**Protecting human rights during and after the COVID-19**

**Joint questionnaire by Special Procedure mandate holders**

Several Special Procedure mandate holders will focus their forthcoming thematic reports to the United Nations Human Rights Council or the General Assembly on the impact of the COVID-19 pandemic on the enjoyment of human rights. The questionnaire is meant to assist the human rights experts to obtain information and elaborate comprehensive recommendations on the measures taken by national, federal and local governments to protect their population and ensure the enjoyment of human rights, including particular groups at risk of discrimination or social exclusion, such as older persons, persons in situation of homelessness, women, children, persons with disabilities people of African Descent, domestic and migrant workers, LGBT persons, persons subjected to contemporary forms of slavery, and people living in poverty or experiencing poverty as a consequence of the crisis, as well as indigenous peoples.[[1]](#footnote-1)

In order to facilitate responding to questions by Special Procedures, a joint questionnaire has been developed including a list of common questions and specific thematic questions responding to information required by participating mandates.

**Who should respond to the questionnaire/call for contributions?**

The mandate holders invite States, regional and local governments, international and regional organizations, National Human Rights Institutions, equality bodies, and civil society organizations, UN agencies, funds and programmes and other interested stakeholders to share relevant information for their respective reports.

**What can be sent?**

The mandate holders welcome all relevant contributions and submissions which can be drafted in response to the questions. Reports which have already been drafted on relevant topics may also be submitted for consideration.

**When and Where to send submissions?**

Responses and submissions should be sent to registry@ohchr.org by **19 June 2020**. When responding please use the heading: Response to joint questionnaire of special procedures.

In order to facilitate processing and ensure accessibility, submissions in Word format in English, French or Spanish are appreciated. It is kindly requested to limit responses and submissions to 4,500 words and to include hyperlinks to relevant documents, statistical data, public regulations and legislation providing more detailed information.

**All responses and submissions received in accessible format will be published on the webpages of participating Special Procedures, except if confidentiality of the submission is explicitly requested. Submissions received in non-accessible PDF format will not be published, but will be made available upon request.**

1. **Common questions**
2. **Impact on human rights**
* Please explain the impact of the pandemic on the enjoyment of human rights and what actions have been taken by the State to respect, protect and fulfil human rights?

The COVID-19 pandemic has negative implications on a whole range of human rights. First of all, the rights to life and health are endangered and need to be protected. Protecting the right to health depends not only on access to medical treatment and institutions, but also on the rights to safe drinking water and sanitation, the right to adequate housing and on access to reliable, fact-based information. At the same time,

incidents of xenophobic and racist discrimination, including hate crime are being reported and the spread of disinformation concerning the outbreak fuels uncertainty and weakens the resilience of society. The pandemic perpetuates and exacerbates existing inequalities and those most at risk are persons in vulnerable and marginalized situations, including older persons, migrants, refugees, internally displaced persons, persons with disabilities, persons belonging to minorities, indigenous peoples, persons deprived of their liberty, homeless persons and persons living in poverty.

Moreover, the wide-ranging measures put in place to contain Covid-19 and to protect the rights to life and health have adverse effects on other human rights as well: children are kept from school, gender-based violence and violence against children has increased due to lockdowns. Non-Covid health services, including sexual and reproductive health care, anti-retrovirals for people living with HIV, immunization campaigns, and community-based care and support, including mental health care, are in some places less available during the pandemic.

Both within the EU and by international comparison, Germany is considered to be one of the countries which, thanks to its good healthcare system, was relatively well-prepared for dealing with the pandemic and re­acted quickly. The promotion of the research, development, production and worldwide distribution of vaccines, therapies and diagnostics in connection with COVID-19 are key prerequisites for overcoming the crisis. There are a wide range of national, European and in­ternational focuses for research cooperation. In addition to swift development, an adequate level of production as well as fair in­ternational access for all states to the products developed must be ensured. The main focus is on the ACT Platform with its key play­ers the WHO, CEPI, Gavi and GFATM. Only globally coordinated research efforts and a distribution of vaccines and drugs which is global, fair and based on epidemiological and other relevant crite­ria can make a significant contribution towards ending the pande­mic. At the same time, research into preventing zoonotic diseases, also to avert further pandemics, must be strengthened (one health approach). The German Government is committed to ensuring a human rights based approach while combatting the pandemic and that the measures to contain the pandemic are in full compliance with human rights obligations and commitments.

* Are there any measures put in place in your country following the pandemic which have had a limiting effect on human rights? If so, please list them, provide an explanation for their adoption and indicate the time-frame by which they will be lifted?

To ensure the right to life and health for everyone, the German government agreed on wide-ranging measures to contain the spread of the pandemic.

These include(d) restrictions on public gatherings, travelling, requirements to stay at home except for limited essential activities and orders to close businesses, sports facilities, restaurants, bars and cultural and educational institutions. All measures have a clearly indicated time frame, are reviewed regularly and are subject to judiciary review.

The German Government did not regard a derogation from Human Rights treaties necessary and believes, that efficient measures to contain the pandemic can be put in place within the limits of permissible and justified restrictions of international human rights obligations.

* 1. Were these measures determined by law? If yes, please indicate the relevant legislation.
	2. Yes. Measures are based on domestic law, in particular the infection protection law (Infektionsschutzgesetz).
	3. Why were these measures necessary to respond to the COVID-19 situation?

Measures put in place aim to contain the spread of the virus in Germany and to break infection chains when and where they occur. These measures were necessary to slow the spread of the virus, which is vital for a The fewer people become infected at the same time, the better seriously ill patients can be treated. It is reviewed regularly if measures are still appropriate, proportionate and necessary to respond to the Covid-19 situation.

* 1. Were these measures proportional in view of their expected results to counter the pandemic?

Yes. Without the measures, the health care system would most likely have been overburdened, which could have led to significantly higher numbers of victims.

* 1. Did these measures have any discriminatory effects on various groups of the population? If so, please indicate which ones and why.
* Please describe whether responses to the pandemic by States, businesses, faith-based organizations or others actors have resulted in a rollback of human rights, including in relation to affirmative action, gender-equality, inclusion of persons with disabilities and LGBT persons, land rights of indigenous peoples’ or access to sexual and reproductive health services?

 The effects of the corona crisis also on LGBTI persons and thus also on rainbow families are already being researched. For example, the University Medical Center Hamburg-Eppendorf, the Federal Association Trans\* and other community associations are conducting an online survey on the effects of the corona pandemic on the health and health care of Trans\* people. The Münster University of Applied Sciences and the Hospital Charité Universitätsmedizin in Berlin have presented the first results of a survey. They had evaluated a questionnaire that focused on lesbian, gay, bisexual and trans people.

 According to the survey, asexuals and trans people are particularly lonely during the Corona crisis. The consequences of the Corona pandemic affect some groups harder than others. One finding was that people without a partner suffer more than people in a relationship - asexual and trans people also feel particularly lonely.

* What long-term impacts of the pandemic and its response measures are expected on the enjoyment of human rights?
* Please explain if economic recovery and financial assistance mechanisms to reduce the social economic impact of the measures adopted have been subjected to prior human rights impact assessments?
1. **Statistical information**
* Please provide epidemiological data on COVID-19 infections, recovery and mortality rates in your country, region or locality, disaggregated by nationality, race, ethnicity, religion, membership of indigenous peoples, age, gender, sexual orientation and gender identity, income/poverty levels, disability, immigration status or housing situation. Which groups in your country have been disproportionately affected by COVID-19 and how can this be explained?

Following link provides epidemiological data of the current Covid-19 Pandemic (age, gender). This section also contains estimates of the overall burden on the health care system and information on intensive care (divi). Every Wednesday, the situation report also contains information on the number of tests performed:

 <https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Gesamt.html>

Dashboard RKI: https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4

* Please provide age disaggregated data on persons infected by COVID 19 and the percentage of them living in care institutions for older persons. Please provide age disaggregated data on deaths caused by COVID-19 and the percentage of them who were in care institutions.
* Please share any information and data on the availability of health services to ensure access to testing, personal protective equipment and treatment. Please specify to what extent supply issues, economic, social or other barriers have limited access to testing, personal protective equipment and health care services, in particular for persons belonging to particular racial or ethnic groups, indigenous peoples, older persons, persons with disabilities, LGBT persons, persons living in poverty or in situation of homelessness, migrant workers, or persons without legal residency status.

An overview of research activities that also and in particular address the issues raised in the survey can be found on the following website https://covid19primer.com/papers. The search term "Germany" currently leads to 81 hits on topics such as mental health, health personnel, nursing etc.

* An overview of social science studies can be found here <https://www.ratswd.de/studies>. The Competence Network Public Health (https://www.public-health-covid19.de/) also addresses topics such as migration, indirect consequences of infection control measures, health aspects of social isolation, vulnerability, etc.Please provide us with data indicating the social-economic impact of the economic downturn triggered by COVID-19 such as changes to household income, increase of unemployment, access to food and traditional livelihoods, poverty or homelessness in your country, region or locality, disaggregated by nationality, race, ethnicity, age, gender, sexual orientation and gender identity, disability, religion or immigration status.
* Which groups have been identified as particularly vulnerable to socio-economic hardship in the context of the COVID-19 crisis?
* Please provide data on the number of older persons who live in residential care institutions or alternative setting; the number of older persons in situation of homelessness and/or without adequate housing; and the number of older persons who are in prisons, refugee camps and informal settlements.
* Please provide data on abuse and neglect of older persons, in and outside care institutions brought to the attention of public authorities or complaint mechanisms.
* Please provide data on incidents of domestic violence, including femicides disaggregated by a) intimate partner femicide b) family related femicide based on the relationship between the perpetrator and the victim/s and c) all other femicides based on the country context.
1. **Protection of various groups at risk and indigenous peoples**
* What measures have public authorities taken to protect high-risk populations from COVID-19, including: a) health care and social workers, b) older persons, c) other persons with a possibly reduced immune system such as indigenous peoples, or persons living with HIV, d) detained and incarcerated persons, including persons under state custody; e) persons living in care homes, f) children and adults living in institutions, camps, shelters or collective accommodation, g) persons with disabilities, h) homeless persons; i) persons living in informal settlements or overcrowded homes; j) refugees, IDPs and k) migrant workers.

The general policy measures taken to contain the COVID-19 pandemic benefit groups at risk as well. General information on the coronavirus and government measures is available in several languages to ensure that access to information does not depend on German language skills, see <https://www.bundesgesundheitsministerium.de/service/publikationen/gesundheit/details.html?bmg%5Bpubid%5D=3387>.

Furthermore, an information platform for the public is provided (scientific information about the virus, risks, hygiene, information for employees, companies, self-employed entrepreneurs, artists, cultural institutions, travel restrictions, etc.).

In any work-related context, thus also applying to the persons mentioned under a), the the “Safety and Health at Work Act (Arbeitsschutzgesetz)” applies. It stipulates a fundamental obligation for employers to assess the risks to the safety and health of their employees in the workplace (risk assessment) and take measures based on this assessment. In the framework of pandemic preparedness (civil protection), employers have to identify and take additional measures where necessary. Specific information on this can be found, for example, in the National Pandemic Preparedness Plan (Nationaler Pandemieplan) on the Robert Koch Institute’s website.

As far as occupational safety and health is concerned, the Biological Agents Ordinance (Biostoffverordnung) applies when employees deal with biological agents as part of their work (Section 4 of the Ordinance). Biological agents such as viruses, bacteria, etc. have to be included in the risk assessment. Employers are required to identify and implement measures to protect their employees in view of these risks. These can be technical and organisational measures, such as separation of work areas or limits on the number of staff. Where a risk exists, employers must also make personal protective equipment available, such as protective gloves or respiratory protective equipment. Employees must be advised about the risks, both generally, via instruction, and on an individual basis, via preventive occupational health care. Further details are contained in, for example, the Technical Rules on "Biological Agents in Health Care and Welfare Facilities" (TRBA 250) or Resolution 609, "Safety and health at work in the context of a human influenza which is not sufficiently vaccine-preventable", which is currently being applied, with suitable modifications, in the efforts to prevent COVID-19.

Apart from that, there are several examples for measures designed to protect and support high-risk populations:

On c: The Deutsche Aidshilfe has answered questions about Corona and sex, HIV and sex work. The CSD Germany e.V. published a press release on the Corona crisis and its effects on the CSD season 2020. It also provides first points of contact and contact addresses in aid and emergency situations as well as information on developments in planning the nationwide CSD dates in 2020, which are updated weekly.

On d: The Federal Government does not have information on the number of cases of prisoners infected with the corona virus. However, due to the closed environment, prisons in general are ideal settings for the spread of pathogens such as the coronavirus. Additionally, a significant number of at-risk patients can be found among the prison population. For this reason, isolation and quarantine units were set up at an early stage in German prisons in order to be able to treat any prisoners who test positive for the virus.

In order to minimize the health risk for prisoners, and to prevent any risk to the routine functioning of prisons, the Länder - which are responsible for the prison system in Germany - have taken further specific preventive measures, the impact of which can now be felt in everyday prison life. In deciding upon the suitability of such measures, the rights of prisoners and the concept of social (re)integration as the underlying principle of prison life in Germany must always be weighed up against the state's duty to afford protection in the field of healthcare.

Accordingly, in several Länder, visitation rights for prisoners have been restricted by reducing the number of visitors or - as is now even the case - temporarily suspending visits altogether. Visits by defence counsel are of course exempt from these restrictions and continue to take place. In some cases, protective partitions are now in place for such visits. In return, prisoners are allowed to make more phone calls - where applicable even in the form of video calls via platforms such as Skype. Where necessary, financial support is provided for prisoners to make calls. Prisoners must still be permitted to spend at least one hour per day outdoors.

In addition, certain Länder have suspended the execution of certain short custodial sentences and youth detention for several months. Some youth detention facilities have been closed for safety reasons.

* Can you inform us about particular measures taken to mitigate the impact of the COVID-19 pandemic for communities and groups subject to structural discrimination and disadvantage?

We currently have no information indicating a specific impact on national minorities in Germany. The general policy measures taken to contain the COVID-19 pandemic benefit communities and groups subject to structural discrimination as well. General information on the coronavirus and government measures is available in different languages.

Furthermore, an information platform for the public is provided (scientific information about the virus, risks, hygiene, information for employees, companies, self-employed entrepreneurs, artists, cultural institutions, travel restrictions, etc.).

* What measures have been taken by public authorities to ensure continued provision of services, including food, healthcare, education, psycho-social assistance to persons in vulnerable situation, including a) older persons, b) persons with disabilities, c) LGBT persons, d) persons in situations of homelessness, e) indigenous peoples, f) victims and survivors of domestic, sexual and gender-based violence, g) human trafficking, h) discrimination, i) victims of contemporary forms of slavery, including forced labour, as well as h) child victims of sale and sexual exploitation?

On c): The Lesbian and Gay Federation Germany (LSVD) arranged detailed information and left to consulting and support offers for LSBTI - humans. The overview page of the German Trans\* Association provides information, resources and links to counselling services as well as tips for Trans\* organisations on the effects on trans\* people and ideas for community and counselling work in times of Corona. The news portal "Queer.de" collects nationwide counselling services for LGBTI people as well as appeals for donations, neighbourhood help, virtual youth groups and cultural and fitness streams. News about Corona with relevance for queer communities is also recorded.

* Has there been any interruption of services, such as the closure of emergency shelters, food banks, or the disruption of health care or psycho-social services that has been of concern?

In Germany, health care services have been provided without interruption since the beginning of the Covid 19 pandemic. Under the corona-related restrictions and the new corona-related challenges, a number of legal and sub-legal regulations were introduced in a timely and practical manner to maintain a high level of medical care. Also the self-government has adopted practical regulations in extremely rapid procedures in order to maintain the necessary medical care, especially for people with existing chronic and more serious health disorders. The GKV-SV has made a list of the sub-legal measures available on its website ([https://www.gkv-spitzenverband.de/gkv\_spitzenverband/presse/fokus/fokus\_corona.jsp)](https://www.gkv-spitzenverband.de/gkv_spitzenverband/presse/fokus/fokus_corona.jsp%29)."

 Psycho-social services provide an important example:

Due to the corona pandemic, patients and staff in psychiatric outpatient departments of psychiatric institutions are also facing special challenges and limitations. In the current situation, personal direct patient contact is only possible to a very limited extent. Patients and therapeutic teams are equally obliged to avoid direct patient contact, which makes the treatment of mentally ill people considerably more difficult. In order to ensure that the care of mentally ill persons can be maintained as far as possible by outpatient departments of psychiatric institutions, temporary alternative treatment modalities are necessary. For this purpose, the GKV-Spitzenverband has developed procedural proposals for the period from 01.04.2020 to 30.06.2020. Due to the continuing restrictions caused by the COVID 19 pandemic, especially in regions with an increased incidence of infection, the proposed procedure (treatment by telephone/video) will be extended until 30.09.2020.

In order to keep the risk of infection from the corona pandemic as low as possible when visiting a doctor, the GKV-Spitzenverband and the Kassenärztliche Bundesvereinigung have lifted the restriction on video consultation hours from 1 April to 30 September 2020. Up to now, a maximum of 20 percent of treatment cases per contract physician were to be offered as video consultation hours in order to continue to focus on direct doctor-patient contact as a standard. Similar openings until the end of September 2020 are also available for video consultation in psychotherapy. During this period, the video consultation hour can be used not only during the psychotherapeutic consultation hour, but also already during probationary sessions. Online conversations are also possible during this limited period of time, if no personal doctor-patient contact has preceded the initial diagnosis, indication and clarification.

* Have particular measures been taken to address the situation of single parent households?
* What measures have been taken to address racial disparities, prevent racial discrimination and protect victims of racism, racial discrimination, xenophobia, and related intolerance during the pandemic?

See answer to question VIII.

1. **Social Protection**
* Please provide information on implemented and planned adjustments to the social safety net in response to the crisis, to ensure that individuals who lost all or part of their income as a consequence of the pandemic have access to sufficient nutrition, housing, water and sanitation, health care, energy and other essential goods and services? How has the State ensured fair and equitable access to social safety net measures across lines of race, gender, sexual orientation and gender identity, membership of indigenous peoples, and others?

To support employees, short-time work allowances have been considerably expanded, which also unburdens many tenants and homeowners. The Federal Government is preparing an economic stimulus package, including VAT-reductions and bonuses for families with children, which will further unburden tenants and homeowners. Overall we are observing a very moderate increase in back rents. Given the current situation the social benefits in housing offer an effective protection for tenants and homeowners. The Federal Government will continue to closely observe further developments and to consult relevant associations. To prevent financial difficulties for tenants and homeowners in light of the Covid-19 pandemic, the access to well-established social benefits, such as basic security benefits and housing allowances, has been facilitated and temporary abandonments of mortgage payments have been declared. Additionally, the supply with essential services (water, gas, electricity) was ensured independently of a person’s ability to pay the bill as long as Corona measures were in place.

For renters, which disproportionately include persons on lower incomes, the German Government has proposed additional restrictions on evictions. The additional protection was granted from April to July.

* How has the State approached social protection of small entrepreneurs and for people whose livelihoods are based in informal economies, in particular persons working often informally, in agriculture and other traditional livelihoods, child and health care, domestic work, construction, restaurants, street vending, tourism or as sex-workers? What specific efforts have been made to assess and mitigate the relevant health and social-economic risks to these populations?
1. **Participation and consultation**
* What decision-making processes were used to adopt measures to respond to the pandemic? Did they include participation of local and decentralized authorities, including indigenous authorities, scientific experts, and civil society organizations?
* If emergency regulations have been imposed, to what extent have they affected official processes ensuring public participation and consultation? Have women and groups particularly affected by the pandemic and the response measures participated in such decision-making processes?
* What participation and consultation methods have been employed in preparing and implementing re-opening strategies or after emergency regulations have been lifted?
1. **Awareness raising and technology**
* What awareness-raising activities have been undertaken by the State to inform groups in vulnerable situation, indigenous people and other populations living in remote or conflict-affected areas of health risks associated with COVID-19?
* Have public officials and law enforcement officials been trained and briefed with regards to the overall human rights impact of the pandemic, and the situation of groups in vulnerable situation during and after the crisis?
1. **Internet**
* The internet and social media were increasingly used for work, education, shopping for food and other goods, awareness raising sharing of information, freedom of expression, religious ceremonies, cultural and social interaction, consultation and political decision making. What challenges and obstacles has the pandemic highlighted in terms of access for all to internet? Has the recent situation given rise to increased violations of human rights, mobbing and bullying online? If so, how was this addressed?

The Covid-19 pandemic has given rise to Disinformation/hate speech and scapegoating.

According to information from the domestic intelligence agencies and to internet monitoring of right-wing extremist politically motivated groups, there is a wide variety of conspiracy theories which purport to identify those responsible for the coronavirus pandemic. Like other crises, the pandemic is often blamed on a “Jewish world conspiracy” which is supposedly seeking to profit financially from the crisis, reduce the global population and establish a “Jewish world government”. There are overlaps between right-wing extremists, opponents of vaccination, people who deny that the coronavirus exists, critics of 5G technology, opponents of a “shadow world government” and QA non followers.

Reports from the news media, from representatives of social networks and from NGOs which address the issue of hate speech and/or those affected by it indicate that certain groups, in particular people of Asian background, Jews, asylum seekers and migrants are being attacked on social media and accused of spreading the coronavirus. In this context, the Federal Government is criticised for not restricting the right to asylum and for allowing asylum seekers to enter the country despite the COVID-19 pandemic.

The Central Council of German Sinti and Roma has further documented a number of stigmatising and racist media articles, as well as fake news about Sinti and Roma in connection with COVID-19, in particular on the right-wing extremist platforms *Anonymousnews* and *Kriegsberichterstatter*.

The Federal Government, the governments of the federal states and government officials are accused of using the pandemic as a pretext for curtailing civil rights and establishing a dictatorship. The need for measures to contain the coronavirus and the threat posed by COVID-19 are questioned.

* What approach have the relevant authorities taken to monitor online information related to the pandemic? Have some contents been removed from the internet? If so, what criteria were applied to decide that the specific contents should be erased? Have specific measures been implemented against hate speech in cyber-space?

Disinformation about the pandemic is spread primarily via social networks. YouTube and Facebook maintain that they are taking steps to counter disinformation, for example by displaying information from fact-checkers and from the Federal Centre for Health Education. However, content with conspiracy theories and false information on COVID-19 can still be found on all the social networks. Some of this content constitutes a criminal offence, in particular incitement, insults, defamation or false incrimination. The Network Enforcement Act, among others, applies to such content and requires providers of social networks having at least two million registered users in Germany to accept complaints about punishable content, to review this content and to remove or block it if it constitutes a criminal offence. If social network providers do not have a proper procedure for managing complaints, the Federal Office of Justice can order them to pay a fine of up to 50 million euro. If in the course of monitoring the internet or of its other tasks, the Federal Criminal Police Office (BKA) becomes aware of published material containing indications that it constitutes a crime, the matter is processed further in line with police jurisdiction. So far, the German media authorities have not observed a significant increase in discrimination and stigmatisation of marginal groups in connection with COVID-19, which would have required a regulatory intervention. Thus, the German media authorities have not initiated specific or general preventive measures so far.

1. **Accountability and justice**
* Could you kindly highlight key concerns in complaints received by national human rights institutions, ombudspersons, anti-discrimination bodies in relation to the COVID-19 crises and how they have been addressed?

As Germany’s national equality body, the Federal Anti-Discrimination Agency (FADA) has compiled a report on COVID-19 related complaints about discrimination. At the time of the publication deadline (20th of April) the agency had received 100 such complaints (58 of which regarding discrimination on grounds of ethnic origin). This number has since climbed to over 300.

Initially, FADA mostly received complaints from people with a perceived Asian background. Incidents ranged from racist slurs uttered in the street to severe forms of harassment. Multiple complainants have reported being denied service or experiencing discriminatory treatment in retail shops, doctors’ offices and by police. A high number of early complaints concerned media coverage that was perceived as racist.

In recent weeks, there has been an increase in complaints from people with disabilities or chronical diseases who are unable to follow mandatory protective measures such as mask-wearing or use of a shopping cart.

FADA has received a number of complaints pointing out that the official application forms for government support in the context of the Covid-19 crisis do not include the legally recognised third gender option “diverse”. The Agency has also received repeated complaints about a lack of sign language interpretation for government press conferences and news broadcasts.

Other complaints concern perceived ageism in the public discourse around COVID-19.

* Could you provide any account and statistics on the impact of the COVID-19 pandemic on the operation of the justice system, including law enforcement, the provision of legal assistance and the operation of courts? Which activities were temporarily suspended?

 Germany’s judiciary has proven its ability to act also during the crisis. Legal protection was guaranteed particularly in the case of urgent proceedings (such as in custody, family and criminal cases). It was possible to maintain court operations with a reasonable amount of effort with appropriate organisational measures and with existing instruments, including the scope offered by electronic legal communications. This applies both to the approach to deadlines and to the feasibility of involving individual persons such as the parties, authorities, witnesses and experts in court proceedings (outside the remit of criminal procedural law) in the court room with video-conferencing technology. The courts have been gradually returning to normal operations since May 2020.

* Please describe measures taken by the justice system in your country in protecting individuals from human rights violations and abuse during or after the COVID-19 pandemic. What measures have been taken to prevent, investigate or prosecute a) arbitrary arrest and detention, b) gender-based violence, c) sale and sexual exploitation of children, d) contemporary forms of slavery, e) racial discrimination, or f) illegal evictions?
* What measures have been taken to ensure access to justice, and provide accountability and redress for victims of hate-speech, racism, racial discrimination, xenophobia, and related intolerance during the pandemic?
* What has been the impact of this situation on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence, and are protection orders accessible?
* Have persons in situation of homelessness been fined, detained or prosecuted for non-respect of confinement or stay at home orders? How was this issue addressed in your country?
* In which way have restrictions for public or private meetings impacted on the freedom of expression and assembly? Have persons taking part in peaceful protest been fined, detained, or prosecuted for breaking national restrictions imposed for public or private meetings?
* Are there public or parliamentary investigations under way in relation to the response of public authorities to contain the spread of the pandemic?
* Please provide information on any alleged neglect, abuse, or serious violation of health regulations in health care institutions and institutions caring for older persons and persons with disabilities during the COVID-19 epidemic in your country?
* What measures have been taken by public and judicial authorities to address such allegations and to establish accountability, if applicable? Have any disciplinary, public inquiries or court cases been initiated, including against managers of the institutions concerned?
* Could you kindly share information on emergency regulations and COVID-19 response measures that may have been reviewed or suspended by national or constitutional courts in your country?
1. Special Rapporteur on extreme poverty and human rights, Mr. Olivier De Schutter; Special Rapporteur on the right to food, Mr. Michael Fakhri; Special Rapporteur on the right to adequate housing, Mr. Balakrishnan Rajagopal; Special Rapporteur in the field of cultural rights, Ms. Karima Bennoune; Independent Expert on the enjoyment of all human rights by older persons, Ms. Claudia Mahler; Working Group on Persons of African Decent; Special Rapporteur on the rights of indigenous peoples, Mr. José Francisco Cali Tzay; Special Rapporteur on contemporary forms of slavery, including its causes and consequences, Mr. Tomoya Obokata; Special Rapporteur on the sale and sexual exploitation of children, Ms. Mama Fatima Singhateh; Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Mr Victor Madrigal-Borloz; Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes, Mr. Baskut Tuncak; Independent Expert on foreign debt and human rights, Ms. Yuefen Li. [↑](#footnote-ref-1)