**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 which include older persons**

**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?

On 05.06. in Russia, COVID-19 cases - 449.8 thousand people, of which 212 thousand recovered, 5528 died (<https://www.rbc.ru/society/05/06/2020/5e2fe9459a79479d102bada6>); Moscow is the leader of infection among all regions of the country: on 02.06. the number of patients - 185.4 thousand people, of which 44% are people aged 18-45 years; 33% - group 46-65; 16.4% - older 65+ (<https://1maps.ru/statistika-koronavirusa-v-rossii-i-mire-na-2-iyunya-2020-aktualnaya-svodka-na-segodnya/>); diseases identified in 85 regions of 87 in Russia (<https://ru.wikipedia.org/wiki/%D0%A0%D0%B0%D1%81%D0%BF%D1%80%D0%BE%D1%81%D1%82%D1%80%D0%B0%D0%BD%D0%B5%D0%BD%D0%B8%D0%B5_COVID-19_%D0%B2_%D0%A0%D0%BE%D1%81%D1%81%D0%B8%D0%B8>); unofficial data on higher morbidity and mortality rates (<https://meduza.io/feature/2020/04/17/meduza-sprognozirovala-razvitie-epidemii-koronavirusa-v-rossii-karantin-mozhno-budet-snyat-v-iyune-no-tolko-esli-seychas-ego-uzhestochit>); no other indicators were found in available sources.

* 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.

According to the Ministry of Labor of the Russian Federation (April), coronavirus was diagnosed in 457 people who live or work in 16 neuropsychiatric and other boarding schools in seven Russian regions. Among the infected, 390 are residents of nursing homes, and 67 are employees of these social institutions; оn May 21, Сovid-19 was detected in 79 boarding schools for the elderly in 38 regions of the country, the total number of patients - 1382 people (NGO data)( <https://meduza.io/feature/2020/05/23/vmeste-s-koronavirusom-prihodit-sledstvennyy-komitet>,

<https://www.gazeta.ru/social/2020/04/23/13060213.shtml>). No data was found on the age structure of patients in nursing homes for the elderly and mortality among older clients. - Here is the latest information from Human Rights Watch in the Russian media (June): about the situation with the incidence of Covid-19 in nursing homes and hiding information about the number of victims and mortality (<https://www.kommersant.ru/doc/4366239>).

No data found on childcare facilities.

* 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.

According to official figures, in March up to 1 million 300 people were tested. Later testing of people without symptoms of the disease was started, the accuracy of pathogen detection from 70-98% (<https://meduza.io/feature/2020/04/17/meduza-sprognozirovala-razvitie-epidemii-koronavirusa-v-rossii-karantin-mozhno-budet-snyat-v-iyune-no-tolko-esli-seychas-ego-uzhestochit>; <https://meduza.io/feature/2020/04/16/ochagi-vyglyadyat-kak-matovoe-steklo>).

As of May, there was a shortage of personal protective equipment in health care and among the population; in Moscow, only persons with a severe course and chronic history were subject to hospital treatment; in moderate and mild cases, treatment was at home

([https://ru.wikipedia.org/wiki/%D0%A0%D0%B0%D1%81%D0%BF%D1%80%D0%BE%D1%81%D1%82%D1%80%D0%B0%D0%BD%D0%B5%D0%BD%D0%B8%D0%B5\_COVID-19\_%D0%B2\_%D0%A0%D0%BE%D1%81%D1%81%D0%B8%D0%B8#%D0%94%D0%B5%D1%84%D0%B8%D1%86%D0%B8%D1%82\_%D1%81%D1%80%D0%B5%D0%B4%D1%81%D1%82%D0%B2\_%D0%B8%D0%BD%D0%B4%D0%B8%D0%B2%D0%B8%D0%B4%D1%83%D0%B0%D0%BB%D1%8C%D0%BD%D0%BE%D0%B9\_%D0%B7%D0%B0%D1%89%D0%B8%D1%82%D1%8B\_%D0%B8\_%D0%B4%D1%80%D1%83%D0%B3%D0%B8%D1%85\_%D1%80%D0%B0%D1%81%D1%85%D0%BE%D0%B4%D0%BD%D1%8B%D1%85\_%D1%81%D1%80%D0%B5%D0%B4%D1%81%D1%82%D0%B2](https://ru.wikipedia.org/wiki/%D0%A0%D0%B0%D1%81%D0%BF%D1%80%D0%BE%D1%81%D1%82%D1%80%D0%B0%D0%BD%D0%B5%D0%BD%D0%B8%D0%B5_COVID-19_%D0%B2_%D0%A0%D0%BE%D1%81%D1%81%D0%B8%D0%B8#%D0%94%D0%B5%D1%84%D0%B8%D1%86%D0%B8%D1%82_%D1%81%D1%80%D0%B5%D0%B4%D1%81%D1%82%D0%B2_%D0%B8%D0%BD%D0%B4%D0%B8%D0%B2%D0%B8%D0%B4%D1%83%D0%B0%D0%BB%D1%8C%D0%BD%D0%BE%D0%B9_%D0%B7%D0%B0%D1%89%D0%B8%D1%82%D1%8B_%D0%B8_%D0%B4%D1%80%D1%83%D0%B3%D0%B8%D1%85_%D1)).

* 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.

The spread of coronavirus infection in Russia has led to a rejection of the country's movement towards national development goals (<http://www.finmarket.ru/news/5249715>); the Ministry of Economic Development of the Russian Federation predicts a 5% drop in Russia's GDP in 2020, a 12% drop in investments, and a dollar by the end of the year of 75-76 rubles (<http://www.finmarket.ru/main/news/5250556>); household incomes are expected to decrease to%, unemployment - to 6% (<https://www.rbc.ru/economics/06/04/2020/5e8732e89a79470b55b42d72>); in February-March there was a boom in demand for products and household chemicals (<https://www.vedomosti.ru/business/articles/2020/03/07/824710-v>), 10.8% of Russians are concerned about the possible increase in food prices (April , <https://www.dairynews.ru/news/rossiyane-iz-za-pandemii-bolshe-vsego-boyatsya-za-.html>); in June marked a decrease in food costs by vulnerable groups (<https://romir.ru/studies/issledovanie-bcg-i-romir-utomlennye-karantinom>); at the beginning of 2020, there were up to 18 million poor people in Russia, there are no recent data, but a substantial increase is projected: сhairman of the Audit Chamber of the Russian Federation Alexei Kudrin admits that this year Russia may face an increase in poverty (<https://www.mk.ru/economics/2020/05/20/eksperty-nazvali-procent-potencialno-nishhikh-rossiyan-prognoz-neuteshitelnyy.html>, <https://www.rosbalt.ru/business/2020/03/12/1832374.html>).

* 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.

According to experts, up to 26,000 people live in state (16,000) and non-state nursing homes, the total need, in their opinion, is from 41,000 to 103,000 elderly (<https://www.vedomosti.ru/realty/articles/2020/04/08/827502-spros-na-meditsinskie-tsentri-dlya-starshego-pokoleniya-rastet>); no information on the number of elderly people among the homeless has been identified; there is a mention of the fact that the average age of the homeless is 46 years old (data from a survey of NGOs, 2018), which indicate that up to 14 thousand homeless people currently live in Moscow, while there are 2000 places in special institutions (<http://president-sovet.ru/presscenter/news/read/5423/>; <https://iz.ru/1008909/2020-05-08/v-rossii-sozdadut-dopolnitelnye-mesta-v-priiutakh-dlia-bezdomnykh>). According to Amnesty International, among the 519,600 people in places of deprivation of liberty in Russia, at least nine thousand are over 60 years old, and the majority are seriously undermined (<http://www.rfi.fr/ru/%D1%80%D0%BE%D1%81%D1%81%D0%B8%D1%8F/20200331-amnesty-international-%D0%BF%D1%80%D0%B8%D0%B7%D0%B2%D0%B0%D0%BB%D0%B0-%D0%B2%D0%BB%D0%B0%D1%81%D1%82%D0%B8-%D1%80%D0%BE%D1%81%D1%81%D0%B8%D0%B8-%D0%BE%D1%81%D0%B2%D0%BE%D0%B1%D0%BE%D0%B4%D0%B8%D1%82%D1%8C-%D1%87%D0%B0%D1%81%D1%82%D1%8C-%D0%B7%D0%B0%D0%BA%D0%BB%D1%8E%D1%87%D0%B5%D0%BD%D0%BD%D1%8B%D1%85-%D0%B8%D0%B7-%D0%B7%D0%B0-covid-19>).

* 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.

In March 2020, the deputy of the State Duma of the Russian Federation (Parliament) Oksana Pushkina reported an increase in violence against the elderly against the background of the quarantine regime: the number of calls to the helpline for women increased by 24%, the number of calls to crisis centers (only 15 in the country) increased to 20% (<https://www.znak.com/2020-03-30/pushkina_rasskazala_o_roste_zhalob_na_bytovoe_nasilie_nad_pozhilymi_posle_nachala_karantina>, <https://www.rbc.ru/society/22/04/2020/5e9f0a669a79478af08dfa86>); оmbudsman Tatyana Moskalkova, referring to NGO data, said that since April 10, the number of cases of domestic violence has grown 2.5 times. In April, more than 13,000 complaints were received, while in March there were about 6,000, she noted (<https://www.rline.tv/news/2020-05-15-v-mvd-rf-zayavili-o-snizhenii-chisla-sluchaev-domashnego-nasiliya-vo-vremya-karantina-po-koronavirus/>). In the Far East (the city of Komsomolsk-on-Amur) in the Family House for older women who have lost housing, it is reported that 4 women were not able to enter this house during the pandemic because they did not undergo a medical examination; House executives fear an increase in house requests in the post-pandemic economic crisis when someone could lose their homes (<https://takiedela.ru/news/2020/06/13/kasaetsya-zelenyy-svetofor/>). There is no way to find cases of abuse of elderly clients of nursing homes in accessible sources in this period - this does not mean that there is no violence, but it (except for high-profile cases falling into the media) is hidden, underestimated, neglected. The usual complaint mechanisms are: appeals to the prosecutor's office, the administration of rural / urban settlements (the administration of nursing homes), and appeals to the courts. Not all elderly people use these mechanisms without possessing sufficient information (including access to computers / Internet), lacking the skills to handle documents of this kind, or having social advocates / volunteers.

**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.

During the epidemic in Russia, the media noted an "acute shortage of personal protective equipment" for the staff of hospitals treating the infection, this was the same for the capital and for the regions; protective equipment was not enough for paramedical personnel, ambulance staff, staff of district clinics (<https://www.vedomosti.ru/society/articles/2020/04/09/827471-gotovo-rossiiskoe>); since the end of March, a self-isolation regime has been introduced for the population with a special focus on people 65+; the media and social networks recorded a shortage of masks in March and a shortage of gloves in May: seven people allegedly had only one mask, an increase in the cost of these protective equipment and a significant variation in prices in cities and regions (<https://www.kommersant.ru/doc/4342700#id1896170>); according to media reports, the Federal Agency for Ethnic Affairs, for example, on the Yamal Peninsula (the Arctic zone of Russia), has improved the information system for providing assistance to the population during the period, restrictive measures for the spread of the disease, and food delivery (<https://noyabrsk-inform.ru/jamal-stal-primerom-po-podderzhke-korennyh-narodov-severa-v-period-pandemii>); in March, the media reported that the penitentiary system was closed for quarantine and, in fact, the blockade of information on measures to prevent viral infection and the number of sick prisoners, that caused concern for relatives and lawyers (<https://novayagazeta.ru/articles/2020/03/30/84599-v-upk-net-ponyatiya-karantin>), in April, media reported that half of the prison population in Russia are people with weakened immune systems (tuberculosis, oncology, hepatitis, etc.), and some with deep immunodeficiency (HIV-infected). These individuals are at highest risk. As we see in practice, it is precisely those who have chronic diseases who die from the coronavirus today in the wild, tests for the presence of coronavirus in colonies and pre-trial detention do not (<https://novayagazeta.ru/articles/2020/04/04/84717-osvobodite-iz-pod-strazhi-obvinyaemyh-v-nenasilstvennyh-prestupleniyah-vo-vremya-pandemii>); in the second half of April, the Ministry of Labor of the Russian Federation recommended "full quarantine" in nursing homes in all regions (<https://www.gazeta.ru/social/2020/04/23/13060213.shtml>); those migrant workers who retained jobs against the backdrop of the pandemic used the same individual protection measures, while the media reported outbreaks of Sovid-19 in migrant workers' dormitories, but the economic crisis against the backdrop of the pandemic, the suspension of industries in which they labored and the inability to return to their homeland (<https://rg.ru/2020/04/30/reg-dfo/trudovye-migranty-iz-stran-sng-stali-zalozhnikami-situacii-s-pandemiej.html>, <https://novayagazeta.ru/articles/2020/04/21/85029-vremenno-mestnye?print=true>, <https://rus.azattyq.org/a/migrant-laborers-coronavirus/30558831.html>).

* 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?

For the period of the pandemic, measures to accommodate foreign workers were mitigated, including permission to work even if the patent expired, the period of stay of Russian foreigners was extended for the period March-June (<https://www.interfax.ru/russia/705615>).

* 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?

**Accountability and justice**

* 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?

Surveys of the population at the beginning of the pandemic in Russia showed that 52% of the population is dissatisfied with the state of health care - there is a high payment for quality medical care, a shortage of doctors and equipment; the health care reform of recent years has led to a reduction in medical beds and infectious disease doctors, and the staff of middle and junior hospital staff have also been significantly reduced. There were significant reductions (2.5 times) in infectious beds, both in the regions and in the capital. Since the incidence of infectious diseases (since 1990) has decreased slightly, all this has led to an increase in the burden on infectious disease doctors, affecting the shortage of doctors during the pandemic. Against the backdrop of the pandemic, it was revealed that almost half (46%) of equipment for mechanical ventilation was older than 6 years, a deficiency of this equipment was detected in the regions; The absence of guidelines for calculating the needs of medicines, personal protective equipment, medical beds and equipment was also revealed. Against the backdrop of the pandemic, it was revealed that almost half (46%) of equipment for mechanical ventilation was older than 6 years, a deficiency of this equipment was detected in the regions; The absence of guidelines for calculating the needs of medicines, personal protective equipment, medical beds and equipment was also revealed. Only 5.3% of the country's GDP goes to healthcare, this is 120th place in the world. All of the above directly affects the health status and quality of life of older people in the country. (<https://www.vedomosti.ru/society/articles/2020/04/09/827471-gotovo-rossiiskoe>).

* 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?

The media reported on the dismissal in a number of regions of the country of chief physicians of hospitals, heads of the social assistance sector for the lack of effectiveness in organizing anti-epidemic measures. So, in March, the head doctor of the regional hospital (Kaluga region) was fired for a vacation during the pandemic (<https://lenta.ru/news/2020/03/24/explainn/>); in the Smolensk region (May), the head of the regional Department of Social Protection for Covid-19 Diseases in three nursing homes was fired (<https://tass.ru/obschestvo/8503557>). Between March and April, 10 regional health ministers were resigned, and in one of the regions (Republic of Komi), ministers were replaced twice amid rising incidence of Covid-19 (<https://stolica-s.su/news/society/261430>).

**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.

By mid-April, Moscow health care had reassigned up to 30 clinics for the needs of the pandemic; a new infectious diseases hospital with 600 beds was built in New Moscow (<https://www.1tv.ru/news/2020-04-13/383851-okolo_30_moskovskih_bolnits_pereprofilirovany_pod_bolnyh_koronavirusom>); after Moscow, the reprofiling of ordinary hospitals for infectious diseases began in the regions (<https://www.1tv.ru/news/2020-04-17/384125-v_rossiyskih_regionah_stali_pereprofilirovat_bolnitsy>); when re-profiling hospitals, patients (among them many elderly people) faced the problem of limiting planned hospitalizations, including for surgical treatment, only in emergency cases patients with noncommunicable diseases received treatment (<https://www.vedomosti.ru/society/articles/2020/04/09/827471-gotovo-rossiiskoe>). Since March in Moscow, the diagnostic and therapeutic capabilities of private clinics have been attracted (<https://www.kommersant.ru/doc/4308868>). No special measures have been received regarding the needs of older people in hospitals; Russian hospitals for adults practically do not differ in age groups.

By the beginning of the epidemic in Russia, there were up to 50 organizations providing asylum to women and children with a number of places from 3 to 40 people., In total up to 1.5 thousand people. Some shelters limited the reception of new customers, some were overloaded (<http://wcons.net/novosti/pandemija-agressii-kto-i-kak-pomogal-zhertvam-domashnego-nasilija-v-rossii-vo-vremja-karantina/>). There are no special shelters for older women in the country.

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

In May, in the Omsk Region, a 78-year-old disabled person went on a hunger strike and went to the prosecutor’s office due to restrictions on social and medical care at home (<https://www.omskinform.ru/news/141431>); in Karachay-Cherkessia (region of the country), in June prosecutorial checks began against the backdrop of significant cases of Covid-19 disease, lack of drugs and personal protective equipment (<https://stavropolye.tv/news/134697>). It is impossible to find data on official complaints of the elderly during a pandemic in accessible sources; in the websites of regional prosecutor’s offices viewed, the age is not mentioned when describing citizens ’appeals.

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.

In all the speeches of the President of the country (from March 30), older people were mentioned and the need for protective anti-epidemic measures against them, including with regard to elderly clients of nursing homes, the need for self-isolation (<https://www.1tv.ru/news/2020-03-30/382901-v_rossii_udalos_ne_dopustit_samogo_tyazhelogo_stsenariya_s_koronavirusom_otmetil_vladimir_putin>); аt his meeting on March 25, Prime Minister Mishustin pointed out to senior groups at particular risk and explained the need for home quarantine; from that day, Mayor Sobyanin announced in the capital a home quarantine for people 65+, which concerned both working and non-working pensioners; Governor of the Moscow Region spoke about similar measures (<https://rg.ru/2020/03/25/mer-moskvy-samoizoliaciia-pozhilyh-liudej-ne-lishit-ih-pomoshchi.html>). The Moscow Mayor also announced compensation for the elderly 65+ in the form of material payments immediately after the start of the self-isolation regime and upon its completion, to those who did not violate this regime; already on March 25, the deputy mayor for social affairs announced the payment of this compensation to 1.6 million seniors in Moscow (<https://rg.ru/2020/03/25/mer-moskvy-samoizoliaciia-pozhilyh-liudej-ne-lishit-ih-pomoshchi.html>, <https://regnum.ru/news/2895586.html>). The speaker of the upper house of the State Duma of the Russian Federation (parliament) V. Matvienko on March 25 thanked the volunteers and those citizens who provide assistance to older people in the context of the outbreak of the coronavirus epidemic (<https://www.pnp.ru/politics/valentina-matvienko-rasskazala-o-bystroy-reakcii-mikhaila-mishustina-na-predlozheniya-senatorov.html>). Since the end of March, Headquarters have been set up in most regions of the country to counter the spread of the epidemic, with emphasis on supporting vulnerable populations, including older people. Regional volunteer movements of young people were created to deliver food and medicine to the elderly; methods of interaction between district doctors and social workers to support older people were developed, and unified volunteer hotlines were created (<https://tass.ru/obschestvo/8094083>).

To unsatisfactory practices (and there is very little information in the media), I attribute the following: having focused on delivering food to the elderly 65+, it is not reported, for example, how home health care was organized for elderly people with limited mobility - how much it was adequate to their needs, especially since hospitalization of ordinary patients was limited due to Сovid-19; revealed (in our Internet research) the lack of online programs / films / telephone applications for physical therapy for the elderly, all the programs found are targeted only at young people; the experience of the epidemic also showed a lack of psychological support for the elderly against the background of massive negative information from official and informal sources.

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.

No such data were found.

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)