

## Our COVID-19 response: Examples of UN Human Rights actions

In 2021, COVID-19 and its impacts continued to affect communities around the world, with the brunt of the negative effects falling on the most vulnerable. The UN Human Rights COVID-19 Strategy 2021-2022 aims to respond to the needs of the most affected populations and places them at the heart of recovery efforts. To this end, UN Human Rights' strategy outlines four focus areas that identify needs, opportunities and priority activities.

### **FOCUS AREA 1**

#### **ENHANCED ENGAGEMENT ON VACCINES, SOCIAL PROTECTION, HEALTH AND OTHER ECONOMIC AND SOCIAL RIGHTS**

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The COVID-19 pandemic exposed the weaknesses of social and economic systems that made insufficient investments in their fundamental public services, such as health care and social protection. The Secretary-General's Common Agenda and New Social Contract elevated social protection and universal health coverage as global priorities that are critical for facilitating access to health care, protecting people against poverty and ensuring the enjoyment of basic economic and social rights, including food, water, housing, health and education.

The pandemic also revealed vaccine inequity as a key challenge in building back better. In addition, incidents of gender-based violence (GBV) spiked during the pandemic, particularly domestic violence and child marriage. Sexual and reproductive health services were not considered as basic and essential health services in most COVID-19 responses, resulting in an increase in maternal mortality rates and unmet needs related to sexual and reproductive health and rights (SRHR).

UN Human Rights will advocate with stakeholders, including governments, civil society and UN entities, in order to: promote the health and protection of particularly vulnerable populations, raise awareness about the impacts of COVID-19 and highlight the importance of social protection in COVID-19 recovery and overcome economic crises.

## UN HUMAN RIGHTS ACTIONS

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In 2021, UN Human Rights engaged and advocated with relevant stakeholders to promote the health and protection of vulnerable populations and to raise awareness about the impacts of COVID-19. In the **Republic of Moldova**, the capacities of 50 representatives of the NGO Task Force on COVID-19 and Human Rights were strengthened on protection measures. A set of 5,700 materials, including 1,600 leaflets and 4,100 informative briefs on COVID-19, were distributed through the NGO Task Force to vulnerable groups (Roma, persons with disabilities, older persons, families with many children). In **Ukraine**, UN Human Rights advocated with State and local authorities to undertake additional measures for protecting the life and health of homeless people, especially during COVID-19, which resulted in the opening of homeless shelters in Zaporizhzhia and Melitopol and unblocked funding for another shelter in Sumy. In **Panama**, a short film and related digital materials on the differentiated impacts of COVID-19 on LGBTI persons were produced and disseminated through social networks to raise the profile of the human rights concerns of LGBTI persons and support their efforts to bring about legal change and more inclusive public policies for tackling the pandemic. In the **State of Palestine**,<sup>1</sup> information on COVID-19, including on psychological and social support services from the government and NGOs, was prepared in an accessible format for persons with disabilities and their families and widely distributed. The campaign was promoted on social media channels, amassing more than 230,000 views, and on Palestinian Television, government and CSO channels. In **Burundi**, an awareness-raising session was delivered to penitentiary personnel and detainees of the Bubanza prison in West Burundi on measures to curb the spread of COVID-19 and to protect detainees. In the **Democratic Republic of the Congo (DRC)**, **Madagascar** and **Somalia**, OHCHR advocated with authorities on measures to reduce overcrowding in prisons in the context of COVID-19. Over 3,200 inmates were consequently released from several prisons in the DRC, over 10,400 convicted detainees were granted pardons in Madagascar and 80 detainees were released in Somalia.

UN Human Rights developed guidelines and advocacy messages for field presences on vaccine equity and affordable access to all without discrimination. In **Cambodia**, UN Human Rights advocated for the rights of detainees and prisoners and their access to humanitarian assistance in the context of COVID-19 and to ensure that they receive adequate health care, including through access to tests and vaccines. As a result, the vaccination of all detainees was largely completed by the end of August. In **Iraq**, an awareness-raising campaign was undertaken in collaboration with six Iraqi NGO partners. This enabled UN Human Rights to inform minority communities about the impacts of COVID-19, health protection measures and vaccination. More than 17,000 posters were translated into six minority languages and distributed throughout 25 districts. Also in Iraq, social media campaigns were launched, 20 graphic illustrations encouraging vaccination were disseminated and a “Mask Up” campaign on protection measures reached over 160,000 viewers.

<sup>1</sup> All references to the State of Palestine should be understood in compliance with General Assembly resolution 67/19.

## Art gives a glimmer of colour and hope amid the pandemic in Iraq

While COVID-19 cases continued to be registered in Iraq's capital of Baghdad, artists joined forces to bring the human rights impacts of the virus into the public consciousness.

Across 10 Baghdad neighbourhoods, nearly 20 murals, ranging from 20 to 45 metres in height, were painted on more than half a kilometre of city walls, including on the walls of medical clinics, schools, a university, a local government building and on the side of a bridge.

The murals brought to light a number of issues, with a particular focus on access to health care, and highlighted a “collective responsibility to speak up.”

In addition, to mark Human Rights Day, another 45 metres of wall were transformed into colourful information boards to reinforce the awareness-raising campaign about the human rights impacts of COVID-19. Four murals were painted under the Forest Tunnel in Mosul city, in the Ninewa Governorate, and six murals can be found in the Al-Kut city centre, in the Wasit Governorate.

The projects were initiated in October 2020 by the NGO, Imprint of Hope, with the support of UN Human Rights.

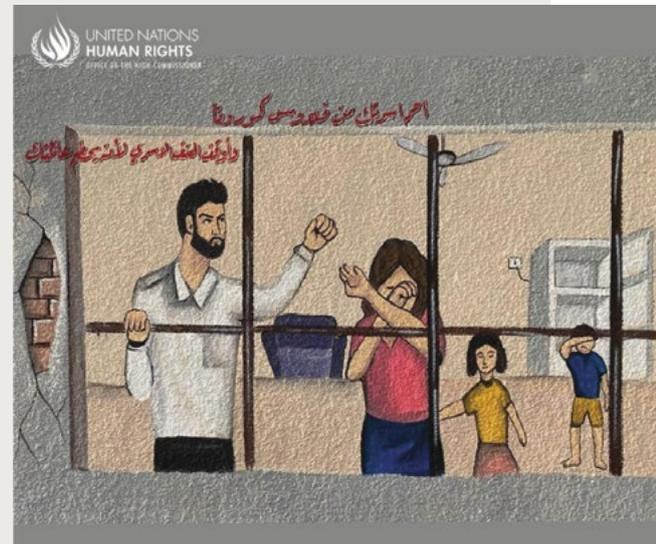
“Public art is an effective tool to provoke discussion on the human rights dimensions of COVID-19, including the increased risk of domestic violence, stigma, discrimination, access to health care for women and girls and access to education for all Iraqi children,” said Danielle Bell, Chief of the UN Human Rights Office in Iraq.

“The neighbourhood murals are a powerful reminder that we are united in the fight against COVID-19,” she added.

To complement the mural project, 19 Imprint of Hope volunteers, including three women, distributed 10,000 postcards depicting the images and messages of the mural paintings to three Baghdad neighbourhoods.



A volunteer taking part in the mural project. © OHCHR



The picture urges “Stop domestic violence, it destroys families!” © OHCHR





Volunteers distributing postcards.  
© OHCHR



The mural illustrates the community fighting together against the pandemic. © OHCHR

## FOCUS AREA 2

### BUILDING BACK BETTER: INTEGRATING HUMAN RIGHTS INTO RECOVERY, INCLUDING MACROECONOMIC POLICIES AND STRUCTURAL REFORM

COVID-19 emergency responses and recovery efforts are not being integrated into the long-term structural changes that are needed for health, education, housing, employment, social protection measures and policies. Existing responses and efforts do not sufficiently address the significant setbacks in women's economic security and livelihood and fail to include women in policymaking, despite the disproportionate impacts of the crisis on women and girls. Furthermore, there is recognition that economic transformation is needed to tackle inequalities and invest in health and social protection.

UN Human Rights will promote a human rights-based recovery from COVID-19, including through the implementation of the UN Secretary-General's Call to Action for Human Rights and Our Common Agenda. Further, through its Surge Initiative to accelerate the realization of economic and social rights and create conditions to build back better, Leave No One Behind (LNOB) and reduce inequalities, OHCHR will strengthen engagement at the country level, working closely with UNCTs and in the context of Common Country Analyses (CCAs) and United Nations Sustainable Development Cooperation Frameworks (UNSDCFs).

#### UN HUMAN RIGHTS ACTIONS

Through the Surge Initiative, UN Human Rights implemented eight projects aimed at building back better from the COVID-19 pandemic, including by undertaking more targeted analysis on groups left behind, building disaggregated datasets and evidence to advise States, UNCTs, CSOs and other national partners and stakeholders on human rights-based socio-economic responses. For example, in **Ukraine**, UN Human Rights carried out human rights analyses of 10 municipal budgets in relation to social protection, including by considering whether such budgetary processes and related structures enable the effective participation of affected rights-holders, particularly the most marginalized. In **Nepal**, UN Human Rights identified and costed the minimum essential elements of the right to adequate health for three marginalized communities of women working in the informal sector, with an emphasis on sexual and reproductive health.

By supporting human rights integration into the recovery efforts of UNCTs in **Kenya and Zambia**, UN Human Rights contributed to the development of new CCAs to ensure the integration of human rights analysis and priorities, with a focus on inequalities and the LNOB principle, the incorporation of inputs derived from a human rights-based analysis of their respective budgets and the importance of considering the human rights situation and impacts of COVID-19 on marginalized communities. In **Zambia**, UN Human Rights was actively involved in mainstreaming human rights into the new UNSDCF 2023-2027, which will be finalized in April 2022. In **Libya**, OHCHR contributed to the integration of a human rights-based approach into the UN Socio-Economic Framework (SERF) in response to COVID-19.

To contribute to more focused decision-making, the UN Human Rights Regional Office for **Southern Africa** undertook research and analysis and published its results in a document entitled *Minimum core obligations of South Africa to ensure a more just and inclusive economic recovery in a post COVID-19 era: Budgetary allocations*. It also issued a complementary advocacy brief. Additionally, three thematic advocacy briefs were produced on: 1) the impacts of COVID-19 on economic, social and cultural rights (ESCRs), with an emphasis on the centrality of human rights in socio-economic responses; 2) the impacts of COVID-19 on women in Southern Africa and their right to participation in COVID-19 response and recovery efforts; and 3) youth activism in the era of social media.

## FOCUS AREA 3

### MONITORING, REPORTING AND ANALYSING COVID-19 IMPACTS AND GOVERNMENT ACTIONS AND RESPONSES

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Since the beginning of the pandemic, OHCHR's monitoring, tracking and reporting of human rights issues of concern has been instrumental in providing timely and accurate information for decision-making and advocacy with key stakeholders. In 2021, UN Human Rights continued to strengthen its systematic monitoring, reporting and analysis of COVID-19 issues, including from a gender perspective as they relate to LNOB and vulnerable groups, and with regard to COVAX and the vaccine roll-outs. In addition, UN Human Rights closely monitored pandemic-related restrictions that limited political rights and freedoms, including the freedoms of expression, association and peaceful assembly.

Within field presences, regular monitoring and reporting will continue to identify the impacts of COVID-19, including from a gender perspective and on vulnerable groups, and highlight measures that restrict human rights and freedoms.

### UN HUMAN RIGHTS ACTIONS

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UN Human Rights continued to integrate COVID-19 into its regular monitoring and reporting and closely monitored ways in which restrictions were used to curtail the enjoyment of human rights, freedoms and civic space. In **South Sudan**, reports were produced on a regular basis with information on the human rights situation in South Sudan and weekly briefs specific to COVID-19-related human rights and protection issues were maintained until July. Since then, UN Human Rights continued to monitor and report on places of detention, undertook periodic analysis regarding vulnerable groups, particularly persons with disabilities, and advocated with national authorities to ensure compliance with international human rights standards. In **West Africa**, UN Human Rights developed and maintained a COVID-19 situation dashboard to provide daily updates on the infection rate and vaccine administration in the region. It also commissioned a study in Senegal on the situation of women detainees in the context of the pandemic, with a view to using the findings to advocate for increased mainstreaming of women's rights into the criminal justice system. In **Malawi**, the Malawi Prevention Platform (MPP) informed the Resident Coordinator's Office (RCO) and the UNCT about trends in human rights issues and provided early warning reports and evidence and data-based guidance on preventing, mitigating and responding to emerging crises. Its research showed that though the number of protests remained constant, there was a reduction in violent incidents. The MPP identified that protests were no longer politically motivated but were instead driven by reactions to corruption and economic-based grievances, the mistreatment of irregular migrants and a consistent escalation in mob justice attacks throughout the country. Other identified trends included a possible link between the economic impacts of COVID-19 and an increase in attacks on persons with albinism.

To enhance monitoring and reporting in **Mexico**, UN Human Rights and the National Institute of Statistics and Geography worked together to measure the impacts of COVID-19 and explore existing data to shed light on COVID-19 repercussions for ESCRs. Subsequently, a specialized technical committee on human rights was established at the National Institute of Statistics and Geography, which includes UN Human Rights as a member. The committee establishes the interests and goals related to human rights measurements. Additionally, UN Human Rights contributed to the development of a census on graveyards that measured disappearances and unreported COVID-19 related deaths. The census revealed that death rates attributable to COVID-19 were higher than those registered by the Ministry of Health.

As part of the PROMIS project, a joint initiative between UN Human Rights and UNODC that aims to strengthen the capacities of West African States to develop a human rights-based response to the smuggling of migrants and effectively respond to human rights violations related to irregular migration, UN Human Rights collected information and produced reports on **Mali and Niger**. Emphasis was placed on COVID-19 and the socio-economic situation of migrants, thereby providing insights and analysis of the impacts of COVID-19 on their mobility, livelihood and socio-economic rights, such as access to health services, sanitation, housing and education. In **Panama**, a report was submitted to the Office of the Human Rights Ombudsperson on migrant populations at reception stations in the context of COVID-19. In the **Republic of Moldova**, an in-depth study was conducted and an impact assessment concluded on COVID-19-related human rights including in the Transnistria region.

## Listening to the people during the pandemic

The COVID-19 pandemic has quickly become the worst human and economic crisis of our time, eroding years of progress made on many of the Sustainable Development Goals (SDGs), deepening existing inequalities and social disparities and opening up new fractures, particularly in relation to human rights. The vulnerable and marginalized continue to bear the brunt of these impacts.

**Policies are only as good as the data that informs them. Since the pandemic, policymakers have routinely had to make time-sensitive decisions on health, society and the economy. Yet, the basic data guiding national decision-making and response is often lacking.** The pandemic has highlighted the value of timely and high-quality data. It is evident that no strategy can be effectively developed

and no measure can be effectively implemented without a solid foundation of reliable data.

It is within this context that OHCHR, UNICEF and UN Women collaborated to implement COVID-19 Rapid Gender Assessments (RGAs) in seven West and Central African countries, namely, the Central African Republic (CAR), Côte d'Ivoire, the DRC, Guinea, Mali, Niger and Senegal. The RGAs were developed in close cooperation with national authorities, particularly the National Statistical Offices (NSOs) and the respective Ministries of Gender. The studies aimed to measure the impacts of COVID-19 on different aspects, i.e., social and economic activities, distribution of unpaid care work, education, discrimination, and violence, to support informed and evidence-based policymaking. The RGAs adopted a human rights-based approach to data (HRBAD), which is underpinned by six principles (participation, disaggregation, self-identification, transparency, privacy and accountability), to define the focus of the questionnaire and guide data collection.



Survey workers piloting the OHCHR-supported SDG 16 Survey in Kazakhstan and listening to respondents during the pandemic. © Bureau of National Statistics Kazakhstan

Particular efforts were undertaken to ensure that the voices and concerns of vulnerable groups were heard and that No One was Left Behind.

In light of the COVID-19-related restrictions and social distancing measures, OHCHR and its partners used computer-assisted telephone interviews (CATIs) to collect disaggregated data during the last two quarters of 2020.

**Since the start of the COVID-19 crisis, people's feelings of safety have been shaken. This is a visible pattern that has been reported across all demographics.** The RGA asked women and men in the region about their personal experiences and perceptions of discrimination since the onset of the pandemic. On average, more than four in 10 respondents felt that discrimination had increased during the pandemic. Further, almost half of the respondents living with at least one disability felt that discrimination had increased. While there were no marked differences between women and men, women living in CAR were significantly more likely than men (55 per cent versus 43 per cent) to report an increased perception of discrimination in their communities.

Emerging evidence demonstrated that gender-based violence increased in the region during stay-at-home restrictions and other confinement measures. The results from the RGAs confirmed earlier findings and indicated that roughly one quarter or more of respondents believed that violence within households in their community had increased since the imposition of COVID-19 restrictions. Though there were some variations across countries in the region, men were more likely than women (28 per cent versus 23 per

cent) to think that domestic violence had increased in their community.

### **ADDRESSING DATA GAPS ON SDG 16**

**Discrimination is at the heart of inequalities in obtaining and enjoying human rights.** Collecting disaggregated data on the prevalence of discrimination (SDG Indicator 10.3.1/16.b.1) is an essential step towards achieving the 2030 Agenda for Sustainable Development and can contribute to post-pandemic recovery. Yet...

**...data on peace, justice and inclusion measures are few and far between.** Six years after adopting the 2030 Agenda, several countries are facing considerable challenges in measuring progress on SDG 16. In order to support countries in addressing data gaps, OHCHR, UNDP and UNODC developed an integrated survey methodology to collect timely and comparable data on 13 different SDG 16 survey-based indicators. The dimensions of the survey methodology include access to justice, corruption, discrimination, governance, human trafficking and violence. The SDG 16 survey is built on existing practices and international standards and is founded on an HRBAD. It is designed to be implemented as a stand-alone survey though separate modules that can be integrated into other household surveys. In implementing the HBRAD, OHCHR also supported formal collaborative platforms between NSOs and national human rights institutions (NHRIs) and other parts of national statistical systems.

The questionnaire was piloted in eight countries, namely, Cabo Verde, El Salvador, Kazakhstan, Kenya, Somalia, Tanzania, Togo and Tunisia. While the

pilot phase was impacted by the pandemic, remote data collection, such as computer-assisted web interviewing (CAWI) and CATI, was a pragmatic and effective tool in some pilot countries. Overall, **the questionnaire was found to be relevant and necessary for opening up discussions in policy circles about the identified themes.** In Tunisia, respondents appreciated that they were consulted on important issues, had the opportunity to express their views and looked forward to the implementation of concrete actions in response to the survey results.

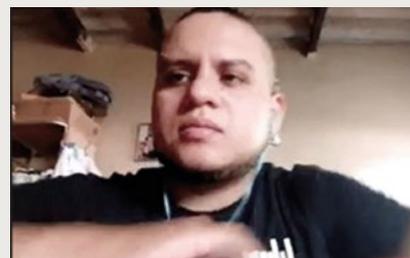
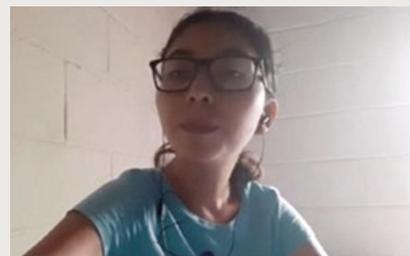
The pilot experience enabled countries to test the survey. Based on their initial experience, El Salvador integrated the Discrimination Module into its 2021 Multipurpose Household Survey and Tunisia integrated the SDG 16 Survey into its National Peace, Security and Governance Survey, which was conducted at end of 2021.

*"...global initiatives need to draw on local experiences to better represent reality."*

El Salvador pilot report

*"The respondents felt that they were being consulted on important issues and could express their point of view through the survey."*

Tunisia pilot report



Survey workers piloting the OHCHR-supported SDG 16 Survey in Cabo Verde (CAPI), on the left, and El Salvador (CAWI), on the right. © General Administration of Statistics and Censuses (Cabo Verde and El Salvador)

## FOCUS AREA 4

### HUMAN RIGHTS MECHANISMS CONTRIBUTIONS TO COVID-19 RESPONSE AND RECOVERY

Since the emergence of the pandemic, the human rights treaty bodies, the special procedures mandate holders, the Human Rights Council (HRC) and the Universal Periodic Review (UPR) analysed and addressed the human rights impacts of the COVID-19 pandemic and **undertook** significant advocacy. They also consistently incorporated a human rights-based approach (HRBA) into policies and actions responding to the pandemic, particularly to address inequalities and the needs of vulnerable and marginalized groups.

The international human rights mechanisms received updated and substantive information on the COVID-19 situation on the ground from a variety of sources, including civil society. This enabled the mechanisms to identify risks and concerns about COVID-19-related government actions from a legal perspective, alert the international community and engage with authorities to promote the implementation of measures to ensure that COVID-19 response and recovery efforts were in compliance with international human rights law.

The international human rights mechanisms, including the HRC, paid increased attention to economic, social and cultural rights. UN Human Rights will leverage this momentum and expand this focus. In order to give effect to the UPR principles on sharing good practices and providing technical cooperation, space will be created to enable discussions in relation to COVID-19, identify common concerns and good practices and encourage cooperation and coherent action. The special procedures will facilitate engagement on the COVID-19 response and recovery through press releases, guidance documents, reports and responses to communications from those directly affected by the pandemic or adopted measures.

## UN HUMAN RIGHTS ACTIONS

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UN Human Rights continued to compile the evolving jurisprudence issued by the human rights treaty bodies on COVID-19 and detailed how they addressed human rights issues through the application of the provisions of their respective treaties. The treaty bodies also addressed COVID-19 issues in their concluding observations and lists of issues prior to reporting.

The HRC adopted two resolutions on COVID-19. Resolution A/HRC/RES/46/14 entitled “Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic,” emphasizes the importance of international cooperation and the central role of States in adopting a gender-responsive and multisectoral approach to ensure that vaccines are accessible and affordable in developing countries. It mandates the High Commissioner to provide an oral update and report on this issue. A panel discussion will be held on the matter in the latter half of 2022. Resolution A/HRC/RES/48/12 entitled “Human rights implications of the COVID-19 pandemic on young people,” recognizes that the pandemic and the measures to combat the spread of COVID-19 have exacerbated existing challenges faced by young people, particularly young women and girls, in exercising their human rights. It requests that the High Commissioner conduct a detailed study on ways to mitigate these impacts.

A significant number of stakeholders’ submissions to the UPR during the year refer to the negative impacts of the pandemic. The contributions demonstrate how COVID-19 is affecting all human rights, including civil and political rights and ESCRs (i.e., domestic violence, early pregnancy, school dropout, discrimination against LGBTI persons, the right to work, prison overcrowding). The inputs will be compiled and summarized in UPR pre-session reports to facilitate the formulation of UPR recommendations to address COVID-19 issues.

In response to the deepening effects of the pandemic, the space for civil society engagement with the international human rights mechanisms was kept open through a number of initiatives. For instance, an online platform was created and simplified guidelines were prepared in relation to the submission of written statements by NGOs. In addition, a list of virtual events for NGOs was regularly updated on a dedicated OHCHR web page in an effort to make these events more visible.

The special procedures will continue to advise States and other stakeholders, create innovative tools and carry out their preventive and monitoring work. Mandate holders will develop their responses and advice on COVID-19 and recovery efforts by issuing reports and guidance on specific human rights issues. They will also highlight relevant cases with governments and entities through communications and focus the attention of the international community on important developments by issuing press releases and other public statements.