Rights in the time of COVID-19

Lessons from HIV for an effective, community-led response.

Seven takeaways:

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1. Engage affected communities from the beginning in ALL response measures—to build trust, ensure suitability and effectiveness, and to avoid indirect or unintended harms and ensure the frequent sharing of information.

2. Combat all forms or stigma and discrimination, including those based on race, social contacts, profession (healthcare workers), and those directed towards marginalized groups that prevent them from accessing care.

3. Ensure access to free or affordable screening, testing and care for the most vulnerable and hard to reach.

4. Remove barriers to people protecting their own health and that of their communities: fear of unemployment, healthcare costs, presence of fake news/misinformation, lack of sanitation infrastructure and so forth.

5. Restrictions to protect public health must be of limited duration, proportionate, necessary and evidence-based and reviewable by a court. Put in place exceptions where necessary for vulnerable groups and to ameliorate the consequences of such restrictions. Blanket compulsory bans are rarely effective or necessary. Individuals should not be criminalized for breaching restrictions.

6. Countries must work to support each other to ensure no country is left behind, sharing information, knowledge, resources and technical expertise.

7. Support and protect health care workers. Be kind to each other. Join and support efforts that build trust and amplify solidarity, not sanctions.

Introduction

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1. As the world scales up public health responses to the COVID-19 pandemic, countries are being urged to take decisive action to control the epidemic and provide necessary services and diagnostics to the people who need them. Countries are being requested to take a comprehensive approach tailored to their circumstances, with containment as the central pillar. However, as in all acute epidemics, especially where casual person-to-person transmission occurs, there is a need to ensure that the response is grounded firmly in human rights.

2. Forty years of responding to the HIV epidemic has generated significant experience and lessons learned on the importance of a human rights-based approach to ensuring effective and proportionate responses to epidemics. Key among them is the need to have a community-centred and informed response, one that embraces solidarity and kindness, that prioritizes the most vulnerable and that empowers people to be able to take action to protect themselves and others from the virus. These are essential for creating trust between affected communities, the government and public health officials, without which it is unlikely the response with be either rapid or effective. Equally, swift action must not be rendered ineffective by existing inequalities, lack of information and barriers related to cost, stigma, privacy and concerns around employment and livelihoods.

3. UNAIDS has consulted with the HIV and Human Rights Reference Group, experts from civil society, academia and public health and other United Nations agencies to identify key learnings from the HIV response that are critical in ensuring an evidence-informed and effective response to an epidemic. We are deeply grateful to everyone for their inputs. The principles and considerations below for a rights-based and community-centred approach to addressing the COVID-19 epidemic are based on the outcomes of those consultations.[1]

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An empowerment approach, focused on the barriers that people face to protecting their health and the health of others
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1. In times of fear and panic, some countries may resort to politically-driven, restrictive, stigmatizing and punitive measures. These may include compulsory blanket travel restrictions, quarantining large groups of people, combining people who have and people who do not have the virus, publishing the names and details of people who have the virus, using stigmatizing language such as "super-spreaders" or criminalizing people who may have breached restrictions or transmitted the virus to others.

2. From the HIV epidemic we have learned that restrictive, stigmatizing and punitive measures can lead to significant human rights abuses, with disproportionate effects on already vulnerable communities. They can often undermine epidemic responses, sending people with symptoms underground and failing to address the underlying barriers that people face in attempting to protect their own health and that of their community. Indeed, for COVID-19, the World Health Organization does not advise implementing compulsory large-scale restrictive measures such as disproportionate or overly restrictive bans on travel or free movement.[2]

3. An approach that moves away from compulsory restrictions towards a focus on reaching and serving those who are most vulnerable, scaling up screening and testing for those most in need, empowering people with knowledge and tools to protect themselves and others (e.g. for COVID-19, increased social spacing) and the removal of barriers, mirrors the learnings from the HIV response. This is a response **that prioritizes a human rights approach, centring on evidence, empowerment and community engagement**. People working in the HIV response have recognized that people often face significant barriers when protecting their health and that of others—lack of access to correct information, concerns about unemployment or loss of wages, lack of ability to pay for testing and diagnostics, ongoing carer responsibilities and fear of stigma and discrimination if they are tested positive. Overwhelmed health-care services may turn people away as resources run short. It is only through removing those barriers that we can ensure an effective response. In addition, we need supportive communities, since people may require assistance from community members to self-isolate—to take up some of the unpaid care work they normally do, shopping for those who live alone or checking on people without a large support circle.

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2 The World Health Organization outlines a four-pronged approach: First, prepare and be ready. There are still a number of countries with either no reported cases or that have reported 10 cases or fewer. All countries with cases have unaffected areas—there is still an opportunity to keep it that way. Countries should prepare communities and health facilities. Second, detect, prevent and treat. It is not possible to fight a virus if we don't know where it is. That means finding, isolating, testing and treating every case, in order to break the chains of transmission. Third, reduce and suppress. To save lives, we must reduce transmission. That means finding and isolating as many cases as possible and quarantining their closest contacts. Even if it is not possible to stop transmission, it can be slowed down and health facilities can be protected, as can old age homes and other vital areas, but only if all suspected cases are tested. And fourth, innovate and improve. This is a new virus and a new situation. We're all learning and we must all find new ways to prevent infections, save lives and minimize impact. All countries have lessons to share.

4. Compulsory restrictive and punitive measures do nothing to remove obstacles for the most vulnerable, or empower communities—instead, they exacerbate barriers for the people most in need and potentially increase the vulnerabilities of people and communities. They can break down the trust between the government and the community and remove the feeling of ownership and power that people and communities need in order to look after themselves and each other. In effect, we lose those crucial elements that are so necessary: **kindness, solidarity and an ethic of care**.

5. These concepts are not new. They are found in international human rights obligations and laws that provide a framework for ensuring that public health efforts are proportionate, necessary, reach the most vulnerable and do not unnecessarily limit other human rights—elements that will ultimately make the response more effective.

Key human rights and fundamental principles

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1. Human rights law mandates that all human rights are **inalienable, universal, interdependent and indivisible**. They place binding obligations upon governments, including, indeed especially, in times of emergency. They apply to everyone without discrimination and are indivisible: one set of rights cannot be sacrificed for the sake of others.

2. While human rights law allows for **the limitation or derogation of some rights** for legitimate purposes, such as to protect public health, there are strict boundaries on when, how and to what extent rights may be limited. **Any limitation must be for a legitimate aim and must be proportionate to that aim, necessary (effective and evidence-informed), time-bound, non-arbitrary (non-discriminatory) and according to law**.

3. **Participation** is a fundamental principle of human rights. All government policy and action must allow for **the direct and meaningful participation of communities** (particularly those affected and most vulnerable), which presupposes transparency in information and decision-making. Only then will a response be grounded in the realities and needs of all people, avoid unintended breaches of human rights, build trust in government and among communities and be more effective. Communities are also a strength and their role in the response is a crucial one, as people help each other to seek care, to self-isolate, to access medicines when needed and to look after each other's families.

4. **Equality and non-discrimination**. Governments must refrain from acting in a manner that either directly or indirectly discriminates against individuals or groups, including avoiding unintended consequences of policies and programmes and protecting against third party discrimination. This includes recognizing that existing inequalities and vulnerabilities may mean that the epidemic and the response may have a disproportionate effect on particular populations and acting to mitigate this inequality accordingly.

5. Communities must have access to **accountability mechanisms and remedies** in situations where their rights have been, or are at risk of being, breached.

6. Key rights that are often implicated in public health emergencies include **the right to health, the right to privacy and confidentiality, the right to movement and liberty, the right to employment, the right to non-discrimination, freedom of assembly and expression and the right to information**.

Human rights in the context of an epidemic—what does this mean in reality?

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COMMUNITIES AT THE CENTRE

Communities must be part of decision-making, governance and monitoring

1. The history of the HIV epidemic has made clear that any response will only be effective when affected communities are meaningfully involved in its development, implementation and monitoring. Governments must ensure that in developing any response, including travel restrictions or testing regimes, that communities are at the governance table and part of the team determining suitability and effectiveness, not merely at the beginning, but at all stages of the response, given the need for responses to evolve and adapt to rapidly changing environments. Where communities were not involved at the beginning, bringing them to the table now should be a priority. Community and public participation is also necessary for creating ownership of a programme or policy and trust in the response.

2. The concept of what is an affected community may be different in each epidemic. Relevant communities should include those most likely to be affected by the epidemic. This may be because they themselves are vulnerable to the virus, such as health-care workers, people who are older or people with pre-existing health conditions; or because they are less likely to be able to take steps to protect themselves or access services, such as prisoners, people on the move, people who are homeless or in informal settlements, key populations or people living with a particularly disability; or finally because existing social, economic and political structures mean they may be indirectly affected, for example through traditional gender roles of carer or because they are in insecure work. (This is by no means an exhaustive list.)

    → *When preparing for epidemics, members of communities generally considered more vulnerable to an epidemic should have a place at the governance table. Early in the epidemic, steps should be taken to identify other populations at risk and to ensure that members of those communities are equally represented in ongoing discussions and decision-making. If community members have not yet been brought to the table, this should be a priority (it's never too late to start).*

3. Ensuring participation of communities is an essential function of the government and a core part of democracy. Platforms for community voices and civil society participation should not be decreased or stopped as part of a paring down of government activity in a crisis unless particular platforms or events themselves are deemed to be a high risk for virus transmission.

Empowered communities are key to an effective response

4. Communities also play a key role in the response itself. Community leaders, including leaders of faith-based organizations, may play a role in disseminating accurate information, in preventing panic and in confronting stigma and

discrimination. When schools close down or people are asked to self-isolate, communities are needed to make sure that they have food and medical supplies and that children are looked after. They are able to monitor the response from the ground, to see how it is affecting vulnerable groups and bring issues to the attention of the government and service providers. To do this they must have access to transparent and accurate information as well as access to government officials in order to keep an open dialogue and report concerns.

→ *States should ensure that communities are empowered with the information they need to both protect themselves and help others. Lines of communication should be open to receive feedback from the community. Community leaders should be recruited to disseminate information.*

Ensure access to information and freedom of speech

5. One of the major lessons learned during public health events of recent decades, including SARS, H1N1, Ebola, MERS and longer-running epidemics such as HIV, is the effect that a lack of information or misinformation has had on communities and the importance of risk communication and community engagement. It is only through correct and readily available information on how HIV is transmitted and how it can be prevented that we have any hope of ending the epidemic by 2030. The same is true for any epidemic: people must be empowered to protect their health and seek assistance where necessary. Public health professionals likewise require timely and accurate information in order to act quickly and effectively. Community leaders are often best at ensuring the spread of information and reassurance. All these actions are only possible if information is freely exchanged and accurate.

6. Although communicating uncertainty and risk while addressing public concerns can be a challenge, failure to do so can lead to a range of outcomes, including a loss of trust and reputation, economic impacts and, in the worst case, a loss of lives. One of the most important and effective interventions in any public health response is to proactively communicate what is known, what is unknown and what is being done to get more information, with the objectives of saving lives and minimizing adverse consequences. Regular, proactive and reliable communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings. People have the right to be informed about and understand the health risks that they and their loved ones face.[3]

7. People also have the right to be protected from misleading or false information. In this time of fake news and its rapid dissemination on social media, efforts must be made by governments, the media, communities and the private sector to rapidly identify and address fake and misleading information.

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3 The World Health Organization has documented guidance from learning in Wuhan, China, of the importance of clear communication and community engagement (https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(-ncov)) and keeps a dashboard updated with daily briefings on its main website: www.who.int.

8. While temporal limitations of rights may be argued in certain circumstances, the experience in the HIV epidemic has shown that there is no public health situation that would justify limiting freedom of expression or access to information. Note that this does not extend to restrictions on the spreading of fake news / misinformation which is not protected under human rights law.

→ *States should refrain from restricting freedom of speech and the free flow of information and must ensure that communities are regularly provided with the best available and most up-to-date information and guidance.*

EQUALITY, STIGMA AND DISCRIMINATION

Take steps to reduce and confront stigma and discrimination against people, communities and nationalities

9. From the history of the HIV epidemic, we have seen how stigma and discrimination negatively affects people's physical and mental health and social support. Further, stigma and discrimination can lead to significant human rights breaches and abuses, leaving the most vulnerable further behind. Certain language and attitudes, breaches of privacy and criminal approaches can all lead to stigma and discrimination.

10. **Governments need to work to prevent the creation of stigmatizing views or attitudes**, both in health-care settings and more broadly, and must work to combat such attitudes when they arise. UNAIDS' experience is that such stigma only serves to send people and communities underground and ultimately threatens the success of any response.

11. **Words matter**. The way governments, communities and the media speak about an epidemic, its modes of transmission and people who have the virus can all shape the way people and communities are perceived and treated. Avoiding phrases such as "super-spreader" or choosing neutral phrases like "acquired" rather than "infected" can make a difference as to whether people feel empowered and willing to be tested and self-isolate, or to provide help to others in need.[4]

12. Associating the virus with a particular region, nationality, race or even town has also seen a rise in racism, xenophobia and even stigmatization of local regions and towns. We know from the HIV response that this can create significant stigma against particular groups. This in turn can lead to discriminatory behaviours, further isolate people and communities or, conversely, breach the privacy of individuals, in all cases impacting both on their mental health and on access to services and, in some cases, the very real threat of violence. It can potentially also lead to politically-driven responses based on fear and stigma rather than evidence.

13. People who are at risk of or who have acquired the virus may receive stigmatizing or discriminatory health care on other grounds. This too can create significant barriers to accessing services. From the work in HIV, it has been seen that certain

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4 The World Health Organization, International Federation of Red Cross and Red Crescent Societies and United Nations Children's Fund have put together a useful guide on avoiding or reducing stigma (https://www.epi-win.com/sites/epiwin/files/content/attachments/2020-02-24/COVID19%20Stigma%20Guide%2024022020_1.pdf).

communities, because of their HIV status, or their sexual orientation or gender identity, or their use of drugs, are more subject to stigmatizing attitudes, which creates barriers to accessing necessary health services during an epidemic. In any epidemic, discrimination in the provision of care or refusing to treat a person based on their nationality, country of origin, lack of insurance coverage or socioeconomic or any other status not only denies a person critical health care services, it endangers the health of others and undermines the overall response.

Stigma against healthcare workers

14. Health-care workers are at the front line of any response and are equally likely to be the subject of stigma and discrimination if they are perceived to be in contact with the virus. Governments must take steps to protect health-care workers from any form of stigma and discrimination by others and provide whatever support is required.

⟶ *Governments should show leadership in how they discuss the epidemic and the communities that are affected, including health-care workers. Guidance should be given to the media and community leaders on how best to discuss the epidemic in a manner that is non-stigmatizing and non-discriminatory.*

People's privacy must be maintained

15. Everyone, irrespective of their race, nationality, gender and occupation, should be confident that their sensitive personal information—including name, diagnosis and medical history—is treated with the utmost care and confidentiality by the government, health-care workers and public entities. The experience in the context of the HIV epidemic shows that confidentiality reduces fear of stigma and discrimination, builds trust and opens channels of communication between patients and health-care workers, leads to more ready access to testing services and enhances compliance with public health and clinical advice. Given that screening and testing are essential to the public health response during the COVID-19 outbreak, such trust and confidentiality will be crucial.

⟶ *People's privacy should be maintained at all times. Governments should provide guidance to the media, law enforcement and others that people's identities and information should not be released without their permission.*

Criminalization is not the answer and can do more harm than good

16. Using criminal law to regulate behaviour and prevent transmission of a virus is a severe and drastic approach in attempting to slow the spread of the virus. As has been seen in the HIV epidemic, the overuse of criminal law can often have significant negative outcomes both for the individual and for the response as a whole and often fails to recognize the reality of people's lives. It can further stigmatize people who have the virus, dissuade people from getting tested and destroy trust between the government and communities. Use of criminal laws in a public health emergency is often broad-sweeping and vague and they run the risk of being deployed in an arbitrary or discriminatory manner. People caught up in a criminal or punitive approach are also often the more vulnerable members of society.

→ Avoid the use of criminal laws when encouraging behaviours to slow the spread of the epidemic. Empowering and enabling people and communities to protect themselves and others will have a greater overall effect.

Existing inequalities mean the epidemic can have a greater effect on particular groups

17. Both the virus and government responses can also lead to indirect forms of discrimination. Epidemics often expose existing inequalities in society, where those already marginalized and vulnerable are the most affected, either directly or indirectly, by an epidemic. For example, people who cannot afford health care are more likely to avoid testing for the virus. People in places of detention have very little control over access to health services. In informal settlements or communities that lack access to running water or soap, washing hands or self-isolating is next to impossible without a significant influx of resources. The burden of caregiving rests overwhelmingly on the shoulders of women, so the closing of schools or quarantining of people at home may have a disproportionately negative effect on women, their ability to work and make a living, or even to isolate themselves.

GUARANTEEING THE RIGHT TO HEALTH IS OUR BEST DEFENSE AGAINST GLOBAL EPIDEMICS

Governments must work to ensure that everything from public health infrastructure to accessible and quality screening, testing and hospital care, is resourced in order to prevent, treat and control epidemics

18. Government obligations under the right to health include not only ensuring accessible, acceptable, available and quality health services and information, but also that the necessary public health infrastructure exists and is adequately resourced (to the extent of locally and internationally available resources), to meet the health needs of the community, including in the prevention, treatment and control of epidemics.

19. All countries must, to the extent of available domestic and international resources, scale up health-care capacity so that scientifically robust screening and testing services are not only available but also accessible and affordable for those who need them. The significant investments made to ensure that people living with HIV from across the globe can learn their HIV status have been transformative. Knowledge empowers people to take action to protect their own health and well-being, and that of the ones they love. It should not be preserved as a commodity, least of all in the context of an emerging disease that as of yet has no treatment or cure and depends on screening and testing the people most at risk to protect the entire community. Out-of-pocket payments should not be a barrier to accessing testing, which should be available freely or at least at a rate that is affordable for everyone. If resources are scarce, access to screening, testing and care should be based on the vulnerability and need of people, not on their financial means.

20. **As mentioned, people have the right to accessible, available, acceptable and quality services**. In the HIV response, this has required significant increases in

funding to ensure adequate infrastructure to enable access to prevention, testing and treatment services. However, the building of capacity took significant time. In the context of an acute epidemic such as COVID-19, such capacity and systems, where not already in place, should be quickly scaled, but also targeted to those most in need, including those often difficult to reach. This includes provision of proper screening mechanisms, testing where required and aimed at those most vulnerable, protective equipment for health professionals and sufficient beds in hospitals.

21. More vulnerable populations should be identified in a non-stigmatizing manner and efforts should be tailored to reach hard to reach populations and provide care. Countries should ensure that health-care professionals have the information they need to prioritize such communities and individuals, such as women, people living in poverty, people with existing illnesses, people in rural areas, key populations, people with a disability, people in detention, people in informal settlements and homeless people. It is critical to remember that vulnerable populations include health-care workers themselves, who are on the front lines of the epidemic, and that their safety and protection should be a priority.

→ *COVID-19 diagnostics and care must be accessible, available, affordable and above all of good quality. Vulnerable populations should be identified and reached through a targeted approach.*

A people-centered approach to access to medicines must be maintained throughout the outbreak

22. It has been learned from the HIV response that for treatment and prevention to work across all populations, health care must meet people "where they are". In the context of an acute outbreak, where public transport may be halted and business operations shut down, access to medicines and services—including antiretroviral therapy, pre-exposure prophylaxis, opioid substitution therapy, sterile needles and syringes and other harm reduction services, mental health care and medication for other chronic conditions—must continue uninterrupted. This can also have a population level impact, as is the case for medications, such as antiretroviral therapy or tuberculosis medication, or provision of clean needles and syringes, where there are risks of resistance or transmission if treatment is stopped. Ways to achieve this include providing multimonth prescribing in line with World Health Organization guidance, fast-track refills and ramping up the effectiveness of prescribing through telemedicine as well as working with service providers and communities in evaluating needs in order to avoid stock-outs. Governments should work with communities to find solutions for people who cannot access harm reduction, HIV or other services due to quarantines. People should also be able to access such services, and health care workers provide them, without undue risk of acquiring COVID-19.

23. As countries and the private sector amplify investments in the COVID-19 response, governments must ensure that the progress made towards ending the AIDS epidemic by 2030 are not be reversed or backtracked through the diversion of resources. This holds true for all global public health resources. Funding for a global

epidemic should not come at the expense of other health services and efforts must be made to search for funding outside existing health budgets.

→ *Ensure continuing access to health services and medicines, including providing multimonth prescriptions for medication, and continue funding and resourcing for other health services, particularly people-centred services for people who are most vulnerable.*

INTERNATIONAL SHARING OF RESOURCES, TECHNICAL EXPERTISE AND SCIENTIFIC ADVANCEMENT

24. Under international human rights law and the International Health Regulations[5] countries have an obligation to share technical and financial resources and information. Likewise, people and communities have a right to benefit from scientific advances. The HIV response and its successes would not have been possible without the pooling and sharing of resources globally, particularly for countries with fragile or weak health systems, and the coordination and sharing of information on the nature of the virus and methods for prevention, testing and treatment. No country should be left behind in this global effort to prevent and respond to the pandemic.

25. As with HIV, COVID-19 decisively shows how critical public health capacities are to the fulfilling and productive functioning of communities and economies. Currently, there is no country that is fully prepared to handle the projected influx of people with COVID-19 requiring hospitalization. The lack of diagnostics in many countries highlights the urgent need to share knowledge, information and resources to quickly scale up quality tests for COVID-19 across all countries. This obligation to share resources and knowledge should continue during the development of and roll out of a vaccine should it become available.

→ *Countries must work together to share knowledge and resources for a coordinated response and to ensure that all countries are able to effectively respond to the current epidemic and to prevent its return.*

PRISONERS' RIGHT TO HEALTH, SERVICES AND CONSIDERATIONS OF RELEASE

26. Globally, there are approximately 11 million people in prisons at any given time. The provision of health care for prisoners is a state responsibility. Prisoners have a right to health at the same standards as other members of society and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status. Unfortunately, people in prison have very little power to protect themselves from illness or to access services. Overcrowding and poor ventilation are risk factors for increasing the transmission of infectious diseases, including airborne diseases. As we have seen in the HIV response, health services, including prevention, diagnostics and treatment facilities, can often be inadequate

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5 See the International Health Regulations (2005). These new revised regulations were agreed to after the 2003 SARS outbreak and specifically include provisions for the sharing of information internationally on public health emergencies, provisions that have proved integral to global responses since then. The International Health Regulations (2005) can be found at https://www.who.int/ihr/publications/9789241580496/en/.

for the needs of prisoners and inferior to those available to the general community, often meaning that general levels of health are also quite low.

27. The HIV response in this respect has been twofold. First, it is imperative that the health services in prisons are at least commensurate to those outside and that people are able to protect their health and access diagnostics and treatment, in a manner that respects confidentiality and medical ethics. Measures should be taken to strengthen the health sector in prisons. However, it must also be recognized that interactions with the outside world are crucial for the mental health of prisoners. If outside visitation is stopped, alternatives should be found, such as Skype or telephone calls.

28. However, it is also critical to review broader criminal justice policies to reduce overcrowding and, ultimately, reduce the number of people in prison, and reduce the pre-trial detention period, adopting alternatives to incarceration for certain crimes or, where appropriate, decriminalizing certain acts altogether. In situations of acute epidemics, broader reform may not be possible in a short space of time. However, where it is not possible to assure the health of prisoners within the prison itself, steps should be taken (before the epidemic is in the prisons) for the early/temporarily release of prisoners, as appropriate and according to the national standards, particularly those who are in pre-trial detention, and ensuring linkages with health facilities upon release.

→ *Take steps to reduce the likelihood of transmission in prisons, including reducing overcrowding through releasing non-dangerous prisoners and reviewing pre-trial detention cases. Ensure that prisoners have access to all necessary prevention, diagnostics and treatment services, including the ability to self-isolate.*

EPIDEMIC MEASURES SHOULD NOT DEPRIVE PEOPLE OF THEIR LIVELIHOOD, WORK, SHELTER AND FOOD

29. Both an epidemic and the response to it can have potentially severe consequences on people's livelihoods, employment and access to food and essential services. People have a right to employment, to just and fair conditions of work. People may risk losing their salary or employment if they are required to isolate or if businesses are asked to shut down. This is a particular risk for people in precarious employment situations, or in employment without paid sick leave, which is something that can disproportionately affect certain populations on the basis of, for example, gender, race, socioeconomic status or nationality. Fear of losing employment, as in the HIV epidemic, can prevent people from taking necessary steps, such as seeking testing and treatment or, in the case of COVID-19, from self-isolating. Governments have an obligation to ensure that people are protected from loss of employment, income or livelihood through, for example, strong labour protections and social security schemes and insurance, not only because it is a human right, but because by doing so people are more empowered to be able to look after their health, to self-isolate and so improve the response to the epidemic.

30. Other responses, such as closing schools, childcare and university dorms, may deprive **children of their only meal of the day**. For students in dormitories, they may not have somewhere else to stay. **Owing to traditional gender norms, the burden of childcare will also overwhelmingly fall on women**, who may be required to stay home from work, losing much needed income and potentially employment, to look after their children. Measures need to be put in place to ensure that not only people self-isolating or in quarantine are taken care of, but also people forced to stay home due to the response measures.

→ *Make sure individuals are able to self-isolate or care for others without loss of income or employment. If measures are likely to deprive people of food, medication or housing, appropriate measures must be taken to meet that gap.*

LIMITATIONS ON MOVEMENT MUST FOLLOW HUMAN RIGHTS PRINCIPLES

31. The experience in the HIV epidemic has indicated that compulsory blanket travel restrictions and limitations on movement need to be carefully assessed—as we learned from HIV, they can in some cases be disproportionate or of limited effect. They do not necessarily prevent the spread of an epidemic (while less coercive or limiting approaches may be more successful). They do, however, serve to send people underground, discouraging them from reporting symptoms and seeking care and undermining the response.

32. As with HIV, people who acquire COVID-19 can transmit the virus before symptoms appear. While travel restrictions may be applicable in some contexts on an individual case-by-case basis (and of course keeping symptomatic people separate from those not confirmed to have the virus), encouraging people to screen, self-isolate and test if required and undertaking contact tracing can prove more effective.

33. Voluntary measures undertaken to reduce person-to-person interactions and to increase social spacing, as we have seen already with COVID-19, can be effective in reducing the rates of transmission. Any enforced social spacing and social isolation measures, however, if considered necessary and proportionate and evidence-informed, must take into consideration the effects it will have on people and communities and be adapted to ameliorate any negative consequences, such as those described in the rest of this paper.

→ *Enforced limitations and travel restrictions should be carefully assessed, including their effectiveness and whether more proportionate measures are available. They should be of limited duration, legal, reviewable by a court, non-discriminatory and based on scientific evidence.*

OVERSIGHT AND ACCOUNTABILITY

34. Declarations of public health emergencies can unlock significant executive power. **It is a general principle of both the rule of law and human rights that any action (or inaction) by a government that impacts on the rights of individuals should be reviewable by an independent body, such as a court of law**. In the cases of an emergency this can be especially critical. That is, communities must have the power to question government action in an emergency if they believe such action falls outside the law, for example because it is disproportionate, discriminatory or the action is not being taken for the appropriate reasons. Independent oversight of the response, complete with avenues for reporting human rights abuses and providing redress, are critical in ensuring that the response abides by policies, laws and human rights norms and can respond effectively to emerging needs and concerns.

35. It is through such accountability mechanisms, such as courts reviewing government decisions not to roll out a particular medicine or not to provide treatment to foreigners, that people living with or vulnerable to HIV have been able to hold governments to account, to protect against stigma and discrimination and to access vital medicines for the most vulnerable. Through the HIV response it has also become clear that specific avenues need to be specially created in order to ensure that accountability mechanisms are accessible to all. Such avenues have been created in the HIV epidemic through hotlines, community monitoring and websites and have been overseen by, for example, national human rights institutions, ombudsmen or specially appointed commissioners.

→ *Clear accountability mechanisms should be set up that are easily accessible to the public and responsive to complaints. Any action taken by governments must be subject to judicial review and independent oversight.*

CONCLUSION

36. Right now, we are facing an unpredictable and highly dynamic situation as a global community. However, as we have seen from the solidarity, support and power of communities in the HIV epidemic and already in communities responding to the COVID-19 pandemic, the response must not be fear and stigma. We need to build a culture of solidarity, trust and kindness. Our response to COVID-19 must be grounded in the realities of people's lives and focused on eliminating the barriers people face in being able to protect themselves and their communities. Empowerment and guidance, rather than restrictions, can ensure that people can act without fear of losing their livelihood, sufficient food being on the table and the respect of their community. Ultimately it will give us a more effective, humane and sustainable response to the epidemic.