pandemic prevention and control measures. Recognizing that the virus spreads when people are in close proximity to one another, particularly in closed environments, penalties that increase individual and group exposure to potential carriers of the virus may be inconsistent with international standards.

Recommendation

States should conduct rapid assessments of the situation in places of detention and deprivation of liberty and form plans for rapidly alleviating the concerns identified. In particular, such measures should include identification of the most at-risk individuals, reduction of prison and

detention populations through release into alternative settings wherever possible, review and reduction of pre-trial and immigration detention, ensuring adequate hygiene measures and respecting minimum conditions such as daily exercise, access to legal representation, complaints mechanisms, and so forth. In accordance with international standards, it is also the State's responsibility to offer persons deprived of their liberty the same standard of health care as their surrounding community, free of charge and without discrimination based on their status.

10. State of emergency

Article 4 ICCPR – State of emergency and derogations

Human Rights Committee – *Statement on derogations from the Covenant in connection with the COVID-19 pandemic* (CCPR/C/128/2)

Areas of concern

It is not surprising that many States considered themselves to be in a state of emergency as the virus spread. Some States notified a state of emergency in accordance with provisions of international human rights law instruments. However, others introduced measures effectively derogating from international obligations, but without complying with substantive and procedural requirements. The risk that arises when derogations from international obligations do not comply with substantive or procedural requirements is that the essential safeguards that are in place to prevent violations are set aside without an assessment of the necessity or proportionality of the measures, significantly increasing the risk of a violation of human rights.

International human rights law, through the system of derogations, clearly recognizes that there are states of exception when it becomes necessary to suspend international standards. However, the requirement that such measures be both necessary and proportionate, including with regard to the duration of any such derogation, must be complied with. Having in place a comprehensive pandemic preparedness and response framework can reduce the perceived need to derogate from international standards, as these standards will be built into the framework. In the event that derogation is required, the framework will prescribe compliance with the derogation procedures stipulated under international human rights law.

Costa Rica has officially proclaimed a state of emergency through the Declaratory Decree - National Emergency. The decree has seemingly been adopted through the proper legal procedures. The decree includes a preamble detailing the background to the declaration, but also details the rights that may be affected if the necessary measures are not taken to respond to the situation. It also argues in detail the procedure of the measures to be taken, and explains

that the decree declaring an emergency is necessary to attribute the public administration with the powers to carry out the necessary response actions and measures. In order to ensure the right to life and health, the State enables all the technical, economic and material resources necessary to respond to the effects generated by the pandemic.

In response to the COVID-19 pandemic, **Ethiopia** proclaimed a national state of emergency through the State of Emergency Proclamation. The state of emergency was proclaimed taking into account the considerable negative impact of the pandemic in the country and to enable the expedient and coordinated implementation of measures necessary to minimize and counter the spread of the pandemic. The proclamation was seemingly adopted through proper legal procedures, including Parliamentary approval, and provides the derogation of fundamental rights during the emergency. The proclamation includes an explicit time limit of 5 months, which supports the temporary nature of an emergency and acts as a safeguard against indefinite emergency rule. Detailing the rights being derogated from and the extent of such derogations is however left up to regulations to be issued by the Council of Ministers. A few specially protected rights, which are non-derogable rights under the Constitution, are referenced. The rights in question are freedom from inhuman treatment, the right to equality, the right to self-determination and language, culture and history. Based on the national steps to proclaim a state of emergency and derogate from the State's human rights obligations, Ethiopia submitted an official notification regarding its intention to derogate from elements of the ICCPR under its Article 4. The notification was received by the UN Secretary General on 5 May 2020. The measures adopted under the state of emergency were said to "involve a partial derogation from the obligations under the International Covenant on Civil and Political Rights, in particular the right to freedom of movement, the right to peaceful assembly, the freedom to manifest one's religion or beliefs, as well as the visitation rights of accused and convicted persons."

Similarly, **Ecuador** notified the Secretary General of its derogation from article 12, paragraphs 1 and 3 (liberty of movement), article 21 (right of assembly); and article 22, paragraphs 1 and 2 (freedom of association) on 18 March 2020, and has renewed its notification several times

since. The notification is based on Executive Decree No. 1017 of 16 March 2020 and was renewed, following an evaluation by the Constitutional Court, by Executive Decree No. 1126 of 14 August 2020.

Recommendation

States should comply with their international human rights obligations and immediately assess the continued necessity of the restrictions still in place in light of the current COVID-19 situation and the proportionality of such measures in relation to the goal sought. If significant temporary restrictions are considered necessary and proportionate to contain the COVID-19 pandemic, States should follow applicable human rights norms governing notice of derogations from relevant international obligations, explaining the reasons, the timeline and the implications of doing so and submitting to international overview. In declaring possible states of emergency, States should strictly follow the requirements put in place by national and international law. The statement of the Human Rights Committee *on derogations from the Covenant in connection with the COVID-19 pandemic* (CCPR/C/128/2) should inform domestic approaches to state of emergency declarations and any consideration and formulation of derogations.

Conclusion: Developing a human rights-based approach to pandemic preparedness and response

The World Economic Forum's Global Risks Report 2021⁹ ranks pandemic risk highest in terms of impact, above climate action failure and weapons of mass destruction, and fourth in terms of likelihood. In other words, pandemic risk, together with extreme weather, biodiversity loss, climate action failure, and others, is a high impact, high probability event.

With more than 2 million deaths,¹⁰ more than 95 million confirmed cases,¹¹ and a socio-economic impact projected to increase the number of people living in extreme poverty by 150 million,¹² the COVID-19 pandemic ranks among the deadliest disasters of the last 100 years.¹³ Its scale and the scope of impact reinforce calls for States to develop multi-hazard, multi-sectoral, multi-stakeholder approaches to disaster risk.¹⁴

States already operate systems to respond to public health emergencies, but COVID-19 has heightened awareness of global catastrophic risks, and the need to develop rights-based systems that address disasters that impact entire countries, continents, and the planet as a whole. At the state level, COVID-19 is a disaster affecting all aspects of society, in a way that most national level approaches to disaster risk reduction and management do not anticipate. Hence, building forward better includes, but is far from limited to, enhancing capacities to

⁹ World Economic Forum (2021) *The Global Risks Report 2021*, Available at: <https://www.weforum.org/reports/the-global-risks-report-2021> (Accessed 26 January 2021)

¹⁰ <https://ourworldindata.org/covid-deaths#what-is-the-total-number-of-confirmed-deaths>, accessed 20 January 2021

¹¹ <https://ourworldindata.org/covid-cases>, accessed 20 January 2021

¹² World Bank, "COVID-19 to Add as Many as 150 Million Extreme Poor by 2021" (7 October 2020). Available at: <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021> (Accessed: 20 January 2021)

¹³ Centre for Research on the Epidemiology of Disasters – CRED, EM-DAT Public database, Available at: <https://public.emdat.be/data> (Accessed: 20 January 2021)

¹⁴ Consider UNDRR, Review of Covid-19 Disaster Risk Governance in Asia-Pacific: Towards Multi-Hazard and Multi-Sectoral Disaster Risk Reduction (2020), Available at: <https://www.undrr.org/publication/review-covid-19-disaster-risk-governance-asia-pacific-towards-multi-hazard-and-multi> (Accessed: 20 January 2021)

prepare for and respond to public health emergencies. Building forward better entails integrating preparedness for catastrophic risk across all sectors and at all levels.

In time with the Decade of Action,¹⁵ addressing this level of risk entails an integrated approach infusing achievement the post-2015 international frameworks with a human rights-based approach. A portion of the trillions of dollars in COVID-19 recovery budget would be well-spent if committed to this agenda.

Although a human rights-based approach is endorsed in the post-2015 international frameworks, the specific range of tools, standards, and principles that underpin this approach need to be more systematically integrated at all levels. As the ten human rights focus areas considered in this report demonstrate, the pandemic has compelled responses from a range of sectors, including public health, education, labour market, social welfare, public safety, and many others. The seriously adverse human rights impacts that have been widely reported across these sectors reflects both the unique characteristics of the virus, but also the exposure and vulnerability of populations around the world, in part owing to structural as well as systemic factors, including, but of course not limited to, an inconsistent integration of international human rights tools, standards and principles into national legal and policy frameworks.

Moving forward, the following priorities emerge:

1. Enhancing the integration of international standards in national and sub-national legal and policy frameworks relevant to pandemic preparedness and response
2. Enhancing the implementation of rights-based law and policy through
 - a. Rights-based national budget allocation
 - b. Rights-based data collection, storage and use
 - c. Training and technical cooperation
 - d. Integration of human rights-based curriculum in sectoral education at vocational and university levels

¹⁵ <https://www.un.org/development/desa/dspd/2020/09/decade-of-action/>

- e. Anti-corruption initiatives
 - f. Strengthening the role of the judiciary and the wider justice sector
 - g. Research exploring both challenges to implementation of law and policy at sub-national levels, together with studies examining the impact of (non)implementation, particularly in relation to the differential experience of people according to gender, age, ability, ethnicity, class, caste, immigration status and other intersecting characteristics.
 - h. Measures adapted to local context – there is no universal formula to address perennial challenges relating to implementation
3. Support for new and ongoing initiatives promoting the enhanced enjoyment of human rights including
- a. National human rights institutions
 - b. Human rights cities and local government initiatives
 - c. Civil society, including grassroots community organizations and groups
 - d. Academia

This list of priorities promotes the further integration of human rights into existing processes and priorities under the post-2015 international frameworks, all of which expressly endorse a human rights-based approach. A human rights-based approach to pandemic preparedness for response is thus firmly anchored in the post-2015 international frameworks, whilst also adding the combined insight and systematic, principled approach grounded in the international human rights standards that the vast majority of States have committed themselves to. This approach is essential to building resilience and ensuring that no one is left behind.

Annex 1: Tool for analysing legal and policy documents relating to COVID-19

Human Rights-Based Evaluation of Law and Policy Tool

COVID-19¹

Country:

Name of document being evaluated:

Date of evaluation:

Name of person/team conducting the evaluation:

* List of legal and policy documents covered:

The following pillars of the UN framework for the immediate socio-economic response to COVID-19 are addressed in this document

	Health first	<input type="checkbox"/>
	Protecting people	<input type="checkbox"/>
	Economic response and recovery	<input type="checkbox"/>
	Macroeconomic response and multilateral collaboration	<input type="checkbox"/>
	Social cohesion and community resilience	<input type="checkbox"/>

Snapshot

	Indicator	
1	Attention to persons in situations of potential vulnerability	
2	Impact of COVID-19 on the right to health	
3	Violence	
4	Access to information	

¹ This tool is adapted to address the human rights priorities identified in the UN Framework for the immediate socio-economic response to COVID-19 (April 2020).

5	Civil and political and economic, social, and cultural rights	
6	Discrimination against or negative targeting of minorities	
7	Health and safety at work measures	
8	Equal access to social protection	
9	Alternatives to detention	
10	State of emergency	

Serious concerns	Concerns	Positive and negative aspects	Neutral	Good	Excellent
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The evaluation tool

1	Attention to persons in situations of potential vulnerability				
	Serious concerns	Concerns	Neutral	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Justification for the assessment (based on evaluation below)				
	Sub-indicators				
		Reference to International Health Regulation (IHR) 2005?	<input type="checkbox"/>		
		Ethical/human rights consistent guidelines on admission/treatment of COVID-19 patients in intensive care units?	<input type="checkbox"/>		
			<input type="checkbox"/>		
	Other observations				
2	Impact of COVID-19 response measures on the right to health				
	Serious concerns	Concerns	Neutral	Good	Excellent

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justification for the assessment (based on evaluation below)				
Sub-indicators				
	Availability			<input type="checkbox"/>
	Accessibility			<input type="checkbox"/>
	Acceptability			<input type="checkbox"/>
	Quality			<input type="checkbox"/>
	The right to maternal, child and reproductive health - Art 12.2(a)			<input type="checkbox"/>
	The right to healthy natural and workplace environments - Art 12.2(b) (<i>workplace environments addressed below at Indicator 7</i>)			<input type="checkbox"/>
	The right to prevention, treatment and control of disease - Art 12.2(c)			<input type="checkbox"/>
	The right to health facilities, goods and services- Art 12.2(d)			<input type="checkbox"/>
	Deliberately retrogressive measures			<input type="checkbox"/>
	Mental health			<input type="checkbox"/>
Other observations				
3	Violence			

Serious concerns	Concerns	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justification for the assessment (based on evaluation below)				
Sub-indicators				
	Domestic violence	<input type="checkbox"/>		
	Potential for violence committed by State agents (enforcement, detention, misuse of power...)	<input type="checkbox"/>		
		<input type="checkbox"/>		
Other observations				
4	Access to information (e.g. minority languages, child-friendly information, formats accessible to persons with disabilities, such as braille, sign language and easy to read material...)			
Serious concerns	Concerns	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justification for the assessment (based on evaluation below)				
Sub-indicators				
	Access to information about law and policy generally	<input type="checkbox"/>		

		– are legal and policy documents easy to find and openly available? Is there an abundance of relevant documents or a lack of material?			
		Overview: What legal and policy materials relevant for COVID-19 are available through relevant Ministries? (e.g. Ministry of Health, Labour, Home Affairs, Finance, Justice etc.)			<input type="checkbox"/>
					<input type="checkbox"/>
Other observations					
5 Civil and political / Economic, social, and cultural rights					
	Serious concerns	Concerns	Neutral	Good	Excellent
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justification for the assessment (based on evaluation below)					
Sub-indicators					
	Sufficient human rights safeguards? (<i>limits on State power, proportionality and necessity requirements, no space for arbitrariness?</i>)				<input type="checkbox"/>
	Do measures exhibit the use of human rights-based approaches? Do they use human rights language?				<input type="checkbox"/>

Other observations		
The document raises/addresses issues relating to the enjoyment of substantive human rights		<input type="checkbox"/>
Self-determination	ICCPR 1 ICESCR 1	<input type="checkbox"/>
Effective remedy / access to justice	ICCPR 2 CERD 5, 6 CRPD 13	<input type="checkbox"/>
Life	ICCPR 6 CRC 6 CRPD 10	<input type="checkbox"/>
Prohibition of torture or cruel, inhuman and degrading treatment or punishment	ICCPR 7 CRC 37 CRPD 15	<input type="checkbox"/>
Prohibition of slavery, servitude and forced labour	ICCPR 8	<input type="checkbox"/>
Liberty and security of the person	ICCPR 9 CRPD 14	<input type="checkbox"/>
Provisions regarding deprivation of liberty	ICCPR 10 CRC 37	<input type="checkbox"/>
Prohibition on imprisonment based on failure to fulfil a contractual obligation	ICCPR 11	<input type="checkbox"/>
Freedom of movement and freedom to choose one's residence	ICCPR 12 CERD 5 CRPD 18	<input type="checkbox"/>
Procedural protections regarding expulsion of aliens	ICCPR 13	<input type="checkbox"/>
Procedural and substantive protections regarding the criminal justice system	ICCPR 14-15 CRC 40	<input type="checkbox"/>

Right to citizenship and civil documentation	ICCPR 16, 24 CERD 5 CRC 7-8 CEDAW 9 CRPD 18	<input type="checkbox"/>
Right to privacy	ICCPR 17 CRC 16 CRPD 22	<input type="checkbox"/>
Freedom of thought, conscience and religion	ICCPR 18 CRC 14	<input type="checkbox"/>
Freedom of expression, incl. right to information	ICCPR 19 CERD 5 CRC 13 CRPD 21	<input type="checkbox"/>
Freedom of assembly	ICCPR 21	<input type="checkbox"/>
Freedom of association	ICCPR 22 CRC 15	<input type="checkbox"/>
Marriage and founding a family	ICCPR 23	<input type="checkbox"/>
Child rights to a legal identity and nationality	ICCPR 24	<input type="checkbox"/>
Participation in public life	ICCPR 25 CERD 5 CEDAW 7, 8 CRPD 29	<input type="checkbox"/>
Protection from violence, exploitation and abuse	CERD 5 CRC 11, 19, 34, 35, 36 CEDAW 6 CRPD 16	<input type="checkbox"/>
Right to property	UDHR 17 CEDAW 16	<input type="checkbox"/>

Provision for physical and psychological recovery of children from all forms of harm	CRC 39, CRPD 17	<input type="checkbox"/>
Child protection when separated (administratively) from parents	CRC 20	<input type="checkbox"/>
Work (address all aspects of the right to work here except aspects relating to health and safety at work, which is addressed at Indicator 7 below)	ICESCR 6-8 CERD 5 CRC 32 CEDAW 11 CRPD 27	<input type="checkbox"/>
Social security (<i>do not record anything here – addressed at Indicator 8</i>)	ICESCR 9 CRC 26	<input type="checkbox"/>
Protection of mothers and children	ICESCR 10	<input type="checkbox"/>
Adequate standard of living (food, clothing, shelter)	ICESCR 11 CERD 5 CRC 27 CEDAW 12 CRPD 28	<input type="checkbox"/>
Highest attainable standard of health (<i>do not record anything here – addressed at Indicator 2</i>)	ICESCR 12 CERD 5 CRC 24 CEDAW 14 CRPD 25	<input type="checkbox"/>
Right to education	ICESCR 13-14 CERD 5 CRC 28-29 CEDAW 10 CRPD 24	<input type="checkbox"/>
Participation in cultural life and benefits of scientific progress	ICESCR 15	<input type="checkbox"/>
Best interests of the child	CRC 3	<input type="checkbox"/>

	Provisions regarding administrative separation of children from family members	CRC 9	<input type="checkbox"/>										
	Provisions regarding family unity when children live in a country other than their parents	CRC 10	<input type="checkbox"/>										
	Right of the child to be heard	CRC 12	<input type="checkbox"/>										
	Access to mass media for children	CRC 17	<input type="checkbox"/>										
	Support for parents	CRC 18	<input type="checkbox"/>										
	Adoption of children	CRC 22	<input type="checkbox"/>										
	Children with mental and physical disabilities	CRC 23	<input type="checkbox"/>										
	Children in mental and physical health institutions	CRC 25	<input type="checkbox"/>										
	Right to play	CRC 31	<input type="checkbox"/>										
	Protection from narcotic substances	CRC 33	<input type="checkbox"/>										
6	Discrimination against or negative targeting of minorities												
	<table border="1"> <thead> <tr> <th>Serious concerns</th> <th>Concerns</th> <th>Neutral</th> <th>Good</th> <th>Excellent</th> </tr> </thead> <tbody> <tr> <td style="background-color: red;"><input type="checkbox"/></td> <td style="background-color: orange;"><input type="checkbox"/></td> <td style="background-color: lightblue;"><input type="checkbox"/></td> <td style="background-color: lightgreen;"><input type="checkbox"/></td> <td style="background-color: green;"><input type="checkbox"/></td> </tr> </tbody> </table>	Serious concerns	Concerns	Neutral	Good	Excellent	<input type="checkbox"/>						
Serious concerns	Concerns	Neutral	Good	Excellent									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	Justification for the assessment (based on evaluation below)												
	Sub-indicators												
	Language on 'equality', 'leaving no one behind' or similar?	<input type="checkbox"/>											
		<input type="checkbox"/>											
		<input type="checkbox"/>											

Other observations					
7	Health and safety at work measures				
	Serious concerns	Concerns	Neutral	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justification for the assessment (based on evaluation below)					
Sub-indicators					
	Specific measures to protect health sector workers?				<input type="checkbox"/>
	Measures to prevent mental health issues, stress-based illness etc.				<input type="checkbox"/>
					<input type="checkbox"/>
Other observations					
8	Equal access to social protection (provision of basic income, aid for affordable housing, access to food, water, health care, education and care-giving support during quarantines/lockdowns)				

