

## **Annex II – Minorities and COVID-19 OHCHR Guidance note (April 2020)**

While a human rights-based approach should be applied to all persons affected by a crisis, the particular aim of this two pagers is to ensure that minorities (national or ethnic, linguistic, religious), are not further marginalized or discriminated against, have equal access to services, or become victims of violence or any other form of human rights violation during or after the COVID-19 pandemic.

States should fully respect international human rights law, including the rights of persons belonging to minorities while facing the COVID-19 crisis. They should aim at addressing the most urgent situations of vulnerability during the health crisis and to promote respect for diversity and human dignity and prevent and combat human rights violations, especially violence, intolerance and hate speech, poverty and social exclusion and discrimination, including in accessing to healthcare, education and social services.

States should share COVID-19 related information in a format adapted to minority communities, in a language they understand and speak and culturally sensitive, including detailing and explaining preventive measures as well as the potential health conditions they might face. States should further share information with the communities about the measures taken by the public authorities as well as plans of the Government and other actors should they develop health conditions related to COVID-19. Availability of information and access to it should exist in minority languages as well as in formats accessible to minorities, including outreach to regions where internet is not available. Where internet bans are in place, lifting those bans could serve to ensure that all persons including minorities in those regions have equal access to information. Minorities should be included when designing information and assistance campaigns.

COVID-19 poses a huge challenge to the whole of society, as Governments take steps to enforce a number of rigorous measures, including physical distancing, home schooling and ensuring access to basic goods and health care facilities and availability of health treatment. States should put in place additional measures to address the harsher consequences of the COVID-19 health crisis minorities may suffer because of a pre-existing precarious social and economic position, the areas or regions in which they live or restricted access to basic goods and services owing to direct or indirect discrimination by State institutions. Minorities often live in over-crowded housing conditions, making physical distancing and self-isolation more challenging. Limited digital access and parental education gaps may also make home-schooling more difficult, which should not result in social exclusion. States should ensure that minority communities are able to implement the necessary measures to protect themselves, such as adequate housing, access to water, food and different sources of energy, including electricity for having access to distant education and internet.

Governments are facing huge demands on resources in this crisis and are having to take difficult decisions, but they should not forget those who are the most vulnerable. No one should be denied health care because of stigma, or because they belong to a group that is or might be marginalized. Persons belonging to minorities may be more likely to be excluded from health care because they lack resources or official documentation, or because of stigma or discrimination. States should ensure access for minorities to health care, including for those without health insurance or identification papers.

Emergency declarations based on the COVID-19 outbreak should not be used as a basis to target particular groups, minorities, or individuals. Measures taken must not involve discrimination on the ground of race, colour, sex, language, religion, political or other opinion, ethnic, national or social origin, property, birth, disability or other status. Emergency powers should be used within the parameters provided by international human rights law (IHRL), which acknowledge that States may need additional powers to address exceptional situations. Such powers should be time-bound and only exercised on a temporary basis with the aim to restore a state of normalcy as soon as possible.

As some States adopt strict measures to protect populations this should not be used as an argument to further exclude minorities thereby resulting in an increase of discrimination, violence, hate speech and inequality. Further exclusion of minorities during this period of pandemic, including xenophobic or racist discourses linked to minorities and the COVID-19 could feed the root causes of conflict and insecurity, which, in turn, often result in further violations of human rights.

International human rights law places positive obligations and duties on States and other actors to strengthen the celebration of diversity. Crises such as COVID-19 create opportunities to strengthen the inclusion of those potentially left behind, as well as to heighten social solidarity. We urge action on these obligations and opportunities.

### **Annex III – Indigenous Peoples and COVID-19 – OHCHR guidance note (April 2020)**

The COVID-19 global pandemic cannot be separated from the human rights challenges that indigenous peoples face worldwide, including higher rates of health risk and greater unmet needs in respect of health care, compounded by a persistent lack of safe drinking water, overcrowded housing and a lack of sewage systems. The health rights of indigenous peoples are already at risk in “normal” times, and their vulnerability is exacerbated during disaster situations, where these underlying challenges have not been addressed.

Indigenous Peoples are among the most vulnerable to COVID-19 pandemic due to several reasons, including:

- Most indigenous communities are located in remote regions, often left behind with very little access to health care, medical support and reliable information. The elderly and people with chronic illness will eventually require urgent and intensive respiratory care in these areas where it is difficult to access medical care.
  - Indigenous peoples are particularly vulnerable to pandemics. Infectious diseases, like dengue fever and malaria have ravaged indigenous communities for decades. Many indigenous peoples have experienced reduced immunity due to illnesses as innocuous as the common cold. Therefore, indigenous peoples - and particularly indigenous peoples living in voluntary isolation or initial contact - are very vulnerable to COVID-19, as they have shown little resistance to respiratory illnesses in the past.
  - In many indigenous communities, recent declines of environmental quality, from loss of biodiversity to environmental contamination, have affected the quality of indigenous food, restricted its availability or curtailed access to it.
  - Misplaced perceptions and misinformation have also resulted in spurts of racism across the world and that Indigenous peoples are made a target too.
  - In some countries, there is a disproportionate incarceration of indigenous peoples. People in prison are extremely vulnerable to COVID-19, particularly indigenous elderly and/or those with health conditions.
1. Indigenous peoples should be considered as fundamental partners to address the pandemic. States should take into account indigenous peoples’ concepts of health, which are inextricably linked with the realization of other rights, including the rights to self-determination, development, culture, land, language and the natural environment. They should consult with indigenous peoples and seek to obtain their free, prior and informed consent when making decisions directly affecting them, including in the prevention and containment of the disease.
  2. Timely and accurate information about prevention and care, ways to seek help in case of symptoms and what is being done to address the pandemic should be made available in as many indigenous languages as possible.
  3. States must put in place measures for a strict control over the entry of any person in the indigenous territories, including health professionals, public officials, visitors and partner

institutions. Any person entering indigenous territories should be tested for COVID-19 and undergo a medical evaluation beforehand.

4. States must create plans to provide access to culturally acceptable healthcare, aiming at an integrated approach between modern medicine and indigenous traditional medicine, including access to equipment, testing and urgent emergency care for indigenous peoples. Furthermore, access to food when required should be a priority. Indigenous peoples should be included in economic and disaster relief packages.

5. Indigenous peoples living in voluntary isolation or initial contact should be categorized as particularly vulnerable groups. Sanitary cordons that prevent outsiders from entering the territories of these peoples should be strictly implemented to avoid any contact. In this regards, States must dialogue and work together with indigenous leaders living in the same territories than indigenous peoples living in voluntary isolation or initial contact to protect them from the epidemic.