

COVID-19 AND MINORITY RIGHTS: OVERVIEW AND PROMISING PRACTICES

WHAT IS THE IMPACT OF COVID-19 ON MINORITIES?

COVID-19 has a broad range of disproportionate and adverse impacts upon national, ethnic, religious and linguistic minority communities. Some minority groups have suffered death rates several times higher than other groups during the pandemic. Emergency measures, including lockdowns, in response to COVID-19 have had a profound impact on people from minority groups, particularly migrants. Minority communities also face greater impacts from the economic downturn engendered by the pandemic. In countries where official data exist, a disproportionate number of deaths affecting minorities has been confirmed, revealing substantial, structural inequalities in society¹.

While COVID-19 poses a huge challenge to the whole of society, the impact on minorities can be more severe in a number of ways, and for a variety of reasons. Experiences differ, of course, between minority communities and in different contexts. But there are a number of areas of concern that have quickly emerged as particularly relevant for minorities in many locations.

The pandemic has been most devastating for the lives, health and well-being of those with lower socio-economic status – a category that tracks closely with minority status in most countries². In certain regions or countries, minorities are more likely to live in over-crowded housing conditions, making physical distancing and self-isolation more challenging, and some live in conditions with inadequate access to water and sanitation or where those utilities are communal. Limited digital access and parental education gaps may also make home-schooling more difficult³. Those minorities living in poverty often are less able to cope with lockdowns, as they do not have cash savings or food stocks.

In many places, minorities are on the front lines with at-risk and low-paid jobs, such as cleaning, transport, or other services that leave them more exposed to COVID-19. Only recently has it been noticed by many that disproportionate numbers of essential workers are migrants and persons belonging to minorities and that most of these workers, despite being “essential”, are often very poorly paid.

Minority women in particular face compounded hardships during the COVID-19 crisis, given the intersecting burdens they face due to gender discrimination and inequality. For example, women, including minority women are disproportionately represented in informal sector jobs that are more vulnerable to disruption and which fail to provide health coverage or paid leave. Closures of schools and day-care centres also mean that women often face disproportionate child care responsibilities. Rural and poor minority women are often responsible for collecting water in often crowded public spaces to cover basic needs.⁴

At the same time, navigating the new COVID-19 environment can be more challenging for members of minority communities. **Information on how to prevent and address COVID-19 and on availability of health services, and**

economic and social relief can be more difficult to access as it is often not readily available **in minority languages**, including sign languages.⁵ Minority communities are often not fully integrated into policy-making processes, so that the specific concerns and needs of members of these communities are not sufficiently understood and addressed.⁶

In addition to these added hardships imposed on members of minority communities by the pandemic, minorities are also confronted with intensified discrimination and abuse in many places. **Emergency declarations and other measures adopted by the States have been used in some locations to further exclude minorities, silence the work of minority rights defenders, and squash dissenting voices.** Concerns have also been raised that tracking tools deployed on public health grounds could result in ongoing surveillance of minorities in some places.⁷

Stigmatization and an increase in acts of incitement to hatred of minority communities have been reported in many locations, with minorities sometimes being cast as scapegoats for the virus. As a telling example of how unfounded these claims are, which group is considered “responsible” for the virus varies from place to place, with whoever is marginalized, socially disfavored or excluded, being targeted. In various locations, Christians, Jews, Muslims, Roma or people of Asian origin have all borne the brunt of such abuse. Migrants, refugees and asylum seekers from different minority groups have also been similarly stigmatized in many locations.⁸

These claims, and endemic prejudice, have exposed members of minority communities to hate speech and violence. Reports of violence, discrimination, arbitrary denial of services, heightened exclusion or other forms of disparate negative impact in the COVID-19 crisis against minorities are widespread, and have affected Roma, people of African Descent, people of Asian Descent, refugees, asylum seekers, migrants and stateless persons, internally displaced persons and religious minorities. Other persons and groups are also exposed to stigma and/or discrimination such as lesbian, gay, bisexual, trans or intersex (LGBTI) people, as well as based on caste.⁹

What are some promising practices?

In the face of these growing concerns, a number of states have taken specific measures to address the disproportionate impact of the COVID-19 pandemic on members of minority communities. A small sample of those promising practices are provided below, in the hope that they will inspire replication and further innovation in all contexts in which these difficult issues are arising.

Emergency aid and provision of services

- **Greece** has taken urgent measures to address the negative consequences of the occurrence of COVID-19 and the need to limit its spread, by allocating € 2,255,000.00 to 98 municipalities in the country. The targeted measures by the Greek government include providing potable drinking water to Roma communities.¹⁰
- In **Italy**, municipalities have been requested to implement a Civil Protection Ordinance (N. 658/2020) about urgent measures for food solidarity. Potential beneficiaries most at risk are among others, Roma, Sinti and Caminanti. Some of these communities live in critical economic and housing situations and are not in possession of residence or Italian citizenship.¹¹

- **Portugal** announced that all foreigners with pending applications will be treated as permanent residents until at least July 1 to ensure migrants have access to public services during the coronavirus outbreak. Applicants including asylum seekers need only provide evidence of an ongoing request to qualify - granting them access to the national health service, welfare benefits, bank accounts, and work and rental contracts.¹²
- In **Spain**, the government has issued recommendations *for action by the Social Services in segregated settlements with high levels of Roma population*. These include the provision of food, medicines and sanitary products, guarantee the supply of basic utilities such as water, electricity and gas and support children to continue their schoolwork. It provides extra protection for boys and girls in these neighbourhoods, guaranteeing them sufficient nutrition, and protection from any other situations of risk.¹³
- **Spain** also conducted a telephone survey of almost 11,000 Roma, in order to understand emerging issues in the COVID-19 crisis as concerns five areas: health, social needs, employment, education, and perception of discrimination. The survey revealed that the situation of two thirds of Roma in paid employment has worsened during the pandemic.¹⁴
- In the **United Kingdom**, black and ethnic minority health and social workers have been identified as a vulnerable and at risk group because they appear to be disproportionately affected by covid-19 and are getting priority for masks and other protective measures.¹⁵ In **Iraq**, Roma and Iraqis of African descent have been supported by NGOs, the Iraqi High Commission for Human Rights and UNAMI to benefit from food distribution and to register online for an emergency cash grant scheme established by the Government.
- In some Southern parts of **Tunisia** where the Amazigh people are concentrated, governors took steps to distribute food staples in the mountain areas with the assistance of the National Army and in coordination with the Regional Office of Commerce as food solidarity measures for rural areas.

Data collection

- In the **United Kingdom**, Public Health **England** has undertaken a review into disparities in the risk and outcomes of COVID-19, including investigating emerging evidence of an association between ethnicity and COVID-19 incidence and adverse health outcomes.¹⁶
- In the **United States of America**, the Centre for Disease Control (CDC) is collecting **data to monitor and track disparities** among racial and ethnic groups on the number of COVID-19 cases, complications, and deaths to share broadly and inform decisions on how to address effectively observed disparities. These data will help improve the clinical management of patients, allocation of resources, and targeting of public health information. The federal government undertakes supporting **partnerships** between scientific researchers, professional organizations, community organizations, and community members to address their need for information to prevent COVID-19 in racial and ethnic minority communities.¹⁷
- In **Norway** based on the findings that some minority communities had infection rates more than 10 times above the national average, Somali doctors and activists created public health videos on YouTube to reach the Somali population in the country and share information and guidance about protection and hygiene measures, and about what to do in case of symptoms.¹⁸

Informing minorities, including in minority languages and sign language, on how to prevent and address COVID-19 and on availability of services

- In **Brazil**, the Ministry of Women, the Family and Human Rights Ministry launched materials on social networks to guide Roma and afro descendants communities through the COVID-19 crisis to ensure the promotion of the rights of traditional communities, including accessing information to prevent Covid-19 according to their traditional customs.¹⁹
- In **Greece**, the emergency financial measures taken to address the spread of COVID-19 in Roma settlements include ensuring the provision of adequate information.²⁰
- In **Guyana**, the Ministry of Health created awareness videos to support the frontline workforce in non-medical activities in minority and indigenous languages. Volunteers will be available, using several languages, to give telephonic support to people, spread awareness on social distancing, be involved in the exercise of contact-tracing and extend emotional support to elderly, children and people with disabilities which has helped dissemination of information to minority and indigenous communities.²¹
- In **Moldova**, the Youth Platform of Interethnic Solidarity demanded the Government to make the COVID-19 information accessible for minorities. As a response, the Government provided the Russian language version of the official website dedicated to COVID-19 updates. In addition, informational leaflets on the virus and measures have been made available in Ukrainian, Romani and Gagauz languages.²²
- In **Sweden**, the Public Health Agency has published general advice and recommendations on how to avoid spreading the disease. These are available in various languages, including Romani.²³ In **Tunisia**, the Ministry of Health is integrating a mental and psychological health component to its response plan during the confinement period and provides a daily update on the situation on national television, which includes translation in sign language. In the district of Kerala in **India**, district authorities have organized volunteers to create COVID-19 awareness campaigns for tribal hamlets in Attappadi, including supplying residents with soap.²⁴
- In **Lebanon**, minority communities have started the largest food and hygiene support campaign, where 700 families are receiving a monthly kit of primary food and hygiene items to properly face COVID-19 effects. A hotline was also created also to provide a direct contact in case of emergency or any COVID-19 case.
- In **Bangladesh**, in order to prevent an additional humanitarian crisis in the already-vulnerable Rohingya refugee camps in Cox's Bazar, Rohingya women volunteers are working with UN Women to mobilize their communities and raise awareness on COVID-19.²⁵
- In **Zimbabwe**, civil society organisations have translated advice from the World Health Organization into minority languages, which are then printed and included in food packages distributed by the World Food Programme.²⁶

Measures to address socio-economic impact of COVID-19 on minorities

- In **Spain**, the government has issued recommendations *for action by the social services during the COVID-19 crisis in segregated settlements with high levels of Roma population*, including ensuring

these families can access financial assistance, which guarantees their income while they are unable to carry out their normal economic activities.²⁷

- In **Switzerland**, although Yenish, Sinti and Roma who engage in itinerant professional activities have been granted the right to loss of earnings allowance for self-employed persons under one of the Federal Council's Covid-19 Ordinances.²⁸

Preventing and addressing acts of discrimination and hate speech against minorities

- **Italy** has monitored cases of discrimination related to the COVID-19 emergency. Since the end of January 2020, about 30 cases have been recorded: more than half of them were physical attacks accompanied by insults, the other were verbal attacks, comments on social media and bans.²⁹
- In **Pakistan**, a NGO has created an online survey for people to document and report stigma and discrimination, including discrimination arising from COVID-19.³⁰

What role should civic and religious leaders play?

The **Rabat Plan of Action** stresses not only that political and religious leaders should refrain from incitement but also that they have a crucial role to play in speaking out firmly and promptly against intolerance, stereotyping and instances of hate speech.³¹ Their action or inaction can have a lasting impact on efforts to ensure that the pandemic does not deepen inequalities and discrimination. OHCHR has supported the development of faith-based initiatives committing to curb any incitement to hatred, notably through the Beirut Declaration and its 18 commitments on “Faith for Rights”.³²

OHCHR has also developed tools such as the **#Faith4Rights toolkit**³³ to assist governments, religious leaders, faith actors, civil society and NHRIs in acting on positive obligations to advance human rights-based discourse, and to strengthen solidarity. The Toolkit includes peer-to-peer learning exercises and a case to debate on an epidemic, addressing the specific role and responsibilities of religious leaders, whose actions may either positively or negatively affect the overall health situation and even lead to stigmatization or discrimination of specific communities.³⁴

What are some of the key actions States and other stakeholders can take?

While all responses should be tailored to the context and experiences of particular locations and communities, there are a number of core elements that can guide a more comprehensive and effective approach to addressing the severe impacts of COVID-19 on members of minority communities. These key steps include the following:

1. Implement **targeted mitigation measures to reach particularly minority groups**, as well as to ensure basic minimums such as food, shelter, medicine and drinkable water and sanitation.
2. **Gather research and publish data** on testing, cases and deaths related to COVID-19 disaggregated by sex, age, racial or ethnic origin and other status. Develop **evidence-based policies** on such data that specifically target those most in need. The collection of that data should be based on the principles of **participation, informed consent and self-identification**.

3. Ensure that **those who are the most vulnerable are reached**. No one should be denied health care because of stigma, or because they belong to a group that is marginalized. States should **ensure equal access to health care to those without health insurance, identification papers or social security**.
4. Share information with communities, **including in relevant minority languages**, about testing, protection, and health responses, should they develop health conditions related to COVID-19.
5. **Raise awareness amongst minority communities** through broad outreach, including in isolated and rural areas. Where internet is limited or unavailable, other means of outreach, including through radio, or other forms of public service announcements should be considered. While respecting physical distancing, door-to-door dissemination or through community and religious leaders should also be considered.
6. Put in place additional socio-economic measures to address the harsher consequences of the COVID-19 health crisis minorities may suffer because of pre-existing precarious social and economic positions, including **emergency financial aid to those minorities working in the informal economy**.
7. Take into account the **specific risks faced by women and girls**, based on factors such as their gender, ethnic religious or linguistic origin among others, when taking steps to mitigate the risks to health posed by COVID-19
8. Ensure that emergency declarations based on the COVID-19 outbreak **are not used as a basis to target particular minority groups or individuals belonging to minorities**.
9. **Promote respect for diversity and human dignity**, and prevent and combat human rights violations, **especially violence, intolerance and hate speech, poverty, social exclusion and discrimination**.
10. Encourage political, civic and religious leaders, **to speak out firmly and promptly against any form of intolerance, discriminatory stereotyping and instances of hate speech**.
11. Ensure **inclusive dialogue** that will help ensure that minority communities implement and adhere to required public health measures voluntarily, including by analysing how cultural and religious practices may be adapted in response to COVID-19 preventive measures, such as organising virtual religious services and other cultural practices.
12. **Strengthen participation and inclusion of minorities** in efforts to prevent and combat COVID-19, and promote **solidarity** among all minority and majority communities.

¹<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>
https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm?s_cid=mm6915e3_w
<https://www.bbc.com/news/uk-52255863>

"I expect the COVID-19 pandemic to impact African Americans to a greater extent than other more socially advantaged groups," says [Dr. Lisa Cooper](#), an internist and social epidemiologist with the [Johns Hopkins Bloomberg School of Public Health](#). "This is because as a group, African Americans in the U.S. have higher rates of poverty, housing and food insecurity, unemployment or underemployment, and chronic medical conditions, and disabilities."

<https://www.hsj.co.uk/workforce/trust-treating-all-bame-staff-as-vulnerable-and-at-risk/7027500.article>
<https://www.ft.com/content/5fd6ab18-be4a-48de-b887-8478a391dd72>

² https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf

³ <https://www.gi-escr.org/esc-rights-updates-geneva/cescr-april-2020>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

⁴ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25809&LangID=E>

⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25757&LangID=E>

⁶ <https://www.unhcr.org/news/latest/2020/3/5e69eea54/coronavirus-outbreak-test-systems-values-humanity.html>

⁷ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25801&LangID=E>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25802&LangID=E>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25722&LangID=E>

<https://fra.europa.eu/en/publication/2020/covid19-rights-impact-april-1>

⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25782&LangID=E>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25757&LangID=E>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25800&LangID=E>

<https://www.voacambodia.com/a/linked-to-viral-outbreak-cambodian-muslims-facing-backlash/5341035.html>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25814&LangID=E>
<https://www.unhcr.org/news/latest/2020/3/5e69eea54/coronavirus-outbreak-test-systems-values-humanity.html>

<https://www.amnesty.org/en/latest/news/2020/04/libya-historic-discrimination-threatens-right-to-health-of-minorities-in-the-south-amid-covid-19/>

⁹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>

<https://www.ohchr.org/EN/Issues/Minorities/Pages/UNNetworkRacialDiscriminationProtectionMinorities.aspx>

¹⁰ <https://diavgeia.gov.gr/doc/ΨΗΛΒ46ΜΤΛ6-ΕΙΖ?inline=true>

¹¹ Letter from the Permanent Mission of Italy in May 2020

¹² <https://www.reuters.com/article/us-health-coronavirus-portugal-idUSKBN21FON7>

¹³ <http://www.fnmc.es/2020/03/31/documento-tecnico-de-recomendaciones-de-actuacion-de-los-servicios-sociales-ante-la-crisis-por-covid-19-en->

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<https://www.gitanos.org/actualidad/archivo/131006.html>

¹⁴ <https://www.gitanos.org/actualidad/archivo/131067.html>

¹⁵ <https://www.hsj.co.uk/workforce/trust-treating-all-bame-staff-as-vulnerable-and-at-risk/7027500.article>

¹⁶ <https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19>

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

¹⁸ <https://www.ft.com/content/5fd6ab18-be4a-48de-b887-8478a391dd72>

¹⁹ <https://www.gov.br/pt-br/noticias/assistencia-social/2020/03/ministerio-lanca-material-nas-redes-sociais-para-orientar-quilombolas-ciganos-e-indigenas-sobre-o-novo-coronavirus>

²⁰ <https://diavgeia.gov.gr/doc/ΨΗΛΒ46ΜΤΛ6-ΕΙΖ?inline=true>

²¹ Minority Rights Group International

²² <http://gismoldova.maps.arcgis.com/apps/opsdashboard/index.html?fbclid=IwAR1mmttfcaCMzH9ckGoCDa8Dwd9ToriWa3B5yQFkyObSiu7kQcesnwf5GCK#/b8a5ead53f214b649ac4ec45e4b4c65f>

²³ Letter from the Permanent Mission of Sweden in April 2020

²⁴ <https://www.edexlive.com/news/2020/mar/26/how-these-kerala-youngsters-are-ensuring-that-the-attappadis-tribal-folk-are-safe-from-covid-19-10893.html>

²⁵ <https://www.unwomen.org/en/news/stories/2020/4/feature-women-mobilize-to-prevent-covid-19-in-rohingya-refugee-camps>

²⁶ Minority Rights Group international

²⁷ <http://www.fnmc.es/2020/03/31/documento-tecnico-de-recomendaciones-de-actuacion-de-los-servicios-sociales-ante-la-crisis-por-covid-19-en->

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<https://www.gitanos.org/actualidad/archivo/131006.html>

²⁸ Letter from the Permanent Mission of Switzerland in May 2020

²⁹ Letter from the Permanent Mission of Italy in April 2020

³⁰ www.stigmasurvey.com

³¹ <https://undocs.org/A/HRC/22/17/Add.4>, appendix, para. 36.

³² See <https://www.ohchr.org/EN/Issues/FreedomReligion/Pages/FaithForRights.aspx>, and in particular Commitment VII on incitement to hatred:

<https://www.ohchr.org/EN/Issues/FreedomReligion/faith4rights-toolkit/Pages/Module7.aspx>

³³ <https://www.ohchr.org/Documents/Press/faith4rights-toolkit.pdf>

³⁴ See modules 5, 6 and 16 as well as annex G of <https://www.ohchr.org/Documents/Press/faith4rights-toolkit.pdf>.