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**Informal conversation of the Human Rights Council**

**with Special Procedures**

**Statement by Anita Ramasastry**

**Chair of the Coordination Committee of Special Procedures**

**Geneva, 30 April 2020**

Madam President, Distinguished Delegates, Civil Society Representatives, Ladies and Gentlemen

Good morning from Seattle.

I thank the Council for the invitation to speak with you in this informal dialogue. I am not wearing my individual mandate today but instead come as a representative of Special Procedures (SP).

As Chair of the Coordination Committee (CC), I am pleased to represent the collective and powerful voice of SP system and the mandates contained therein. I also want to thank the other members of the Committee. In addition to Danius Puras here with me today, I want to express my thank to Victor Madrigal, Javaid Rehman, Leigh Toomey and Clement Voule for their hard work in preparing this dialogue.

My thanks go as well to all mandate holders who provided their inputs and insights and joined our own dialogues about how COVID-19 affects our work and our need to act urgently and with unwavering commitment. We have a number of colleagues who will be leaving their mandates tomorrow – thank you for your tremendous work over the past 6 years but also for acting quickly to address the pandemic.

In preparation of this meeting, the Coordination Committee has created spaces for exchange of information and experiences between mandate holders, a process that has included a series of activities. To date, the CC has:

(a) worked with the Special Procedures Branch to create a dedicated Covid-19 web page;

(b) tracked all official actions by mandate holders and categorized them into thematic clusters;

(c) based on its analysis of mandate activities, prepared an analytical compilation of statements and advice;

(d) hosted online meetings held on 22 and 23 April, attended by 51 mandate holders; and

(e) engaged in several rounds of written consultations.

Owing to the mandate holders’ commitment and dedication to the process, the CC has been able to facilitate the identification of key common concerns and messages, and a reference tool for the findings and advice addressed to States and other stakeholders

I am therefore happy that we were able to share with you today a working document entitled “United Nations Special Procedures and COVID-19,” which reflects public actions taken by mandate holders until 28 April. In addition, an information note and a flyer showing all SP actions in a glance have also been shared. I understand that these documents have been posted on the HRC extranet.

As we have all been gripped by the pandemic and addressing this unprecedented crisis, please know that mandate holders have risen to the challenge. Their powerful statements, actions and innovations represent an restatement the concept that we need a human rights based approach to addressing this crisis.

Let me start with a snapshot of what mandate holders have done to date.

**To this date, mandate holders have accomplished the following:**

**Press releases and statements**:

The first COVID-19-related press release was issued on 16 March 2020 and since then SPs have issued 45 statements and press releases in total, of which 29 have been issued individually and 16 collectively.

**Dispatches**

On 2 April 2020, the Special Rapporteur on extrajudicial, summary or arbitrary executions issued her first Human Rights Dispatch, on police use of force and lethal force in states of emergency. In her thorough guidance, she notes that while COVID19 is new, the applicable human rights norms are not. The principles of legality, necessity, proportionality, and precaution applied to the right to life, must be implemented

**Open letters and key principles**

Mandate holders have issues open letters and key principles relating to COVID-19 in an attempt to help States to ensure human rights consistent actions as they engage in policy and decision making during the crisis.

The Special Rapporteur on adequate housing has released 5 guidance notes on COVID-19 and the right to housing as follows: Protection of Residents of Informal Settlements; Protection of people living in homelessness; Protection of Renters and Mortgage Payers Prohibition on Evictions; and Financialization and the Future. Each guidance note has an accompanying explainer-video of 2 minutes to capture different audiences and for use with media. In her own words, housing has become the frontline defense against the coronavirus. Home has rarely been more of a life or death situation. From strong admonitions to practical advice, the SR notes that States need to provide temporary housing for those who have fallen into homeliness.

The Independent Expert on sexual orientation and gender identity issued an open letter on main trends of disparate impact of COVID-19 on LGBT communities around the world, and seeking advice and input on COVID-19-specific impact.

The Special Rapporteur on the rights to freedom of peaceful assembly and of association issued 10 key principles for human rights compliant responses to COVID-19.

These types of documents provide good blueprints for States on a wide range of topics.

**Reference tools**

The Special Rapporteur for the protection and promotion of human rights while countering terrorism published an online-based tracker that monitors COVID-19 State responses affecting civic freedoms and human rights and specifically monitors emergency powers emerging across the globe. The tracker was developed by the mandate in partnership with other global partners.

**Outreach**

The Special Rapporteur on violence against women, its causes and consequences issued a call for submissions on all relevant information on the increase of gender-based violence against women and domestic violence in the context of the COVID-19. Both the Special Rapporteur and the Working group on Discrimination against women have identified impacts of pandemic on women and girls in their work and shown how both stay at home orders as well as front line work have led to disproportional human rights impact to women.

**Campaigns**

Some mandate holders have engaged in innovative campaigns using different channels of communication.

The Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance issued the podcast ‘Entrepreneurs of intolerance’ compound COVID-19 racist backlash.

The Special Rapporteur on water and sanitation has issued a video campaign composed of three videos focusing on hand washing; access to sanitation as a measure to prevent disease including COVID-19; and COVID-19, water and gender equality.

**Communication procedures**

In addition, collectively or individually, SPs have continued examining allegations of human rights violations or concerns through the communication procedure and have so far issued 29 letters related to concerns directly connected to COVID-19 or the measures adopted in the context of the pandemic.

**Reports**

Several mandate holders are planning to focus one of their upcoming reports to the Human Rights Council or the General Assembly on issues related to COVID-19. The report of the Special Rapporteur on freedom of expression to the upcoming session of the Council on disease pandemics and the freedom of opinion and expression.is already available.

Madam President,

These are illustrations of our body of work. I also want to briefly share with you some key messages and observations from mandate holders as well.

**Why human rights based approach is essential to addressing pandemic**

Mandate holders have emphasized the critical need for a human rights based approach to COVID-19. The document we prepared and the different rights, which have been impacted are themselves powerful evidence often need for states to consider multiple dimensions when acting.

SPs have called on States to put “[h]unman rights at the center of the pandemic response.” In their messages, SPs have advised that the principles of non-discrimination, participation, empowerment and accountability need to be applied to all health-related policies.The right to dignity requires that all persons under their authority should enjoy equality of access to health services and equality of treatment.

**Non-discrimination as a critical principle.**

Special procedures have emphasized the vital principle of non-discrimination in terms of how access to health care, services, lifesaving treatment are so vital at this time.

SP recognizes that as COVID-19 spreads, efforts should be focused on slowing down its spread and ensuring that the most vulnerable people receive the protection and care they are entitled to. Preventing the spread of this virus requires outreach to all, and ensuring equitable and non-discriminatory access to information, prevention, medical care and treatment for all persons, irrespective of their citizenship, nationality or migratory status.

To treat and combat the spread of COVID-19 effectively, individuals must have access to accurate health advice and sufficient healthcare without fear of discrimination.

SPs have also advised that authorities must speedily address any evidence of racism, xenophobia and bigotry during the pandemic. Whether it occurs in the differential treatment by authorities during health care delivery, through the imposition of restrictions, through attacks in social media and other forums towards individuals accused of being infected, or through other means, discrimination and racism must be combated by reliable public information and by strong statements opposing it.

While mandate holders have emphasized the vital principle of non-discrimination – they have also had another powerful message to convey. This is that the pandemic is highlighting and exacerbating systemic inequalities. The current crisis and its aftermath have added further stresses and perils to those who may be living in poverty or more at risk due to structural inequalities.

My State, Washington, was one of the earliest to experience the COVID-19 outbreak. From factory workers, who may not be able to socially distance, to workers for deliver packages, to home health care workers, everyday people on the front lines are at greater risks for contracting coronavirus. I can pay someone $5 tip for them to delivery my groceries. But they risk their lives to shop for me so that I can stay home and stay safe.

Many Governments’ responses to COVID-19 have had devastating effects on people in poverty. “Despite often far-reaching policy reversals and huge financial support packages, the most vulnerable have been short-changed or excluded.”

The Special Rapporteur on rights of persons with disabilities has noted that accommodation measures are essential to enable people with disabilities to reduce contacts and the risk of contamination. She also underscores that access to additional financial aid is also vital to reduce the risk of people with disabilities and their families falling into greater vulnerability or poverty," she explained. “Many people with disabilities depend on services that have been suspended and may not have enough money to stockpile food and medicine or afford the extra cost of home deliveries."

The Independent Expert on the rights of older persons has highlighted the inequality around care for older persons. She expressed concern that decisions around the allocation of scarce medical resources such as ventilators in intensive care units may be made solely on the basis of age, denying older persons their right to health and life on an equal basis with others.

The Working Group of Experts on People of African Descent calls on member states to commit to equity in the current public health crisis and to recognize the current risk that the historical exploitation of the bodies and resources of people of African descent poses to decision-making today, including driving racial disparities in access to health care and treatment. Structural racial discrimination may further exacerbate inequality in access to health care and treatment leading to racial disparities in health outcomes and increased mortality and morbidity for people of African descent.

Addressing this crisis is more than that. States must take additional social protection measures so that their support reaches those who are at most risk of being disproportionately affected by the crisis. That includes women, who are already at a disadvantaged socio-economic position, bear an even heavier care burden, and live with a heightened risk of gender-based violence.

SP have stressed that shortages in critical protective equipment continue to be a grave concern for doctors, nurses, emergency first-responders and other medical professionals working on the frontlines of the global fight against the coronavirus pandemic in nearly all countries battling the coronavirus.  Of particular concern is the inequality in the distribution of necessary personal protective equipment within and between States.

**In terms of the legal framework for states of emergency**

In all of their findings and advice, the mandate holders recognize the unprecedented nature of COVID-19 and of the challenges and risks that come with it. In particular, we have given attention to the conditions guiding the adoption of extraordinary measures to protect the health and well-being of the population.

Among some of the best practices identified in the process of design and adoption of measures, due consultation to the extent possible, ensuring equitable and non-discriminatory access to information and, most importantly, medical care and treatment for all; the risks include the exacerbation of intolerance and hate speech and crimes and the vulnerabilities of particular populations and communities.

A great number of the recommendations revolve around the criteria to examine the legality and legitimacy of emergency measures; several mandate holders have remarked on increased reports of excessive use of force, police killings, restrictions on civil society organizations and reports of domestic violence. As a matter of fact, great concern exists for cases in which governments have passing sweeping emergency laws, delayed planned elections or following a trend to militarise the crisis. In many of those instances the measures appear to be aimed at purposes other than addressing the health crisis, including the quashing of opposition voices.

Read together, our statements allow the conclusion that emergency measures must be guided by the purpose of safeguarding life with due attention to the notions of human dignity and personal integrity – without attention to which the reaction against the pandemic would not serve a useful purpose.

In particular, mandate holders have identified practical guidelines to illustrate this framework, in particular that the prohibition against arbitrary deprivation of life, torture and other ill-treatment is absolute and non-derogable, the demand that the use of force be guided by the principles of legality, necessity, proportionality and precaution, and the requirement that any restrictions on human rights – such as access to health services or freedom of movement – must be strictly justified, proportionate and should only be curtailed for a length of time no longer than necessary and in a non-discriminatory manner.

**Neutral laws having human rights impacts**

Finally, I should note that mandate holders have cautioned that seemingly neutral laws have had disproportionate impacts on various groups and populations. Many populations, for example, may lack access to clean water for sanitation and hand washing. Requirements to stay at home may not be feasible, if someone needs to seek access to resources.

Mandate holders have pointed out when neutral policies enacted in the name of public health, have had unfortunate consequences for different groups in terms of how the order leads to deprivation of human rights. My colleague Dainius Puras will address this further but I will provide a few examples.

First, SPs recognize the increased risk of domestic violence against women during lockdowns and the need to ensure access to protection measures, including restraining orders, safe shelters and help lines for victims.

Second, SPs have noted that Governments have shut down entire countries without making even minimal efforts to ensure people can get by. After pushing millions inside without a plan, some governments have responded with gratuitous and counter-productive violence to low-income people forced to leave their homes to survive.

**I will close by noting that mandate holders have also welcomed good practices by States.**

SPs welcomes the decision adopted by some States to grant temporary residency rights, including access to social and health benefits to migrants including asylum seekers, amid the fight against the pandemic.

SPs welcomes that some States have recently taken exemplary initiatives to reduce overcrowding in prisons and other detention settings by promoting early release and reducing the intake of prisoners, with the view to protecting the health of prisoners and staff.

We hope that as our work continues that we see emergent good practice that can be highlighted and recommended for consideration by other States.

I would be remiss in not emphasizing the need for States to act transparently during this crisis. People everywhere need to know of the risks that exist globally as well as locally. While the masks we now wear may be disposable, people are not.

I thank you again Madam President and look forward to the dialogue today.