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OHCHR, Human Rights Treaties Branch

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Compilation of statements by **human rights treaty bodies** in the context of COVID-19

Geneva, April 2020

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Guidance notes

CEDAW - Guidance Note on CEDAW and COVID-19 (22 April 2020)

The Committee on the Elimination of Discrimination against Women (the Committee) expresses deep concern about exacerbated inequalities and heightened risks of gender-based violence and discrimination faced by women due to the current COVID-19 crisis and calls on States to uphold the rights of women and girls.

While many States consider restrictions on freedom of movement and physical distancing necessary to prevent contagion, such measures may disproportionately limit women's access to health care, safe shelters, education, employment and economic life. The effects are aggravated for disadvantaged groups of women and women in conflict or other humanitarian situations.

States parties to the Convention on the Elimination of All Forms of Discrimination against Women (the Convention) have an obligation to ensure that measures taken to address the COVID-19 pandemic do not directly or indirectly discriminate against women and girls. States parties also have an obligation to protect women from, and ensure accountability for, gender-based violence, enable women's socio-economic empowerment and guarantee their participation in policy and decision making in all crisis responses and recovery efforts.

Recalling the joint declaration of the ten United Nations human rights treaty bodies and the Committee's call for joint action in the times of the COVID-19 pandemic, and taking note of the OHCHR Guidance Note on COVID-19 and Women's Human Rights, the Committee further urges States parties to uphold women's rights in their responses to the public health threat posed by the COVID-19 pandemic. In particular, the Committee calls on States parties to:

1. **Address the disproportionate impact of the pandemic on women's health.** Gender bias in the allocation of resources and diversion of funds during pandemics worsen existing gender inequalities, often to the detriment of women's health needs. Women's disproportionate burden of caring for children at home and for sick or older family members as well as their high representation in the health workforce expose women to an increased risk of contracting COVID-19. States parties must address women's increased health risk through preventive measures and by ensuring access to early detection and treatment of COVID-19. States parties should also protect women health workers and other frontline workers from contagion through measures such as the dissemination of necessary precautionary information and adequate provision of personal protective equipment as well as psychosocial support.
2. **Provide sexual and reproductive health as essential services.** States parties must continue to provide gender-responsive sexual and reproductive health services, including maternity care, as part of their COVID-19 response.

Confidential access to sexual and reproductive health information and services such as modern forms of contraception, safe abortion and post-abortion services and full consent must be ensured to women and girls at all times, through toll-free hotlines and easy-to-access procedures such as online prescriptions, if necessary free of charge. States parties should raise awareness about the particular risks of COVID-19 for pregnant women and women with pre-existing health conditions. They should provide manuals for health workers guiding strict adherence to prevention of infection, including for maternal health, during pregnancy, at-birth and the post-delivery period.

3. Protect women and girls from gender-based violence. During confinement, women and girls are at increased risk of domestic, sexual, economic, psychological and other forms of gender-based violence by abusive partners, family members, and care persons, and in rural communities. States parties have a due diligence obligation to prevent and protect women from, and hold perpetrators accountable for, gender-based violence against women. They should ensure that women and girls who are victims or at risk of gender-based violence, including those living in institutions, have effective access to justice, particularly to protection orders, medical and psycho-social assistance, shelters and rehabilitation programmes. National response plans to COVID-19 should prioritize availability of safe shelters, hotlines and remote psychological counselling services and inclusive and accessible specialised and effective security systems, including in rural communities, and address women's mental health issues, which stem from violence, social isolation and related depression. States parties should develop protocols for the care of women not admitted to such services due to their exposure to COVID-19, which includes safe quarantine and access to testing.

4. Ensure equal participation of women in decision-making. Governments, multilateral institutions, the private sector and other actors should ensure women's equal representation, including through women's rights organisations, meaningful participation and leadership in the formulation of COVID-19 response and recovery strategies, including social and economic recovery plans, at all levels and recognize women as significant agents for societal change in the present and post COVID-19 period.

5. Ensure continuous education. Due to the shutdown of educational institutions and children staying at home, many women and girls are relegated to stereotyped roles in domestic work. While online schooling can help ensure continuous education, this is not an option for many girls and women who carry the burden of domestic work and/or lack the necessary resources and devices to access the internet. States parties have an obligation to provide inclusive alternative educational tools free of charge, including in rural or remote areas where internet access is limited. Suspension in the delivery of subsidized school meals and provision of sanitary commodities for girls and young women through educational institutions may result in lack of food and unhygienic menstrual practices. States parties should therefore redeploy such subsidies and commodities to domestic households during times of school shutdown.

6. Provide socio-economic support to women. The COVID-19 crisis adversely affects women in low-paid jobs and in informal, temporary or other precarious forms of employment, especially in the absence of social

protection. COVID-19 response and economic recovery plans should address gender inequalities in employment, promote transition of women from the informal economy to the formal economy and provide relevant social protection systems for them. They should also formulate post-pandemic programmes and targets for women's economic empowerment. Economic resuscitation, diversification and market expansion plans should target women and provide economic stimulus packages, low-interest loans and/or credit guarantee schemes to women-owned businesses and ensure women's access to market, trade and procurement opportunities, with particular attention given to women living in rural areas.

7. **Adopt targeted measures for disadvantaged groups of women.** States parties should uphold the SDG principle of 'Leave no one behind' promoting inclusive approaches in their legislative, policy and other measures. During the COVID-19 pandemic, they should reinforce measures to support disadvantaged or marginalized groups of women. In particular, States parties should:

- Mitigate the impact of COVID-19 on the health, including mental health, of **older women** and those with pre-existing health conditions by ensuring access to health care through medical home visits, safe transport to health care facilities and psycho-social counselling.
- Ensure that basic services including health care, shelters for victims of violence, and inclusive education remain accessible for **women and girls with disabilities** during times of confinement and reduced service delivery, including in rural areas and for those in institutions.
- Ensure access to adequate food, water and sanitation for **women and girls in poverty**, including by providing food stocks and upgrading related necessary infrastructures. Ensure that migrant women and girls, including those in an irregular situation and those without health insurance, have adequate access to health care and that health care providers are not under a duty to report them to immigration authorities.
- Take special measures for the protection of **refugee and internally displaced women and girls**, such as systematic screening for COVID-19 in and around refugee and IDP camps, and address their increased risk of trafficking and survival sex during the pandemic.
- Ensure that **indigenous women and girls** have access to culturally acceptable healthcare, aiming at an integrated approach between modern medicine and indigenous traditional medicine, including access to equipment, testing and urgent emergency treatment for COVID-19. All services should be provided in collaboration with local indigenous authorities and ensure respect for their right to self-determination and territorial protection against virus propagation. States parties should ensure that **indigenous women and girls and those belonging to minorities** have access to continuous education and COVID-19 related information, including in native languages.
- Address discrimination against **lesbian, bisexual and transgender women** in access to health care and ensure that they have access to safe shelters and support services whenever exposed to gender-based violence during home confinement.

- Consider alternatives to detention for **women deprived of liberty**, such as judicial supervision or suspended sentences with probation, in particular for women detained on grounds of administrative or other non-severe offences, low-risk offenders and those who can safely be reintegrated into society, women nearing the end of their sentences, pregnant or sick women, older women and women with disabilities. **Women political prisoners**, including **women human rights defenders** detained without sufficient legal basis should be released.

8. **Protect women and girls in humanitarian settings and continue implementing the women, peace and security agenda.** States parties must adopt a rights-based approach and undertake a gender-conflict analysis to protect women and girls in humanitarian settings and conflict situations. They must take remedial measures to reduce the risk of COVID-19 and counter disruptions of services to prevent avoidable maternal and child morbidity and mortality in humanitarian settings.

9. **Strengthen institutional response, dissemination of information and data collection:** States parties should strengthen and coordinate national machineries to respond effectively to COVID-19. They should widely disseminate updated, scientifically accurate and transparent information on the gendered risks of COVID-19 and measures for available health and support services for women and girls. Such information should be available in plain and multiple languages and accessible formats, through all appropriate channels, including internet, social media, radio and text messages. In view of the post COVID-19 recovery path, States parties should collect accurate and comprehensive age- and sex-disaggregated data on the gendered impact of the health pandemic to facilitate informed and evidence-based policy making regarding women and girls.

Advice

SPT - Advice of the Subcommittee on Prevention of Torture to the National Preventive Mechanism of the United Kingdom of Great Britain and Northern Ireland regarding compulsory quarantine for Coronavirus, adopted at its 40th session (10 to 14 February 2020)

The National Preventive Mechanism (NPM) of the United Kingdom of Great Britain and Northern Ireland has asked for advice from the Subcommittee on Prevention of Torture (SPT) concerning the exercise of its mandate in places where persons are held in compulsory quarantine for reasons of public health protection.

1. The SPT notes that Article 4 of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) provides that:

1. Each State Party shall allow visits, in accordance with the present Protocol, by the mechanisms referred to in articles 2 and 3 to any place under its jurisdiction and control where persons are or may be deprived of their liberty, either by virtue of an order given by a public authority or at its instigation or with its consent or acquiescence (hereinafter referred to as places of detention). [...]

2. For the purposes of the present Protocol, deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative or other authority.

2. It follows from this definition, read in conjunction with Article 19(a) of the OPCAT concerning the visiting powers of the NPM, that any place where a person is held in quarantine and from which they are not free to leave is a place of deprivation of liberty for the purposes of the OPCAT and so falls within the visiting mandate of an NPM.

3. Although not expressly stated, it is implicit from the structure of the OPCAT that NPM visits may, like those of the SPT be temporarily restricted in accordance with Article 14 (2) of the OPCAT which provides that:

'Objection to a visit to a particular place of detention may be made only on urgent and compelling grounds of national defence, public safety, natural disaster or serious disorder in the place to be visited that temporarily prevent the carrying out of such a visit. The existence of a declared state of emergency as such shall not be invoked by a State Party as a reason to object to a visit.'

4. This suggests that whilst a visit may be objected to on grounds of public safety, which might include a medical emergency necessitating quarantine, this could only be a temporary restriction and could not prevent visits to the place of quarantine completely. In other words, there would need to be a

particular reason why such a visit ought not to take place at a particular point in time, rather than that such visits ought not to take place at all.

5. This confirms the view that places of quarantine fall within the visiting mandate of an NPM, although access may be restricted temporarily for strictly limited reasons and not on the basis that the place in question is a place of quarantine.

6. The SPT notes that Article 20 of the OPCAT provides that the NPM shall have:

(c) Access to all places of detention and their installations and facilities;

(d) The opportunity to have private interviews with the persons deprived of their liberty without witnesses [...].

7. The SPT recognises that whilst quarantine is imposed for the public benefit it must not result in the ill-treatment of those detained. The role of the NPM is to ensure that all fundamental safeguards are respected, including the right to be informed about the reason for being placed in quarantine, to have a third party notified, to have access to independent legal advice and to be seen by a doctor of one's own choice.

8. In addition, sufficient and appropriate measures should be put in place in order to prevent violations of the prohibition of ill-treatment. Such violations can include (or flow from) discriminatory practices and actions which have the effect of stigmatising or marginalising particular groups of persons. This may include those individuals and groups who are considered to be at risk of, or being potential carriers of, viruses.

9. Whilst the visiting mandate of an NPM includes places of compulsory quarantine, NPMs must be mindful of the 'do no harm' principle when exercising that mandate. This may require adaptations to normal working practises, in the interests of those in quarantine, those undertaking the visit, and the general interest in halting the spread of the illness. For example, the opportunity to interview in private may reasonably be conducted by methods which prevent the transmission of infection, and members of the NPM accessing places of quarantine might legitimately be subject to medical checks and other forms of inspection and restriction to ensure the integrity of the quarantine, as would be the case for others servicing the needs of those being detained.

10. Reports arising out of such visits must be careful to respect the confidentiality of those detained and not contribute to the potential stigmatisation and/or risk of discrimination against those who have been subject to compulsory quarantine. Further helpful guidance can be found in the relevant documents published by CDC¹ and WHO².

¹ <https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.html>

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

SPT - Advice of the Subcommittee on Prevention of Torture to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, CAT/OP/10 (7 April 2020)³

I. Introduction

1. Within the space of a few short weeks, coronavirus disease (COVID-19) has had a profound impact on daily life, with many impositions of severe restrictions upon personal movement and personal freedoms, aimed at enabling the authorities to better combat the pandemic through public health emergency measures.

2. Persons deprived of their liberty comprise a particularly vulnerable group, owing to the nature of the restrictions that are already placed upon them and their limited capacity to take precautionary measures. Within prisons and other detention settings, many of which are severely overcrowded and insanitary, there are also increasingly acute problems.

3. In several countries measures taken to combat the pandemic in places of deprivation of liberty have already led to disturbances both inside and outside of detention facilities and to the loss of life. Against this background, it is essential that State authorities take full account of all the rights of persons deprived of liberty and their families, as well as of all staff and personnel working in detention facilities, including health-care staff, when taking measures to combat the pandemic.

4. Measures taken to help address the risk to detainees and to staff in places of detention should reflect the approaches set out in the present advice, and in particular the principles of “do no harm” and “equivalence of care”. It is also important that there be transparent communication to all persons deprived of liberty, their families and the media concerning the measures being taken and the reasons for them.

5. The prohibition of torture and other cruel, inhuman or degrading treatment or punishment cannot be derogated from, even during exceptional circumstances and emergencies that threaten the life of the nation.⁴ The Subcommittee has already issued guidance confirming that formal places of quarantine fall within the mandate of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT/OP/9). It inexorably follows that all other places from which persons are prevented from leaving for similar purposes fall within the scope of the mandate of the Optional Protocol and thus within the sphere of oversight of both the Subcommittee and of the national preventive mechanisms established within the framework of the Optional Protocol.

³ Adopted by the Subcommittee on 25 March 2020, pursuant to article 11 (b) of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

⁴ See article 2 (2) of the Convention against Torture and articles 4 and 7 of the International Covenant on Civil and Political Rights.

6. Numerous national preventive mechanisms have asked the Subcommittee for further advice regarding their response to this situation. Naturally, as autonomous bodies, national preventive mechanisms are free to determine how best to respond to the challenges posed by the pandemic within their respective jurisdictions. The Subcommittee remains available to respond to any specific request for guidance that it may be asked to give. The Subcommittee is aware that a number of valuable statements have already been issued by various global and regional organizations, which it commends to the consideration of States parties and national preventive mechanisms.⁵ The purpose of the present advice is also to offer general guidance within the framework of the Optional Protocol for all those responsible for, and undertaking preventive visits to, places of deprivation of liberty.

7. The Subcommittee would emphasize that while the manner in which preventive visiting is conducted will almost certainly be affected by necessary measures taken in the interests of public health, this does not mean that preventive visiting should cease. On the contrary, the potential exposure to the risk of ill-treatment faced by those in places of detention may be heightened as a consequence of such public health measures taken. The Subcommittee considers that national preventive mechanisms should continue to undertake visits of a preventive nature, respecting necessary limitations on the manner in which their visits are undertaken. It is particularly important at this time that national preventive mechanisms ensure that effective measures are taken to reduce the possibility of detainees suffering forms of inhuman and degrading treatment as a result of the very real pressures that detention systems and those responsible for them now face.

II. Measures to be taken by authorities concerning all places of deprivation of liberty, including detention facilities, immigration detention centres, closed refugee camps, psychiatric hospitals and other medical settings

8. It is axiomatic that the State is responsible for the health care of those whom it holds in custody, and that it has a duty of care to its staff and personnel working in detention facilities, including health-care staff. As set out in rule 24 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

9. Given the heightened risk of contagion among those in custodial and other detention settings, the Subcommittee urges all States to:

⁵ See, for example, World Health Organization, "Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance", 15 March 2020; and European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, "Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic", CPT/Inf(2020)13, 20 March 2020. Available at <https://rm.coe.int/16809cfa4b>.

- (a) Conduct urgent assessments to identify those individuals most at risk within the detained populations, taking account of all particular vulnerable groups;
- (b) Reduce prison populations and other detention populations, wherever possible, by implementing schemes of early, provisional or temporary release for those detainees for whom it is safe to do so, taking full account of the non-custodial measures indicated, as provided for in the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules);
- (c) Place particular emphasis on places of detention where occupancy exceeds the official capacity, and where the official capacity is based on a calculation of square metreage per person that does not permit social distancing in accordance with the standard guidance given to the general population as a whole;
- (d) Review all cases of pretrial detention in order to determine whether it is strictly necessary in the light of the prevailing public health emergency and to extend the use of bail for all but the most serious of cases;
- (e) Review the use of immigration detention centres and closed refugee camps with a view to reducing their populations to the lowest possible level;
- (f) Consider that release from detention should be subject to screening in order to ensure that appropriate measures are put in place for those who are either positive for COVID-19 virus or are particularly vulnerable to infection;
- (g) Ensure that any restrictions on existing regimes are minimized, proportionate to the nature of the health emergency, and in accordance with law;
- (h) Ensure that the existing complaints mechanisms remain functioning and effective;
- (i) Respect the minimum requirements for daily outdoor exercise, while also taking account of the measures necessary to tackle the current pandemic;
- (j) Ensure that sufficient facilities and supplies are provided free of charge to all who remain in detention, in order to allow detainees the same level of personal hygiene as is to be followed by the population as a whole;
- (k) Provide sufficient compensatory alternative methods, where visiting regimes are restricted for health-related reasons, for detainees to maintain contact with families and the outside world, including telephone, Internet and email, video communication and other appropriate electronic means. Such methods of contact should be both facilitated and encouraged, as well as frequent and provided free of charge;
- (l) Enable family members or relatives to continue to provide food and other supplies for the detainees, in accordance with local practices and with due respect for necessary protective measures;
- (m) Accommodate those who are a greatest risk within the remaining detained populations in ways that reflect that enhanced risk, while fully respecting their rights within the detention setting;
- (n) Prevent the use of medical isolation taking the form of disciplinary solitary confinement; medical isolation must be on the basis of an independent

medical evaluation, proportionate, limited in time and subject to procedural safeguards;

(o) Provide medical care to detainees who are in need of it, outside of the detention facility, whenever possible;

(p) Ensure that fundamental safeguards against ill-treatment, including the right of access to independent medical advice, the right to legal assistance and the right to ensure that third parties are notified of detention, remain available and operable, restrictions on access notwithstanding;

(q) Ensure that all detainees and staff receive reliable, accurate and up-to-date information concerning all measures being taken, their duration and the reasons for them;

(r) Ensure that appropriate measures are taken to protect the health of staff and personnel working in detention facilities, including health-care staff, and that they are properly equipped and supported while undertaking their duties;

(s) Make available appropriate psychological support to all detainees and staff who are affected by these measures;

(t) Ensure that, if applicable, all the above considerations are taken into account with regard to patients who are involuntarily admitted to psychiatric hospitals.

III. Measures to be taken by authorities in respect of those in official places of quarantine

10. The Subcommittee has already issued advice on the situation of those held in quarantine (CAT/OP/9). To that advice, the Subcommittee would further add that:

(a) Those individuals who are being temporarily held in quarantine are to be treated at all times as free agents, except for the limitations necessarily placed upon them in accordance with the law and on the basis of scientific evidence for quarantine purposes;

(b) Those being temporarily held in quarantine are not to be viewed or treated as if they were detainees;

(c) Quarantine facilities should be of a sufficient size and have sufficient facilities to permit internal freedom of movement and a range of purposive activities;

(d) Communication with families and friends through appropriate means should be encouraged and facilitated;

(e) Since quarantine facilities are a de facto form of deprivation of liberty, all those so held should be able to benefit from the fundamental safeguards against ill-treatment, including information of the reasons for their being quarantined, the right of access to independent medical advice, the right to legal assistance and the right to ensure that third parties are notified of their being in quarantine, in a manner consonant with their status and situation;

- (f) All appropriate measures must be taken to ensure that those who are, or have been, in quarantine do not suffer from any form of marginalization or discrimination, including once they have returned to the community;
- (g) Appropriate psychological support should be available for those who need it, both during and after their period of quarantine.

IV. Measures to be taken by national preventive mechanisms

11. National preventive mechanisms should continue exercising their visiting mandate during the COVID-19 pandemic; however, the manner in which they do so must take into account the legitimate restrictions currently imposed on social contact. National preventive mechanisms cannot be completely denied access to official places of detention, including places of quarantine, even if temporary restrictions are permissible in accordance with article 14 (2) of the Optional Protocol.

12. The objective of the Optional Protocol, as set out in article 1, is to establish a system of regular visits, whereas the purpose, as set out in the preamble, is the protection of persons deprived of their liberty against torture and other inhuman or degrading treatment or punishment, this being a non-derogable obligation under international law. In the current context, this suggests that it is incumbent on national preventive mechanisms to devise methods for fulfilling their preventive mandate in relation to places of detention that minimize the need for social contact but that nevertheless offer effective opportunities for preventive engagement.

13. Such measures might include:

- (a) Discussing the implementation and operation of the measures outlined in sections II and III above with relevant national authorities;
- (b) Increasing the collection and scrutiny of individual and collective data relating to places of detention;
- (c) Using electronic forms of communication with those in places of detention;
- (d) Establishing national prevention mechanism hotlines within places of detention, and providing secure email access and postal facilities;
- (e) Tracking the setting up of new and temporary places of detention;
- (f) Enhancing the distribution of information concerning the work of the national preventive mechanism within places of detention, and ensuring there are channels allowing prompt and confidential communication;
- (g) Seeking to contact third parties (e.g., families and lawyers) who may be able to provide additional information concerning the situation within places of detention;
- (h) Enhancing cooperation with non-governmental organizations and relief organizations working with those deprived of their liberty.

V. Conclusion

14. It is not possible to accurately predict how long the current pandemic will last, or what its full effects will be. What is clear is that it is already having a profound effect on all members of society and will continue to do so for a considerable time to come. The Subcommittee and national preventive mechanisms must be conscious of the “do no harm” principle as they undertake their work. This may mean that national preventive mechanisms should adapt their working methods to meet the situation caused by the pandemic in order to safeguard the public; staff and personnel working in detention facilities, including health-care staff; detainees; and themselves. The overriding criterion must be that of effectiveness in securing the prevention of ill-treatment of those subject to detaining measures. The parameters of prevention have been widened by the extraordinary measures that States have had to take. It is the responsibility of the Subcommittee and of national preventive mechanisms to respond in imaginative and creative ways to the novel challenges they face in the exercise of their mandates related to the Optional Protocol.

Statements

CRPD - Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility (1 April 2020)

1. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights treaty, the framework of which, developed by the Committee, provides States with a legally binding structure for the achievement of the Sustainable Development Goals and their related targets. This is not only the case for those targets that explicitly refer to persons with disabilities, but for all goals and targets. It also includes measures to ensure that the lives and rights of persons with disabilities are appropriately protected in the face of the COVID-19 pandemic.
2. Article 11 of the CRPD establishes that States parties shall take all possible measures to ensure the protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies. This comprises measures in all areas of life of persons with disabilities, including the protection of their access to the highest attainable standard of health without discrimination, general wellbeing and prevention of infectious diseases, and measures to ensure protection against negative attitudes, isolation, and stigmatization that may arise in the midst of the crisis.
3. The 2030 Agenda sets targets aimed at responding to epidemics, particularly through achieving universal health coverage, ensuring access to medicine and vaccines, promoting mental health and well-being, and reinforcing the capacity of all countries in early warning, risk reduction and risk management for national and global health.
4. By implementing their obligations under the CRPD and fulfilling the commitments in the Sustainable Development Agenda, States will be able to safeguard the rights and well-being of persons with disabilities. In doing so, States should consider the diversity among persons with disabilities, with a particular focus on gender and age, and the situation of persons with disabilities facing deprivation and hardship.
5. States should ensure the safety and integrity of persons with disabilities and accelerate measures of deinstitutionalization of persons with disabilities from all types of institutions. The COVID-19 pandemic has already affected nursing homes, psychiatric hospitals and other detention centers, where there are heightened risks for persons with disabilities still in institutions.
6. The Chair of the United Nations Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility call upon all relevant authorities to adopt measures to appropriately respond to the COVID-19 pandemic, ensuring inclusion and the effective participation of persons with disabilities.

7. States should take all appropriate measures to ensure access for persons with disabilities to health services and provide persons with disabilities with the same range, quality and standard of health care as provided to other persons, including mental health services. States should also continue providing to persons with disabilities the health services required by persons with disabilities specifically because of their disabilities. During the ongoing COVID-19 pandemic, State should prevent discriminatory denial of health care or life-saving services, food or fluids on the basis of disability.

8. States must ensure that persons with disabilities, through their representative organizations, are closely consulted with and actively involved in the planning, implementation and monitoring of COVID-19 prevention and containment measures.

9. States should safeguard the provision of food, medicine, and other supplies for persons with disabilities during situations of isolation and quarantine. The range of support in the community, including home-care and personal assistance support, and rehabilitation services, when necessary, must be ensured and not discontinued as they are essential for the exercise of the rights of persons with disabilities. All services related to COVID-19 crisis, including remote/telephone medical advice, quarantine facilities, public information, including information on essential supplies and services should be accessible for persons with disabilities on an equal basis with others and provided on accessible platforms in various alternative formats, modes and methods of communication.

10. We call upon States to ensure that priority be given to address situations of poverty, and deprivation of persons with disabilities in their crisis management plans. States should ensure that economic hardship during the crisis is addressed also with respect to persons with disabilities who may face the loss of jobs and additional barriers to meet basic essential needs.

Danlami Basharu, Chair, UN Committee on the Rights of Persons with Disabilities

and

María Soledad Cisternas Reyes, Special Envoy of the UNSG on Disability and Accessibility

CESCR - Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights by the Committee on Economic, Social and Cultural Rights, E/C.12/2020/1 (6 April 2020)

I. Introduction

1. The COVID-19 pandemic is threatening to overwhelm public health care systems, and is having devastating impacts across the world on all spheres of life – the economy, social security, education and food production. Tens of thousands of lives have already been lost, including those of doctors and nurses providing front-line medical treatment. Jobs have been lost and livelihoods imperilled due to restrictions imposed to curb the transmission of the virus, such as “lockdowns”. Schools are closed in many affected countries, and people cannot gather for significant cultural and community events such as religious services, weddings or funerals. At the commencement of this statement, the Committee extends its sympathy to all victims of the pandemic and their families, as well as the broader communities of which they are part.

2. The pandemic has deep negative impacts on the enjoyment of economic, social and cultural rights, especially the right to health of the most vulnerable groups. As elaborated below, States are under an obligation to take measures to prevent, or at least to mitigate, these impacts. However, if States do not act within a human rights framework, a clear risk exists that the measures taken might violate economic, social and cultural rights and increase the suffering of the most marginalized groups. No one should be left behind in taking the measures necessary to combat this pandemic. These circumstances have led the Committee to issue this statement to highlight the most important impacts of this pandemic on economic, social and cultural rights and to make some recommendations to States to combat the COVID-19 pandemic in a manner consistent with their obligations under the Covenant.

II. Impacts of the pandemic on economic, social and cultural rights

3. The COVID-19 pandemic vividly illustrates the importance of the indivisibility and interdependence of all human rights. This pandemic is essentially a global health threat. However, it has multiple implications for the enjoyment of civil and political rights because some of the measures taken by States to combat it impose severe restrictions on the freedom of movement and other rights. Thus, it is essential that the measures adopted by States to combat this pandemic are reasonable and proportionate to ensure protection of all human rights.

4. Health-care systems and social programmes have been weakened by decades of underinvestment in public health services and other social programmes, accelerated by the global financial crisis of 2007–2008. Consequently, they are ill equipped to respond effectively and expeditiously to cope with the intensity of the current pandemic.

5. Disadvantaged and marginalized groups are severely affected by the current crisis. Older persons, those with pre-existing health conditions and compromised immune systems are particularly vulnerable to serious health consequences if infected by COVID-19. Other groups are at greater risk of contagion such as those in residential care facilities or communal living arrangements; prisoners and persons in detention facilities; and residents of informal settlements or other areas lacking adequate access to water, soap or sanitizer. Certain categories of workers such as delivery workers, garbage collection workers, manual labourers and farmworkers are exposed to heightened risks of being infected, as the nature of their work does not allow them to take advantage of dispensations to work from home using digital technology. Many health-care workers, who are performing heroic work in the front lines of responding to the pandemic, are being infected due to inadequacies or shortages of personal protective equipment and clothing. A number of groups are severely disadvantaged by the economic consequences of measures adopted in a number of countries to contain the spread of COVID-19. These include precarious workers in the 'gig-economy' or informal sector along with other groups of workers who face retrenchments or loss of wages and social benefits, including domestic workers in many countries. Informal traders and a number of small businesses can no longer ply their trade or conduct business, resulting in profound economic insecurity for themselves and their dependants.

6. Inadequate public goods and social programmes also deepen global income and wealth inequalities. Those living in poverty cannot afford to purchase the aforementioned goods and services in the private market, and they bear the disproportionate burden of the economic consequences of quarantines, lockdowns and the adverse national and international economic situation.

7. In countries where schools, technical colleges and higher educational institutions are closed, efforts are being made to continue teaching and learning online. These are important measures to mitigate the impact of these closures on the right to education. However, they also carry the risk of deepening educational inequalities between rich and poor learners due to unequal access to affordable Internet services and equipment such as computers, smart phones and tablets.

8. The COVID-19 pandemic also threatens to deepen gender inequalities as the burden of caring for children at home and sick or older family members falls disproportionately on women, given the still deeply embedded gender stereotypes and roles in many societies. In circumstances where families are in lockdown or quarantine, women may be additionally vulnerable to domestic violence, and have limited recourse in these circumstances.

9. Indigenous peoples, refugees and asylum seekers, and those living in conflict-affected countries or regions are particularly vulnerable during this pandemic. Many lack adequate access to water, soap or sanitizer, COVID-19 testing facilities, health-care services and information. These populations frequently suffer higher rates of chronic illnesses and underlying health conditions that place them at greater risk of developing severe health complications from COVID-19.

III. Recommendations

10. To ensure that Covenant rights and obligations are protected and fulfilled during this crisis, States should take a range of urgent measures. In particular, responses to the pandemic should be based on the best available scientific evidence to protect public health.

11. Where the measures adopted limit Covenant rights, they should comply with the conditions set out in article 4 of the Covenant. In essence, such measures must be necessary to combat the public health crisis posed by COVID-19, and be reasonable and proportionate. Emergency measures and powers adopted by States parties to deal with the pandemic should not be abused, and should be lifted as soon as they are no longer necessary for protecting public health.

12. In responding to the pandemic, the inherent dignity of all people must be respected and protected, and minimum core obligations imposed by the Covenant should be prioritized. In this difficult context, access to justice and to effective legal remedies is not a luxury, but an essential element to protect economic, social and cultural rights, especially those of the most vulnerable and marginalized groups. Thus, for example, it is essential that law enforcement officials respond to cases of domestic violence, that domestic violence hotlines are operational, and that effective access to justice and legal remedies is accessible to women and children who are subject to domestic violence.

13. It is essential that States adopt appropriate regulatory measures to ensure that health-care resources in both the public and the private sectors are mobilized and shared among the whole population to ensure a comprehensive, coordinated health-care response to the crisis. As the front-line responders to this crisis, all health-care workers must be provided proper protective clothing and equipment against contagion. It is also essential that they are consulted by decision-makers, and that due regard is paid to their advice. Health-care workers play a critical role in providing early warning signals of the spread of diseases such as COVID-19, and in recommending effective measures of prevention and treatment.

14. State parties are under an obligation to devote their maximum available resources for the full realization of all economic, social and cultural rights, including the right to health. As this pandemic and the measures taken to combat it have had a disproportionate negative impact on the most marginalized groups, States must make all efforts to mobilize the necessary resources to combat COVID-19 in the most equitable manner, in order to avoid imposing a further economic burden on these marginalized groups. Allocation of resources should prioritize the special needs of these groups.

15. All States parties should, as a matter of urgency, adopt special, targeted measures, including through international cooperation, to protect and mitigate the impact of the pandemic on vulnerable groups such as older persons, persons with disabilities, refugees and conflict-affected populations, as well as communities and groups subject to structural discrimination and disadvantage. Such measures include, among others, the provision of water, soap and sanitizer to communities who lack them; targeted programmes to protect the jobs, wages and benefits of all workers, including undocumented

migrant workers; imposing a moratorium on evictions or mortgage bond foreclosures against people's homes during the pandemic; providing social relief and income-support programmes to ensure food and income security to all those in need; taking specially tailored measures to protect the health and livelihoods of vulnerable minority groups, such as the Roma, as well as those of indigenous peoples; and ensuring affordable and equitable access to Internet services by all for educational purposes.

16. All workers should be protected from the risks of contagion at work, and States should adopt appropriate regulatory measures to ensure that employers minimize the risks of contagion according to best practice public health standards. Until such measures are adopted, workers cannot be obliged to work and should be protected from disciplinary or other penalties for refusing to work without adequate protection. In addition, States should take immediate measures to protect the jobs, pensions and other social benefits of workers during the pandemic, and to mitigate its economic impacts through, for example, subsidizing wages, providing tax relief and establishing supplementary social security and income protection programmes.

17. Regulatory measures should also be adopted to prevent profiteering on foodstuffs, hygiene products and essential medicines and supplies. Recommended measures include lifting all value added tax on such supplies during the pandemic, and subsidizing the costs of essential foodstuffs and hygiene products to ensure that they are affordable to the poor.

18. Accurate and accessible information about the pandemic is essential both to reduce the risk of transmission of the virus, and to protect the population against dangerous disinformation. Such information is also crucial in reducing the risk of stigmatizing, harmful conduct against vulnerable groups, including those infected by COVID-19. Such information should be provided on a regular basis, in an accessible format and in all local and indigenous languages. Measures should also be taken to expedite access to affordable Internet services and vital technical equipment by all students, particularly those in poorer communities and regions, so that they can benefit equally from online learning programs while schools and higher education institutions are closed due to the pandemic.

19. The COVID-19 pandemic is a global crisis, which highlights the crucial importance of international assistance and cooperation, a core principle enshrined in the Covenant. Such international assistance and cooperation include the sharing of research, medical equipment and supplies, and best practices in combating the virus; coordinated action to reduce the economic and social impacts of the crisis; and joint endeavours by all States to ensure an effective, equitable economic recovery. The needs of vulnerable and disadvantaged groups as well as fragile countries, including least developed countries, countries in conflict and post-conflict situations, should be at the centre of such international endeavours.

20. States parties have extraterritorial obligations related to global efforts to combat COVID-19. In particular, developed States should avoid taking decisions, such as imposing limits on the export of medical equipment, that result in obstructing access to vital equipment for the world's poorest victims of the pandemic. Moreover, States parties should make sure that unilateral

border measures do not hinder the flow of necessary and essential goods, particular staple foods and health equipment. Any restriction based on the goal of securing national supply must be proportionate and take into consideration the urgent needs of other countries.

21. States should also use their voting powers in international financial institutions to alleviate the financial burden of developing countries in combating the pandemic, with measures such as granting these countries different mechanisms of debt relief. States parties should also promote flexibilities or other adjustments in applicable intellectual property regimes to allow universal access to the benefits of scientific advancements relating to COVID-19 such as diagnostics, medicines and vaccines.

22. Unilateral sanctions of an economic and financial nature weaken health-care systems and could undermine efforts to combat COVID-19, especially in the context of the procurement of medical equipment and supplies. Such sanctions should be lifted to enable affected countries to have access to the resources they need to effectively combat the COVID-19 health pandemic.

23. Pandemics are a crucial example of the need for scientific international cooperation to face transnational threats. Virus and other pathogens do not respect borders. If adequate measures are not taken, a local epidemic can very quickly become a pandemic with devastating consequences. The role of the World Health Organization (WHO) in this field is fundamental and should be supported. Combating pandemics effectively requires stronger commitments from States to international cooperation as national solutions are insufficient. Enhanced international cooperation should increase the preparedness of States and of international organizations, especially WHO, to respond to pandemics, for instance through sharing of scientific information on potential pathogens. It should also improve early warning mechanisms, based on timely and transparent information provided by States on emerging epidemics that have the potential to become pandemics. This would allow early interventions, based on the best scientific evidence, aimed at controlling these epidemics and preventing them from becoming a pandemic. If a pandemic develops, sharing the best scientific knowledge and its applications, especially in the medical field, becomes crucial to mitigate the impact of the disease, and to expedite the discovery of effective treatments and vaccines. Furthermore, after the pandemic, scientific research should be promoted to learn lessons and increase preparedness for possible pandemics in the future.

24. COVID-19 has highlighted the critical role of adequate investments in public health systems, comprehensive social protection programmes, decent work, housing, food, water and sanitation systems, and institutions to advance gender equality. Such investments are crucial in responding effectively to global health pandemics, and in counteracting multiple, intersecting forms of inequality, including deep inequalities of income and wealth both within and between countries.

25. Lastly, the Committee calls upon all States parties to ensure that the extraordinary mobilization of resources to deal with the COVID-19 pandemic provides the impetus for long-term resource mobilization towards the full and equal enjoyment of the economic, social and cultural rights enshrined in the Covenant. In so doing, they will lay the foundation for achieving the ideal

enshrined in the Universal Declaration of Human Rights of achieving a world of free human beings enjoying “freedom from fear and want”. Mechanisms to facilitate national and international cooperation and solidarity, as well as substantial investments in the institutions and programmes necessary for the realization of economic, social and cultural rights, will ensure that the world is better prepared for future pandemics and disasters. The Committee intends to continue to monitor the impact of the COVID-19 pandemic on economic, social and cultural rights through the fulfilment of its various mandates under the Covenant.

CRC - 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 (8 April 2020)

The Committee on the Rights of the Child expresses concern about the situation of children globally, particularly those in situations of vulnerability, due to the effects of the COVID-19 pandemic. Many children are gravely affected physically, emotionally and psychologically, especially in countries that have declared states of emergencies and mandatory lockdowns. In addition to the declaration of ten human rights treaty bodies, the Committee further urges States to respect the rights of the child in taking measures to tackle the public health threat posed by the COVID-19 pandemic. In particular, the Committee calls on States to:

1. Consider the health, social, educational, economic and recreational impacts of the pandemic on the rights of the child. Although initially declared for short terms, it becomes clear that declarations of States of emergencies and/or disaster may be maintained for longer periods, leading to longer periods of restrictions on the enjoyment of human rights. The Committee recognizes that in crisis situations, international human rights law exceptionally permits measures that may restrict the enjoyment of certain human rights in order to protect public health. However, such restrictions must be imposed only when necessary, be proportionate and kept to an absolute minimum. Additionally, while acknowledging that the COVID-19 pandemic may have a significant and adverse impact on the availability of financial resources, these difficulties should not be regarded as an impediment to the implementation of the Convention. Nevertheless, States should ensure that responses to the pandemic, including restrictions and decisions on allocation of resources, reflect the principle of the best interests of the child.
2. Explore alternative and creative solutions for children to enjoy their rights to rest, leisure, recreation and cultural and artistic activities. Such solutions should include supervised outdoor activities at least once a day which respect physical distance protocols and other hygiene standards, and child-friendly cultural and artistic activities on TV, radio and online.
3. Ensure that online learning does not exacerbate existing inequalities or replace student-teacher interaction. Online learning is a creative alternative to classroom learning but poses challenges for children who have limited or no access to technology or the Internet or do not have adequate parental support. Alternative solutions should be available for such children to benefit from the guidance and support provided by teachers.
4. Activate immediate measures to ensure that children are fed nutritious food during the period of emergency, disaster or lockdown, as many children receive their only nutritious meal through school feeding schemes.
5. Maintain the provision of basic services for children including healthcare, water, sanitation and birth registration. Despite the increasing pressure on health systems and the scarcity of resources, children should not be denied access to health care, including to testing and a potential future vaccine, to COVID-19 – related and COVID-19 – unrelated medical treatment, mental

health services and treatment for pre-existing conditions. Children should also have access to clean water and sanitation facilities during the period of emergency, disaster or lockdown. Birth registration services should not be suspended.

6. Define core child protection services as essential and ensure that they remain functioning and available, including home visits when necessary, and provide professional mental health services for children living in lockdown. Confinement may expose children to increased physical and psychological violence at home, or force children to stay in homes that are overcrowded and lack the minimum conditions of habitability. Children with disabilities and behavioural problems, as well as their families, may face additional difficulties behind closed doors. States should strengthen phone and online reporting and referral systems as well as sensitization and awareness activities through TV, radio and online channels. Strategies to mitigate the economic and social impact of the COVID-19 pandemic should also include specific measures to protect children, particularly those living in poverty and lacking access to adequate housing.

7. Protect children whose vulnerability is further increased by the exceptional circumstances caused by the pandemic. These include children with disabilities; children living in poverty; children in street situations; migrant, asylumseeking, refugee and internally displaced children; minority and indigenous children; children with underlying health conditions including HIV/AIDS; children deprived of their liberty or confined in police lock-up facilities, prisons, secure care centres, migrant detention centres or camps; and children living in institutions. States should respect the right of every child to non-discrimination in its measures to address the COVID-19 pandemic as well as take targeted measures to protect children in vulnerable situations.

8. Release children in all forms of detention, whenever possible, and provide children who cannot be released with the means to maintain regular contact with their families. Many States have adopted measures to restrict visits and contact opportunities for children living in institutions or deprived of their liberty, including children confined in police institutions, prisons, secure centres, migration detention centres or camps. While these restrictive measures can be seen as necessary in the short term, over long periods they will have a marked negative effect on children. Children should at all times be allowed to maintain regular contact with their families, and if not in person, through electronic communication or telephone. If the period of emergency, disaster or State-ordered confinement is extended, consideration should be given to reassessing the measures that prohibit such visits. Children in migration situations should not be detained nor separated from their parents if accompanied.

9. Prevent the arrest or detention of children for violating State guidance and directives relating to COVID-19, and ensure that any child who was arrested or detained is immediately returned to his or her family.

10. Disseminate accurate information about COVID-19 and how to prevent infection in languages and formats that are child-friendly and accessible to all children including children with disabilities, migrant children and children with limited access to the Internet.

11. Provide opportunities for children's views to be heard and taken into account in decision-making processes on the pandemic. Children should understand what is happening and feel that they are taking part in the decisions that are being made in response to the pandemic.

CEDAW - Committee on the Elimination of Discrimination against Women - Call for joint action in the times of the COVID-19 pandemic (21 April 2020)

The devastating impact and rapid spread of the coronavirus and the respiratory disease it causes (COVID-19) have made public health responses the absolute priority of governments around the world. Affected countries are struggling to tackle the health risks while mitigating the socio-economic repercussions of confinement, production slowdown and job losses. However, the consequences related to COVID-19 are only starting to unfold and require a global approach, new vision and joint action.

Merely expressing human rights concerns in such an unprecedented situation is not enough. The UN Committee on the Elimination of Discrimination against Women (CEDAW Committee) therefore issues this Call for Joint Action. If COVID-19 teaches us only one lesson, this should be that solidarity is neither optional nor is it an act of charity. COVID-19 has shown that none of us is safe unless we are all safe. Solidarity is the strongest means to resist a virus that recognizes no border or status.

The CEDAW Committee would like to seize the opportunity and calls for joint action against the Covid-19 pandemic from a women's rights perspective, and solicits participation from all key stakeholders, and in particular States parties to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW Convention). It is thus issuing a [guidance note on CEDAW and COVID-19](#) with practical guidelines for States to mitigate the devastating impact that the pandemic is having more specifically on women and girls. COVID-19 has affected victims regardless of gender, geography, ethnicity, religion, wealth or any other status. However, with our societies being unequal in the first place, the consequences of the current crisis has impacted women in a disproportionate and more severe manner. Women have experienced multiple and compounded forms of discrimination while on the front lines of responses, at home, in the health workforce and in various sectors of production.

While important events and meetings regarding the 25-year review of the implementation of the Beijing Declaration and Platform for Action (Beijing+25 review) such as the 64th session of Commission on the Status of Women and the Generation Equality Forum have been postponed by the pandemic, the Committee calls for concrete actions based on the commitments acknowledged therein as they remain even more valid than ever before, with a sharper focus on the explicit implementation of the articles of the CEDAW Convention.

The world health crisis is a test for governance, leadership and democratic institutions everywhere, for keeping national and international commitments, and adhering to the principles of gender equality, non-discrimination, solidarity, both nationally and internationally. The Committee is fully conscious that no State institution and no leader can do it alone. This is the time for joint action.

In addition, the Committee calls for the conceptualization of support models for stimulating local action in a bottom-up mode based on the strategic

premise that in such a global crisis, every local group and individual action counts.

Because of pre-existing gender inequalities, deep-rooted discrimination and feminized poverty, the multifaceted consequences of the current crisis have impacted women more than men, while at the same time placing increased responsibilities on women's shoulders. This disparity requires that governments and international organizations embrace the need for stronger national machineries for the advancement of women with standardized infrastructure for efficiency and effectiveness in the pursuit of global gender policy frameworks and targets. In addition, there is a need to increase support to civil society actors in order to reach all segments of the population and address aspects of the daily lives of women and girls to ensure they receive adequate support.

The actions needed for women's empowerment are numerous. The Committee is engaged in the elaboration of the "CEDAW Knowledge Hub" initiative to make its expertise on women's rights available in creative ways, adapted to the current restrictions on movement and slow-down of the economic and social lives. As the duration, reach and impact of the restrictions occasioned by the pandemic cannot be predicted, the first area of joint action CEDAW calls for is the use of modern technology in, more efficient, accessible, inclusive, gender-sensitive and widespread ways.

To this end, the Committee is finalizing a prototype of peer-to-peer learning webinars, in collaboration with Religions for Peace and other partners to explore how various faith communities can scale up collaboration around the diverse challenges posed by COVID-19 with a human rights-based approach with respect to women and girls. These webinars will use the [#Faith4Rights toolkit](#)⁶ as a resource. The key areas of these online webinars include gender-based violence against women, individual behaviours related to COVID-19, home schooling, working from home, creative modes of local solidarity and responding to discrimination against women in various aspects of public policies. There will be specific focus on young women working in the fields of education, media, technology and women faith actors.

To achieve this, the Committee will also rely on its jurisprudence, which recognizes that education for gender equality and empowerment of women and girls is the most sustainable way to ultimately achieve the objectives of non-discrimination and equality of women and men.⁷

The Committee supports the appeal of UN Secretary-General António Guterres for a global ceasefire as well as his special appeal to religious leaders of all faiths to focus on the common battle to defeat COVID-19.⁸ The Committee also appreciates the statement of 19 March 2020 by Religions for Peace on the Coronavirus Crisis,⁹ stressing the responsibility of faith actors to

⁶ <https://www.ohchr.org/Documents/Press/faith4rights-toolkit.pdf>

⁷ General recommendation No. 36 (2017) on the right of girls and women to education

⁸ <https://www.un.org/sg/en/content/sg/press-encounter/2020-03-23/transcript-of-the-secretary-generals-virtual-press-encounter-the-appeal-for-global-ceasefire> and <https://www.un.org/sg/en/content/sg/statement/2020-04-11/the-secretary-generals-special-appeal-religious-leaders>

⁹ <https://rfp.org/statement-by-religions-for-peace-on-coronavirus-crisis/>

translate ethical values into concrete actions and offering substantive ideas for learning, teaching, preaching and designing community development projects.

Media reports have shown that incidents of discrimination against women and girls and domestic and gender-based violence have risen due to domestic tensions resulting from confinement, often in poor housing conditions, pressure of accompanying children during home schooling and job losses by women and men. The Committee also fears that restrictions imposed due to the health threats could fuel nationalism, populism, xenophobia as well as compounded and multiple discrimination against women belonging to minority groups of all kinds in particular women at the bottom of the economic ladder. Self-confinement can ultimately lead to nationalistic tendencies and opposition to multilateralism. These tendencies pose serious obstacles to the implementation of international human rights standards, including the CEDAW Convention, and may seriously undermine gender equality. Governments have the primary responsibility for steering their countries out of the crisis. Along with civil society and women's rights organizations, they must be very vigilant and push back any such threat.

At the intergovernmental level, the Committee is concerned that health challenges, economic and budgetary restrictions, border closures and limitations of movement may hamper international solidarity, international cooperation and development aid at a time when they are needed the most, particularly by women and girls. Such trends may deepen poverty and inequalities, notably in countries without robust supporting systems. States should be aware of these risks and honour their duty of international assistance and co-operation.

States should also regularly assess and monitor the gendered consequences and impact of the pandemic, collect and analyze data, and plan to sustain and further promote gender equality also for the period after the health crisis. This is part of their obligations under the CEDAW Convention and requires a fit-for purpose national apparatus and robust gender infrastructure.

The efficient functioning of national machineries for the advancement of women and related gender equality mechanisms and national human rights institutions, are often fragile, under-skilled, under-funded, lacking appropriate architecture, authority or regulatory powers for effective oversight, surveillance or impact monitoring. They are further hampered in their mandates during crises. States have to engage and sustain these mechanisms and develop them further during and after the COVID-19 crisis. States should neither undermine, sideline nor reduce financial resources for gender equality but, conversely, use the opportunity to overhaul their operations, plan and effect further investments in this area. These steps will be essential for ensuring gender equality and empowerment of women and women's leadership and integral participation in decision-making in the period of "convalescence" of societies.

The Committee holds the strong opinion that these unprecedented times are also an opportunity for change guided by the principle of "Leave no one behind" of the Sustainable Development Goals, recognizing that women and national machineries for the advancement of women are central to response and recovery strategies. National human rights institutions, the UN System,

the UN human rights treaty bodies and special procedures may join forces in order to show a way forward for both States and civil society actors. The CEDAW Knowledge Hub initiative, with its imminent webinars about women rights, will be the signature contribution of CEDAW to a new thinking and joint action. The Committee invites all relevant stakeholders, including the private sector, to join in this initiative and hopes that it will lay the foundations, in collaboration with other relevant stakeholders, for a positive and enabling post COVID-19 environment that actualizes the principal lessons of the virus: no one is safe unless all are safe.

The Committee calls on States to strive for grasping this moment in human history as an opportunity to adopt transformative strategies based on women's empowerment and leadership, especially in the area of digital technologies and artificial intelligence. Ultimately, States should emerge from the COVID-19 crisis with increased solidarity, by adhering to human rights norms, promoting inclusive governance, social justice and peace.

CCPR - Human Rights Committee - Statement on derogations from the Covenant in connection with the COVID-19 pandemic, CCPR/C/128/2 (24 April 2020)

1. A number of States parties to the International Covenant on Civil and Political Rights have notified in recent weeks the Secretary General of the UN pursuant to article 4 of the Covenant about emergency measures they have taken or are planning to take with a view to curb the spread of the Coronavirus pandemic (COVID-19), in derogation from their Covenant obligations. It has been brought, however, to the attention of the Committee that several other States parties have resorted to emergency measures in response to COVID-19 in a manner seriously affecting the implementation of their obligations under the Covenant, without formally submitting a notification of derogation from the Covenant. The Committee calls on all State parties which have taken emergency measures in connection with the COVID-19 pandemic that derogate from Covenant obligations, to comply without delay with their duty to provide immediate notification to the Secretary General of the UN, if they have not done so yet.

2. The Committee is of the view that in the face of the COVID-19 pandemic, States parties must take effective measures to protect the right to life and health of all individuals within their territory and all those subject to their jurisdiction, and it recognizes that such measures may result in certain circumstances in restrictions on the enjoyment of individual rights guaranteed by the Covenant. Furthermore, the Committee acknowledges that States parties confronting the threat of widespread contagion may resort, on a temporary basis, to exceptional emergency powers and invoke their right of derogation from the Covenant under article 4, provided this is required to protect the life of the nation. Still, the Committee wishes to remind States parties of the requirements and conditions laid down in article 4 of the Covenant and explained in the Committee's General Comments, most notably in General Comment 29 on States of Emergency (2001), which provides guidance on the following aspects of derogations: (1) official proclamation of a state of emergency; (2) formal notification to the Secretary General of the UN; (3) strict necessity and proportionality of any derogating measure taken; (4) conformity of measures taken with other international obligations; (5) non-discrimination; and (6) the prohibition on derogating from certain non-derogable rights. In particular, States parties must observe the following requirements and conditions when exercising emergency powers in connection with the COVID-19 pandemic:

(a) Where measures derogating from the obligations of States parties under the Covenant are taken, the provisions derogated from and the reasons for the derogation must be communicated immediately to the other States parties through the Secretary-General of the UN. Notifications by States parties need to include full information about the derogating measures taken and a clear explanation of the reasons for taking them, with complete documentation of any laws adopted. Additional notifications are required if the State party subsequently takes further measures under article 4, for instance by extending the duration of a state of emergency. The requirement of immediate notification applies equally to the termination of the derogation. The Committee considers the implementation of the obligation

of immediate notification essential for the discharge of its functions, as well for the monitoring of the situation by other States parties and other stakeholders.

(b) Derogating measures can deviate from the obligations set out by the Covenant only to the extent strictly required by the exigencies of the public health situation. Their predominant objective must be the restoration of a state of normalcy, where full respect for the Covenant can again be secured. Derogations must be limited, as much as possible, in respect of their duration, geographical coverage and material scope, and all measures taken, including sanctions imposed in connection with them, must be proportional in nature. Where possible, and with a view of the need to protect the life and health of others, States parties should replace COVID-19-related measures that prohibit activities relevant to the enjoyment of rights under the Covenant with less restrictive measures that allow such activities to take place, while subjecting them to necessary public health requirements such as physical distancing.

(c) States parties should not derogate from Covenant rights or rely on a derogation made when they can attain their public health or other public policy objectives through invoking the possibility to restrict certain rights, such as article 12 (freedom of movement), article 19 (freedom of expression) or article 21 (the right to peaceful assembly), in conformity with the provisions for such restrictions set out in the Covenant, or through invoking the possibility of introducing reasonable limitations on certain rights, such as article 9 (right to personal liberty) and article 17 (right to privacy), in accordance with their provisions.

(d) States parties cannot resort to emergency powers or implement derogating measures in a manner that is discriminatory, or which violates other obligations they have undertaken under international law, including under other international human rights treaties from which no derogation is allowed. Nor can States parties deviate from the non-derogable provisions of the Covenant - i.e., article 6 (right to life), article 7 (prohibition of torture or cruel, inhuman or degrading punishment, or of medical or scientific experimentation without consent), article 8, paragraphs 1 and 2 (prohibition of slavery, slave-trade and servitude), article 11 (prohibition of imprisonment because of inability to fulfil a contractual obligation), article 15 (the principle of legality in the field of criminal law), article 16 (the recognition of everyone as a person before the law), and article 18 (freedom of thought, conscience and religion) - or from other rights which are essential for upholding the non-derogable rights found in the aforementioned provisions and for ensuring respect for the rule of law and the principle of legality even in times of public emergency, including the right of access to court, due process guarantees and the right of victims to obtain an effective remedy.

(e) In addition, States parties cannot derogate from their duty to treat all persons, including persons deprived of their liberty, with humanity and respect for their human dignity, and they must pay special attention to the adequacy of health conditions and health services in places of incarceration, as well as to the rights of individuals in situations of confinement, and to the aggravated threat of domestic violence arising in such situations. Nor can States parties tolerate, even in situations of emergency, the advocacy of national, racial or religious hatred that would constitute incitement to

discrimination, hostility or violence, and they must take steps to ensure that public discourse in connection with the COVID-19 pandemic does not constitute advocacy and incitement against specific marginalized or vulnerable groups, including minorities and foreign nationals.

(f) Freedom of expression, access to information and a civic space where a public debate can be held constitute important safeguards for ensuring that States parties resorting to emergency powers in connection with the COVID-19 pandemic comply with their obligations under the Covenant.

Press releases

Chairs of treaty bodies - UN Human Rights Treaty Bodies call for human rights approach in fighting COVID-19 (24 March 2020)

GENEVA (24 March 2020) – The Chairpersons of the 10 UN Treaty Bodies* on Tuesday urged global leaders to ensure that human rights are respected in government measures to tackle the public health threat posed by the COVID-19 pandemic.

“Only by including all people in COVID-19 strategies can the pandemic be combatted,” said Hilary Gbedemah, Chair of the Committee on the Elimination of Discrimination against Women and current head of the group that brings together the respective committee chairs.

The 10 experts called on States to adopt measures to protect the rights to life and health, and to ensure access to health care to all who need it, without discrimination. They urged governments to take extra care of those particularly vulnerable to the effects of COVID-19, including older people, people with disabilities, minorities, indigenous peoples, refugees, asylum seekers and migrants, people deprived of their liberty, homeless people, and those living in poverty. They also stressed that women are at a disproportionately high risk because in many societies they are the main caregivers for sick family members.

“No one should be denied health care because of stigma, or because they belong to a group that might be marginalized,” said Gbedemah. “States need to provide targeted support – including financial, social and fiscal - to those particularly affected, such as those without health insurance or social security.”

Targeted support should also extend to other rights. In countries practising comprehensive restrictions on movement, governments should use all means available, including distance learning, to continue access to education, particularly for children and adolescents. Students with disabilities should also have equal access to the same education opportunities. States should also ensure provision of essential goods and services to the most vulnerable so that no one is left behind.

The Chairs warned that fear and uncertainty from this pandemic could lead to scapegoating and prejudice. “States must take active steps to ensure a sense of solidarity prevails, including through protection against racism and xenophobia or the growth of unbridled nationalism,” said Gbedemah.

A growing number of States have imposed strict controls that affect human rights, such as limitations on freedom of movement and restrictions on peaceful assemblies and privacy.

“These controls must be undertaken pursuant to a valid legal framework. In countries that declare a state of emergency, such a declaration must be

exceptional and temporary, strictly necessary and justified due to a threat to the life of the nation,” Gbedemah said.

“A state of emergency, or any other security measures, should be guided by human rights principles and should not, in any circumstances, be an excuse to quash dissent,” she added.

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**The ten United Nations human rights treaties are legally binding treaties, adopted by the UN General Assembly and ratified by States. The ten treaty bodies, or Committees, are the [UN Human Rights Committee](#), [the Committee on Economic, Social and Cultural Rights](#), [the Committee on the Elimination of Racial Discrimination](#), [the Committee on the Rights of Persons with Disabilities](#), [the Committee on the Rights of the Child](#), [the Committee on the Elimination of Discrimination against Women](#), [the Committee Against Torture](#) and its [Subcommittee on Prevention of Torture](#), [the Committee on Enforced Disappearances](#) and the [Committee on Migrant Workers](#).*

Each Committee has been established through a treaty and is made up of elected independent experts who seek to ensure that States parties fulfil their legal obligations under that legal document. This system of independent scrutiny of the conduct of States by independent experts is a key element of the United Nations human rights system, supported by secretariats in the Office of the High Commissioner for Human Rights.

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CESCR - COVID-19: UN Experts call for international solidarity to alleviate financial burdens of developing countries and the most vulnerable - Statement of the Committee on Economic, Social and Cultural Rights (7 April 2020)

GENEVA (7 April 2020) – In a statement released today, the UN Committee on Economic, Social and Cultural Rights has called on global leaders to work in solidarity to relieve financial burden of developing countries through international financial institutions, and to safeguard jobs and wages, as well as secure food and medical supplies for the most vulnerable.

‘Now is a time when international solidarity is crucial to decisively combat the COVID-19 pandemic’ said Mr. Renato Zerbini Ribeiro Leão, Chair of the Committee. ‘Particularly as the virus spreads to developing countries and countries with weaker health systems, countries should cooperate regionally and internationally to confront this global problem together’.

‘States should seriously consider lifting economic sanctions to avoid weakening health care systems and obstructing much needed medical equipment and supplies’ said Mr. Renato Zerbini Ribeiro Leão. ‘States should also use their voting powers in international financial institutions to alleviate the financial burden of developing countries to combat the pandemic, including through provision of debt relief. International cooperation can also take the form of financial and technical assistance to promote economic, social and cultural rights, particularly of the most vulnerable’

States parties to the International Covenant on Economic, Social and Cultural Rights have to cooperate with other States to complement national programmes to promote economic, social and cultural rights. International cooperation can occur bilaterally or multilaterally, through the UN and through international financial institutions, to mitigate the impact of the pandemic on most at-risk persons, including older persons, persons with disabilities, migrant workers, refugees and conflict-affected populations, minorities and indigenous peoples.

In its statement, the Committee identified targeted measures needed to protect economic, social and cultural rights, including provision of water, soap and sanitizer to communities lacking such access; targeted protection of jobs, wages and benefits to workers; protection of workers from the risk of contagion; mitigation of the economic impact of COVID-19, including through wage subsidization and tax relief; a moratorium on evictions or mortgage bond foreclosures; prohibit profiteering on essential products; and promotion of income support and other relief to ensure food and income security.

While many of these measures have to take place at the national level, international cooperation, in the form of financial and technical assistance, can do much to support and guide such measures, particularly for poorer and less-prepared countries.

‘The Committee will monitor the actions of States over the coming months and years, including measures taken nationally and internationally in response to the COVID-19 pandemic’, said Mr. Zerbini Rebiero Leão in closing.

Read the Committee's full statement at:
(<https://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx>).

* *Committee on Economic, Social and Cultural Rights is a body of 18 independent experts established by ECOSOC to monitor the implementation of the International Covenant on Economic, Social and Cultural Rights.*

** *Mr. Renato Zerbini Ribeiro Leão is the Chair of the [Committee on Economic, Social and Cultural Rights](#) since 2019, and is a Committee Member since 2011. Mr. Zerbini Ribeiro Leão is the holder of a PhD in International Law and International Relations from the Universidad Autónoma de Madrid, has published extensively on matters relating to economic, social and cultural rights and is currently Professor at the University Center of Brasilia.*

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CEDAW - Raising women's voices and leadership in COVID-19 policies (22 April 2020)

GENEVA (22 April 2020) – The UN Women's rights committee calls on governments and multilateral institutions to ensure women's equal representation in formulating responses to COVID-19 and strategies to recover from the crisis.

The UN [Committee on the Elimination of Discrimination against Women](#) (CEDAW) has issued detailed guidance on a range of measures that governments should take to uphold women's rights as they respond to the COVID-19 pandemic.

The guidance emphasizes that COVID-19 response and post-crisis recovery plans should promote women's economic empowerment and address gender inequalities in employment and social protection systems. Moreover, governments must ensure women's equal and meaningful participation in the formulation of such plans and in decision-making.

"We welcome the leadership shown by many women leaders in the present crisis in ensuring effective measures to protect their populations," said Committee Chair Hilary Gbedemah. "The Committee would like to hear more women's voices in rebuilding the economy and society after the pandemic," Gbedemah added.

Other measures in the guidance include addressing women's increased health risks as primary caregivers for children and sick family members by ensuring early detection and treatment of COVID-19; providing confidential access to sexual and reproductive health services through easy-to-access procedures such as online prescriptions for contraceptives; ensuring continuous education through accessible educational tools; and facilitating access to protection orders and safe shelters for women and girls who are victims or at risk of gender-based violence.

"Because of pre-existing gender inequalities and deep-rooted discrimination, the consequences of the current crisis have affected women in a disproportionate manner, while at the same time placing increased responsibilities on women's shoulders at home, in the health workforce and in other sectors," said Gbedemah. "Media reports have shown that incidents of gender-based violence against women and girls have risen due to domestic tensions resulting from confinement, pressure of home schooling and job losses."

"The Committee also fears that the restrictive measures can lead to compounded and multiple discrimination against women belonging to disadvantaged and marginalized groups," said Gbedemah.

The Committee further recommends targeted strategies for governments to mitigate the devastating impact of the COVID-19 pandemic on older women, women and girls with disabilities, migrant, refugee and internally displaced women, indigenous women and girls and those belonging to minorities, women in detention, as well as lesbian, bisexual and transgender women.

“In their response to the crisis, States parties to the Convention on the Elimination of All Forms of Discrimination against Women must be guided by its principles of non-discrimination and gender equality, as well as by the principle of ‘Leave no one behind’ of the Sustainable Development Goals,” Gbedemah said.

The Committee’s full guidance is available [online](#).

The Committee has also issued a statement calling for joint action in times of COVID-19. Read the statement [here](#).

ENDS

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Background:

The [Committee on the Elimination of Discrimination against Women](#) monitors States parties’ adherence to the [Convention on the Elimination of All Forms of Discrimination against Women](#), which to date has [189](#) States parties. The Committee is made up of [23 members](#) who are independent human rights experts drawn from around the world, who serve in their personal capacity and not as representatives of States parties. [Learn more with our videos on the Treaty Body system and on the Human Rights Committee.](#)

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