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## **Physicians for Human Rights Statement to the United Nations COVID-19 Special Session**

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The United Nations Special session of the General Assembly in response to the coronavirus disease (COVID-19) pandemic comes at a critically important time. It provides an opportunity for all Member States to affirm that respect for and promotion of human rights must be at the core of the global response to the COVID-19 pandemic. Months ago, Secretary-General António Guterres pronounced the pandemic to be “the greatest test that we have faced together since the formation of the United Nations.” To date, this test has not been met. At the end of 2020, health systems are stretched to their limits, economies are threatened, employment has plummeted, and education is stalled due to new surges of infections. As humanitarian crises proliferate unchecked and unattended, as health care workers remain under-supported and – in too many cases – under attack, as deaths among the most vulnerable skyrocket, and as prominent leaders peddle disinformation and denial of science, the pandemic has exposed glaring racial and ethnic disparities, global inequalities, and challenges to the respect for human rights everywhere.

Working at the intersection of medicine, science, and human rights, Physicians for Human Rights (PHR) calls for states to adopt rights-based responses to COVID-19, driven by science and respect for human rights and public health directives. We urge states to adopt the following measures as areas of priority:

### **Respect and promote the rights and safety of all health workers**

The inadequate supply of personal protective equipment (PPE), including basic surgical masks and N95 respirators, for health workers on the front lines of the COVID-19 emergency remains a global crisis. To ensure effective prevention and treatment, states must ensure that health workers and facilities are adequately resourced – including adequate training, PPE, and testing kits – to protect all health workers, ranging from doctors and nurses to technicians and cleaning staff, who are exposed to SARS-CoV-2, the virus which causes COVID-19.

In response to inadequate safety conditions, many health workers have spoken out publicly and then faced threats and retaliation for having expressed their concerns. States and health systems must actively protect the rights of health workers and offer them a safe platform to raise concerns. In addition, PHR calls for all health workers to have access to transparent and accurate information about the coronavirus threat level and associated health impacts, both in their communities and their workplaces, and to



be guaranteed that they are able to perform their duties safe from physical attacks and verbal abuse from any source that threatens their work, safety, and well-being.

As vaccine programs launch, it will be critical to monitor and denounce violence and attacks against public health and all those involved with COVID-19 vaccination efforts.

**Ensure that accessible, acceptable, quality health care is available to all, including safe, effective, trusted, and equitable roll-out of vaccines**

To ensure an effective, rights-based response to the health threats of coronavirus, states must ensure that health care and public health responses are available, accessible, acceptable, and of sufficient quality, particularly for at-risk populations, in keeping with international human rights standards. The Committee on Economic, Social and Cultural Rights provides essential [guidance](#) on implementation of the right to the highest attainable standard of health. States must recognize, measure, and actively work to address disparities in access to health care. To this end, states must collect data disaggregated by demographics such as gender, age, race, ethnicity, religion, and socio-economic status. A human rights lens is essential to ensuring an equitable response to the pandemic, including adopting necessary steps to provide equitable access to treatments, vaccines, and tests.

As safe and effective vaccines begin to be disseminated, it is vital that frontline essential health care workers receive vaccinations. We must define such workers broadly to include frontline doctors, nurses, and medical assistants who need to be vaccinated in order to function safely – but also health care clerks, custodians, food workers, and workers in social care, such as home health workers.

States must commit to multilateral cooperation, which is required to ensure vaccines are provided to marginalized, at-risk populations, including migrants in detention, undocumented workers, people in state custody, those at risk or displaced in conflicts zones, stateless people, and those fleeing violence or seeking asylum from persecution.

To ensure public and clinician trust in any vaccine that is approved, rigorous scientific review processes must be completed for all vaccines distributed. Transparency and communication about the evidence underlying any approved vaccine will be critical. Such public communication will only be effective with the engagement and full participation of key community stakeholders and trusted representatives of all sectors of society.



## **Abide by humanitarian principles and ensure a robust humanitarian response in conflict settings**

A vast number of the world's population live in conflict-affected areas, and a [record 168 million people](#) required humanitarian assistance and protection prior to the COVID-19 pandemic. In the light of the unique dangers to these populations, states, regional, and multilateral bodies must ensure that their health and broader humanitarian needs are met at this time. As an immediate priority, attacks on health care – which PHR has [documented](#) across conflict zones – must cease immediately, and belligerents must commit to abiding by the laws of armed conflict without reservation. All parties must abide by international humanitarian law and cease all attacks on civilians and civilian infrastructure. State and local actors must guarantee full, safe, immediate, and unhindered access for humanitarian and medical personnel, their equipment, and supplies to areas at high risk.

## **Recognize and mitigate the adverse impacts of COVID-19 responses on human rights**

States have invoked “emergency powers” that can suppress basic human rights. These include unnecessary use of force, excessive militarization of civilian spaces, draconian and sweeping application of curfews and quarantines, suppression of freedom of movement, and undermining of the right to seek asylum. The Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights (1984) provide essential standards by which states’ responses can be assessed. When imposing any necessary restrictions on basic freedoms and services, states must consider and mitigate any subsequent human rights impacts or human rights violations committed against those at increased risk in this context. For example, there is an [alarming rise](#) in sexual and gender-based violence across the world, including intimate partner violence, and in violence used to “enforce” curfews and social distancing measures. Such second order impacts, if unaddressed, may give rise to serious violations of the human rights of especially marginalized populations.

Emergency situations, particularly in relation to public health, require both the protection of basic human rights *and* an enhancement of state reliance on human rights approaches and frameworks. For countries across the world, effective responses will rest on commitments to accountability, public oversight, transparency, and cooperation.

## **Recommendations on COVID-19 in Conflict Areas**

The magnitude of the COVID-19 spread among IDP and refugee camps around the world, including where PHR and our partners work in Bangladesh, Iraq, Syria, Yemen, and along the United States border, continues to be of tremendous concern. The virus can exacerbate the existing vulnerabilities of displaced and conflict-affected populations



due to deteriorated health and the humanitarian, economic, and protection systems available to them. In many of these contexts, the systems for health care provision are already precarious; restrictions that are necessary to prevent the spread of COVID-19 can further hamper already limited provision of care. The international community must put the needs of vulnerable populations at the center of any measures that seek to respond to the outbreak. These populations must have equitable availability and access to quality public health, humanitarian response measures to suppress and lessen the impact of this pandemic, and affordable medical care to address COVID-19-related and ongoing health needs.

It is also essential in post-conflict areas, such as the reconciled areas in Syria, that there be equitable access to health care and vaccinations with no discrimination based on political affiliation. A PHR investigation of the health and human rights situation in the reconciled area of Daraa, Syria found that the right to health of the population has been severely compromised through discrimination, neglect, failure to allow for humanitarian assistance, and suppression of vital information about the pandemic. In these and other such areas, governments must ensure the delivery of aid and the allocation of health services so the World Health Organization, other UN agencies, international NGOs, and local actors can reach populations in a neutral, effective, and equitable manner.

Although individual states and multilateral organizations have not yet met the test posed by the COVID-19 pandemic, it is not too late. The current UN Special session represents an important opportunity for all UN member states to work together to meet the current challenges. Integral to these efforts must be the respect for and promotion of human rights.