**ROMENA input to HC report under HRC resolution 44/2**

**(a) human rights challenges experienced by countries in responding to the COVID-19 pandemic, including in relation to the measures taken as part of the health response;**

* **Right to work:** With the introduction of strict lockdown measures to fight COVID-19, unemployment levels in the region rose drastically throughout 2020, affecting both the national work force, as well as having significant impact on the region’s high rate of migrant workers. Early estimates indicated that some 1.7 million jobs would be lost in the region in 2020, in particular in the service sector.[[1]](#endnote-1) It was further estimated that across the Gulf Cooperation Council (GCC) in particular, employment might fall by around 13%.[[2]](#endnote-2)
* **Poverty:** With the rise in unemployment, poverty levels also rose significantly, affecting an estimated 8+ million people, while some 1.9 million people were expected to become undernourished.[[3]](#endnote-3) Most at risk by the economic impact of COVID-19 were women, young adults, and workers in the informal sectors. In the MENA region in particular, COVID-19 raised specific concerns for the migrant worker communities, as well as the region’s large number of refugees and displaced persons.
* Where state **socio-economic support** was provided, several countries in the region, in particular across the GCC, prioritized the support for its citizens, to the exclusion or detriment of non-citizens. This included financial, employment and healthcare support introduced specifically for the benefit of citizens.
* **Rights of migrants**: The precarious situation of migrant workers, in particular with regard to healthcare, living and working conditions amidst the COVID-19 pandemic, was of significant regional concern throughout 2020. Migrant workers were at heightened risk of contracting the virus due to unsafe and inadequate living conditions. Reports detailed how migrant workers were often cramped into dormitories and communal housing, where distancing guidelines were not guaranteed. They further lacked adequate health information, WASH services, and in certain cases, were even prohibited from leaving.
* **Gender-based violence:** The multifaceted impact of COVID-19 on women and girls throughout the region raised serious human rights concern. As women account for the majority of caregivers – both formally as healthcare workers, and informally within the home – they were at heightened risk of potential exposure to the virus. In addition, confinement measures also exacerbated incidents of domestic violence, both globally and across the MENA region.
* **Freedom of expression/freedom of peaceful assembly:** At odds with OHCHR guidance on emergency measures and COVID-19, several countries in the region clamped down with criminal penalties against the spread of rumours and misinformation regarding COVID-19. It was further reported that some states used COVID-19 preventive measures as a pretext to repress critical voices/freedom of expression.
* **Right to privacy in a digital era:** COVID-19-related surveillance measures raised serious human rights concerns across the region, especially with regard to the right to privacy. This included incidents of intrusive monitoring through digital COVID-19 tracing apps. Human rights activists took to social media, and sometimes even reaching out to ROMENA directly, accusing governments of intruding upon civil rights with the widespread use of electronic monitoring and surveillance. In other incidents, names and pictures of violators of COVID-19 preventive measures were publically released, raising both privacy and safety concerns.

**(b) technical or other support needed to address the challenges identified, including the socio-economic impacts of COVID-19 and its response measures;**

* There is a pressing need for states in the region to ensure **non-discriminatory and comprehensive COVID-19 response plans** that are inclusive of all segments of the population, in particular those most at risk. Given the disproportionate impact of COVID-19 on migrant and refugee populations in the region, including significant disparities in economic opportunity and access to healthcare, host states should allocate adequate socio-economic support to ensure an adequate standard of living.
* Given the **alarming rise in incidence of domestic violence** against women and girls, as exacerbated by home confinement measures in the context of COVID-19, states should ensure effective protection measures including specialized psycho-social support, safe spaces including shelters, and other legal remedies including fast and free emergency injunction hearings to remove the abusers from the home.
* In several countries in the region, the pandemic has exposed **significant gaps in the countries’ health care system**, including inadequate hospital infrastructure, lack of trained medical personnel, and large disparities in health care coverage, especially for populations living in rural areas. States should take all efforts provide universal coverage of public health insurance.
* In terms of **access to education**, and in the context of schools continuing online teaching, states show redouble efforts to provide the necessary equipment and technology (*e.g.* internet connections, laptops *etc.*) to students in need. Access to education should also be made available in an accessible way for persons with disabilities, either remotely via adapted means tailored to students’ needs, or in-person in a safe setting with precautionary measures.
* **Vaccine roll-out**: In the context of the COVID-19 pandemic, ROMENA is advocating for a human-rights based approach to vaccine roll-out, including affordable and non-discriminatory access.ROMENA is promoting OHCHR’s messaging on [Human Rights and Access To COVID-19 Vaccines](https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf) by urging states to ensure that the prioritisation of vaccine delivery is done through transparent protocols and procedures that respect human rights, and guided by recommendations of the World Health Organization. In particular, the determination of early vaccine recipients should not, exclude anyone explicitly or implicitly on the basis of older age, disability, race, gender, migration status or other discriminatory criteria, and should be conducted through a fair, transparent, inclusive and accountable process.
* Given the global reach of the virus, no country can be considered fully safe until all countries are safe. Thus, in order to effectively suppress the pandemic on an international scale, states must come together in a spirit of common humanity and guided by universal human rights principles, to join forces in combatting the virus in a collaborated and coordinated manner. International cooperation, knowledge-sharing and multilateralism are *sine qua non* conditions to ensure that no one is left behind in the fight against COVID-19. Indeed, the 2030 Agenda for Sustainable Development pledges a revitalisation of the global partnership for sustainable development, including through enhanced North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation. The 2030 Agenda also commits to reducing inequality within and among countries, making solidarity, cooperation and partnership among States and all stakeholders vital to achieving the Sustainable Development Goals. These principles are particularly relevant in the context of COVID-19, and ROMENA joins OHCHR messaging in calling for international cooperation and global solidarity, including amongst governments and pharmaceutical companies, in ensuring a human rights based approach to vaccine roll out.

(c) any good or promising practices in these areas, including examples of international cooperation

* Good practices have emerged from the region *vis-à-vis* ensuring the inclusion of **persons with disabilities in COVID-19 response**. In Kuwait, the Public Authority for Persons with Disabilities distributed thousands of masks and food parcels for person with disabilities, and also provided medical and psychological support. Meanwhile, several countries have specifically ensured that persons with disabilities are given special dispensation so as not to be disproportionately affected by restriction measures. Furthermore, some countries such as Lebanon have extended the accessibility of education as well as public sensitization campaigns through the use of sign language.[[4]](#endnote-4) In Saudi Arabia, the government has ensured accessibility of education for all students including persons with disabilities through virtual learning or in-person learning as an exceptional measure specifically for students with disabilities. In addition, devices were provided to students in need, as well as free access to internet connection.
* With regard to the **impact of COVID-19 on older persons**, several countries across the region have introduced specialized support services. In Algeria, measures have been introduced to strengthen health, social and psychological care for older persons. In Qatar, the authorities launched an initiative to deliver essential materials and daily needs to the elderly in order to prevent the spread of COVID-19. They further launched a phone hotline aimed at providing social and psychological counselling for the elderly amid the pandemic. In addition, the Hamad Medical Corporation is jointly venturing with the World Health Organization to develop a COVID-19 Risk Reduction Plan for the elderly. In UAE, a Mobile Laboratory Unit (MLU) was launched to provide free testing for the elderly at their homes. Meanwhile in Bahrain, special opening hours in grocery stores have been dedicated for older persons. Bahrain also launched mobile vaccination units to provide COVID-19 vaccinations to the elderly and persons with special needs.
* Jordan was among one of the first countries in the region to announce that it would **vaccinate all refugees** in its territory.
* In Morocco, there have been significant **public/private solidarity initiatives** to raise funds to help alleviate the economic and social consequences of COVID-19. By decision of King Mohammed VI, a special COVID-19 fund was established in mid-March 2020. Supported with donations from all the country's public institutions as well as by large private companies, it has so far raised 33 billion dirhams. As the European Union has announced that it will add an additional € 450 million to the fund, the Moroccan support plan will thus represent more than 3% of GDP.
* There are many good examples of **international and regional solidarity in the fight against COVID-19**. Qatar provided two field hospitals to Lebanon to boost medical capacity, especially shortage of hospital beds. UAE has provided medical supplies to a number of countries, as well as setting up a field hospital in the UK. Similarly, Saudi Arabia’s King Salman Center for Relief supplied various countries with medical equipment in order to combat COVID-19, including Yemen, Jordan, Syria, Bangladesh, and the United Kingdom. Saudi Arabia is currently negotiating vaccine production companies in order to provide vaccines to lower-income countries such as Yemen and countries in Africa. Algeria received significant support from China, which provided medical supplies, including large quantities of personal protective equipment, as well as respirators for intensive care units.
1. <https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/20-00116_rer_mitigatingimpact_covid-19_eng_april8.pdf> [↑](#endnote-ref-1)
2. <https://www.oxfordeconomics.com/my-oxford/publications/561739> [↑](#endnote-ref-2)
3. <https://www.unescwa.org/sites/www.unescwa.org/files/escwa-covid-19-economic-cost-arab-region-en.pdf> [↑](#endnote-ref-3)
4. A first in the Arab region, the Lebanese Ministry of Information posted sign language of COVID-19 awareness videos on [twitter](https://twitter.com/MinistryInfoLB/status/1244881867431649281?s=20). [↑](#endnote-ref-4)