**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](mailto: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.**

**Common questions**

**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?
* 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?
  1. Were these measures determined by law? If yes, please indicate the relevant legislation.
  2. Why were these measures necessary to respond to the COVID-19 situation?
  3. Were these measures proportional in view of their expected results to counter the pandemic?
  4. 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?
* What long-term impacts of the pandemic and its response measures are expected on the enjoyment of human rights?

Human rights are being challenged in this time of pandemic. Government and states must ensure the measures taken to reduce the pandemic are proportional and have a specific duration in link with the decrease of the impact of the pandemic.[[2]](#footnote-2)

**Impact on right to health:**

**Access to healthcare in the pandemic context is of course a major challenge**. In countries where conflicts and humanitarian crises are ongoing and in other low income countries where HI operates, **COVID-19 pandemic is increasing the morbidity and mortality rates for specific vulnerable, marginalized and most at risk groups**, including older persons, persons with disabilities, persons living with a chronic disease, migrants, refugees, internally displaced persons, mine/ERW survivors. Intersecting forms of discrimination, due to combining factors of vulnerability such as disability, gender and age often result in multiple forms of deprivations and restrictions to their access to services.

By adding pressure on health systems which are already not capable of responding to “ordinary” needs, COVID-19 is **also increasing morbidity and mortality from other health conditions**. Response to other health needs that are so essential to some persons with disabilities, persons with chronic diseases and older persons can be made impossible. They may be disqualified by the pressure to “choose” who should receive care in priority.

**Impact on independent living**:

Persons with disabilities, persons with chronic diseases and older persons also face **further risk of isolation and exclusion**, as support services and networks, including personal assistants and care givers on which they might rely on are cut or interrupted, resulting in possible disruption of vital services such as food, healthcare, wash and sanitation.

**Humanitarian assistance – impact on fulfilment of basic needs:**

**COVID-19 is exacerbating humanitarian needs in countries that are already facing humanitarian crises**. New barriers resulting from the pandemic add up to the already existing barriers, challenging even more humanitarian access.In these contexts, the spread of the pandemic has an impact on ongoing humanitarian operations mainly because it limits the access to already affected population who are in dire need of aid.

Many refugees camps rely 100% on humanitarian assistance for the provision of essential services. Ongoing restrictions on access for humanitarian personnel may increase the already dire situation of the camps inhabitants.

**Disciminations:**

In situation of epidemic, refugees, migrants, foreigners or marginalized population are often stigmatized as potential vector of the infection and additional burden to the social and health systems. It contributes to increasing discrimination against them

* 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?

**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?
* 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.

IN HUMANITARIAN SETTINGS:

**COVID-19 is exacerbating humanitarian needs in countries that are already facing humanitarian crises**: in Yemen, Syria, Burkina Faso, Bangladesh etc…

In these contexts, the spread of the pandemic has an impact on ongoing humanitarian operations mainly because **it limits the access to already affected population who are in dire need of aid**.

The worldwide restrictions are having dramatic effect on the supply chain: according to the logistic cluster, international air cargo capacities have reduced by 19% overall while belly load capacities have reduced by 31% in comparison with normal activity at the same period last year.[[3]](#footnote-3) While humanitarian cargo continues to be allowed in many contexts, any disruptions to imports and medical supply lines could prove life threatening

Sending additional staff and goods to affected areas is essential for the implementation of an appropriate scaled up of humanitarian response.

**International NGOs and their partners have the capacity to scale up intervention where the needs are**, as demonstrated in previous epidemics.  But **international NGOs are facing a challenging environment,** which may impede their response capacity and the assistance and services they should bring to the populations in need. These challenges relate to ensuring the outmost protection of both the beneficiaries and staff; economic and financial losses; uncertainty about the availability and flexibility of funds; restrictions on the movement of people and goods due to the protective measures in the countries.

Humanity & Inclusion (HI) estimates that within the 55 countries we operate in, 18 countries are affected by a total lockdown, 29 by a partial lockdown and 21 countries estimate to have a critical impact on logistic. Among those 21 countries, Bangladesh, CAR, Lebanon, Jordan, Libya, Palestine are listed, and are countries already affected by conflicts or humanitarian/refugee crisis. Countries where HI operates are affected in majority by the suspension of international flights (45 countries on 55), closing of borders (41 countries over 55), restrictions of displacement inside the country (37 countries on 55).

Programs are being stopped and/or adapted to the necessary prevention measures to guarantee the safety of the already affected population and the staff.

**Humanitarian staff is being targeted in some situation being perceived as vector of transmission of the virus**. Attacks on humanitarian aid workers might increase in time of pandemic and reduce their ability to provide essential services. Of particular concern, all staffs in charge of logistic and logistic facilities such as airports, storage facilities are at risk of being targeted.

In addition, obtaining a visa is challenging due to the closure of the embassies.

Enabling international non-governmental organizations to provide a principled humanitarian response in many countries simultaneously will be **key to the containment of the pandemic**.

COVID-19 is an **additional major threat to those living in contexts where active conflicts are ongoing such as Syria, Yemen, Libya, Mali etc. where** **explosive weapons are used in populated areas**, and where population lives under the constant threat of bombing and shelling, of contamination from explosive remnants of war. There, people already do not have access to basic services as vital civilian infrastructure has been reduced to rubbles and humanitarian access is not guaranteed.  In addition, 60 million people live in contaminated areas, demining activities have to be preventively stopped since the medevac procedures cannot be applied during an epidemic not to overwhelmed the health facilities.

Displaced populations face an increased risk of contracting and spreading the virus. **Refugees and internally displaced persons often find themselves in places that are overcrowded or where public health and other services are already overstretched or poorly resourced, highly dependent on the provision of humanitarian support**.   If the spread of the virus is a major concern, the situation within the camps might be even worse if humanitarian assistance cannot be provided.

Some camps rely 100% on humanitarian assistance for the provision of essential services. Ongoing restrictions on access for humanitarian personnel may increase the already dire situation of the camps inhabitants. Those services cannot be stopped in time of crisis.

Additionally, in situation of epidemic, refugees, migrants, foreigners or marginalized population are often stigmatized as potential vector of the infection and additional burden to the social and health systems. It contributes to **increasing discrimination against them**, and therefore limits their access to essential services.

* In **Bangladesh**: Health facilities are unable to meet current caseloads4. In particular, there is inadequate capacity and resources for non-communicable disease management, laboratory diagnostics, mental health and psychosocial support services, and specialized services, including for persons with disabilities.

The situation in **Cox Bazar** is particularly alarming for **855,000 Rohingya refugees are currently residing in 34 overcrowded, makeshift camps in Cox’s Bazar** which increase the potential for the rapid spread of COVID-19[[4]](#footnote-4).  **444,000 host community members live in close proximity to the camps** . To date, no cases of COVID-19 have been confirmed by the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Rohingya refugee camps. Only critical services are continuing in the camps, in line with the Directive of the Refugee Relief and Repatriation Commissioner (RRRC). These include health, nutrition, food and cooking fuel distribution, hygiene promotion, water and sanitation activities and quarantine of new arrivals, among others. In efforts to reduce the risk of transmission of COVID-19 to the camps, humanitarian partners have significantly limited movements to the area. Those restrictions put the refugees at severe risk of food and water shortages and disease outbreak.[[5]](#footnote-5) HI programs of Mental Health and Psychosocial support and protection services have been suspended since Mid-April.

* In **Myanmar**: Sample collection is not widely available in Rakhine State where about **130,000 Rohingya and Kaman internally displaced persons**have been displaced since 2012. All testing continues are to be done in Yangon. Severe cases requiring Intensive Care Unit (ICU) treatment will be unable to receive it due to lack of ICU capacity.
* **Niger and Burkina Faso** have among the most confirmed cases of COVID-19 in sub-Saharan Africa and the number of cases is rapidly increasing in Mali. **All three countries have suspended international flights as well as domestic movements from and to the main towns affected by COVID-19**. Those restrictions, which are crucial to prevent the spread of the virus, risk further disrupting livelihoods and access to essential services, including education, health care, clean water and sanitation facilities, and humanitarian assistance.
* In **Syria**: Generally speaking, in Syria, there is a lack of Intensive Care Unit capacity, of general equipment (ventilators, respirators, etc.) and of trained medical staff to ensure appropriate case management of severe cases of COVID-19 and health facilities are already highly affected by nearly 10 years of conflict.  The restrictions on humanitarian access that are pre-existing to the COVID-19 are being exacerbated by the new restrictions imposed by the Government of Syria but also by the restrictions to international flights in the surrounding countries Jordan, Iraq and Lebanon.

PERSONS WITH DISABILITITES IN LOW INCOME COUNTRIES:

In low income countries, COVID-19 is **increasing morbidity and mortality from other health conditions** by adding pressure on health systems which are already not capable of responding to “ordinary” needs. Treatment of other pathologies and preventive health care, pre/post-natal care and safe delivery may be drastically reduced or stopped.

Other epidemics are likely to develop if the weak health systems are not supported. WHO already informed that vaccination for 12 million children in Africa is delayed because of the COID-19, running therefore higher risk of measles and polio in the near future.

Persons suffering from specific health conditions, chronic diseases and older persons, amongst them persons with some type of disabilities, are at **higher risk of contracting and developing severe cases of COVID-19**, as this infection exacerbates existing health conditions (i.e. weak immune response, respiratory dysfunctions and other impairments or conditions).

**Persons with disabilities and other marginalized people, already face significant barriers in accessing health care in many countries,** due to generalstigma and discrimination, lack of accessibility, limited healthcare services capacity and limited awareness and training of health staff.

Because of their situation of marginalization, many **persons with disabilities have been experiencing great difficulties in accessing information on COVID-19 and implementing preventive measures**.

**Persons with disabilities and older persons are also at higher risk to be discriminated against, adding further barriers when seeking care.**These barriers may become even more prominent during a health crisis like the COVID-19 pandemic.

* The pressure to “choose” who should receive care in priority may disqualify persons with disabilities, persons with chronic diseases, and older people.
* Overwhelmed health systems may be unable to respond normally to other health needs, that are so essential to some persons with disabilities, persons with chronic diseases and older persons.

The COVID-19 pandemic forces health system managers to define what essential health services should stay active and running. HI teams have observed that in the effort to prepare for worst-case scenario of COVID-19, some countries have been forcibly discharging patients to allow space for dedicated quarantine spaces in hospitals.

Health services disruption might lead to the reduced capacity or complete unavailability of services such as sexual and reproductive health care services, including maternal and child care, depriving women, children and survivors of gender-based violence of essential care.

This is also likely to have a **very detrimental impact on rehabilitation services**, although rehabilitation is key to the functioning and well-being of some persons with disabilities, older persons and other persons with specific health conditions. In some countries, HI rehabilitation teams have been forced to let go patients before finishing their treatment. Patients who are forcibly discharged without referrals to other programs will suffer on-going complications and lose their chance of recovery without long-term impairments. **Community-based rehabilitation** is also affected, endangering the wellbeing and the functioning of individuals and communities. In times of crisis, **telemedicine, including tele-rehabilitation** (i.e. the delivery of [rehabilitation](https://en.wikipedia.org/wiki/Physical_medicine_and_rehabilitation) services over [telecommunication networks](https://en.wikipedia.org/wiki/Telecommunication_network) and the internet) can play a critical role to ensure that “at risk” patients can continue benefiting from rehabilitation follow-up.

Rehabilitation interventions can help address many consequences of severe COVID-19, including physical, cognitive, and swallow impairments, and provide psychosocial support. There is a clear consensus that rehabilitation interventions are of primary importance to deal with the consequences of intensive care and mechanical ventilation, in order to facilitate and improve long-term recovery and functional independence of patients, and shorten the duration of hospitalization. In addition to this, rehabilitation needs of people with severe COVID-19 exist also during the acute phase (when patients are receiving ventilatory support) and in the sub-acute phase (to address ongoing impairments during hospitalization).

**Mental health** is a challenge for everyone in this critical period; even more so for vulnerable population, including victims of gender based-violence, as well as some older persons and persons with disabilities. For them, the pandemic means an increased isolation as their limited, though essential, interactions in ordinary times become even scarcer.

* 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.

EDUCATION:

Over 100 countries have implemented nationwide closures, impacting over half of the world's student population. Several other countries have implemented localized school closures. In total it is estimated that where 90% of children and young people have experienced disruption to their education, because of COVID-19.

Closing schools disrupts not only student learning, but also **access to food programs, social support, personal assistance or medical care,** which are often available through schools. Without the protective and social environment of schools and the services associated with it, children are more exposed to violence and vulnerability.

In low and middle income countries, already 50% of **children with disabilities** are excluded from education. In the current COVID-19 context, learners with disabilities are seeing their right to education particularly affected. Not only distance learning is often inaccessible for children with disabilities, but they have also been cut off from other important services (health, nutrition, psychosocial support, protection…) which are available through schools.

Closing schools to control the transmission of COVID-19 may have a different impact on **women and adolescent girls** as they provide most informal care within families, which in turn limits their economic and educational opportunities. Experience from previous crises shows that, in many contexts, girls are less likely to return to school after the crisis.

LIVELIHOOD:

COVID-19 has already, and will continue, disrupting the global, national and local economy. **Loss of livelihood and economic opportunity results in an increase of the number of vulnerable people globally.**

The most vulnerable and marginalized people in society including persons with disabilities, persons with chronic illness, and older persons, are more exposed to an economic shock, because they are already excluded from the informal and formal economy.*[[6]](#footnote-6)*

For all, including those statistically less prone to the disease, the measures implemented to contain the spread of the virus, such as containment and restrictions in social interactions, have an**immediate effect on the ability of people to secure their basic living**, impeding them to earn an income while no or very limited social protection nets are in place to help.

* Over 2 million people face food insecurity in Burkina Faso, 2 million in Niger, and 1.3 million in Mali. COVID-19 containment measures are expected to affect households’ livelihood conditions and aggravate the food security and nutrition situation in these countries. Burkina Faso is the only country to have implemented a partial lockdown and this only applies to areas with confirmed cases of COVID-19.[[7]](#footnote-7) Burkina Faso, Mali and Niger have all declared a state of health emergency.

The COVID-19 crisis may lead to **further deterioration of livelihoods but also of agricultural production** (which can also affect the food availability), in Burkina Faso in particular.

SOCIAL EXCLUSION:

In countries where many people already experience major barriers to access services, water, sanitation and information,**measures taken to prevent the spread of the virus might not enable the most vulnerable, marginalized and at risk to efficiently protect themselves.**

In situations of containment measures, persons with disabilities, persons with chronic diseases and older persons face **further risk of isolation and exclusion**, as social support services and networks, including personal assistance, on which some rely on for their daily living, are cut or interrupted.

VIOLENCE:

In addition, protection risks are higher in time of crisis and this is likely to be true for this pandemic. Because the services are going to be highly disrupted, but also due to the nature of the restrictions implemented to contain the epidemic that can lead to many abuses. These include the following:

* Containment and limitations of freedom of movement are increasing the risks of **gender-based and domestic violence (GBV)**, characterized by increased psychological impacts of violence as well as in the severity and frequency of the violence-taking place.[[8]](#footnote-8)
* **Women and children are at greater risk of exploitation and sexual violence,** as seen in other sanitary crises contexts.[[9]](#footnote-9) The closure of schools, poor access to basic needs, or loss of loved-one may increase the likelihood of survival sex, transactional sex and risk of sexual exploitation and abuse. Children are also exposed to risks, such as forced marriage, being placed in institutions, becoming head of household, engagement in hazardous and exploitative labour.
* **Without appropriate care and support to GBV survivors due to services disruption,** the long-term impact will be an increase in unwanted and/or teenage pregnancies, child and maternal mortality, STIs, psychological trauma and intergenerational cycle of violence.
* **The capacity of monitoring and surveillance is being hampered** due to limitations of movement, creating an ‘atmosphere of impunity’ where abuses increase.

Which groups have been identified as particularly vulnerable to socio-economic hardship in the context of the COVID-19 crisis?

**Specific vulnerable and marginalized groups** are more likely to be affected by the COVID-19 directly.They were already vulnerable **due to socio-economic exclusion or life in overcrowded settings,**and are therefore likely to be hit harder by the reverberating effects of the pandemic such as economic losses, and absence of protection mechanisms.

* The most vulnerable and marginalized people in society including **persons with disabilities, persons with chronic illness, and older persons**, are more exposed to the economic downturn that is coming up.
* In situations of containment measures, **persons with disabilities, persons with chronic diseases and older persons** face further risk of isolation and exclusion, as social support services and networks, including personal assistance, on which some rely on for their daily living, are cut or interrupted.
* **Learners with disabilities** are seeing their right to education particularly affected, as distance learning is often inaccessible for children with disabilities. They face an even higher risk of drop out than before.
* Experience from previous crises shows that, in many contexts, **girls** are less likely to return to school after the crisis.
* **Women and children are at greater risk of exploitation and sexual violence,** as seen in other sanitary crises contexts.[[10]](#footnote-10) The closure of schools, poor access to basic needs, or loss of loved-one may increase the likelihood of survival sex, transactional sex and risk of sexual exploitation and abuse. Children are also exposed to risks, such as forced marriage, being placed in institutions, becoming head of household, engagement in hazardous and exploitative labour.
* **COVID-19 is exacerbating humanitarian needs in countries that are already facing humanitarian crises, such as** in Yemen, Syria, Burkina Faso, Bangladesh etc… Containment restrictions have resulted in further limiting **access to already affected population who are in dire need of aid**.
* **Refugees and internally displaced persons often find themselves highly dependent on the provision of humanitarian support**. Some camps rely 100% on humanitarian assistance for the provision of essential services and goods.
* 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.

**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.
* 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?

Persons with disabilities are widely being left out of Covid-19 responses around the world and are facing additional stigma and discrimination when trying to access services. There is a global cry for data collection and advocacy around the inclusion of persons with disabilities.

The impact of Covid-19 on persons with disabilities and other vulnerable groups highlights the need for an inclusive response by all actors, including civil society.

**Disability inclusive response**

* **No discrimination, in any forms** on the ground of disability, health condition, gender or age must bemade. It means that efforts must be well coordinated to ensure that no one is left behind.
* **Governments must include persons with disabilities as equal citizens within their Covid-19 response frameworks**. **All Covid-19 responses must be inclusive of persons with disabilities and compliant with the Convention on the Rights of Persons with Disabilities and ‘Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action’** with Covid-19 actions and language/ communications need to clearly mention persons with disabilities so that they are not forgotten in the program design and implementations
* **Public measures and prevention information should always be distributed in a variety of accessible formats**, **with use of accessible technologies where necessary,** such as easy read, through captions or sign language, braille and accessible to screen reading software. Public communication should also avoid stereotyping messages and images.
* **Government must recognize that** **civil society organizations and OPDs play an important role** to ensure an inclusive response, and they must be supported:
  + **Meaningful participation of CSOs, OPDs and persons with disabilities in the country-level response: p**ersons with disabilities are in the best position to express their requirements and outline barriers in their communities. Persons with disabilities must be engaged in every step – the response must follow the rights-based approach and be done with persons with disabilities and OPDs, rather than done to or done for. OPDs have a key role in this response , such as identifying persons, supporting individuals and influencing the response. We need to work in partnership with them to do this.
  + **Financial support to CSOs and OPDs at all levels to properly mobilize the response.** Funders are being flexible and understanding with adapting activities to Covid-19 responses. When proposing new activities and corresponding budgets, ensure DPOs will receive the financial support and compensation that is needed. Ensure this is not just at the national umbrella OPD level, but with other OPDs in the country, also down to the grassroots level.
  + A particular **attention should be given to underrepresented disability groups** (organizations of people with psychosocial disabilities, organizations of persons who are DeafBlind, etc.) and to their connection with umbrella groups and vice versa, in order to leave no one behind.
  + Support the **connection of OPDs and CSOs with local public actors** responsible for emergency response. Work with DPOs and local authorities to strengthen monitoring of needs, access to Covid-19 protection and response mechanisms to ensure an inclusive response. OPDs also serve an important role around referral, access to information and identification of persons with disabilities.
  + OPDs have an essential role to play and should be further supported to **raise awareness on rights and protection mechanisms** amongst community and to act as **referral mechanisms**: identifying people in need and share information with their members about available services.
* **Monitor and collect disaggregated data - embed disability into any monitoring, research or data collection mechanisms developed for Covid-19 responses to ensure persons with disabilities are being identified.** Ensure that disaggregated data is monitored, analyzed, and shared with other stakeholders, such as the UN, the International Disability Alliance (IDA), and the International Disability and Development Consortium (IDDC). Previous responses to disease outbreaks typically fail to disaggregate disability data, so there is a lack of information on what works. Disaggregated disability data is crucial to have a factual account of the impact of the pandemic on the population and of the equity of the **response taking into account the intersectionality of exclusionary factors, including** t**he specific impacts of the crisis on women and girls with disabilities[[11]](#footnote-11)**.
* The gendered impacts of the Covid-19 outbreak have been highlighted, already showing increased gender-based violence. Girls with disabilities are already at greater risk of gender based violence and unpaid care work than girls without disabilities, therefore this could greatly impact them. When implementing an inclusive response, **intersectionality needs to be taken into account, and the specific impacts of the crisis on women and girls with disabilities**.

**Inclusive health and protection services.**

**Governments must:**

* **Increase health and mental health response and support the supply chain** to deliver appropriate health material and ensure that **vital health services for** **persons with disabilities, persons with chronic diseases and older persons continue to operate**, while adapting the programs in ways to avoid the spread of the virus. Caregivers and personal assistants should have access to appropriate protective equipment and be adequately informed.
* **Maintain at the hospital level, early rehabilitation care** for injured people or people with newly acquired impairments, in strict compliance with prevention measures in place. **Support and improve tele-rehabilitation**, as a critical modality to continue providing an essential health service to those who need it.
* **Ensure that protection is a central element of the country strategic plans for preparedness and response to COVID-19**. These plans must be grounded in strong gender analysis, and an analysis of which groups are at heightened risk of different forms of violence and abuse, with an intersectional lens. The IASC Gender Handbook, the IASC GBV and the IASC Disabilities offer adequate guidance for all sectors.
* **Adapt services in camp facilities to the pandemic,** and continue life-saving programs and protection programs. Namely WaSH and Health services need to be scaled up. Camp management activities need to be adapted and, if necessary, should ensure relocation of people to decrease the density of the camp settings.

**Inclusive livelihood and social protection**

**Governments must:**

* Use **unrestricted, multipurpose cash when the market is adapted,** and coordinate cash programming. This should be complemented with protective measures and support services to ensure that the most vulnerable can use the social protection measures to meet their needs.
* **Support the local market when possible**. Providing food assistance and maintaining existing social support and livelihood should not prevent the support and assistance to local producers.
* **Mobilise adequate resources and prioritise investment aimed to expand social protection systems to respond to the effects of COVID-19** on the global, local and national economy.

**Humanitarian principles and unimpeded access.**

**Governments must:**

* Ensure that international humanitarian law, human rights, refugee rights and the rights of persons with disabilities are central to the COVID-19 related preparedness and response. Humanitarian principles should be respected to provide access to impartial and inclusive assistance.
* Support the call of the UN Secretary General for a **global ceasefire** made on the 23rd March 2020 to “stop the fighting everywhere now”. **“Humanitarian needs must not be sacrificed”.**
* **Facilitate the movement** **of goods and humanitarian personnel and health staff.**  This includes the revision of some sanction regimes to ensure bans on goods are not having effect on the efficiency of the response, and the creation of open corridors and policies that exempt aid workers from certain restrictions.
* **Take all measures for the safety and protection of humanitarian workers,** including provision of specific protective equipment and training, compensation and self-care for humanitarian staff working under pressure. Maintain Medevac mechanisms. Ensure humanitarian staff does not become a target while they conduct the humanitarian response in the pandemic context**.**
* **Respect the non-refoulement** **principle** to allow people who are forced to flee to be protected. **Refugee rights cannot be sacrificed ever**, in time of pandemic included.

**Significant funding efforts and support to NGOs.**

**Governments and aid agencies must:**

* Address the magnitude and global nature of the pandemic, **donor countries should commit significant additional humanitarian and development funding** for specific response to COVID-19 and to sustain ongoing humanitarian and development programming.
* **Do not divert** funds allocated to other needs, as risk of co-morbidity is high in that situation.
* **Ensure funding for a global response is easily accessible by NGOs, fast-tracked and flexible,** to enable them to rapidly scale up and adapt their operations to the risks posed by COVID-19. This will save lives.
* **Support NGOs operational capacities,** to ensure that existing programs can be adapted and that activities that have to be stopped or reduced can resume when the restrictions will be lifted. This entails **flexibility of funding and full eligibility of costs** such as salaries of humanitarian personnel including local staff, or additional expenses due to the necessity to implement protective measures.
* 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?
* 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?
* 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?

**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?
* 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?

**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?

In the Philippines, a Rapid Information, Communication, and Accountability Assessment (RICAA) was conducted in partnership with civil society organizations. The assessment was used to shape the governments response and was done in partnership with a variety of 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?

**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?

**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?
* 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?

**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?
* 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?
* 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?

**Questions by the Special Rapporteur on extreme poverty and human rights**

The Special Rapporteur on extreme poverty and human rights, Mr. Olivier De Schutter, will examine the impacts of the COVID-19 crisis on people in poverty by assessing the extent to which the economic recovery plans adopted, in order to cushion the impacts of the economic recession, take into account the need to reduce poverty and inequalities. He will also examine the specific vulnerability of people in poverty to contamination.

In accordance with the ILO Social Protection Floors Recommendation No. 202 (2012), a national social protection floor is conceived as a basic set of rights entitling individuals to basic social security guarantees for health care and for income security for children, older persons and those unable to work, in particular in cases of sickness, unemployment, maternity, and disability. Do the economic recovery plans adopted include measures towards making progress towards establishment or strengthening of a national social protection floor?

Do the employment policies associated with the economic recovery plans take into account the specific situation of people working in the informal sector, and the need to improve working conditions in that sector as well as to extend formal social protection to them? Have such policies sought to increase the employability of groups that face specific barriers in their access to employment, for example, through demand-driven skills development and vocational training?

Have the economic recovery measures prioritized investments in education and skill development for women and girls, and in sectors where women make up a considerable proportion of the labour force (such as in export manufacturing)? Do they include gender budgeting to ensure that women benefit equally from public investments?

Have the tax reforms associated with the economic recovery plans sought to widen the tax base, by rebalancing the tax contributions of corporations and those in high-income brackets? Have the impacts of the introduction of new or higher taxes on those living in poverty been assessed?

The human rights principles of participation, transparency and accountability require States to create and maintain mechanisms by which individuals can meaningfully and effectively contribute to, provide feedback on and claim redress from policy measures that affect their enjoyment of human rights. Were any mechanisms established to allow people living in poverty to participate in the design, implementation and assessment of economic recovery plans?

**Questions by the Special Rapporteur on the right to food**

The thematic report of the Special Rapporteur, Mr. Michael Fakhri, to the General Assembly will focus on international trade. The report’s main objective will be to identify the limits of the current international food system, explore to what extent the WTO is still suitable, and propose principles and mechanisms for a new food system. COVID-19 highlights the pre-existing weaknesses and inequities of the current system, but also provides a way to find new paths forward.

1. To what extent, and how, were international and domestic food supply chains disrupted during the pandemic? What were the measures taken by national, federal, provincial or local governments? Did authorities close particular local markets or impose export restrictions on certain goods? What was the reasoning for the actions taken by the respective authorities?

2. What measures did national, federal, provincial or local governments put in place to ensure access to food for the individuals in vulnerable situations such as older persons, children, women, rural communities, LGBT persons, national or ethnic, cultural, religious and linguistic minorities, and indigenous peoples? 

3. What were the conditions under which food workers such as agricultural labourers, store workers, transporters, cooks, and shopkeepers had to work? What measures did national, federal, provincial or local governments put in place to ensure the safety and welfare of these workers? Were any special provisions and protections made for migrant workers?

1. Can you provide examples of any other measures taken by national, federal, provincial or local governments in your country to prevent hunger during the pandemic and in its aftermath?

**Questions by the Special Rapporteur on the right to adequate housing**

The report of the Special Rapporteur on the right to adequate housing, Mr. Balakrishnan Rajagopal, to the General Assembly focuses on the impact of the COVID-19 crisis on the right to housing. It will analyse measures taken to prevent and stop evictions during and in the aftermath of the crisis and to protect groups at risk of marginalization, including persons living in situation of homelessness and in informal settlements. The report will discuss whether emergency measures implemented may have had discriminatory outcomes, map out emerging good practices to counter them by local and national governments, and analyse medium and long term interventions required to protect during and after the crisis the right to adequate housing for all.

1. Please elaborate on measures taken by national, federal, provincial or local governments to ensure persons are protected from the virus at their home or place of living:
2. Has your country declared a prohibition on evictions? If a prohibition was declared, indicate its legal basis and how long it will last. Please specify if it is a general prohibition and if it also applies to persons living in informality or in informal settlements. Is the prohibition of evictions restricted to tenants or mortgage payers who have been able to pay their rent or serve their mortgages, or broader?
3. If no general prohibition on evictions was declared, please indicate how many evictions have taken place, the number of people affected, and the specific details of time, location and reasons.
4. Have any measures been taken to ensure that households are not cut-off from water, heat or other utility provision when they are unable to pay their bills?
5. Please provide any information about other legal or financial measures aimed to ensure that households do not lose their home if they cannot pay their rent or mortgage payments? Have any other tenant protection measures been adopted in response to the pandemic?
6. What measures have been taken to protect persons living in informal settlements, refugee or IDP camps, or in situation of overcrowding from COVID-19?
7. What measures have been taken by authorities to ensure that migrant and domestic workers housed by their employers continue to have access to secure housing during the pandemic and in its aftermath? If migrant workers left their place of work to return to their place of origin, what measures were taken to ensure their right to housing?
8. Have any measures been taken to provide safe accommodation for persons in situation of homelessness? If yes, how many persons were housed, in what form, where and for how long? How will it be ensured that persons provided with temporary accommodation will have access to housing after the crisis?
9. Can you provide examples of any other measures taken or planned by national, federal, provincial or local Governments in your country to protect the right to adequate housing during the pandemic and in its aftermath?

**Questions by the Special Rapporteur in the field of cultural rights**

The next report to the Human Rights Council by the Special Rapporteur in the field of cultural rights, Ms. Karima Bennoune, will focus on the impact of the COVID-19 crisis on the exercise of cultural rights and on the role of culture and cultural rights in responding to the pandemic.

1. What have been the impacts on cultural rights and on cultural life\* of:
2. the pandemic?
3. measures taken to respond to the pandemic?

*\* Cultural rights include the rights to take part in cultural life without discrimination, to access and enjoy heritage, to artistic and scientific freedom, and to benefit from scientific knowledge and its applications. Cultural life includes performing arts, museums, heritage sites, sports and public spaces used for a variety of cultural and social gatherings*.

1. What efforts have been made to guarantee the exercise of cultural rights, in accordance with the requirements of public health? How has the message that cultural life must be enjoyed in ways that respect public health and medical expertise been communicated?
2. What roles have culture and cultural rights played in responding to the pandemic:
3. At the individual and collective levels, including in building resilience and solidarity, and memorializing victims?
4. At the scientific level, to provide adequate information to inform public policy and ensure public awareness?
5. In any other relevant manner?
6. What steps have been taken to mitigate the impacts of the pandemic, and of measures to counter the pandemic, on the cultural sector and on the human rights of those working in it (including artists, athletes, cultural heritage professionals, cultural workers, librarians, museum workers and scientists)?
7. How have the cultural sector and those working in it adapted to the pandemic? How have these adaptations been received by the public and how have they been supported, including financially? Are there sectors of the population that may risk exclusion from such adaptations?
8. What kind of measures will be necessary to rebuild the cultural sector going forward? How will inclusion be addressed?
9. Has your Government already envisaged / announced specific measures to support the culture sector during and after the pandemic? How will relevant constituencies participate in their development and implementation?
10. Have scientific and medical experts been able to express themselves freely about the pandemic, its impacts and needed responses? What measures have been taken to address the denial of scientific information about the pandemic, and to ensure access to reliable scientific information to guide policymaking and personal choices.

**Questions by the Independent Expert on the human rights of older persons**

The report of the Independent Expert, Ms. Claudia Mahler, will focus her report to the General Assembly on the impact of the COVID-19 pandemic on the enjoyment of the human rights of older persons. The report aims to highlight the challenges for the rights of older persons in the current national and international legal framework. It will analyse different risks to older persons human rights which were exacerbated and heightened and made more apparent during the pandemic. Ageism and age discrimination have continued, together with violations to older persons’ right to health and care service support, including their right to life, their right to information, their right to live free from violence, abuse and neglect, and their right to participate and to social inclusion. The report will provide best practices and case studies.

1. Please provide more information on the situation and measures taken in state run or financed facilities with a focus on the needs of older persons with underlying health conditions. Please provide any information concerning shelters for older women to protect them from abuse or from homelessness.

2. Please provide information how and how many older persons called for assistance, help or made official complaints during the pandemic.

3. Please provide information on reports, speeches and measures which had a special focus on older persons during the pandemic. Please include best and bad practices.

4. Please provide examples how older persons have participated in decision-making processes during the pandemic. Please describe how their perspective and needs have been integrated in national policies and programmes on the way to recovery from COVID-19 to make it a more inclusive and age friendly society.

**Questions by the Working Group on Persons of African Descent**

The Working Group of experts on people of African descent will focus its annual report to the 45th session of the UN Human Rights Council on the impact of COVID-19 and the response to the pandemic, on the human rights of people of African descent.

1. What measures have been taken to assess and address the impact of COVID-19 and associated efforts on people and communities of African descent in the country? For example, is data disaggregated on the basis of race being kept on infection, severity, recovery, and availability and access to both health and non-health resources and interventions? Are economic stimulus, public health, and health care efforts related to the pandemic penetrating communities of African descent and what data supports these conclusions?

2. What measures have been taken to explicitly ensure bias is not motivating medical and policy decisions during this pandemic?

3. What measures have been taken to ensure the impact of the COVID-19 pandemic does not disproportionately fall to people of African descent? This question includes (a) the impact of infection, (b) the impact of new or existing policy, including access to health care and social safety net, and (c) the non-infection impact (like loss of livelihood and income).

4. Given the particular 'social invisibility' of people of African descent in many countries, what measures have been taken to ensure that the unique needs of people of African descent – with respect to both health and policy - are fully understood? What planning has taken place to address these unique needs of communities of African descent during this pandemic?

5. What representation by people of African descent exists in high-level decision making relating to this crisis? What specific efforts have the State used to ensure adequate expertise, and understanding to responsibly plan on behalf of communities of African descent? What measures have been taken to ensure equal protection, including ensuring that interventions that appear neutral on their face do not license or facilitate racial bias and stereotypes?

6. What protection efforts have centred public health issues specific to people of African descent? How have States leveraged existing civil society expertise to define key concerns and to effectively implement policy with respect to people of African descent? How have concerns and assessments relating to people of African descent impacted research and knowledge production agendas developed in response to the COVID-19, including to investigate specific barriers to care, or recognize the racially discriminatory intent or impact of policy?

7. To what extent do people of African descent have access to justice in the time of the pandemic? What remedies are available to people of African descent for the racism, racial discrimination, xenophobia they face in the midst of COVID-19? What independent investigations are conducted for the racially motivated violations of their human rights? What sanctions are imposed on responsible entities and individuals? Please provide examples.

**Questions by the Special Rapporteur on the rights of indigenous peoples**

The Special Rapporteur on the rights of indigenous peoples, Mr. José Francisco Cali Tzay, will present a report to the General Assembly in October 2020.[[12]](#footnote-12) The report will examine how to ensure effective protection of indigenous peoples, who may be at greater risk of negative impacts on their human rights both from the virus and States’ responses to it, while guaranteeing their right to autonomy and self-determination.

The report will also seek to help States avoid impunity for violations and abuses of indigenous peoples’ rights by States or businesses, related to the pandemic. The Special Rapporteur will also present examples of good practices of indigenous participation in implementing innovative responses to the pandemic that include the vision and approaches of indigenous peoples.

1. How has your Government assessed and redressed potential disproportionate impact of the virus on the health of indigenous peoples, and avoided contamination in remote communities? What measures were taken to ensure access to information, health care and other forms of urgent assistance for remote communities? How were such measures adapted to the cultural and other specific characteristics of indigenous communities?
2. Has your Government observed any disproportionate impact of the pandemic and measures in response, on indigenous peoples’ access to traditional livelihood, food and education, or the right to be consulted and provide consent in the context of development and business operations on their territories?
3. How has your Government supported indigenous peoples in their own initiatives to fight the pandemic, protect health and provide assistance in their own communities?
4. How are indigenous peoples ensured a role in shaping the national COVID-19 response to avoid discriminatory effects on their communities and including their actual socio-economic and cultural requirements in recovery programmes? How is their input sought and respected in all relevant programs that could affect them?
5. What measures have been taken to protect the lands, territories and resources of indigenous peoples against potential increased militarization and land-grabbing by external actors during the pandemic, including when indigenous people’s mobilization may be restricted by lockdown and quarantine?

**Questions by the Special Rapporteur on contemporary forms of slavery**

The thematic report of the Special Rapporteur on contemporary forms of slavery, Mr. Tomoya Obokata, to the Human Rights Council at its 45th session in September 2020 will analyse how increasing poverty and rising unemployment caused by the COVID 19 health crisis push people into exploitative employment in informal or illegal economies, increasing their vulnerability to forced labour, worst forms of child labour and other slavery-like practices such as bonded labour, as well as forced marriage. The impact on those who are already in a situation of enslavement will also be highlighted, given that resources for anti-slavery initiatives may be further limited in the context of the economic crisis, likely disrupting services for the prevention and response to contemporary forms of slavery. Finally, the report will offer recommendations with regards to interventions that are required to address these problems and to protect most vulnerable groups.

1. What is the impact of the COVID-19 crisis on contemporary forms of slavery, including descent-based slavery; forced labour; debt bondage; serfdom; sexual slavery; commercial sexual exploitation of children; child labour; domestic servitude; and servile forms of marriage?
2. What steps have been taken by the Government to reduce increased risks of contemporary forms of slavery in the context of the outbreak? Please, share any good practices and identify persistent challenges, including with regards to prevention; identification of victims; provision of access to recovery and rehabilitation services; and investigation and prosecution of slavery-related crimes.
3. Are there indications of an increase in the number of people employed in informal or illegal economies since the outbreak of the pandemic? Are there reports of forced labour and exploitative labour practices in such business sectors, such as long working hours, low pay, no adequate time to rest, and no holiday pays, etc.?
4. Has there been engagement with business entities and other stakeholders to develop joined strategies on reducing the risk of vulnerable workers in their operations and supply chains becoming exposed to contemporary forms of slavery in the context of the pandemic.
5. Since the outbreak, has the Government continued investigating and prosecuting human rights violations related to decent-based slavery; forced labour; debt bondage; serfdom; sexual slavery; commercial sexual exploitation of children; child labour; domestic servitude; and servile forms of marriage?
6. In light of the Sustainable Development Goals and global commitments to eradicate slavery (target 8.7) and measure progress in this area, has the Government been able to ensure timely collection and analysis of disaggregated data? If available, please share the data collected in the first quarter of 2020, including information regarding the number, age, gender and nationality of identified victims; number of prosecution of perpetrators; types of services provided to the victims; industries where victims were identified. Has any of these data significantly varied from previously recorded trends due to factors related to the COVID-19 pandemic?

**Questions by the Special Rapporteur on the sale and sexual exploitation of children**

The report of the Special Rapporteur on the sale and sexual exploitation of children will explore how the COVID-19 crisis threatens to further erode the situation of children most vulnerable to sale and sexual exploitation. The report will focus on identifying push and pull factors, scaling up good practice, and providing recommendations on the measures to address the heightened risks of sale and sexual exploitation of children, during and in the aftermath of the pandemic. The recommendations of the report will seek to: operationalize the pledges made under Agenda 2030 as far as they relate to SDG targets 5.3, 8.7 and 16.2. and ensure implementation of effective child protection responses arising in the context of emergencies.

1. What is the impact of COVID-19 crisis on the nature and scope of various manifestations of sale and sexual exploitation of children, including sexual exploitation and abuse of children, both online and offline; child marriage; trafficking of children; surrogacy and sale of children; illegal adoptions and child labour?

* What are the new forms and manifestations of sale and sexual exploitation of children in the context of COVID 19 crisis?
* What are the key trends and accelerators in the context of the pandemic that may increase children’s vulnerability to the sale and sexual exploitation?

1. What essential protection measures, , including identification, reporting, referral and investigation, have been put in place to detect and prevent child sexual abuse and exploitation cases and how effective have they been since the outbreak?
2. Have there been any initiatives on collecting disaggregated data on specific forms and manifestations of sale and sexual exploitation of children during the pandemic and assessing the near and long-term impacts of COVID-19?
3. Please, share information about challenges faced in the provision of undisrupted healthcare, education and legal aid, as well as care recovery and reintegration services for the victims in the context of the outbreak.
4. Have there been examples of innovative solutions to ensure effective functioning of child protection and justice systems that are resilient, adaptable and able to withstand the next crisis?
5. How relevant and functional were the existing legal frameworks dealing with prohibition, prosecution, protection, care, assistance and prevention in relation to all forms of physical, mental and sexual violence against, exploitation and neglect of, and harmful practices in relation to children?
6. Has there been a surge of resource allocation, actions plans or coordination mechanisms, prevention and response services for the protection of children from all forms of violence, abuse and exploitation?

**Questions by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity**

The report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Mr Victor Madrigal-Borloz, will be presented to the General Assembly in October 2020. It will focus on the impact of the COVID-19 pandemic on the human rights of lesbian, gay, bisexual, trans, and gender diverse (LGBT) persons, communities and/or populations. It will build on consultation and research processes triggered since the start of the pandemic, and also the work of States and civil society to create an LGBT-inclusive response to the health crisis. It will analyse the particular circumstance of LGBT persons who are living with disabilities, older persons, youths and children, migrants, minorities, those affected by poverty and homelessness, as well as those who face health challenges. The report will further analyse measures adopted in the context of the pandemic, aimed at persecuting LGBT persons, with indirect or unintended discriminatory effects, and identify and analyse good practice.

1. How did the State evaluate the situation of LGBT persons vis-à-vis the pandemic and potential specific vulnerabilities?
2. What measures were adopted by the State to ensure that LGBT persons would not be subjected to discrimination in the implementation of COVID-19 related interventions?
3. Did LGBT civil society participate in the design of measures taken to respond to the pandemic? If no, why not?
4. What is the information available to the State as to the impact of the COVID-19 pandemic on the general situation of LGBT persons and their access to education, housing, health and employment and on their living conditions?
5. Can you identify good practices in the State interventions in relation to COVID-19 and LGBT persons? Can you identify good practices stemming from civil society actions? Have lessons be learned from the pandemic on how not to leave LGBT persons behind in emergency situations?

**Questions by the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes**

The Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes, Mr. Baskut Tuncak, would welcome in addition responses to the following specific questions related to his mandate:

What evidence have you collected on environmental factors (such as exposure to hazardous substances and wastes, air and water pollution) that are contributing to serious or deadly cases of COVID-19?

Which initiatives and measures have been taken to understand such link and to currently address this problem?

**Questions by the Independent Expert on foreign debt and human rights**

The report of the Independent Expert on foreign debt and human rights, Ms. Yuefen Li, to the United Nations General Assembly will focus on debt servicing and debt sustainability of low-income and developing countries in view of the current COVID-19 pandemic and its impact on financing for development , economy, poverty and the right to an adequate standard of living. To inform her report Ms. Li welcomes contributions from States, International Financial Institutions, Regional Banks, national human rights institutions, civil society organisations, academics and other stakeholders, on the following issues:

1. Did your Government benefit or have been allocating (as a creditor, lender or donor) any forms of debt alleviation including debt standstill, relief, moratorium, restructuring or cancellation. Was human rights a major consideration in making decisions and the use of the financial resources? Were there any specific groups at risks identified and if so, please detail specific measures considered to protect their human rights.
2. How much additional resources have been deployed to deal with the pandemic and COVID-19 relief if applicable? If any forms of debt alleviation have been allocated/received, were there any adjustments made to social spending and COVID relief programmes, if so, please provide further details.
3. In addition, have the debt repayment requirements pressed your Government to cut some of the social expenditures, including on health? If so, do you think that this has hampered the current response of the health system to the COVID-19 crisis?
4. Going forward, what measures or policy recommendation are being considered by your Government/institution for economic recovery and debt sustainability and to prevent and mitigate human rights impacts of the COVID-19 economic fallout?

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)
2. UN High Commissioner for Human Rights statement: https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25668&LangID=E “Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk -- but even when they are, they may have serious repercussions on people’s lives” [↑](#footnote-ref-2)
3. <https://logcluster.org/document/global-logistics-cluster-covid-19-meeting-minutes-conference-call-9-april-2020> [↑](#footnote-ref-3)
4. Joint Response Plan, Bangladesh, 2020 [↑](#footnote-ref-4)
5. Human Rights watch: <https://www.hrw.org/news/2020/04/28/bangladesh-covid-19-aid-limits-imperil-rohingya> [↑](#footnote-ref-5)
6. ILO <https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_421676.pdf> *“Approximately 785 million women and men with disabilities are of working age, but the majority do not work. When they do work, they earn less than people without disabilities but further gender disparities exist. Women with disabilities earn less than men with disabilities.”* [↑](#footnote-ref-6)
7. <https://www.acaps.org/sites/acaps/files/products/files/20200429_acaps_vulnerabilities_to_covid-19_containment_measures_in_burkina_faso_mali_and_niger.pdf> [↑](#footnote-ref-7)
8. Conrad-Hiebner, A. and Byram, E., 2018. The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review. Trauma, Violence, & Abuse, 21(1), pp.157-178. [↑](#footnote-ref-8)
9. UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, “GBV in Emergencies: Emergency Responses to Public Health Outbreaks,” September 2018, p. 2. [↑](#footnote-ref-9)
10. UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, “GBV in Emergencies: Emergency Responses to Public Health Outbreaks,” September 2018, p. 2. [↑](#footnote-ref-10)
11. <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action> [↑](#footnote-ref-11)
12. The full call for input is available at: https://www.ohchr.org/EN/Issues/IPeoples/SRIndigenousPeoples/Pages/Callforinput\_COVID19.aspx [↑](#footnote-ref-12)