Human Rights Dimensions of COVID-19 Response

On March 11, 2020, the World Health Organization (WHO) declared that an outbreak of the viral disease COVID-19 – first identified in December 2019 in Wuhan, China – had reached the level of a global pandemic. Citing concerns with "the alarming levels of spread and severity," the WHO called for governments to take urgent and aggressive action to stop the spread of the virus.

International human rights law guarantees everyone the right to the highest attainable standard of health and obligates governments to take steps to prevent threats to public health and to provide medical care to those who need it. Human rights law also recognizes that in the context of serious public health threats and public emergencies threatening the life of the nation, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective.

The scale and severity of the COVID-19 pandemic clearly rises to the level of a public health threat that could justify restrictions on certain rights, such as those that result from the imposition of quarantine or isolation limiting freedom of movement. At the same time, careful attention to human rights such as non-discrimination and human rights principles such as transparency and respect for human dignity can foster an effective response amidst the turmoil and disruption that inevitably results in times of crisis and limit the harms that can come from the imposition of overly broad measures that do not meet the above criteria.

This document provides an overview of human rights concerns posed by the coronavirus outbreak, drawing on examples of government responses to date, and recommends ways governments and other actors can respect human rights in their response.

COVID-19

COVID-19 is an infectious disease caused by a new coronavirus first identified in December 2019. Coronaviruses are a family of viruses known to cause respiratory infections. There is no vaccine yet to prevent COVID-19, and no specific treatment for it, other than managing the symptoms.

By mid-March 2020, more than 150 countries had reported cases of COVID-19, and the WHO reported there were more than 200,000 cases worldwide. More than 7,000 people had died and the numbers were continuing to rise at an alarming rate.

Applicable International Standards

Under the International Covenant on Economic, Social and Cultural Rights, which most countries have adopted, everyone has the right to "the highest attainable standard of physical and mental health." Governments are obligated to take effective steps for the "prevention, treatment and control of epidemic, endemic, occupational and other diseases."

The United Nations Committee on Economic, Social and Cultural Rights, which monitors state compliance with the covenant, has stated that:

> The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement. These and other rights and freedoms address integral components of the right to health.

The right to health provides that health facilities, goods, and services should be:

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- available in sufficient quantity,
- accessible to everyone without discrimination, and affordable for all, even marginalized groups;
- acceptable, meaning respectful of medical ethics and culturally appropriate; and
- scientifically and medically appropriate and of good quality.

The Siracusa Principles, adopted by the UN Economic and Social Council in 1984, and UN Human Rights Committee general comments on states of emergency and freedom of movement provide authoritative guidance on government responses that restrict human rights for reasons of public health or national emergency. Any measures taken to protect the population that limit people's rights and freedoms must be lawful, necessary, and proportionate. States of emergency need to be limited in duration and any curtailment of rights needs to take into consideration the disproportionate impact on specific populations or marginalized groups.

On March 16, 2020, a group of UN human rights experts said that "emergency declarations based on the COVID-19 outbreak should not be used as a basis to target particular groups, minorities, or individuals. It should not function as a cover for repressive action under the guise of protecting health... and should not be used simply to quash dissent."

The Siracusa Principles specifically state that restrictions should, at a minimum, be:

- provided for and carried out in accordance with the law;
- directed toward a legitimate objective of general interest;
- strictly necessary in a democratic society to achieve the objective;
- the least intrusive and restrictive available to reach the objective;
- based on scientific evidence and neither arbitrary nor discriminatory in application; and
- of limited duration, respectful of human dignity, and subject to review.

Human Rights Concerns

Protect freedom of expression and ensure access to critical information

Under international human rights law, governments have an obligation to protect the right to freedom of expression, including the right to seek, receive, and impart information of all kinds, regardless of frontiers. Permissible restrictions on freedom of expression for reasons of public health, noted above, may not put in jeopardy the right itself.

Governments are responsible for providing information necessary for the protection and promotion of rights, including the right to health. The Committee on Economic, Social and Cultural

Rights regards as a "core obligation" providing "education and access to information concerning the main health problems in the community, including methods of preventing and controlling them." A rights-respecting response to COVID-19 needs to ensure that accurate and up-to-date information about the virus, access to services, service disruptions, and other aspects of the response to the outbreak is readily available and accessible to all.

In a number of countries, governments have failed to uphold the right to freedom of expression, taking actions against journalists and healthcare workers. This ultimately limited effective communication about the onset of the disease and undermined trust in government actions:

China's government initially withheld basic information about the coronavirus from the public, underreported cases of infection, downplayed the severity of the infection, and dismissed the likelihood of transmission between humans. Authorities detained people for reporting on the epidemic on social media and internet users for "rumor-mongering," censored online discussions of the epidemic, and curbed media reporting. In early January, Li Wenliang, a doctor at a hospital in Wuhan where infected patients were being treated, was summoned by police for "spreading rumors" after he warned of the new virus in an online chatroom. He died in early February from the virus.

In Iran, the outbreak emerged after authorities had severely damaged public trust by brutally repressing widespread anti-government protests and lying about shooting down a civilian airliner. As a result, Iranian authorities have struggled to assure the public that government decision-making around the COVID-19 outbreak has been in the public's best interests. The unusually high rate of reported cases of government officials contracting the virus, as well as the inconsistency in figures announced by officials and domestic media sources, have heightened concerns that the data is either being deliberately underreported or poorly collected and analyzed.

In Thailand, whistleblowers in the public health sector and online journalists have faced retaliatory lawsuits and intimidation from authorities after they criticized government responses to the outbreak, raised concerns about a possible cover-up, and reported alleged corruption related to the hoarding and profiteering of surgical masks and other supplies. Some medical personnel were also threatened with disciplinary action – including termination of employment contracts and revocation of their licenses – for speaking out about the severe shortage of essential supplies in hospitals across the country.

A few countries prioritized open communication and transparent reporting on the number of cases:

Taiwan took swift steps to combat the virus, including promptly making credible information [widely available to the public](). Daily press briefings by health officials and public service announcements aim to counter misinformation and have helped to calm panic, restore public confidence, and encourage people's assistance in the crisis.

Singapore's government [published]() and regularly updated detailed statistics on the number and rate of infections and recoveries.

South Korea's government also [published health data]() and health officials gave two daily briefings to establish public confidence and promote citizen vigilance.

In **Italy,** inconsistent messages from public officials, including for domestic political reasons, may initially have diluted the impact of public service announcements about proper hygiene and social distancing. The government has held daily news conferences to share data and implemented an aggressive public campaign about better practices to protect oneself and others from spreading the virus.

Recommendations:

Governments should fully respect the rights to freedom of expression and access to information, and only restrict them as international standards permit.

Governments should ensure that the information they provide to the public regarding COVID-19 is accurate, timely, and consistent with human rights principles. This is important for addressing false and misleading information.

All information about COVID-19 should be accessible and available in multiple languages, including for those with low or no literacy. This should include qualified sign language interpretation for televised announcements, as Taiwan has done; websites that are accessible to people with vision, hearing, learning, and other disabilities; and telephone-based services that have text capabilities for people who are deaf or hard of hearing. Communications should utilize plain language to maximize understanding. Age appropriate information should be provided to children to help them take steps to protect themselves.

Health data is particularly sensitive, and the publication of information online can pose a significant risk to affected persons and in particular people who are already in positions of vulnerability or marginalization in society. Rights-based legal safeguards should govern the appropriate use and handling of personal health data.

Reliable and unfettered access to the internet should be maintained and steps should be taken to ensure internet access be available to people with low incomes. The US Federal Communications Commission's "Keep Americans Connected" pledge commits participating companies not to terminate service to customers who are unable to pay their bills due to the disruptions caused by the coronavirus pandemic, to waive any late fees, and to open Wi-Fi hotspots to any American who needs them. Further steps could be taken to lift data caps, upgrade speeds, and eliminate eligibility requirements for any low-income targeted plans during the pandemic.

Ensure quarantines, lockdowns, and travel bans comply with rights norms

International human rights law, notably the International Covenant on Civil and Political Rights (ICCPR), requires that restrictions on rights for reasons of public health or national emergency be lawful, necessary, and proportionate. Restrictions such as mandatory quarantine or isolation of symptomatic people must, at a minimum, be carried out in accordance with the law. They must be strictly necessary to achieve a legitimate objective, based on scientific evidence, proportionate to achieve that objective, neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, and subject to review.

Broad quarantines and lockdowns of indeterminate length rarely meet these criteria and are often imposed precipitously, without ensuring the protection of those under quarantine – especially at-risk populations. Because such quarantines and lockdowns are difficult to impose and enforce uniformly, they are often arbitrary or discriminatory in application.

Freedom of movement under international human rights law protects, in principle, the right of everyone to leave any country, to enter their own country of nationality, and the right of everyone lawfully in a country to move freely in the whole territory of the country. Restrictions on these rights can only be imposed when lawful, for a legitimate purpose, and when the restrictions are proportionate, including in considering their impact. Travel bans and restrictions on freedom of movement may not be discriminatory nor have the effect of denying people the right to seek asylum or of violating the absolute ban on being returned to where they face persecution or torture.

Governments have broad authority under international law to ban visitors and migrants from other countries. However, domestic and international travel bans historically have often had limited effectiveness in preventing transmission, and may in fact accelerate disease spread if people flee from quarantine zones prior to their imposition.

In China, the government imposed an overly broad quarantine with little respect for rights:

In mid-January, authorities in **China** quarantined close to 60 million people in two days in an effort to limit transmission from the city of Wuhan in Hubei province, where the virus was first reported, even though by the time the quarantine started, [5 million of Wuhan's 11 million residents had left the city](). Many [residents in cities under quarantine expressed difficulties]() obtaining medical care and other life necessities, and [chilling stories]() have emerged of [deaths and illnesses](): A boy with [cerebral palsy died]() because no one took care of him after his father was taken to be quarantined. A [woman with leukemia died]() after being turned away by several hospitals because of concerns about cross-infection. A mother desperately [pleaded]() to the police to let her daughter with leukemia through a checkpoint at a bridge to get chemotherapy. A man with kidney disease [jumped to his death]() from his apartment balcony after he couldn't get access to health facilities for dialysis. Authorities have also reportedly used various intrusive containment measures: [barricading shut]() the doors of suspected infected families with metal poles, [arresting people]() for refusing to wear masks, and [flying drones]() with loudspeakers to scold people who went outside without masks. The authorities did little to combat discrimination against people from Wuhan or Hubei province who traveled elsewhere in China.

In **Italy** the government has [imposed a lockdown]() but with greater protections for individual rights. The Italian government adopted progressively restrictive measures since the first major outbreak of COVID-19 cases in the country in late February. Authorities initially placed ten towns in Lombardy and one in Veneto under strict quarantine, prohibiting residents from leaving the areas. At the same time, they closed schools in affected regions. Citing a surge in cases and an increasingly unsustainable burden on the public healthcare system, the government on March 8 imposed a [slew of new measures on much of the country's north]()that put in place much more severe restrictions on movement and basic freedoms. The next day, the measures were [applied across the country](). Further measures imposed included restrictions on travel except for essential work or health reasons (upon self-certification), closure of all cultural centers (cinemas, museums), and cancellation of sports events and public gatherings. On March 11 the government closed all bars, restaurants, and stores except food markets and pharmacies (and a few other exceptions) across the country. People who disobey the travel restrictions without a valid reason can be fined up to 206 euros and face a three-month prison term. All schools and universities were closed throughout the country. People have been allowed out to shop for essential items, exercise, work (if unable to perform work from home), and for health reasons (including care for a sick relative).

Other governments, such as those in South Korea, Hong Kong, Taiwan, and Singapore have responded to the outbreak without enacting sweeping restrictions on personal liberty, but have reduced the number of travelers from other countries with significant outbreaks. [In **South Korea**](), the government adopted proactive and ramped-up testing for COVID-19. It focused on identifying infection hotspots, conducting a large number of tests on at-risk people without charge,

disinfecting streets in areas with high numbers of infections, setting up drive-through testing centers, and promoting social distancing. In Hong Kong, there have been concerted efforts to promote social distancing, handwashing, and mask-wearing. **Taiwan** proactively identified patients who sought health care for symptoms of respiratory illness and had some tested for COVID-19. It also set up a system that alerts the authorities based on travel history and symptoms during clinical visits to aid in case identification and monitoring. **Singapore** adopted a contact-tracing program for those confirmed to have the virus, among other measures. However, the government's decision to deport four foreign workers for violating a mandatory 14-day leave of absence from work and ban them from working in the country raises concern of disproportionate penalties.

Recommendations:

Governments should avoid sweeping and overly broad restrictions on movement and personal liberty, and only move towards mandatory restrictions when scientifically warranted and necessary and when mechanisms for support of those affected can be ensured. A letter from more than 800 public health and legal experts in the US stated, "Voluntary self-isolation measures [combined with education, widespread screening, and universal access to treatment] are more likely to induce cooperation and protect public trust than coercive measures and are more likely to prevent attempts to avoid contact with the healthcare system."

When quarantines or lockdowns are imposed, governments are obligated to ensure access to food, water, health care, and care-giving support. Many older people and people with disabilities rely on uninterrupted home and community services and support. Ensuring continuity of these services and operations means that public agencies, community organizations, health care providers, and other essential service providers are able to continue performing essential functions to meet the needs of older people and people with disabilities. Government strategies should minimize disruption in services and develop contingent sources of comparable services. Disruption of community-based services can result in the institutionalization of persons with disabilities and older people, which can lead to negative health outcomes, including death, as discussed below.

Protect people in custody and in institutions

COVID-19, like other infectious diseases, poses a higher risk to populations that live in close proximity to each other. And it disproportionately affects older people and individuals with underlying illnesses such as cardiovascular disease, diabetes, chronic respiratory disease, and hypertension. Eighty percent of the people who have died of COVID-19 in China were over the age of 60.

This risk is particularly acute in places of detention, such as prisons, jails, and immigration detention centers, as well as residential institutions for people with disabilities and nursing facilities for older people, where the virus can spread rapidly, especially if access to health care is already poor. States have an obligation to ensure medical care for those in their custody at least equivalent to that available to the general population, and must not deny or limit detainees, including asylum seekers or undocumented migrants, equal access to preventive, curative or palliative health care. Asylum seekers, refugees living in camps, and people experiencing homelessness may also be at increased risk because of their lack of access to adequate water and hygiene facilities.

In nursing facilities and other settings with large numbers of older people, visitor policies should balance the protection of older and at-risk residents with their need for family and connection. The US Department of Veterans Affairs announced a "no visitors" policy at its 134 nursing homes around the country in response to the risk of COVID-19. While the risk to older people is serious, blanket policies do not take into account public health guidance or the needs of older people.

People in prisons, jails, and immigration detention centers frequently do not receive adequate health care under normal circumstances, even in economically developed countries. Severely substandard health care has contributed to recent deaths of immigrants in the custody of US Immigration and Customs Enforcement. Populations in custody often include older people and people with serious chronic health conditions, meaning they are at greater risk for illness from COVID-19.

Many people in US jails have not been convicted of a crime but are locked up simply because they cannot afford to pay the bail set in their case. Older men and women are the fastest growing group in US prisons due to lengthy sentences, and prison officials already have difficulty providing them appropriate medical care. As a response, in one county in the US state of Ohio, the courts expedited review of people in jail, releasing some and transferring others to prisons. The American Civil Liberties Union has filed a lawsuit that seeks to challenge ongoing immigrant detention in the context of the virus.

Prisoners in Iran have reportedly tested positive for the coronavirus, including in Evin prison in Tehran and in the cities of Euromieh and Rasht. In an open letter in February, families of 25 prisoners detained for peaceful activism sought their at least temporary release amid the outbreak and lack of sufficient prison medical care. In March, the Iranian judiciary reportedly temporarily released about 85,000 prisoners for the Persian New Year (Nowruz), a substantially greater number than normal for the holiday, apparently because of health concerns surrounding the coronavirus outbreak. However, dozens of human rights defenders and others held on vaguely defined national security crimes remained in prison.

On March 12, **Bahrain's** King Hamad bin Isa Al-Khalifa reportedly pardoned 901 detainees "for humanitarian reasons, in the backdrop of the current circumstances," likely in reference to the coronavirus outbreak. The Ministry of Interior announced that another 585 detainees would be released and granted non-custodial sentences.

In **Italy,** prisoners in over 40 prisons have protested over fears of contagion in overcrowded facilities and against bans on family visits and supervised release during the coronavirus pandemic. In response, authorities have authorized for the first time the use of email and Skype for contact between prisoners and their families and for educational purposes and announced a plan to release and place under house arrest prisoners with less than 18 months on their sentence. The main prisoner rights organization in Italy, Antigone, estimated this could benefit at most 3,000 prisoners, while the penitentiary system is at around 14,000 over capacity. The organization called for broader measures to ensure the release of a greater number of detainees, including in particular older detainees and those with at-risk health profiles, among other measures. Civil society organizations have also called for alternatives to detention for all people currently detained in immigration detention centers in Italy due to the increased risk of infection and no prospect for deportation.

Recommendations:

Government agencies with authority over people housed in prisons, jails, and immigration detention centers should consider reducing their populations through appropriate supervised or early release of low-risk category of detainees including for example, those whose scheduled release may be soon, those who are in pre-trial detention for non-violent and lesser offenses, or whose continued detention is similarly unnecessary or not justified. Detained individuals at high risk of suffering serious effects from the virus, such as older people and people with underlying health conditions, should also be considered for similar release with regard to whether the detention facility has the capacity to protect their health, including guaranteed access to treatment, and taking into consideration factors such as the gravity of the crime committed and time served.

If safe and legal deportations are suspended due to the virus, the legal justification for detaining people pending deportation may no longer exist. In these cases, authorities should release detainees and institute alternatives to detention.

Authorities that operate prisons, jails, and immigration detention centers should publicly disclose their plans of action to reduce the risk of coronavirus infection in their facilities and the steps they will take to contain the infection and protect prisoners, prison staff, and visitors, if cases of the virus or exposure to it are present. Persons in any form of detention have the same right to health

as the non-incarcerated population and are entitled to the same standards of prevention and treatment. The detained population and the general population have a compelling interest to know in advance what plans authorities have put in place for handling COVID-19.

Authorities should take steps to ensure they are appropriately coordinating with public health departments and communicating openly with staff and people in custody. They should also screen and test for COVID-19 according to the most recent recommendations of health authorities. They should provide appropriate hygiene training and supplies and ensure that all areas susceptible to harboring the virus and accessible to prisoners, prison staff, and visitors, are disinfected regularly, consistent with accepted best practices. They should develop plans for housing people exposed to or infected with the virus. They should ensure that individuals released or put on supervised leave have access to appropriate accommodations and health care. Any plans for lockdowns or isolation should be limited in scope and duration based on the best science available, and they should not be or seem punitive, as fear of being placed in lockdowns or isolation could delay people notifying medical staff if they experience symptoms of infection. Detention centers should consider alternative strategies such as video conferencing for individuals to be able to connect with family or legal counsel.

Governments seeking to contain the spread of the virus should evaluate and modify as necessary during the time of the outbreak measures used to enforce immigration laws, including court hearings and check-ins with authorities as alternatives to detention. Authorities should provide public notice that there will be no negative repercussions for missed court dates or check-ins during the time of the outbreak. Authorities should stop arbitrary detentions of migrants, seek alternatives to detention for people currently in immigration detention, and opt for release where possible, particularly for those in high-risk categories if infected and for people who are being held with no prospect for imminent, safe, and legal deportation.

In the absence of adequate state support, the United Nations and other inter-governmental agencies should urgently press for access to formal and informal detention facilities to provide detainees with life-saving assistance.

Governments housing refugees and asylum seekers should ensure their response to COVID-19 includes prevention and treatment measures, with particular attention to measures to alleviate overcrowding in detention centers and camps, improve sanitation and access to health care, and resort to time-bound quarantines and isolation only as necessary.

Ensure protection of health workers

As part of the right to health, the ICESCR provides that governments should create conditions that "would assure to all medical service and medical attention in the event of sickness." Governments have an obligation to minimize the risk of occupational accidents and diseases including by ensuring workers have health information and adequate protective clothing and equipment. This means providing health workers and others involved in the COVID-19 response with appropriate training in infection control and with appropriate protective gear.

Combatting the spread of COVID-19 requires that health facilities have adequate water, sanitation, hygiene, healthcare waste management, and cleaning. A 2019 baseline report by WHO and the UN Children's Fund (UNICEF) found that "[a]n estimated 896 million people use health care facilities with no water service and 1.5 billion use facilities with no sanitation service."

Human Rights Watch research into hospital-acquired infections in **Hungary** suggests the nation's mismanaged, underfunded, and understaffed public healthcare system is poorly equipped to handle a COVID-19 outbreak. Patients and medical experts described a lack of basic hygiene protocol, lack of isolation rooms, and a shortage of health professionals, doctors and nurses, and medical supplies in general. One doctor said it was nearly impossible to get essential items like disinfectant and respirator masks, which are critical to protect against viruses.

In **Venezuela**, Human Rights Watch has documented a health system in utter collapse. Hospitals have closed or are operating at a fraction of their capacity, many without regular access to electricity or water. Vaccine-preventable diseases such as measles and diphtheria have returned long before the pandemic hit.

Broad sanctions imposed by the US on **Iran** have drastically constrained the ability of the country to finance humanitarian imports, including medicines. This has caused serious hardships for ordinary Iranians. Concerned governments should support Iran's efforts to combat the COVID-19, including by providing access to medical devices and testing kits.

In **Thailand**, public health capacity has been diminished by corruption. Medical personnel lack surgical masks and local supplies have been diverted and shipped to China and other markets in part due to corruption.

The Health Ministry in **Egypt** in February sent doctors and medical teams to a quarantine facility without informing them that their transfer was part of the COVID-19 response or of the risks entailed. Medical staff said they were "tricked" into the assignment.

In **Lebanon,** the spokesperson for the country's medical supply importers told Human Rights Watch that the country had run out of gloves, masks, gowns, and other supplies necessary to deal with the coronavirus outbreak due to the financial crisis that had prevented them from importing needed goods. She added that medical supply importers have brought in just US$10 million of the $120 million in goods they have sought since October and nearly all transactions have been frozen since February due to the country's ongoing economic crisis. The head of the Syndicate of Private Hospitals said that the government owes private hospitals more than $1.3 billion, compromising their ability to pay staff and purchase medical equipment. Yet the Lebanese government has not put in place any measures to address the economic crisis threatening access to medical care, medicine, and medical equipment.

Recommendations:

Governments should take measures so that health care is available to all, accessible without discrimination, affordable, respectful of medical ethics, culturally appropriate, and of good quality.

Governments should ensure that health workers have access to appropriate protective equipment and that social protection programs are in place for the families of workers who die or become ill as a result of their work, and ensure such programs include informal workers, who represent a [large share of the caregiving sector](#).

In past epidemics, fear of exposure has led to [attacks on health workers](#). Governments should monitor for such attacks to deter them, and ensure that they can quickly, adequately, and appropriately respond if attacks occur.

Fulfill the right to education—even if schools are temporarily closed

[Many countries have closed schools](#) since the COVID-19 outbreak, disrupting the learning and education of hundreds of millions of students. In times of crises, schools provide children with [a sense of stability and normalcy](#) and ensure children have a routine and are emotionally supported to cope with a changing situation. Schools also provide important spaces for children and their families to learn about hygiene, appropriate handwashing techniques, and coping with situations that will break routines. Without access to schools, this prime responsibility falls on parents, guardians, and caregivers. When schools are closed, government agencies should step in to [provide clear and accurate public health information through appropriate media.](#)

To ensure education systems respond adequately, UNESCO has [recommended](#) that states "adopt a variety of hi-tech, low-tech and no tech solutions to assure the continuity of learning." In many countries, teachers already use online learning platforms to complement normal contact hours in

classrooms for homework, classroom exercises, and research, and many students have access to technological equipment at home. However, not all countries, communities, families, or social groups have adequate internet access, and many children live in places with frequent government-led internet shutdowns.

Recommendations:

Online learning should be used to mitigate the immediate impact of lost normal school time. Schools deploying educational technology for online learning should ensure the tools protect child rights and privacy. Governments should attempt to recover missed in-person class time once schools reopen.

Governments should adopt measures to mitigate the disproportionate effects on children who already experience barriers to education, or who are marginalized for various reasons – including girls, those with disabilities, those affected by their location, their family situation, and other inequalities. Governments should focus on adopting strategies that support all students through closures – for example, monitoring students most at risk and ensuring students receive printed or online materials on time, with particular attention provided to students with disabilities who may require adapted, accessible material.

Governments should adopt mitigation strategies, for example by working with teachers, school officials, and teachers' unions and associations to factor in plans to recover teaching or contact hours lost, adjusting school calendars and exam schedules, and ensuring fair compensation for teachers and school personnel who are working additional hours.

In countries with high numbers of out-of-school children, school closures may jeopardize efforts to increase school enrollments and retention, particularly at the secondary level. Governments should place additional measures to monitor compliance with compulsory education – and ensure government education officials monitor school returns once schools reopen. Education officials should focus attention on areas with high incidence of child labor or child marriage and ensure all children return to school. Officials should also ensure that schools with refugee students adopt outreach measures to ensure refugee children return to school, including by working with refugee parent groups and community leaders.

Sudden school closures may also leave low-income families struggling to make ends meet and provide necessities. Governments should guarantee continued meal provision during school closures for children in low-income families who will miss subsidized meals.

Address disproportionate impacts on women and girls

Outbreaks of disease often have gendered impacts. Human Rights Watch found that the 2014 Ebola virus disease outbreak and the 2015-2016 outbreak of the mosquito-borne Zika virus in Brazil had particularly harmful impacts on women and girls and reinforced longstanding gender inequity. News reports and public health analysis suggest that COVID-19 is disproportionately affecting women in a number of ways.

Though risks specific to pregnant women exposed to COVID-19 are not yet clear, the outbreak could negatively affect sexual and reproductive health and rights. Overloaded health systems, reallocation of resources, shortages of medical supplies, and disruptions of global supply chains could harm women's access to contraception and pre- and post-natal and birth care. Although the risk of infection through breastfeeding is not known, the UN Population Fund has recommended that breastfeeding mothers who become ill should not be separated from their infants. Past epidemics, such as the Ebola outbreak in Sierra Leone, have impacted the availability of routine prenatal and maternity care, leaving women more at risk to preventable maternal deaths or morbidities.

In China, press reports suggest an increase in domestic violence under quarantine. Crises – and lockdowns – can trigger greater incidence of domestic violence for reasons including increased stress, cramped and difficult living conditions, and breakdowns in community support mechanisms. Crises can often further limit women's ability to get away from abuse, and place victims in an environment without appropriate access to services, such as safe shelter away from abusers and accountability for abuse.

Women globally do almost 2.5 times as much unpaid care and domestic work as men, and they are more likely than men to face additional care giving responsibilities when schools close, making it harder to maintain paid employment. Japan responded to the potential for a disproportionate impact on families with young children by offering to offset costs to businesses for workers taking paid leave to care for children during school closures, though the amount offered was low. Italy was considering measures to mitigate the effects of the lockdown on families with children. These could include emergency paid parental leave or vouchers for families with children up to 12 years old (or children with disabilities without any age limit) who need to pay for childcare amid the prolonged school closures.

Up to 95 percent of female workers in some regions work in the informal sector where there is no job security, and no safety net if a crisis like COVID-19 destroys their earnings. Informal work includes many occupations most likely to be harmed by a quarantine, social distancing, and economic slowdown, such as street vendors, goods traders, and seasonal workers. Women are

also overrepresented in service industries that have been among the hardest [hit](#) by the response to COVID-19.

Worldwide, 70 percent of [health and social service providers are women](#) – meaning women are at the front lines of containing the spread of COVID-19 and may be heavily exposed to the virus through work in the health sector. Fear in communities about the exposure that health workers face may lead women in this sector to be shunned or face stigma, adding an extra burden to the challenge of trying to protect their and their families' health. This may manifest itself, for example, in trying to access or secure childcare while they work on the front lines.

Some female care workers are migrant domestic workers. They can be vulnerable to abusive employment conditions in normal times, and are at heightened [risk](#) of abuse, losing employment, being frontline caregivers without adequate protections, and of being trapped and unable to reach their homes during a crisis. They may also face [barriers](#) to protecting their own health.

Moves toward telecommuting – for school and work – as a means of social distancing can disproportionately harm women and girls. Women are up to [31 percent](#) less likely to have internet access than men in some countries, and worldwide about [327 million](#) fewer women than men have a smartphone. Even when women have access to the internet, gender disparities may make them less able to use it for reasons including cost, socialization, and family pressures. When multiple members of a household need access to limited computing resources within the home, gender inequality may mean women and girls have less access.

Recommendations:

Authorities should take steps to mitigate gendered impacts and ensure that responses do not perpetuate gender inequity.

When education is moved online, governments and education providers should monitor participation and retention of students in online courses for a gendered impact and respond quickly with strategies to retain and reengage women and girls if their participation falls off. They should also address the particular risks of job losses to women who may take on additional caregiving during school closures.

Measures designed to assist workers affected by the pandemic should ensure the assistance of workers in informal work and service industries, who are predominantly women.

Governments should ensure public awareness campaigns address how victims of domestic violence can access services, and should ensure that services are available to all victims of

domestic violence, including those living in areas under movement restrictions or under quarantine and those infected with COVID-19.

Governments should support frontline health and social service care workers with the recognition that these workers are mostly women. Support should include consideration of their needs as caregivers within their own families and the impact of stigma on them and their families.

Both source and destination countries for migrant domestic workers should adopt special measures to locate and assist migrant domestic workers to prevent abusive labor conditions and provide assistance relating to managing COVID-19.

Governments and international bodies should closely monitor the impact of COVID-19 on pregnant women and act to mitigate the impact of the pandemic on the right of women and girls to access sexual and reproductive health services.

Root out discrimination and stigma, protect patient confidentiality

During previous public health crises, people with infection or disease and their families have often faced discrimination and stigma. For example, Human Rights Watch found that people living with HIV in Kenya, South Africa, the Philippines, and the US faced discrimination and stigma due to their HIV status and have been prevented from accessing health care, getting jobs, and attending school. Public health research has shown that survivors of Ebola in West Africa have faced harmful stigma that, in some cases, has led to eviction, loss of employment, abandonment, violence, and other consequences.

Since the coronavirus outbreak, news reports from a number of countries have documented bias, racism, xenophobia, and discrimination against people of Asian descent. Incidents include physical attacks and beatings, violent bullying in schools, angry threats, discrimination at school or in workplaces, and the use of derogatory language in news reports and on social media platforms, among others. Since January, media have reported alarming incidents of hate crimes in the United Kingdom, the US, Spain, and Italy, among other countries, targeting people of Asian descent, apparently linked to COVID-19. Senior US government officials, including President Donald Trump, have stoked anti-Chinese sentiment by referring to the coronavirus as the "Chinese Virus," and in one incident reported by a White House correspondent, the "Kung Flu." Anti-immigrant leaders like Victor Orban in Hungary and Matteo Salvini in Italy have seized on the pandemic to stoke xenophobic sentiment.

South Korean authorities believe 63 percent of the then more than 7,300 confirmed cases in the country attended services held by the Shincheonji Church of Jesus in the city of Daegu or had

contact with attendees. In a [statement](), the church reported "4,000 cases of injustice" against congregants since the outbreak, including "termination of employment, workplace bullying, domestic persecution, labeling, and slandering," and said [the church was being blamed]() as "the main culprit of the COVID-19 outbreak."

[Reporting by the BBC]() in South Korea found that public health alerts around the virus may not have adequately protected the privacy of individuals with the virus.

Governments should take swift action to protect from attack individuals and communities who may be targeted as bearing responsibility for COVID-19, thoroughly investigate all reported incidents, and hold perpetrators accountable.

Governments should ensure that response measures to COVID-19 do not target or discriminate against particular religious or ethnic groups, and that responses are inclusive of and respect the rights of marginalized groups, including people with disabilities and older people. Governments should ensure equal access to emergency services to people with disabilities and older people.

Governments should work to combat stigma and discrimination by training health workers on COVID-19, using mass media and school networks to expand public awareness of human rights, and recognizing that the virus knows no boundaries and recognizes no distinctions of race, ethnicity, religion, or nationality.

Governments should ensure that patient confidentiality is protected even as authorities take steps to identify those who may have been exposed to the virus.

Ensure marginalized populations can access health care without discrimination

The UN high commissioner for human rights, Michelle Bachelet, a pediatrician by training, [has said]() that "[t]o effectively combat the outbreak means ensuring everyone has access to treatment, and is not denied health care because they cannot pay for it or because of stigma."

In many countries, lesbian, gay, bisexual, and transgender (LGBT) people face discrimination in accessing health care. Human Rights Watch has documented health care discrimination based on sexual orientation and gender identity in countries including the [US](), [Tanzania](), [Japan](), [Indonesia](), [Bangladesh](), [Russia](), and [Lebanon](). This discrimination can affect access to HIV testing and treatment as well as care for other chronic diseases that can make LGBT people particularly at risk of suffering serious illness or death as a result of COVID-19.

Governments should ensure that all healthcare services related to COVID-19 are provided without stigma and discrimination of any kind, including on the grounds of sexual orientation and gender identity, and should make clear through public messaging campaigns that everyone has the right to access health care.

Governments should take steps to create firewalls between healthcare providers and undocumented migrants to reassure vulnerable populations that they do not risk reprisal or deportation if they access lifesaving care, especially in the context of seeking testing or treatment for COVID-19.

Governments should also ensure that financial barriers do not prevent people from accessing testing, preventative care, and treatment for COVID-19. In the US, 28 million people do not have medical insurance and nearly a third of the country have difficulty affording payments for treatment even though they are insured. Many people in the US report avoiding medical care or buying prescription medication because of cost, resulting in their condition worsening. In an epidemic, avoidance of medical care not only harms those with the illness but also could lead to increased spread of coronavirus.

All governments have an obligation to ensure that a serious public health crisis does not also become a human rights crisis because people are unable to access adequate medical care. Governments need to take steps to ensure everyone has affordable and accessible medical care and treatment options.

Protect community and civil society organizations

In many countries, civil society organizations are doing critical work to support efforts to stem the spread of the virus and ensure that those with COVID-19 – or those living in isolation or under quarantine – have access to needed protection, care, and social services. Governments should protect and support civil society organizations doing this work, as well as those reporting on the impacts of the outbreak.

During the 2014 Ebola outbreak in West Africa, nongovernmental groups, local newspapers, and community radio played a key role in public health education.

In Hong Kong, ordinary people have organized themselves to create and distribute masks and hand sanitizers to the most vulnerable to fill policy gaps. But the Chinese government has long maintained a stranglehold on nongovernmental organizations and some groups are struggling with reduced funding during the outbreak.

In **Italy,** authorities have subjected nongovernment sea rescue organizations assisting migrants and asylum seekers to quarantines at dock despite crew members and passengers testing negative for the virus. In a context in which civilian rescue missions have been consistently undermined, blocked, and even criminalized, potentially unnecessary quarantines might be used to deter rescue at sea.

Governments should not exploit the coronavirus pandemic to criminalize or obstruct the work of civil society organizations.

Promote the rights to water and sanitation

The [rights to water](#) and to sanitation are part of the right to an [adequate standard of living](#). The UN Committee on Economic, Social and Cultural Rights has reaffirmed that the rights to water and sanitation are an essential component of the right to an adequate standard of living, and "integrally related, among other Covenant rights, to the right to health."

Billions of people around the world do not have access to safe drinking water. Yet, as the WHO [has noted](#) the provision of safe water, sanitation, and hygienic conditions is essential to protecting human health during the COVID-19 outbreak. Prevention of human-to-human transmission of the COVID-19 virus may be supported by promotion of the rights to water and sanitation, and supporting water and wastewater infrastructure and technicians to ensure good and consistently applied water, sanitation, and hygiene (WASH) and waste management practices in communities, homes, schools, marketplaces, and healthcare facilities. More research [is needed](#) to understand the risk of contaminated drinking water, environmental transmission, and how to ensure wastewater operators are trained and supported throughout the crisis.

Lack of potable water and sanitation at home, school, or in healthcare settings will make preventative measures difficult. In some cases, without adequate water and sanitation these settings themselves may be a locus for the spread of the disease.

[Venezuela's](#) healthcare infrastructure is so weak that the most basic recommendation – handwashing – is difficult even for healthcare providers, who work under difficult conditions. The Venezuelan doctors and nurses Human Rights Watch interviewed over the past few months said that soap and disinfectants were virtually nonexistent in their clinics and hospitals. As inflation has risen and salaries have been devalued, it has become impossible for them to bring in their own supplies. Public hospitals in Caracas, the capital, are also suffering regular water shortages. In remote hospitals, the shortages have lasted weeks to months. Patients and personnel have been required to bring their own water for drinking and sometimes for flushing toilets.

Governments should immediately suspend any water shutoffs for failure to pay. Discontinuing water services for failure to pay in any context is incompatible with human rights and can be particularly harmful in the context of public health crises like the COVID-19 pandemic.

Ensure humanitarian aid continues

According to the United Nations, a number of the many countries affected by COVID-19 are already facing crises due to conflicts, natural disasters, or climate change. Many people in those crisis-hit countries rely on humanitarian aid to survive.

Governments should ensure that support for vital humanitarian operations carried out by the UN and other aid agencies does not suffer as a result of COVID-19.

Target economic relief to assist low-wage workers

Governments should take policy measures to buffer the economic impacts of COVID-19, which will affect lower-wage workers first and hardest. Social distancing, quarantine, and the closure of businesses may have enormous economic consequences. The most vulnerable people are low-wage workers in low-income households. Governments should create mechanisms so that workers affected by COVID-19 do not suffer loss of income that might deter them from self-isolating to contain the spread of the virus.

Public health experts recommend that companies encourage employees to work from home to prevent the virus from spreading. But remote work is not an option for millions of workers in fields like retail, restaurants, personal services, the gig economy, and informal sectors. In these fields, employment situations are more precarious, wages tend to be lower, and in some countries workers have low rates of paid sick leave. Particularly in countries such as the US, where low pay may combine with lack of access to sick leave and healthcare coverage, these workers will need assistance.

Human Rights Watch has long urged governments to guarantee paid sick and family leave to enable workers to take time off to care for new children or ill or older family members or to deal with their own serious health conditions without losing pay. In the context of COVID-19 and other disease outbreaks, paid sick and family leave helps ensure workers who are sick – or those with sick family members – can stay home to minimize the spread of the virus.

Many governments guarantee some paid sick leave to all workers. Others – most notably the US among developed economies – do not. Low-wage earners, service workers, informal workers, and workers in the gig economy are among those least likely to have paid sick leave. The lack of paid

sick and family leave means disease outbreaks like COVID-19 place an undue burden on poor and marginalized workers and exacerbate economic inequality and also contribute to gender inequity. To support families during the outbreak, sick and family leave should cover self-isolation and caregiving responsibilities during school and care facility closures.

Global supply chains have already been disrupted by COVID-19, which has led to reduced manufacturing and factory closures. There is a risk that workers in jobs linked to the global economy will be forced to work part-time for less income or lose their jobs altogether.

One option is direct cash payments to compensate some lost working hours, as was provided by the US government during the 2008 recession. Low-wage workers need protection against the consequences of being let go by employers when they cannot work due to their sickness or the sickness of family members. Without assistance, these workers may face intense economic hardship, fall behind on debt payments, and risk eviction. Simple one-off cash grants to families whose children receive free school meals or who are in receipt of specific family-related social security assistance could also help mitigate impacts on already-struggling families who now in addition to loss of income could face extra burdens, for example, due to school closures. European countries, including Italy, France, and Spain, are considering or already adopted special financial measures to support workers, low-income families, and small businesses.

Unconditional tax cuts for employers and employee-side payroll tax cuts are often poorly targeted and may not reach those most in need. For example, expanded social insurance programs like unemployment may permit workers to stay on payroll and be paid when they cannot work because of a COVID-19 downturn.

What is Human Rights Watch doing?

Follow our reporting on the impacts of COVID-19 at: https://www.hrw.org/tag/coronavirus.