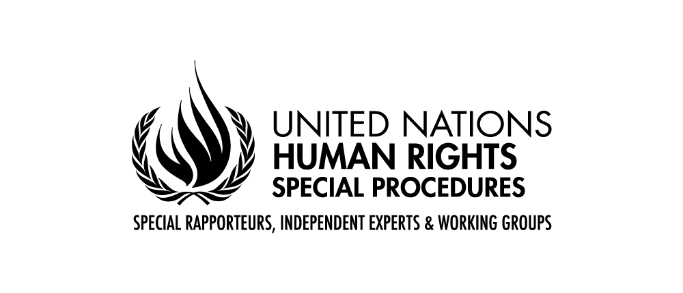
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**Informal conversation of the Human Rights Council**

**with Special Procedures**

**Statement by Dainius Puras**

**Member of the Coordination Committee of Special Procedures**

**Geneva, 30 April 2020**

Madam President,

Distinguished delegates,

Representatives of civil society,

Following the presentation of my colleague, I will continue presenting the significant work that special procedures mandate holders have accomplished during these weeks when the world is facing the COVID-19 pandemic. We have joined forces to coordinate human rights action, which, we believe, is more important now than ever.

Advances in biomedical sciences are very important to realize the right to health. But equally important are human rights. The principles of non-discrimination, participation, empowerment and accountability need to be applied to all policies. This is the only way to manage the pandemic effectively.

This is why my colleagues and I expect that today’s conversation will be one step forward in the commitment of all of us – the Human Rights Council, OHCHR, special procedures, civil society - bound by a human rights based approach – to ensure more mutual understanding, trust and agreement than ever on how this unprecedented crisis should be managed (and how it should not).

In the past years, the SP system and the Coordination Committee have enhanced their efforts to address the so-called Geneva-NY gap and to strengthen the synergy between the three pillars of the UN (peace and security, development, human rights). Crisis like the one we are facing today is a real opportunity to revitalize these initiatives and translate in concrete terms the fact that human rights should be mainstreaming in all UN Actions. This crisis gives us also the opportunity to concretize the Call to Action on Human Rights that the Secretary General launched at the beginning of March by ensuring that human rights are indeed central to the response to COVID-19.

All mandate holders had important issues to raise as the pandemic and measures to counter it emerged globally. I will touch upon some specific responses and specific groups in vulnerable situations.

My colleagues have made recommendations related to specific responses to the crisis

Emergency measures need to be in place, and we agree that evidence-based measures, also those that restrict rights and freedoms, are needed to protect health. Testing, contact tracing, isolation, quarantine are needed. However, all measures need to be proportionate and non-discriminatory, and limited in time and purpose. Mandate holders have raised concerns over measures that discriminate certain groups or have other purposes, and are used at the guise of protecting health. This is unacceptable.

The repeated message now is to stay home. But what about the 1,8 billion of people who live in homelessness or in grossly inadequate housing? How can we require physical distancing from people who live in over-crowded conditions? How can we blame them for violating the rules?

In these particular circumstances, access to reliable and accurate information is of utmost importance. Pandemic can be managed effectively only with truthful information. In this context, the right to freedom of expression (right to seek, receive, impart information) has to apply to everyone and journalists need to be protected. This is of particular importance for the protection of health. If the information is diverted from the truth, it could lead to the spread of conspiracy theories and fake news that can be detrimental to health.

The right to privacy also needs to be protected. Technologies may be used for tracking the spread of the virus. However, we urge that any use of such technologies abide by the strictest protection provided by human rights law, ensuring that safeguards are in place and these technologies are limited in use, in purpose and time.

Madame President,

The availability of medical and personal protection equipment for healthcare workers is crucial to save lives of COVID-19 patients and to protect the health and lives of healthcare workers. We express our gratitude and admiration to health workers around the world who heroically fight the outbreak. They face huge workloads, risk their own lives and are forced to face painful ethical dilemmas when resources are too scarce. Healthcare workers need to have all possible support from States, business, media and the public at large.

The right to association and peaceful assembly remains as important as ever. This right is essential to foster mutual trust and understanding between the authorities and the population, including trade unions and civil society. An effective management of a pandemic requires a vibrant civil society. In addition, ensuring a good health can be promoted only with the active participation of people and their empowerment. Shrinking the space for civil society in this particular moment is certainly not the right response.

My colleagues have also addressed financial issues and the role of businesses. Mandate holders have expressed concern that “saving economy at any costs” can be harmful. This approach is often accompanied by a lack of serious efforts to reduce inequalities. Our view is that fiscal stimulus and social protection packages aimed at those least able to cope with the crisis are essential to mitigating the devastating consequences of the pandemic. Governments might consider the introduction of an emergency universal basic income. Mandate holders have also issued several recommendations related to financial aid.

This global health and economic crisis is an unprecedented test for governments and businesses not to lower human rights standards and we urge them not to cut corners in the push for economic growth. It is vital to protect workers who are most vulnerable to abuse and loss of livelihood.

Madam President,

Let me now turn to how mandate holders have addressed the situation of specific groups, communities or populations.

First of all, the response during the crisis and the recovery phase should be gender based. Mandate holders find that women are particularly exposed, with many on the frontlines in the COVID-19 fight, providing essential medical and other services, and keeping communities running. The disproportionate share of women’s care responsibilities, due to cultural stereotypes on gender roles within the family, has increased significantly, affecting their physical and mental health. States should provide universal health care for all women and girls, including uninterrupted access to a full range of sexual and reproductive health services.

Children may also be affected by pandemic and by the measures affecting them such as the closing of schools that may deprive them from education and school meals or the fact of staying home where they can be confronted to violence.

Persons with disabilities should not be left behind, and should not be discriminated when it comes to healthcare services, including life-saving interventions. Mandate holders have expressed concern about the immense challenges that persons with disabilities are experiencing due to emergency measures, which have resulted in the disruption of support networks essential for their survival; the rise of discriminatory triage protocols that restrict access to health care and life-saving measures, including ventilators; and their isolation in institutions, nursing homes, psychiatric and other facilities that have become hotspots of the pandemic, where 40 to 50 per cent of the fatalities take place.

Older persons are particularly vulnerable, not only because the virus targets this group more often. They may be affected by loneliness, poverty, neglect – whether at home or in nursing homes. Mandate holders find that older persons do not only face a disproportionate risk of death but they are further threatened by COVID-19 due to their care support needs or by living in high-risk environments such as institutions.

Mandate holders have also raised concerns over situation of minorities, people from African descent, migrants, asylum seekers, refugees, indigenous peoples, LGBT and gender diverse persons, persons who use drugs, persons deprived of liberty or persons in institutional care to name only a few.

These are different groups, with different needs, facing different challenges. However, the common denominator is that they may be suffering disproportionately, especially by discriminatory attitudes. If these discriminatory attitudes and related actions prevail in policies and practices, these people will be suffering, but they will not be the only one. The effectiveness of containing the epidemic will suffer. The public health of the population will suffer. We should learn from other epidemics (such as the AIDS epidemic) and public health disasters that the spread of the disease is fuelled by discrimination, poverty, inequalities, xenophobia, violence – and these are now allies of the COVID-19.

Today we are united and have the common goal to end the COVID-19 pandemic. While we should implement emergency public health measures, such as isolation, quarantine or social distancing, these measures will be not enough. Other measures are needed. These are solidarity, mutual understanding, respect and trust, participation and empowerment of people, equality and social justice, accountability and political leadership to promote human rights as a powerful tool.

These measures are not in contradiction with emergency public health measures. They are also public health measures, in the modern understanding of public health. Synergy between these two sets of measures – emergency measures and human rights based approach – is the only way to defeat the pandemic and mitigate the negative consequences of this crisis. Mandate holders welcome the good examples of such synergy in many countries, while they also remain concerned at many other actions undermining human rights.

Madam President,

COVID-19 is a serious global challenge. But it is also a wake-up call for the revitalization of universal human rights principles. These principles and trust in scientific knowledge must prevail over the spread of fake news, prejudice, discrimination, inequalities and violence.

Together we can face this unprecedented challenge. Only with concerted multilateral efforts, solidarity and mutual trust, will we defeat the pandemic while becoming more resilient, mature and united.

When the vaccine for COVID-19 comes, it should be provided without discrimination. Meanwhile, as it is still to come, the human rights-based approach is already known as another effective pathway in the prevention of major public health threats.

I would like to conclude by stressing that in addition to their immediate reaction and recommendations on how to deal with the crisis today, mandate holders are already looking at the future, at the consequences of this crisis, and at the lessons that we should learn moving forward.

Hence, several of our colleagues have already shared some thoughts for the future and for a medium and long term recovery. Let me highlight two messages in this context:

My colleagues observed that the year prior to the current crisis was marked by an unprecedented wave of protests around the world. While the demands and concerns of the protesters differed from context to context, protesters consistently called for more democratic governance, greater respect for human rights, increased equality, an end to austerity, and meaningful steps to combat climate change and widespread corruption.

The current crisis is unlikely to alleviate these demands; if anything, the economic downturn caused by the crisis, combined with financial measures that enhance inequality, will only serve to exacerbate underlying causes. It is vital in this context that States’ responses to the crisis take citizens’ demands fully into account, and that States take measures to adopt more democratic governance structures, to enhance rights protection and fulfilment, to reduce inequality, and to ensure that the transition to greener and more sustainable energy sources receives increased support and attention.

My colleagues have also noted that three-quarters of emerging infectious diseases are ‘zoonoses’ - meaning that they jump from wild or domesticated animals into humans. This includes Ebola, SARS, MERS, and now COVID-19. A range of environmentally damaging human activities raise the risk of future zoonotic diseases. To reduce the catastrophic risks posed by zoonoses will require an end to deforestation, limiting the destruction of natural wildlife habitat, clamping down on illegal wildlife trade, urgently addressing climate change, and making changes to industrial agriculture, Intensive livestock operations, and human diets

Finally, I would like to conclude by stressing that all recommendations and advice issued by mandate holders have also a clear preventive role. If the advice and recommendations of mandate holders are followed and integrated in our response to COVID-19, a lot of potential human rights violations could be avoided. I would encourage all of you to consider them in this perspective.

I thank you.