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RESPONSES TO COVID-19 AND STATES' HUMAN RIGHTS OBLIGATIONS: PRELIMINARY OBSERVATIONS

TABLE OF CONTENTS

Introduction

Preventing People's Exposure to COVID-19

- Quarantines

- Travel Bans and Restrictions

- Access to Information, Transparency and Censorship

- Preventive Care, Goods and Services

- States of Emergency

Access to Care for People Affected

- Accessibility and Affordability of Care

- Particular and Disproportionate Impact on Certain Groups

- Social Security and Workers' Rights

- Preventing Stigma and Discrimination

- Protecting Health Workers

International Cooperation and Assistance

Long-Term Recovery and Follow Up

All governments and other actors involved in and affected by the COVID-19 outbreak must ensure that international human rights law and standards are at the centre of all responses to COVID-19, in order to best protect public health and support people who are most at risk of adverse impacts. This paper (1) examines the human rights concerns and challenges that often emerge as states respond to epidemics – with specific reference to state responses to COVID-19 – across different phases of the response, and (2) summarizes states' human rights obligations and the key human rights laws, standards and principles that must be reflected in these responses. It addresses the human rights concerns at stake when states impose preventive measures to protect public health, such as quarantines and travel bans; as well as states' obligations to ensure access to preventive care, goods and services; accessible and affordable care; guarantee social security and workers' rights; prevent stigma and discrimination; and protect health workers. It further discusses states' obligations around providing international cooperation and assistance and supporting long-term recovery and follow up.

INTRODUCTION

At the time of publication of this paper, there had been 113,702 confirmed cases of COVID-19, and over 4,000 deaths across more than 100 countries on all inhabited continents.¹ The WHO has designated the disease a pandemic.² This is a challenging time for countries trying to respond to the spread of the virus, inter-governmental and non-governmental actors supporting their efforts, and most of all for the people and health care workers in affected countries who have faced, or risk, exposure to COVID-19.

Human rights must be at the centre of all prevention, preparedness, containment and treatment efforts from the start, in order to best protect public health and support the groups and people who are most at risk. However, many of the measures to contain the spread of COVID-19 appear to have been proposed and implemented without full consideration of potential consequences for the enjoyment of all human rights by all, whether infected, at risk, or part of the wider population. States' obligations include the guarantee of civil, cultural, economic, political and social rights, in accordance with the principle of interdependence and indivisibility of human rights. Full respect for human rights is essential at all stages of the crisis and should not be seen as a luxury that can only be afforded once the threat for public health has been minimized. People affected by a public health emergency, including those displaced as a result of the events, remain entitled to the full and effective protection of human rights law. In particular, those infected or potentially exposed do not lose the rights of the population at large.

Furthermore, certain groups of people, such as older people and people with pre-existing medical conditions, appear to be at greater risk of severe illness and death if exposed to COVID-19. Others, including people living in poverty and those who don't have access to adequate water and safe sanitation, may face additional barriers in being able to adequately protect themselves against the virus. In designing responses to COVID-19, states should be conscious of this particular impact of the virus on specific groups of people and ensure that their needs and experiences are fully accounted for in plans and strategies.

The right to health is contained in several international human rights treaties, and most countries in the world have ratified at least one treaty that requires them to respect, protect and fulfil aspects of the right to health. The most prominent of these is the International Covenant on Economic, Social and Cultural Rights (ICESCR), which in Article 12 guarantees "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", including steps to be taken necessary for the "prevention, treatment and control of epidemic, endemic, occupational and other diseases". The Committee on Economic, Social and Cultural Rights (CESCR) – the UN body tasked with monitoring implementation of the ICESCR – has spelled out in detail states' duties flowing from this right, in particular in its General Comment 14.³ As per the Committee, "Measures to prevent, treat and control epidemic and endemic diseases" are "obligations of comparable priority" to core obligations (or "the minimum, essential levels") of the right to health. The Committee has stated that a state party cannot, under any circumstances justify its non-compliance with its core obligations, "which are non-derogable".⁴

PREVENTING PEOPLE'S EXPOSURE TO COVID-19

QUARANTINES

Quarantines (the separation of people who may have been exposed to or are showing symptoms of an infectious disease) are commonly used as a response to control the spread of infectious diseases, including in countries' responses to COVID-19. Reports indicate that quarantines of varying degrees are in place today, including some that affect entire cities and regions.⁵ Quarantines impact individuals' freedom of movement and, depending on how they are implemented, can

¹ As of 10 March 2020. See, for example: KFF, *Global Health Policy Tracker*, www.kff.org/global-health-policy/fact-sheet/coronavirus-tracker/. See also WHO, *Coronavirus disease (COVID-2019) Situation Reports*, www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

² WHO, *WHO characterizes COVID-19 as a pandemic*, 11 March 2020, www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen

³ Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/2000/4 (2000) (hereinafter: CESCR General Comment 14).

⁴ CESCR General Comment 14, paras 43, 44 and 47. Paragraph 47 states that the "core obligations" in paragraph 43 are non-derogable. As per the Committee in paragraph 44, states' responsibilities towards the obligations listed in paragraphs 43 and 44 are "of comparable priority", and therefore treated equivalently.

⁵ Business Insider, *China's unprecedented quarantine of 11 million people in Wuhan is 3 weeks old. Here's what it's like in the isolated city*, 15 February 2020, www.businessinsider.com/wuhan-coronavirus-what-life-like-inside-quarantined-city-china-2020-2?r=US&IR=T; BBC News, *Coronavirus: Quarantined inside Italy's red zone*, www.bbc.co.uk/news/world-europe-51651099; Al Jazeera, *Coronavirus: Japan gov't defends handling of ship quarantine*, www.aljazeera.com/news/2020/02/coronavirus-japan-govt-defends-handling-ship-quarantine-200220111441912.html

also amount to arbitrary deprivation of liberty. There have also been reports of people facing additional barriers to exercising their human rights because they are in quarantine, including accessing basic necessities such as food, hygiene supplies and health care, and experiencing adverse impacts on their jobs and salaries because they cannot go to work.⁶ Quarantines have other human rights impacts as well: they may disproportionately affect people living in poverty, because they may not have sufficient resources to buy health, food and other supplies. They may also have limited savings to last through a period of unpaid leave. Quarantines are only permissible under international human rights law in limited circumstances.

According to the UN International Covenant on Civil and Political Rights (ICCPR), restrictions may be imposed on the freedom of movement, if they are provided by law, and necessary to protect certain specified legitimate aims, one of which is public health, and “are consistent with the other rights recognized in the [ICCPR].”⁷ The Siracusa Principles on the Limitation and Derogation of Provisions in the ICCPR (“Siracusa Principles”), an expert interpretation of the ICCPR, provide further guidance on when and how restrictions to human rights may be implemented.⁸ These include the following: (i) No limitation on a right recognized by the ICCPR shall be discriminatory; (ii) any limitations must respond to a pressing public or social need, pursue a legitimate aim, and be proportional to that aim;⁹ (iii) states should use no more restrictive means than are required for the achievement of the purpose of the limitation; (iv) the burden of justifying a limitation upon a right guaranteed under the ICCPR lies with the state; and (v) every limitation imposed shall be subject to the possibility of challenge to and remedy against its abusive application.¹⁰ In the context of limitations on rights to protect public health, the Siracusa Principles reiterate that these “measures must be specifically aimed at preventing disease or injury or providing care for the sick and injured”.¹¹

The Committee on Economic, Social and Cultural Rights’ General Comment 14 provides further guidance on this issue, stating that any restrictions and limitations on the grounds of public health “must be in accordance with the law, including international human rights standards, compatible with the nature of the rights protected by the Covenant, in the interest of legitimate aims pursued, and strictly necessary for the promotion of the general welfare in a democratic society”.¹² They should be of limited duration, subject to review, and the least restrictive alternative must be adopted where several types of limitations are available.¹³ Where quarantine and isolation measures are being implemented, they should be done in a safe and respectful manner, and mindful of the risks to the full enjoyment of human rights they pose. In order to enhance public trust and cooperation, respect affected people’s right to dignity and give them as much control as possible over their lives, any measures restricting freedom of movement should be voluntary wherever possible. If it is necessary to impose a quarantine system, the government nonetheless has an obligation to provide and carry it out in accordance to relevant international human right standards, in particular to ensure humane conditions for those subjected to such measures, and to install an effective monitoring and review system. The rights of those under quarantine should be respected and protected, and people’s basic needs should be met, including adequate shelter, food, water and sanitation.

⁶ CNN, *Healthy Wuhan residents say they were forced into mass coronavirus quarantine, risking infection*, 24 February 2020, edition.cnn.com/2020/02/22/asia/china-coronavirus-roundup-intl-hnk/index.html

⁷ Article 12(3), ICCPR.

⁸ Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights, UN Doc. E/CN.4/1984/4 (1984) (hereinafter: Siracusa Principles). The Human Rights Committee (HRC or Committee) has issued further guidance around the validity of restrictions on Rights under the ICCPR within General Comments, which emphasize the duty on states to justify any limitations, and the requirements that any such measures are provided by law, necessary, proportionate and subject to review. For example, in relation to the right to liberty and security of person, Article 9 of the ICCPR, the Committee has emphasized that it applies to involuntary hospitalization, and states parties have the burden to demonstrate that “any detention does not last longer than absolutely necessary, that the overall length of possible detention is limited and that they fully respect the guarantees provided for by article 9 in all cases.” Reasons for the detention must be given to the detainee, who should be provided with access to independent legal advice and the detention must be subject to impartial judicial review, Human Rights Committee, General Comment No. 35, Article 9 (Liberty and security of person) 2014, UN Doc. CCPR/C/GC/35 (2014), para. 15. In relation to the right to freedom of opinion and expression, Article 19 of the ICCPR, the HRC has stressed that any limitation related to public health must be necessary, proportionate and “must not be overbroad”; Human Rights Committee, General Comment No. 34, Article 19: Freedoms of opinion and expression (2011), UN Doc. CCPR/C/GC/34, para. 34. Any restrictions on Freedom of Movement based on public health grounds must similarly be “provided by law, must be necessary in a democratic society for the protection of these purposes and must be consistent with all other rights recognized in the Covenant”, they must also be non-discriminatory, proportionate and precisely framed; ICCPR General Comment No. 27: Article 12 (Freedom of Movement) (1999), UN Doc. CCPR/C/21/Rev.1/Add.9, paras 11-18.

⁹ CESCR General Comment No. 14, para. 29 states that any limitations “... must be proportional, i.e., the least restrictive alternative must be adopted...” and “...they should be of limited duration and subject to review.”

¹⁰ Siracusa Principles, paras 8-12. The HRC has stressed that “States parties should duly take into account the developments within international law as to human rights standards applicable in emergency situations” citing the Siracusa Principles, ICCPR General Comment No. 29, States of Emergency (Article 4), UN Doc. CCPR/C/21/Rev.1/Add.11 (2001), para. 10.

¹¹ Siracusa Principles, para. 25.

¹² CESCR General Comment 14, para. 28.

¹³ CESCR General Comment 14, para. 29.

These principles must apply to all decisions by states to impose quarantines, and other limitations on the freedom of movement, in response to the spread of COVID-19.

TRAVEL BANS AND RESTRICTIONS

Other state responses – such as travel restrictions and bans – can also impact the right to the freedom of movement, which includes the freedom to leave any country and the right to not be arbitrarily deprived of the right to enter one's own country.¹⁴ Several countries have closed certain borders,¹⁵ or imposed bans on travel to and from areas with high numbers of COVID-19 cases,¹⁶ often impacting people trying to reach their homes and families,¹⁷ conducting their regular business, or accessing education at schools and universities. The World Health Organization (WHO) generally advises against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks, except in limited circumstances, because of the risks of this approach. According to their most recent guidance, “restrictions may interrupt needed aid and technical support, may disrupt businesses, and may have negative social and economic effects on the affected countries”; furthermore, “restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions”.¹⁸

According to the ICCPR, restrictions may be imposed on the freedom of movement, in limited circumstances and subject to specific justifications (see above) if they are provided by law and necessary to protect public health.¹⁹ When imposed, travel restrictions and bans must be consistent with the obligations contained in the ICCPR, as interpreted by the Siracusa Principles described above, including being non-discriminatory, legitimate, necessary and proportionate, that is, be the least restrictive alternative available.

ACCESS TO INFORMATION, TRANSPARENCY AND CENSORSHIP

Article 19 of the ICCPR protects the freedom to “seek, receive and impart information and ideas of all kinds”, and this right can only be subject to restrictions in limited circumstances, including in the interests of public health. Where this ground is invoked by states, the safeguards contained in the ICCPR and ICESCR, as described above, must apply. Access to health-related information is also a crucial part of the right to health. Providing “education and access to information concerning the main health problems in the community, including methods of preventing and controlling them” is considered an “obligation of comparable priority” to the core obligations of the right to health.²⁰ Information accessibility is a key dimension of the accessibility of health care, and includes the right to “seek, receive and impart information and ideas concerning health issues”.²¹ All affected individuals and communities are entitled to easy, accessible, timely and meaningful information concerning the nature and level of the health threat, the possible measures to be taken to mitigate risks, early warning information of possible future consequences and information on ongoing response efforts. Information should be available in the languages necessary to meet the various needs of those affected, and through media and in formats that can be easily understood and accessed, so that those affected can fully participate and take informed decisions in the response efforts.

In order to effectively contain the spread of the virus, provide medical care for those who need it, and avoid harmful misdirection of resources, trust is essential. But for the public to have that trust, the affected communities need to be contacted in time and have to have access to all relevant and available information to understand the nature of the health crisis. Where possible, this should be done with community participation and through early partnerships with local authorities. Failures to do so can heighten the sense of helplessness, anger and frustration, undermine the public health response, put the health of others at risk, and may constitute human rights violations.²² When states' responses to COVID-19 are based on restrictions of information, a lack of transparency and censorship, they risk undermining the rights mentioned above. They also risk making it harder for people to take adequate actions to protect themselves from

¹⁴ Article 12, ICCPR.

¹⁵ BBC, *Coronavirus: How is Iran responding to the outbreak?*, 2 March 2020, www.bbc.co.uk/news/world-middle-east-51642926

¹⁶ For information about travel restrictions and bans by country, see www.iatatravelcentre.com/international-travel-document-news/1580226297.htm

¹⁷ Channel News Asia, *COVID-19 travel bans trap South Koreans abroad*, 25 February 2020, www.channelnewsasia.com/news/asia/covid-19-coronavirus-travel-bans-trap-south-koreans-abroad-12469894

¹⁸ WHO, *Updated WHO recommendations for international traffic in relation to COVID-19 outbreak*, 29 February 2020, www.who.int/ith/2019-nCoV_advice_for_international_traffic-rev/en/

¹⁹ Article 12(3), ICCPR.

²⁰ CESCR General Comment 14, para. 44.

²¹ CESCR General Comment 14, para. 12(b).

²² WSJ, *As Iran's Leaders Contract Coronavirus, Doubts Emerge Over National Tally*, 28 February 2020, www.wsj.com/articles/as-irans-leaders-contract-coronavirus-doubts-emerge-over-national-tally-11582903223; CNN, *Coronavirus disinformation creates challenges for China's government*, 2 March 2020, edition.cnn.com/2020/03/01/asia/china-coronavirus-truth-rumors-intl-hnk/index.html

infection, and for all stakeholders to obtain a realistic picture and coordinate and take effective action to combat the spread of the virus.

PREVENTIVE CARE, GOODS AND SERVICES

The right to health includes the “prevention, treatment and control of epidemic, endemic, occupational and other diseases”.²³ In the context of a spreading epidemic, this includes the obligation on states to ensure that preventive care, goods, services and information is available and accessible to all persons. This includes the dissemination of accessible, accurate and evidence-based information about how people can protect themselves, as well as ensuring that any goods necessary to ensure prevention are available and affordable for all persons. There are several reports of shortages of protective goods, such as sanitizer and masks, in some areas.²⁴ A report by a local NGO, the Society for Community Organisation (SoCO), noted that nearly 70% of low-income families in Hong Kong cannot afford to buy protective equipment, including masks and disinfectant.²⁵ States must ensure that these items are accessible and affordable, where their use is recommended. Furthermore, there is a real risk of COVID-19 reaching more countries and regions across the globe: at the time of writing, people in over 100 countries have been exposed to it. Many states may not have the resources or health system capacity to respond effectively to its spread. The right to health includes the obligation to provide international cooperation and assistance (see below). Governments that have the financial and technical capacity to do so must aid states with less resources to prepare for and deal with any outbreak.

STATES OF EMERGENCY

Under exceptional circumstances in terms of a public health emergency, states might need to exercise their emergency powers. If the situation places a threat to the life of the nation (for example if the disease is significantly communicable and of sufficient seriousness – especially high morbidity – or there is risk of further expansion), then the state might be empowered to declare a state of emergency in accordance to international law and standards.²⁶ States of emergency must be limited to the extent strictly required by the exigencies of the situation, “relating to the duration, geographical coverage and material scope, and any measures of derogation resorted to because of the emergency”.²⁷ All relevant safeguards under international law must be adhered to, including the official proclamation of the state of emergency and its international notification with full information about the measures taken and a clear explanation of the reasons for them; that it must be temporary and subject to periodic and genuine review before any extension; and to narrow down any derogations of human rights to those for which this is actually allowed under international law, and strictly necessary in the situation.

ACCESS TO CARE FOR PEOPLE AFFECTED

ACCESSIBILITY AND AFFORDABILITY OF CARE

While vaccines and cures for COVID-19 are still being developed and unlikely to be available in the short term, persons – including those infected, or suspected of being so or having been exposed to the virus – still need access to health care to access tests, and if necessary, supportive care to manage the symptoms and consequences of the virus. A recent study has noted a potential association of COVID-19 related mortality with health-care resource availability.²⁸ In other words, people face more severe health outcomes due to COVID-19 where health care resources are not easily accessible and available.²⁹ In such circumstances, it is also likely that people with lower incomes, in remote areas and from marginalized groups may face greater challenges in accessing the health care they need.

²³ ICESCR, Article 12(2).

²⁴ BBC, *Coronavirus: How is Iran responding to the outbreak?*, 2 March 2020, www.bbc.co.uk/news/world-middle-east-51642926

²⁵ SCMP, *Coronavirus: Hong Kong's low-income families struggling to afford masks and disinfectant, new study claims*, 23 February 2020, www.scmp.com/news/hong-kong/health-environment/article/3051968/coronavirus-hong-kongs-low-income-families

²⁶ Article 4, ICCPR; Article 27, American Convention on Human Rights; Article 15, European Convention on Human Rights. See also Human Rights Committee, *General Comment No. 29 States of Emergency (Article 4)*, UN Doc. CCPR/C/21/Rev.1/Add.11 (2001).

²⁷ Human Rights Committee, *General Comment No. 29 States of Emergency (Article 4)*, UN Doc. CCPR/C/21/Rev.1/Add.11 (2001), para 4.

²⁸ Yunpeng Ji, Zhongren Ma et al., ‘Potential association between COVID-19 mortality and health-care resource availability’, *The Lancet*, 25 February 2020, [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30068-1/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30068-1/fulltext)

²⁹ In general, the WHO has likewise cautioned that the world’s poorest populations are unduly affected by “three of the world’s most fatal communicable diseases – malaria, HIV/AIDS and tuberculosis” noting that “in many cases [diseases] are compounded and exacerbated by other inequalities and inequities including gender, age, sexual orientation or gender identity and migration status.” WHO, *Human rights and health - Fact Sheet*, 29 December 2017, www.who.int/mediacentre/factsheets/fs323/en/

Under the right to health, health care goods, facilities and services – including access to care and any vaccines and cures developed for COVID-19 in the future – should be available in sufficient quantity within the state; accessible to everyone without discrimination; respectful of medical ethics and culturally appropriate; and scientifically and medically appropriate and of good quality.³⁰ To be considered “accessible”, these goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population; within safe physical reach for all sections of the population; and affordable for all. “Accessibility” also includes the accessibility of health-related information.

The right to health includes both physical and mental health. States should ensure that psychosocial support is available for potential mental health consequences of the COVID-19 epidemic and the subsequent containment measures, such as anxiety or depression. People with the virus, including those infected or suspected of being so or having been exposed to it, as well as their families, have the right to be meaningfully consulted and given the opportunity to take charge of their own affairs to the maximum extent possible.

States should also ensure that any vaccines and treatment developed for COVID-19 are affordable and accessible to all persons. They should work with significant stake holders (including pharmaceutical companies) to this end, keeping in the human rights responsibilities of all actors involved.³¹ They should also prioritize and accelerate efforts to ensure that people are able to enjoy their rights to water and sanitation, which are crucial, in particular for effectively preventing exposure to COVID-19.³²

PARTICULAR AND DISPROPORTIONATE IMPACT ON CERTAIN GROUPS

All people can get COVID-19; however, certain groups appear to be at greater risk of severe illness and death. According to the WHO, older people and people with pre-existing medical conditions (such as asthma, diabetes or heart disease) seem to be more vulnerable to becoming severely ill with the virus.³³ While there has been limited information so far on the gendered impact of the COVID-19 epidemic, in previous public health emergencies, women and girls have experienced particular and disproportionate impacts.³⁴ This is often linked to women performing care-giving roles, both in the informal sector and the health and social sector,³⁵ and thus being at higher risk of exposure to illnesses; as well as gender inequality around health seeking and decision making.³⁶ All response efforts should include a gender analysis to ensure that the rights of women, girls and gender non-conforming people are protected and that they receive appropriate support. This analysis should identify potential threats to their health, safety and other human rights, and mitigate these. Their particular needs must be taken into consideration, including by ensuring their access to sexual and reproductive health information, goods and services, for example by ensuring that everyone who needs it has access to menstrual hygiene products and supplies needed by pregnant and breastfeeding women.

Furthermore, some people may face additional barriers in being able to adequately protect themselves against the virus – for example, people living in poverty will find it much harder to access preventive measures, including masks and sanitizer; and people who are homeless will also face significant challenges self-isolating. Similarly, people without access to adequate water and safe sanitation will be more vulnerable to the spread of COVID-19 and will find it harder to take the steps to protect themselves that are being currently advised (such as washing hands frequently). Other people that may be particularly impacted include those who do not have any choice but to live or work in close proximity with others without access to adequate preventive measures, such as in prisons³⁷ or in work environments that pose health risks.

³⁰ CESCR General Comment 14, para 12.

³¹ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines, UN Doc. A/63/263 (2008), www.who.int/medicines/areas/human_rights/A63_263.pdf

³² The rights to water and sanitation have been recognized as being derived from the right to an adequate standard of living (Article 11 of the ICESCR), and therefore implicitly contained in the ICESCR and other instruments; see Amnesty International, *Human Rights for Human Dignity* (Index: POL 34/001/2014), pp. 50-53.

³³ WHO, *Coronavirus disease (COVID-19) advice for the public: Myth busters* (2020), www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

³⁴ UNFPA, *New Ebola outbreak hits women and girls hardest in the Democratic Republic of the Congo*, 10 September 2018, www.unfpa.org/news/new-ebola-outbreak-hits-women-and-girls-hardest-democratic-republic-congo

³⁵ According to research by the WHO, women form 70% of workers in the health and social sector. See, WHO, *Gender equity in the health workforce: Analysis of 104 countries*, Health Workforce Working Paper 1, https://www.who.int/hrh/resources/gender_equity-health_workforce_analysis/en/;

³⁶ Clare Wenham, Julia Smith et al, ‘COVID-19: the gendered impacts of the outbreak’, *The Lancet*, 6 March 2020, [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltextWenham](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltextWenham)

³⁷ See for example: AIUK, *Iran: amid coronavirus fears, Nazanin Zaghari-Ratcliffe should be released unconditionally*, (Press release, 3 March 2020), www.amnesty.org.uk/press-releases/iran-amid-coronavirus-fears-nazanin-zaghari-ratcliffe-should-be-released

People with lower incomes and insecure or informal employment may experience reductions in their income or unemployment due to the growing impacts of the epidemic on some parts of the economy will also be more adversely impacted.³⁸ In designing responses to COVID-19, states should be conscious of this particular impact of the virus on specific groups of people and ensure that their needs and experiences are fully accounted for in plans and strategies.

An increase in COVID-19 cases can also put increased pressure on public health systems, which may adversely impact people who otherwise need regular access to health care – for non-COVID-19 related reasons – including people with chronic health conditions, older persons and people who are pregnant.³⁹ For example, reports have described how pregnant women in China are facing challenges in accessing antenatal care and skilled medical care to give birth because of the diversion of health care staff and resources to the COVID-19 response.⁴⁰ Older people and those with disabilities, even if not directly affected by the virus, often find themselves more isolated, and public health measures introduced in the context of COVID-19 may make access to basic needs even more difficult than before.⁴¹ States should carry out a survey with those in immediate need of assistance to ensure that everyone has access to necessary goods and services. In general, while preparing for and responding to the possible spread of COVID-19, states should account for the impact of this response on the health system and people seeking care for other conditions and mitigate any adverse impact.

SOCIAL SECURITY AND WORKERS' RIGHTS

Several measures that have been introduced with the aim of protecting public health – such as travel bans, quarantines, limitations on public gatherings etc. – can adversely impact people's rights to and at work, with people in insecure forms of labour being disproportionately affected. This includes migrant workers,⁴² people in insecure employment including in the “gig” economy,⁴³ people on lower incomes, irregular migrants and people working in the informal sector. Workers in these sectors often do not get adequate, or any, social security benefits, meaning they lose wages when they are quarantined and have no sick pay. They may also face additional challenges in accessing testing and treatment when they fall ill. States should ensure that all people have access to social security – including sick pay, health care and parental leave – when they are unable to work because of the COVID-19 epidemic.⁴⁴ This includes, for instance, if they are sick, or quarantined, or caring for children because of school closures. In addition to realizing the right to social security, these measures are also essential to support people to effectively adhere to the public health measures states put in place: for example, people are more likely to respect quarantines without adverse consequences to themselves if they have access to adequate social security benefits.

PREVENTING STIGMA AND DISCRIMINATION

As a consequence of the spread of COVID-19, several reports have emerged of discrimination and stigma against people perceived to be from certain countries or ethnicities. For example, Chinese restaurants are reportedly losing business in some countries,⁴⁵ and restaurants and hotels in some countries have turned away Chinese customers.⁴⁶ People who are perceived to be from East Asia have been harassed, subjected to racist abuse, attacked and physically injured in some

³⁸ SCMP, *What about us? Needy in Hong Kong who fall short of mark for HK\$10,000 government handout cry foul*, 26 February 2020, www.scmp.com/news/hong-kong/hong-kong-economy/article/3052526/what-about-us-needy-hong-kong-who-fall-short-mark

³⁹ NPR, *What Happens If You're Critically Ill In China — But Not With Coronavirus*, 25 February 2020, www.npr.org/sections/goatsandsoda/2020/02/25/805712259/what-happens-if-youre-critically-ill-in-china-but-not-with-coronavirus

⁴⁰ New York Times, *'I Felt Like Crying': Coronavirus Shakes China's Expecting Mothers*, 25 February 2020, www.nytimes.com/2020/02/25/business/coronavirus-china-pregnant.html; resources for reproductive and sexual health were diverted to the emergency response, contributing to a rise in maternal mortality in a region with one of the highest rates in the world.

⁴¹ SCMP, *Amid coronavirus outbreak, bigger killers lurk for Hong Kong's elderly living alone – isolation and panic*, 29 February 2020, www.scmp.com/news/hong-kong/health-environment/article/3052694/amid-coronavirus-outbreak-bigger-killers-lurk

⁴² Al Jazeera, *Coronavirus outbreak: What do migrant workers do?*, 5 March 2020, www.aljazeera.com/news/2020/03/coronavirus-outbreak-migrant-workers-do-200305102831177.html

⁴³ See for example: The Guardian, *'If I catch the coronavirus I'm screwed. Gig economy workers can't afford to be ill'*, 7 March 2020, www.theguardian.com/world/2020/mar/07/gig-economy-workers-on-breadline-too-poor-to-stay-at-home-if-they-catch-coronavirus; BBC, *Coronavirus: 'If I become ill I'll have to work'*, 9 March 2020, www.bbc.co.uk/news/business-51800050

⁴⁴ For more details see Committee on Economic, Social and Cultural Rights, General Comment 19, The Right to Social Security (art. 9), UN Doc. E/C.12/GC/19 (2008).

⁴⁵ CNN, *Chinese restaurants are losing business over coronavirus fears*, 18 February 2020, edition.cnn.com/2020/02/18/australia/australia-chinese-restaurants-coronavirus-intl-hnk-scli/index.html

⁴⁶ Bloomberg, *Fear in the Age of Coronavirus: Chinese No Longer Welcome*, 30 January 2020, www.bloomberg.com/news/articles/2020-01-30/fear-in-the-age-of-coronavirus-chinese-no-longer-welcome

countries.⁴⁷ The principles of equality and non-discrimination contained in different human rights instruments⁴⁸ must remain central to all government responses to COVID-19. The right to non-discrimination is an immediate and cross-cutting obligation and applies to the exercise of each and every human right guaranteed under international law. As per CESCR General Comment 20, health status is a prohibited ground of discrimination; states should ensure that a person's actual or perceived health status is not a barrier to realizing the rights under the ICESCR; and states should adopt measures to address the widespread stigmatization of persons on the basis of their (real or perceived) health status, as this can undermine their ability to enjoy their human rights.⁴⁹

Public health bodies have also noted the harmful impacts of such stigma. WHO briefings have further explained how this stigma has adverse public health impacts: it can encourage people to hide the illness to avoid discrimination, prevent people from seeking health care immediately, and disincentivise people from adopting healthy behaviours.⁵⁰ Similarly, the Centers for Disease Prevention and Control in the US has noted: "Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem".⁵¹ States should take concrete, deliberate and targeted measures to address this discrimination and stigma, including implementing strategies, policies and plans of action to address actions by public and private actors, and to protect all individuals from mistreatment.

PROTECTING HEALTH WORKERS

Health workers are at the frontline of this epidemic, continuing to deliver services despite the personal risks to them and their families. The risks they face include contracting COVID-19 while doing their jobs, long working hours, psychological distress and fatigue.⁵² While comprehensive information on the impact of the epidemic on health workers is being assessed, reports indicate that over 3,000 health workers have contracted the virus in China alone.⁵³ There, hospital doctors treating COVID-19 patients have died, including Li Wenliang, the first doctor who spoke out about the nascent health crisis late in 2019, but who was silenced and reprimanded by the Chinese government.⁵⁴

The right to health requires states to "formulate, implement and periodically review a coherent national policy to minimize the risk of occupational accidents and diseases, as well as to provide a coherent national policy on occupational safety and health services",⁵⁵ which includes the working conditions of health workers. Adequate and quality personal protective equipment, information, training and psychosocial support are all necessary to support nurses, doctors and other response staff.⁵⁶ States must also ensure there are mechanisms in place to guarantee support for the families of health workers and others who have died or become ill as a consequence of exposure to COVID-19.

INTERNATIONAL COOPERATION AND ASSISTANCE

Human rights cannot be fully realized without international cooperation and assistance. The vast majority of the world's states have recognized that human rights obligations include the obligation of international cooperation and assistance, including with respect to the right to health.⁵⁷ CESCR General Comment 14 states clearly that "given that some diseases

⁴⁷ Dutchreview, *Coronavirus: Dutch-Chinese woman attacked after asking a group of Dutch boys to stop singing a racist song*, 24 February 2020, dutchreview.com/news/coronavirus-dutch-chinese-woman-attacked-over-racist-song/; SCMP, *Singaporean student in London bashed after responding to racist coronavirus taunts*, 3 March 2020, www.scmp.com/news/asia/southeast-asia/article/3064742/singaporean-student-london-bashed-after-responding-racist; The Guardian, *Doctors and nurses at Melbourne hospital racially abused over coronavirus panic*, 27 February 2020, www.theguardian.com/world/2020/feb/27/doctors-and-nurses-at-melbourne-hospital-racially-abused-over-coronavirus-panic

⁴⁸ Article 1 and 2, Universal Declaration of Human Rights; Article 2, ICESCR; Article 2, ICCPR; Article 2, Convention on the Rights of the Child; Article 2, Convention on the Elimination of all Forms of Discrimination Against Women; Article 2, International Convention on the Elimination of All Forms of Racial Discrimination; Article 1, European Convention on Human Rights; Article 1, American Convention on Human Rights.

⁴⁹ Committee on Economic, Social and Cultural Rights, General Comment 20, Non-discrimination in economic, social and cultural rights (article 2(2) of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/GC/20 (2009), para. 33.

⁵⁰ WHO, *Coronavirus disease 2019 (COVID-19) Situation Report – 35*, 24 February 2020, www.who.int/docs/default-source/coronaviruse/situation-reports/20200224-sitrep-35-covid-19.pdf?sfvrsn=1ac4218d_2

⁵¹ Centers for Disease Control and Prevention, *Stigma and Resilience*, <https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html>

⁵² WHO, *Coronavirus disease (COVID-19) outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health*, www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

⁵³ Business Insider, *Nearly 3,400 Chinese healthcare workers have gotten the coronavirus, and 13 have died*, 5 March 2020, www.businessinsider.com/healthcare-workers-getting-coronavirus-500-infected-2020-2?r=US&IR=T

⁵⁴ Amnesty International, China: *Doctor's death highlights human rights failings in coronavirus outbreak*, (Press release, 7 February 2020), www.amnesty.org/en/latest/news/2020/02/china-doctor-death-highlights-human-rights-failings-in-coronavirus-outbreak

⁵⁵ CESCR General Comment 14, para 36.

⁵⁶ WHO, *Coronavirus disease (COVID-19) outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health*, www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

⁵⁷ CESCR General Comment 14, paras 38 and 45.

are easily transmissible beyond the frontiers of a State, the international community has a collective responsibility to address this problem. The economically developed States parties have a special responsibility and interest to assist the poorer developing states in this regard".⁵⁸

States must provide relevant information to other states and international organizations regarding the extent of the spread of COVID-19 in their jurisdiction, and information about the consequences and information they have about possible treatment. The rapid spread of COVID-19 has raised fears that it may impact several states that do not have the resources necessary to adequately respond to it. At this time, international cooperation and solidarity is crucial. All countries that can respond must do so as swiftly as possible. The response must itself be rights-respecting and should take account of long-term as well as immediate needs, keeping in mind the particular needs of specific, marginalized groups.

The primary duty and responsibility to provide assistance and protection of people threatened by a public health emergency is held by the national authorities of the affected countries. However, the state must seek international assistance if it is needed to address the needs of victims and it must ensure that all national and local authorities facilitate that assistance. Where assistance is provided through an international organization, such as the WHO, states have an obligation to take whatever measures they can to ensure that the policies and decisions by those intergovernmental organizations of which they are members are in conformity with the states' human rights obligations.⁵⁹

One key aspect of the obligation of international cooperation is for states to share information, in a transparent and effective way, including to key stakeholders, about the risks and spread of COVID-19, as well as preventive and treatment options. It is equally important to ensure a coordinated global response, which involves the participation of all key stakeholders and affected parties. Under the right to health, "coordinated efforts for the realization of the right to health should be maintained to enhance the interaction among all the actors concerned, including the various components of civil society".⁶⁰

LONG-TERM RECOVERY AND FOLLOW UP

In the long term, states which have been severely affected by the virus will need support and international solidarity as they rebuild their health systems and economies. The COVID-19 epidemic may also expose structural failings and fissures in states' health and social safety systems, which would need investment and time to repair. Groups that have been particularly and disproportionately impacted by the epidemic may also require targeted assistance. Long-term recovery will not only likely require supporting and strengthening health systems in countries where they are weak, but also acknowledging the wider impacts of the epidemic on the economies and development of affected countries. Reports are already acknowledging the potential global economic impacts of COVID-19,⁶¹ and countries with fewer resources, smaller-scale industries and business without large financial reserves, as well as people working in insecure jobs and on lower incomes, are likely to face its impacts most severely. Any strategy for long-term recovery should account for these impacts and the need to address them.

Amnesty International calls on all governments and other actors involved to ensure that all responses to the COVID-19 outbreak are in compliance with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk, and that the specific human rights risks associated with any particular response are addressed and mitigated.

⁵⁸ CESCR General Comment 14, para. 40.

⁵⁹ See for example, Committee on Economic, Social and Cultural Rights, Reporting Guidelines (2008), para. 3(c); General Comment 17, The right of everyone to benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he or she is the author (article 15, paragraph 1 (c), of the Covenant), UN Doc. E/C.12/GC/17 (2006), para. 56. See also the International Law Commission, Draft Articles on Responsibility of International Organizations, UN Doc. A/66/10 (2011), Art. 61-62.

⁶⁰ CESCR General Comment 14, para. 64.

⁶¹ World Economic Forum, *The economic toll of the coronavirus – from iPhones to solar panels to tourism*, 21 February 2020, www.weforum.org/agenda/2020/02/economic-toll-coronavirus-manufacturing-tourism-china-asia/