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Global Alliance of National Human Rights Institutions



COVID-19 AND NATIONAL HUMAN RIGHTS INSTITUTIONS

A STUDY BY GANHRI, OHCHR AND UNDP.

3/31/2021

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COVID-19 AND NATIONAL HUMAN RIGHTS INSTITUTIONS

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The views expressed in this publication do not necessarily represent those of the United Nations nor GANHRI.

FOREWORD

The figures are stark: over 60 per cent of countries have regressed on basic rights in 2020 as a result of measures to tackle the COVID-19 pandemic¹. And the pandemic has exacerbated the vulnerability of the least protected and most marginalized. In these unprecedented circumstances, the pivotal role of National Human Rights Institutions (NHRIs) to promote and protect human rights is perhaps more important than ever before in recent history. UN Member States have outlined the important role and contributions NHRIs have made in COVID-19 response and have been called upon to support them as they discharge their mandates and functions, including through the provision of adequate resources. The United Nations (UN) system and its partners have provided tailored support to NHRIs across the world including through capacity-building and the provision of much-needed resources—boosting their ability to monitor and engage Governments in rights-based responses to COVID-19. This new study by the Global Alliance of National Human Rights Institutions (GANHRI), the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the United Nations Development Programme (UNDP) analyses the role and activities of NHRIs in addressing the human rights dimensions of COVID-19. It aims to provide an overview of good practices, experiences and lessons learned during a time of immense challenges for human rights.

NHRIs have worked tirelessly during the pandemic to put people first. They have supported the most vulnerable and marginalised. They have received and acted on complaints. They have supported outreach, advocacy, and communications to populations—outlining their rights and their means of redress. They have monitored places of detention. And they have provided vital advice to Governments to help ensure that human rights are respected, protected and fulfilled while combating the pandemic. Yet, NHRIs have also been severely impacted by the pandemic. In some cases, it has curtailed their operations, methods of working and day-to-day functionality. Most significantly, lockdowns and social distancing have made it much more difficult for NHRIs to maintain contact with the communities they serve – including those on the margins of society. It has also restricted their links with decision-makers, making it more difficult to ensure that the responses to the pandemic comply with human rights. In some countries, as front-line human rights defenders, they have faced intimidation and reprisals as a result of carrying out their mandates.

Despite these challenges, this study of 75 per cent of NHRIs globally finds that the institutions have been remarkably resilient. They have rapidly adapted to COVID-19, finding a range of innovative ways to fulfil their vital mission—to promote and protect human rights. As a result of the pandemic, many NHRIs have even forged closer links with decision-makers and public agencies, as well as with civil society and other NHRIs, consolidating their position as the cornerstones of national human rights systems. In this new reality, NHRIs have a leading role to play in ensuring that human rights are made an intrinsic part of the socio-economic recovery in every country². As the UN Secretary-General has said, *“In building forward together, we have a unique and historic opportunity to forge a world where every person is afforded dignity; where every society can withstand crises; where everyone’s future is built upon a foundation of inalienable rights”*³. To this end, the UN system, GANHRI and our partners will continue to provide concrete support to NHRIs across the globe as they drive progress across the Sustainable Development Goals. And this new study is a clear reflection of our joint commitment to work together to help NHRIs to fulfil their mandates and stand-up for human rights at this global turning point.



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ACRONYMS

APF	Asia-Pacific Forum for National Human Rights Institutions
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
ENNHRI	European Network of National Human Rights Institutions
FIO	Iberoamerican Federation of Ombudsman
GANHRI	Global Alliance of National Human Rights Institutions
ICRC	International Committee of the Red Cross
IOI	International Ombudsman Institute
NANHRI	Network of African National Human Rights Institutions
NGO	Non-Governmental Organization
NHRC	National Human Rights Commission
NHRI	National Human Rights Institution
NPM	National Preventive Mechanism
OHCHR	UN Office of the High Commissioner for Human Rights
OPCAT	Optional Protocol to the Convention against Torture
OSCE	Organization for Security and Co-operation in Europe
RINDHCA	Network of National Institutions for the Promotion and Protection of Human Rights in the Americas
SERF	UN Framework for the immediate socio-economic response to COVID-19
UN	United Nations
UNDP	United Nations Development Programme
UNSDG	United Nations Sustainable Development Group



1. INTRODUCTION

1.1 BACKGROUND

Less than a year into the COVID-19 pandemic, its human rights implications have already proven to be severe. Whilst the COVID-19 virus does not discriminate, its impacts do. The virus and the measures necessary to combat it, including social distancing and in some cases the introduction of emergency legislation and restrictions on the exercise of certain rights, have impacted disproportionately certain groups in society.

The United Nations Secretary-General has sent a clear message: People – and their rights – must be front and centre in COVID-19 response and recovery efforts. In his *Policy Brief COVID-19 and Human Rights: We are all in this together the criticality of human rights for both response and recovery is highlighted*⁴.

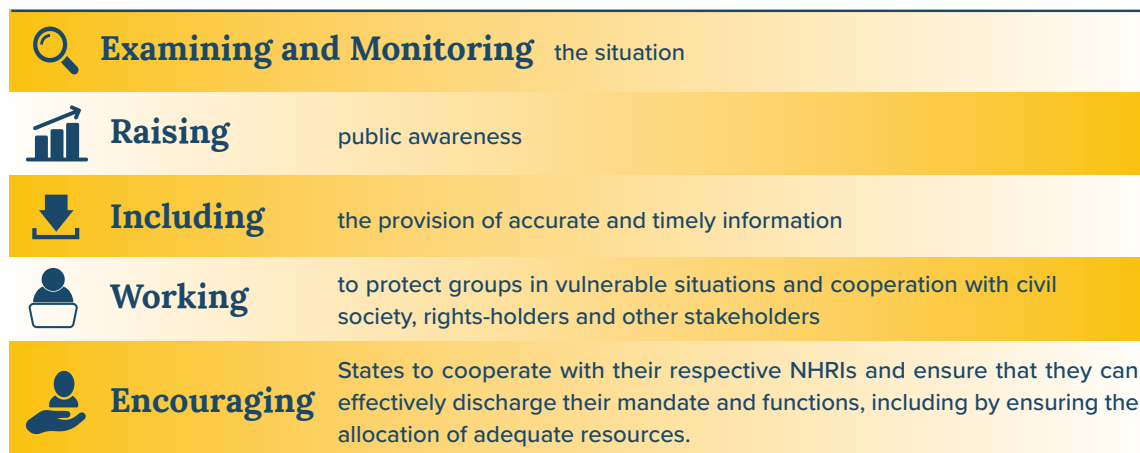
States need to ensure that all human rights are respected, protected and fulfilled while combating the pandemic and that their responses to the COVID-19 pandemic respect and are in full compliance with their obligations under international law, including international humanitarian law and international human rights law⁵. Truly participative processes which are open, transparent and accountable are necessary, and emergency and security measures if needed, must be temporary, proportional and aimed at protecting people.

National Human Rights Institutions (NHRIs) are state-mandated bodies, independent of government, with a broad constitutional or legal mandate to protect and promote human rights at the national level, benchmarked by the United Nations Paris Principles and accredited by the Global Alliance of National Human Rights Institutions (GANHRI) through its Sub-Committee on Accreditation. Today there are well over 100 NHRIs operating around the world, 84 of which are accredited by GANHRI to be in full compliance with the Paris Principles⁶.

Since the COVID-19 pandemic struck NHRIs everywhere have directed significant efforts towards addressing its human rights implications in societies with a view to bolstering preparedness, rights-based response and recovery.

Both the General Assembly and the Human Rights Council have recognized the important role of NHRIs in highlighting the human rights implications of the COVID-19 pandemic. Specifically, the Human Rights Council has highlighted the important role of NHRIs in drawing attention to the human rights implications of the COVID-19 pandemic, including offering guidance to States in ensuring a human rights-compliant response to the pandemic, examining and monitoring the situation, raising public awareness, including the provision of accurate and timely information, working to protect groups in vulnerable situations and cooperation with civil society, rights-holders and other stakeholders; and encouraging States to cooperate with their respective NHRIs and ensure that they can effectively discharge their mandate and functions, including by ensuring the allocation of adequate resources⁷.

FIGURE 1. TYPES OF SUPPORT PROVIDED BY NHRIS





“Human rights are key in shaping the pandemic response, both for the public health emergency and the broader impact on people’s lives and livelihoods. Human rights put people centre-stage. Responses that are shaped by and respect human rights result in better outcomes in beating the pandemic, ensuring healthcare for everyone and preserving human dignity. But they also focus our attention on who is suffering most, why, and what can be done about it. They prepare the ground now for emerging from this crisis with more equitable and sustainable societies, development and peace.”

UN SECRETARY GENERAL, COVID-19 AND HUMAN RIGHTS: WE ARE ALL IN THIS TOGETHER, APRIL 2020

The UN system has emphasized the role of NHRIs in addressing the socio-economic impact of COVID-19 and UN Country Teams are encouraged to work with and support the role of NHRIs. The UN issued a *Framework for immediate socio-economic response to COVID-19 (SERF)* which refers to the many national human rights systems and networks which can provide rights-based advice to governments and can act as a bridge between excluded populations and the state. The SERF also highlights the critical role of the UN development system to “provide capacity and protection to National Human Rights Institutions to monitor and engage governments with targeted advisories”⁸. Furthermore, to accompany the SERF and support the integration of human rights into the UN’s COVID-19 response, the United Nations Development Programme (UNDP), Office of the United Nations High Commissioner for Human Rights (OHCHR) and the UN Development Cooperation Office provided a *Checklist for a Human Rights-Based Approach to Socio-Economic Country Responses to COVID-19* which highlights the critical role of NHRIs⁹.

GANHRI and the four regional networks of NHRIs¹⁰ have provided significant support to NHRIs in all regions, both before and during the COVID-19 crisis. Similarly, UNDP and the OHCHR have supported and worked in partnership with NHRIs to counter effects of the pandemic since its outset, building on extensive work ongoing with NHRIs to support the realization of human rights and sustainable development. Through the Tripartite Partnership to support NHRIs (TPP), GANHRI, OHCHR and UNDP have joined forces to coordinate and support NHRIs particularly in relation to COVID-19 response, harnessing a ‘One-UN’ approach.

Whilst NHRIs have been making significant efforts to address the impact of COVID-19, the pandemic has also affected their operations, methods of working and functionality. Many NHRIs have found innovative ways to continue delivering on their mandates and continuing to promote and protect human rights.

1.2 RATIONALE AND PURPOSE

In light of the extensive efforts of NHRIs, the objective of this study is to provide an overview of good practices, experiences and lessons learned on the role of NHRIs in the context of COVID-19.

Specifically,

- To demonstrate the important role and activities of NHRIs in addressing the human rights dimensions of COVID-19 through application of their mandates and functions under the Paris Principles by identifying good practices and lessons learned.
- To assess the impact of the COVID-19 pandemic on NHRIs across all aspects of their mandates and functions, and in relation to a broad scope of human rights themes.
- To provide input to the identification of needs and relevant modalities for support to NHRIs by member states and external stakeholders.
- To illustrate the role and activities of the TPP partners including GANHRI and the regional networks in supporting NHRIs, as well as the engagement between NHRIs and other relevant stakeholders.

1.3 METHODOLOGY

The methodology applied is desk-based, and findings are based on a mixed method of quantitative and qualitative data drawn from multiple sources.

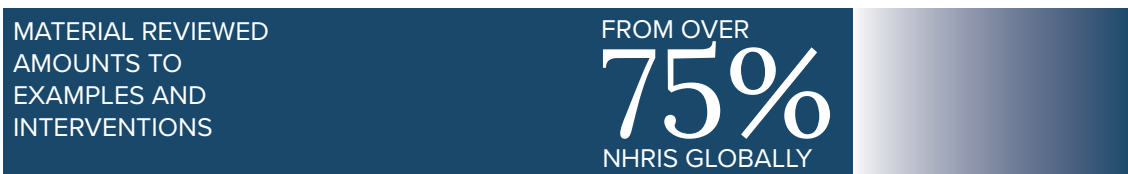
This includes:

- a survey undertaken with NHRIs for the purposes of the study which 34 NHRIs responded to¹¹
- documentation reflecting practice by individual NHRIs in addressing COVID-19 gathered by GANHRI through a specially created database to capture NHRI experiences in COVID-19 response where over 2,000 entries and experiences were shared from 88 individual NHRIs around the globe

- contributions shared through the GANHRI FUSE knowledge platform which is the main learning and knowledge sharing community for NHRIs globally, with a COVID-19 section among several dedicated learning communities which remains active with more than 400 entries reflecting substantial work from more than 20 countries
- experiences shared by GANHRI, the regional networks of NHRIs who had undertaken their own data and information gathering on work of NHRIs in their respective regions
- examples of OHCHR and UNDP support to NHRIs
- follow-up consultations with NHRIs or partners.

Cumulatively, the material reviewed amounts to examples and interventions from over 75% of NHRIs globally.

Throughout this publication, in many cases, quotations and examples emphasized are reflective and illustrate an example of relevant or interesting practice or statement. Illustrative examples do not attempt to provide a full functional or thematic mapping of a particular NHRIs engagement. The study seeks to present examples that will illustrate the role and impact of the work of NHRIs with a view to showcasing their significant, persistent and, often innovative nature. Unless otherwise stated in an endnote, examples shared are drawn from survey responses or information from the knowledge captured by partners.



It is important to note that the study does not aim to represent a complete mapping of all engagement by all NHRIs. It is based on self-reporting and reflects experiences based on what NHRIs have shared through the above methodology. Whereas it is not possible to provide completely accurate quantitative data on specific aspects of the COVID-19 response, the study can provide an evidenced indication, based on the extensive sources consulted and methodology applied which has been captured in multiple sources and through triangulated data and examples of the types of engagement in a given thematic area. For practical purposes several thematic areas were grouped together in the survey instrument and present cumulative results. In most cases, where this occurred it was in response to qualitative analysis which revealed strong intersections between themes. In some cases conclusions are drawn from a wealth of evidence and inputs received but due to the need to provide a certain degree of anonymity, the data presented may not specify which NHRI has responded and in which manner to each line of questioning.

Each of the thematic sections reflects the overall methodology applied and is structured firstly drawing on quantitative survey data, secondly drawing on qualitative findings from other documentation gathered, and lastly, highlighting illustrative examples.

Research for this study has revealed, perhaps unsurprisingly, that the global nature of the COVID-19 pandemic means that nearly every NHRI in the world has confronted the need to face its human rights implications in their society and have consequently contributed to addressing it. As the analysis shows, NHRIs have applied similar approaches when dealing with shared challenges and thematic aspects. At the same time, this has been done in a manner that is unique to each NHRI and its specific context—geographic, legislative and institutional.



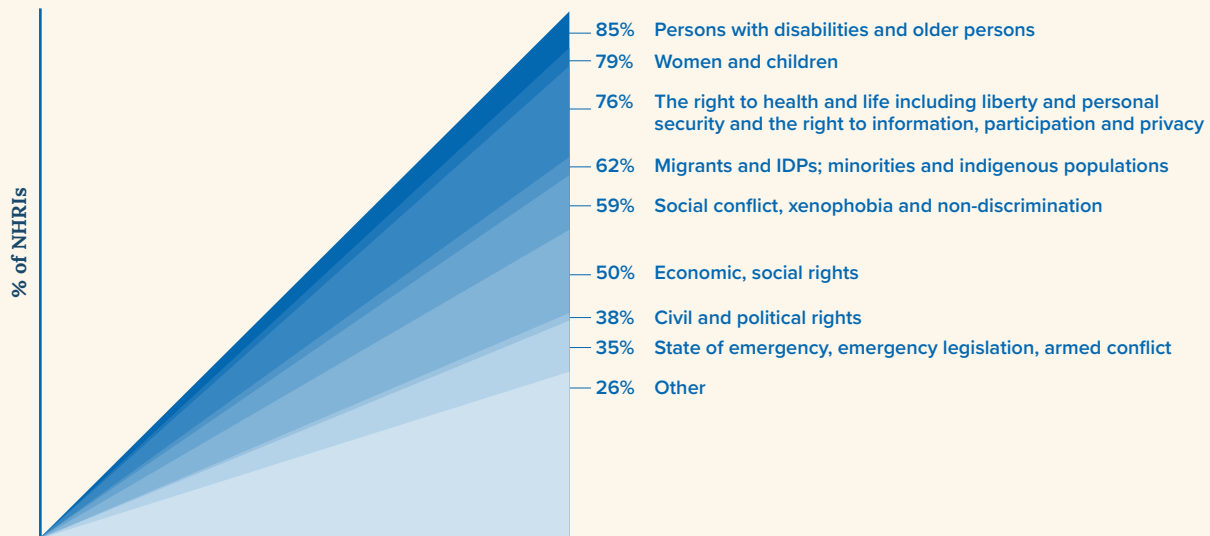
2. ACTIONS TAKEN BY NHRIS TO ADDRESS THE IMPACT OF COVID-19

AROUND 1200 COMMUNITY WORKERS, WITH FULL PERSONAL PROTECTION, ARE WORKING ON THE GROUND TO PROMOTE CORONAVIRUS PREVENTION AWARENESS, AND DISTRIBUTION OF HYGIENE PACKAGES THAT INCLUDE SOAP AND HAND SANITIZER, AMONG POOR URBAN HOUSEHOLDS. © UNDP BANGLADESH/FAHAD KAIZER

2.1 THEMATIC AREAS

In their scope of action in addressing the impact of the COVID-19 pandemic, NHRIs have focused on a broad range of themes including in some cases paying specific attention to certain groups or sectors of the populations and within themes.

FIGURE 2. THEMATIC AREAS ADDRESSED BY NHRIS IN COVID-19 RESPONSE



2.1.2 LEAVING NO ONE BEHIND: AT RISK GROUPS

A common thread through the actions of NHRIs in COVID-19 response has been a focus on ‘at-risk’ groups to ensure they are not left behind and noting the disproportionate impact the COVID-19 pandemic has had on the vulnerable, excluded and marginalized in societies. The below sub-sections highlight the consistent work of NHRIs with ‘at-risk’ groups who are potentially highly vulnerable from lack of sufficient recognition and protection of their rights, both generally and under COVID-19.

2.1.2.1 PERSONS WITH DISABILITIES AND OLDER PERSONS

The specific human rights implications of the COVID-19 pandemic on persons with disabilities is also outlined in the UN Secretary-General’s *Policy Brief: A Disability-Inclusive Response to COVID-19* which outlines that people with disabilities – one billion people globally – are one of the most excluded groups in our society and are amongst the hardest hit in terms of fatalities¹². The UN Secretary-General’s *Policy Brief: The Impact of COVID-19 on older persons* highlights the pandemic is causing untold fear and suffering for older people across the world.¹³ Data analysis has reflected that older persons globally have been severely affected by the pandemic both directly in terms of loss of life and indirectly because of the preventive efforts including lockdown and other restrictions.¹⁴

Both populations are recognized as being among the primary groups at risk from COVID-19 impact, The UN General Assembly has “*Call[ed] upon the international community, regional and international organizations and relevant stakeholders to give high priority to people, particularly the elderly—and persons with disabilities*”.¹⁵ Furthermore, “*While the virus has proven to be a real threat to all age groups, the elderly have been especially hard-hit, on average accounting for over 80 per cent of the infections. People with underlying health conditions and disabilities are equally at risk*”.¹⁶

The study results demonstrate that a high number of NHRIs have addressed these populations in COVID-19 response with over 85 percent of those NHRIs surveyed indicating this was prominent in their work. Support to persons with disabilities and older persons is one of the main thematic areas

“Call[ed]s upon the international community, regional and international organizations and relevant stakeholders to give high priority to people, particularly the elderly -and persons with disabilities”.

UNITED NATIONS, GENERAL ASSEMBLY
RESOLUTION A/74/L. 57. UNITED RESPONSE
AGAINST GLOBAL HEALTH THREATS: COMBAT-
ING COVID-19, APRIL 2020.



that NHRIs have focused on when providing advice to governments, research and publications and quasi-judicial functioning.

85% GAVE SUPPORT TO PERSONS WITH DISABILITIES AND OLDER PERSONS BY NHRIS

Several NHRIs, including those of Australia, Belgium, India, New Zealand, Nicaragua, Malawi, Morocco and the Philippines have developed guidelines for governments and public authorities on how to promote and protect the rights of older persons and persons with disabilities in relation to COVID-19.¹⁷

With a particular focus on ensuring access to information for persons with disabilities, examples include the NHRI of Armenia developing a guide on human rights under COVID-19 in Braille with the support of UNDP. Similarly, the NHRI of Fiji has advocated for the facilitation of sign language interpretation in connection with public service media announcements.¹⁸

NHRIs have addressed mental health, illustrating the intersection between health and disability. The NHRI of India has monitored complaints on the alleged violation of human rights of the mentally ill people roaming on the streets across the country amid COVID lockdown. It has asked the Union Home Ministry to inform with short notice about the arrangements made for them. Emphasizing that mental health issues must not unduly be neglected under the COVID-19 restrictive regimes, the NHRI subsequently publicized a comprehensive advisory on the matter, outlining both the specific rights aspect at risk of infringement, and the effective measures to be taken to prevent this by all concerned.¹⁹


The NHRI of Kenya has issued a memorandum to the Senate on a broad range of human rights concerns relating to the State's responses to COVID-19; with a specific submission on mental health jointly compiled by the Civil Society Organizations Stakeholders' Forum on Mental Health, also demonstrating the importance of NHRI collaboration with civil society in COVID-19 response.²⁰

Many NHRIs including those in India, Palestine and the Philippines have also addressed the rights of older persons.²¹ The NHRI of India issued an advisory note to be implemented by the government in order to protect the rights of elderly persons from the adverse impact of COVID-19 and related lock-downs. Particular measures have been put in place to ensure access to medical services, to food delivery arrangements and access to social support and easy access to transportation. Moreover, the advisory note required ensuring good conditions (sanitized, PPE) of elderly institutions and shelter homes as well as reviewing physical and mental health of elderly prisoners. Other examples include the NHRIs of Bahrain, Croatia, Finland, Germany, and India.²²

2.1.2.2 MIGRANTS AND INTERNALLY DISPLACED PERSONS; MINORITIES AND INDIGENOUS POPULATIONS

When addressing the socio-economic impact of the pandemic, the Secretary-General observed that *"Protection of human rights and efforts to ensure inclusion are needed across the preparedness, response and recovery spectrum. Age, gender and migratory status are factors, among others, to be considered."*²³

Indigenous peoples are also particularly at risk with higher rates of communicable and non-communicable diseases than non-indigenous counterparts, higher mortality rates and lower life expectancies. Contributing factors that increase the impact of COVID-19 on indigenous communities include poor access to sanitation, lack of clean water, and often inadequate medical services.²⁴



"Protection of human rights and efforts to ensure inclusion are needed across the preparedness, response and recovery spectrum. Age, gender and migratory status are factors, among others, to be considered." UNITED NATIONS, SECRETARY GENERAL. MARCH 2020. ***"SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: RESPONDING TO THE SOCIO-ECONOMIC IMPACTS OF COVID-19"***.

The study indicates that 62% of NHRIs surveyed have addressed the rights of migrants and indigenous peoples in their responses. NHRIs have prioritized support to migrants and the internally displaced, minorities and indigenous populations in their provision of advice to governments, research and publications and quasi-judicial functioning.

62% HAVE ADDRESSED THE RIGHTS OF MIGRANTS AND INDIGENOUS PEOPLE

The NHRI of Armenia has developed guidance material on COVID-19 in relevant local languages with the support of UNDP. The NHRI of Morocco has addressed the broader dimension of ensuring the rights of foreigners in the country.

The NHRI of Ecuador has taken action *“The National Government and State entities have been alerted to discriminatory treatment against people in human mobility who are victims of immigration decisions and operations in the midst of a health and humanitarian crisis for these vulnerable groups. It has contributed to sensitize the legal reforms to the Law of Human Mobility and in the construction of the Organic Law of Humanitarian Support in terms of attention to housing evictions.”*

In New Zealand, emphasizing the vulnerability of indigenous communities to viral infections, the NHRI urged that *“While there is much to commend in New Zealand’s response to COVID-19, Te Tiriti [The Treaty of Waitangi] and human rights have not been integrated across the response to the pandemic”*. Calling for these fundamental values and safeguards to be at the heart of the response, the NHRI stressed the importance of the relationship and partnership needed between the government and indigenous communities *“relationships must be elevated from sporadic engagement to substantive partnership and equitably shared decision-making”*.²⁵

The NHRI of Malaysia has engaged in consultations with affected populations for the purpose of understanding their situation and needs.²⁶ The NHRI of Germany has stressed to the government the importance of implementing recommendations of the European Union Commission for the reception and care of refugees in times of the COVID-19 pandemic.²⁷ The NHRIs of Australia, Denmark and Hungary have all emphasized the need to ensure the rights of minorities under COVID-19 restrictions.²⁸

The NHRIs of Iraq, Peru and the Philippines have articulated concerns related to the vulnerable situation of the internally displaced within a country.²⁹ Several NHRIs including Ecuador, Iraq and the Russian Federation have spoken out about the rights of their citizens stranded outside their country due to travel restrictions and closing of borders.³⁰

For indigenous communities, the NHRIs of both Malaysia and the Philippines have engaged in consultation with communities to ensure accurate understanding of their needs and challenges under the pandemic and, in the case of the Philippines, this has resulted in the publication of an advisory on how to address these.³¹

2.1.2.3 WOMEN AND CHILDREN

The broader impact of the pandemic across different societies has particularly negative gender impacts: *“The instability and fear that the pandemic engenders is exacerbating existing human rights concerns, such as—sexual and gender-based violence, as well as limited access to sexual and reproductive health and rights.”*³²

The rights of women and children can be affected by COVID-19 in specific ways as women bear the brunt of the care sector and are overly represented in the informal economy which has been devastated by COVID-19. A particularly important aspect is the area of domestic violence, where a global spike, “a separate global pandemic”, has been observed during the COVID-19 pandemic.³³

The study indicates that 79% of NHRIs surveyed have addressed issues of how COVID-19 impacts women and children. It is reflected as the second-most highly ranked thematic area that NHRIs have addressed in relation to the provision of advice to government, research and publications, and quasi-judicial functioning.

79% HAVE ADDRESSED THE
IMPACT ON WOMEN AND
CHILDREN

A number of NHRIs, especially in countries where women are generally acknowledged as an at-risk group, including India, Iraq, Malaysia, Morocco and Palestine, have emphasized the importance of maintaining a primary focus on the rights of women in COVID-19 response.³⁴

NHRI EXAMPLES

- » The NHRI of **Nigeria** in collaboration with other stakeholders developed an app for the electronic monitoring, documentation and reporting of human rights violations including sexual and gender-based violence.³⁵
- » In **Armenia**, the NHRI has set up a 24-hour hotline for victims of domestic abuse to receive complaints including intimate partner violence. The NHRI engaged with Parliament and other stakeholders in a discussion on domestic violence in the COVID-19 lockdown context and means to address this with support from UNDP.
- » In **Georgia**, the NHRI has called for special attention to be given to the issue of domestic violence. Concrete recommendations have included for the government to launch a special campaign against violence against women and domestic violence to ensure that victims of violence have information and access to protection and assistance services online, including in minority languages. Furthermore, the NHRI recommended a special methodology of risk assessments and monitoring of violence against women and domestic violence which should be developed by law enforcement agencies in a timely manner and a mechanism to ensure offenders are kept apart from victims. Lastly, in cooperation with shelters, municipalities should prepare packages of financial assistance to victims of violence, who have left shelters or will leave it under the circumstances of a changed economic reality.³⁶

NHRIs have also addressed specific areas relating to childbirth and new or single mothers. In Nepal, this has included stressing in advocacy with the government that single mothers would benefit from government support allowances, an intervention which was successful.³⁷ In Portugal, the NHRI has specifically issued an *Official Recommendation on breastfeeding and the right to have a companion of the mother's choice during delivery*.

The NHRI of Peru has been active in supporting the rights of women and children: “Through the women's rights department, and especially its emergency team, cases of violence against women have been monitored. Likewise, we have intervened in femicides, attempted femicides and violent deaths, registered during the health emergency. Also, there has been an impact on the disappear-

ance of women by individuals, in addition to the constant systematization and monitoring of some cases, various communications have been issued to achieve the implementation of the search system. As indicated through the intervention in cases and investigations, we have communicated to the Government and recommended modifying some actions deployed to face the pandemic that, in reality, affected the development of women. Monitoring planned for 2020 has been reoriented to the evaluation of care services for victims of gender violence, during mandatory isolation”

Children have in a number of different situations become increasingly vulnerable due to COVID-19. The study does not specifically address children as a separate population, although girls in particular are captured under this thematic area. Several NHRIs have kept this group in focus, especially in relation to the most marginalized children.

The NHRI of the Maldives called for attention to minors in detention. The NHRI of Ecuador: “We raise alerts to the National Assembly regarding children and adolescents in human mobility affected by social expulsion during social isolation”. The NHRI of Hungary drew attention to potential abuse and education related concerns: “The Commissioner issued a statement in which he pointed out that state authorities need to monitor child abuses even during the COVID-19 situation. The Commissioner also turned to the Minister of State for Public Education in connection with the high school final exams in 2020, and put forth proposals regarding, among others, their safe organization.” NHRIs have also been active in supporting the rights to education for children and young people under COVID-19, resulting in closed educational facilities at all levels.

In relation to tertiary education, the NHRI of Iraq stressed that the responsible authorities should take clear measures to address the deprivation of education of all by providing available alternatives with access to all governorates, recognizing at the same time the option of using online-based modalities and recognizing the digital divide across different parts of the country.³⁸ The NHRI of Slovenia: “made a call for equality of children under the conditions of schooling from home” and initiated “a special project on access to education of Roma children during schooling from home”.

NHRI EXAMPLES

- » The NHRI of **India** issued an advisory on the rights of children under COVID-19. Furthermore, they also organized a webinar on “Online child Sexual Abuse Material” to address the problem of increasing use and demand for Child Sexual Abuse Material, especially during the lock down period in place due to COVID-19.³⁹ The NHRI of the **Philippines** has emphasized the need to cater to the needs of street children, as well as children vulnerable to sexual abuse.⁴⁰
- » The NHRI of **Australia** analyzed the data from a helpline for children to understand the impact of COVID-19 on this group.⁴¹ With a similar aim to map and analyze the arising needs of children under the pandemic, the NHRI of **Malaysia** also conducted a needs assessment in this area.⁴²
- » In **South Africa**, the NHRI carried out research on issues related to the right to education and based on this advised the government on school re-opening policies in light of COVID-19, taking into account the school nutrition programme and regular school-based COVID-19 testing.

“We are combating COVID-19 to protect the lives of all human beings—The right to health is inherent to the right to life. COVID-19 is testing to the limit States’ ability to protect the right to health” UN SECRETARY-GENERAL. POLICY BRIEF COVID-19 AND HUMAN RIGHTS WE ARE ALL IN THIS TOGETHER, APRIL 2020.



2.1.3 THE RIGHT TO HEALTH AND LIFE INCLUDING LIBERTY AND PERSONAL SECURITY AND THE RIGHT TO INFORMATION, PARTICIPATION AND PRIVACY

The right to life and the right to health are fundamental human rights that NHRIs consistently noted to have been most negatively impacted by the COVID-19 pandemic. Correspondingly, advocacy for the right to health and the right to life is one of the top areas of intervention of NHRIs in COVID-19 response. This thematic area is both the highest noted area of work when it comes to the provision of advice to governments, research and publications, and in terms of quasi-judicial functioning.

2.1.3.1 HEALTH AND LIFE INCLUDING LIBERTY AND PERSONAL SECURITY

The COVID-19 pandemic has evolved as a global threat undermining the right to life and health of *individuals worldwide*. In the words of the UN Secretary-General, “*We are combating COVID-19 to protect the lives of all human beings—The right to health is inherent to the right to life. COVID-19 is testing to the limit States’ ability to protect the right to health*”.⁴³

The study demonstrates that NHRIs addressed this thematic area, placing it among the top four areas addressed (figure 2). NHRIs have supported proactive and responsible actions by governments aimed at mitigating the impact of the pandemic in such a way that the life and health of populations is ensured including in their advocacy and public statements on the pandemic to inform the government and the public.

The NHRI of Slovakia gave advice and recommendations to the Ministry of Health of the Slovak Republic on access to healthcare and safe abortion during the COVID-19 pandemic. In Iraq, the NHRI stressed that despite COVID-19, governments must continue to ensure that the right to health is fully ensured and, to this effect, other health issues are still addressed when relevant.⁴⁴ Intersecting with gender, the NHRI of Northern Ireland emphasized the need to ensure urgent access to termination of pregnancy healthcare services for women and girls in order not to put them at unnecessary risk. This was done in view of consideration of the implementation of the new Northern Ireland abortion law in light of the Covid-19 pandemic, which has restricted access to services elsewhere in the United Kingdom and Ireland.⁴⁵

A number of NHRIs, including in Qatar and New Zealand, emphasized the need to protect the rights of health personnel and frontline COVID-19 workers, including by ensuring the availability of bio-protective equipment for health care personnel.⁴⁶ Furthermore, NHRIs have emphasized where certain groups of individuals suffer from specific occupational health risks also under COVID-19 as in Peru in relation to mine workers.⁴⁷

Finally, the issue of liberty and personal security has been addressed by NHRIs. In addition to addressing health-related aspects, NHRIs have maintained a focus on the importance of ensuring avoidance of the application of excessive force, by police and security forces, especially as societal tension has increased as a result of restrictions imposed. The NHRIs of Kenya, Morocco, Sierra Leone have all provided advisories to their governments in this area, which has also been addressed by Nigeria, Ghana, Cote d’Ivoire, Congo and Togo.⁴⁸

In Fiji, where a prominent human rights defender died while in detention, the NHRI enquired with the Fiji Correction Service the cause of death and details of the case, acknowledging that on-site monitoring is not possible because the government had closed all facilities to external visits of any kind due to COVID-19.⁴⁹

In West Africa, the NHRIs in Ghana, Nigeria, Burkina Faso, and Cote d’Ivoire with the support of OHCHR requested action to address misconduct by law enforcement officials.⁵⁰

NHRI EXAMPLES

- » The NHRI of **Colombia** has put in place special measures to provide support to doctors and other medical staff, including COVID-19 frontline personnel. As a result, the NHRI created an e-mail account to allow health professionals to submit confidential complaints of human rights violations encountered by them.⁵¹
- » In **El Salvador**, the NHRI developed and implemented “a Monitoring Plan for checkpoints installed by the PNC (National Civil Police) and FAES (Armed Forces), a measure carried out by means of the national verification of 51 police checkpoints”.
- » In **Ireland**, the NHRI has called for data reflecting accurately the patterns of response by the policing authorities in relation to how they operate and engage with the population under COVID-19.⁵²

2.1.3.2 RIGHT TO INFORMATION, TO PARTICIPATE AND RIGHTS TO PRIVACY

Reflecting core human rights principles, the rights to information, to participate and to privacy have appeared to be particularly at stake in the context of COVID-19 and governments’ responses to the pandemic. Examples include legislation passed aimed at prohibiting the diffusion of disinformation or information that may cause public panic, while authorities in various countries are adopting legislation on digital security and cybercrimes to control rumour-mongering in relation to COVID-19.⁵³

The NHRI of Ukraine, has monitored access to information regarding urgent measures and provided recommendations to local authorities with support from UNDP.⁵⁴

The NHRI of Slovenia has also taken steps to ensure access to objective and accurate information for the public: “We made a project on access to information on human rights aspects of measures taken, published at our webpage; we made a call for access to objective information for all;—we established a special webpage with human rights information on Covid-19 measures, adopted by the government, as well as with the promotion of human rights aspects of the measures”.

An important aspect is the issue of freedom of the media and protection of journalists who report on the situation unfolding nationally. In terms of freedom of expression, and the protection of whistleblowers, the NHRI of Moldova has established a system of protection of whistle-blowers reporting on irregularities affecting the public interest in the health sector with support from UNDP. Furthermore, NHRIs in India and South Africa, have addressed the related but still distinct issue of fake news and disinformation, with the NHRI of India calling for legislation to be adopted “to regulate the content and intention of leading news channels in respect of misinformation creating a situation of panic and insecurity among selective communities and regions of the country”.⁵⁵

Potential privacy concerns related to COVID-19 restrictions including disclosures of health data, and terms of contact tracing, have been addressed by NHRIs in Croatia, France, New Zealand and the Philippines.⁵⁶ The NHRI of Australia has provided advice to the government on privacy protections relating to the COVID-Safe App.⁵⁷

NHRI EXAMPLES

» The Chief Commissioner of the NHRI of **Mongolia** intervened with the Deputy Prime Minister who serves as Chair of the State Emergency Commission and Head of the Rapid Response Operational Headquarters, to discuss actions to label any quarantined people's households, expressing concern that labelling doors of quarantined or self-isolated people may contribute to stigma and discrimination and recommended to cease this action. As a result, this practice of household labelling has been abandoned.⁵⁸

In the Republic of Korea, the NHRI, in addition to raising questions on the privacy implications of the adoption of a wristband to be worn by suspected COVID-19 patients who are under self-quarantine in real time to track their locations. The NHRI *"call[ed] on the authorities to publish the time and names of locations visited by infected people, rather than providing the travel history of each individual, and specify disinfection and protective measures taken by the public health authorities for these locations". The NHRI emphasized the need for measures that will ease public fears and protect the privacy of patients.*"⁵⁹

NHRIs have scrutinized and advised decisions made by governments that impact participation of populations in public life including in electoral processes and expressed concerns when there may be a detrimental effect on the full and equal participation of everybody in society. In Zimbabwe, the NHRI highlighted the human rights implications of postponing some electoral processes.⁶⁰

2.1.4 RESTRICTED FREEDOM OF MOVEMENT AND PLACES OF DETENTION

Freedom of movement can be de facto, or de jure limited in situations where individuals are living in an institutional setting. For example, individuals living in assisted care facilities or hospital wards, as well as psychiatric or other residential institutions. During the pandemic, this has come to include as well those who are in quarantine as a result of COVID-19 infection or exposure, either in an institutional setting or confined to their homes. Under ordinary circumstances, even those who live under such conditions would enjoy a wider access to both freedom of movement and engagement in community life than has been the case in societies where lock-down and requirements of social distancing have altered significantly the enjoyment of these rights.

The survey has not addressed this aspect specifically, and no disaggregated data are available. However, other sources of information captured these aspects. NHRIs have conducted human rights monitoring across a variety of institutions. They include the NHRIs of Azerbaijan, Iraq, Serbia and the Russian Federation.⁶¹ The Ombudsman of Cyprus conducted monitoring with a focus on mitigating the impact of COVID-19 in refugee and immigrant detention centers. The NHRI of Luxembourg has issued a recommendation to the government.⁶² The NHRI of the Czech Republic addressed specifically the importance of ensuring the rights of older persons living in unofficial retirement facilities.⁶³

The NHRIs of Lithuania and Spain have emphasized the need to focus on conditions in care facilities under COVID-19, and the NHRI of Scotland has addressed the context of care homes and COVID-19 through monitoring, analysis and provision of advice to the authorities.⁶⁴

An area of concern has involved situations of potential risks related to restrictions on access to hospital and quarantine facilities for patients, visitors and health personnel. The NHRI of El Salvador has addressed this through monitoring the *"conditions of patients in hospital centers, the situation of people in the Coronavirus Containment Centers, and the extension of the quarantine period in containment centers without any criteria"*.

The importance of ensuring respect for human rights in regard to the right to health and restricted freedom of movement under COVID-19 has been addressed by the NHRIs of Bahrain, Iraq and the Maldives.⁶⁵

The NHRI of Portugal issued an *“Official Recommendation on the possibility of visits by family members to Covid-19 dying patients and on their presence in funerals—Letter to the Health Directorate General on the need to have uniform quarantine regimes throughout the national territory”*.

For individuals formally deprived of their liberty in detention of prisons and penitentiary institutions, COVID-19 has also had a severe impact on their life, health and safety.⁶⁶ Many NHRIs also hold the function of a National Preventive Mechanism (NPM) pursuant to the Optional Protocol on the Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment. Tasked with monitoring places of detention, in the COVID-19 context, NHRIs who held the NPM function (and others who did not) have actively been monitoring places of detention. Six of the responding NHRIs to the survey addressed the endangered right to health of persons formally deprived of the freedom of their liberty and mobility within the justice sector and penitentiary systems under COVID-19.⁶⁶

The NHRI in El Salvador monitored home quarantines in line with the advice from the Subcommittee on the Prevention of Torture. *“The Commissioner’s visits as NPM inspected the execution of the measures taken by the institutions with regard to the prevention and handling of the coronavirus outbreak. The NHRI inspected the institutions, as well as the means of communication introduced to replace visits, which were prohibited due to the public health crisis.”*

In Sri Lanka, the NHRI proposed suggestions to the Health Minister and the National Operation Center for Prevention of COVID-19 Outbreak in the form of guidance on how *“the quarantine process can be regularized under the law”* and *“hardships imposed by the quarantining process can be ameliorated”*.⁶⁸

NHRI EXAMPLES

- » The NHRI of **Georgia** has monitored the quarantine detentions and published a short guide for citizens who have been fined for violating the isolation and/or quarantine rules after the state of emergency was declared in the country. The guide answers most frequently asked questions about where and how the fine can be appealed and how it should be paid.⁶⁹
- » Intersecting with concerns about gender-based human rights violations, the NHRI of **El Salvador** submitted an amicus curiae brief regarding a petition for habeas corpus on the urgency to adopt measures to tackle the effects of COVID-19 on women criminalized and deprived of their liberty for having suffered obstetric emergencies, in the context of prison overcrowding with support from OHCHR.
- » The NHRI of **Afghanistan** has conducted investigations in 34 prisons throughout the country to identify existing challenges and to provide the relevant authorities with appropriate recommendations to prevent COVID-19 spread in the detention centers.⁷⁰

The NHRI of the State of Palestine has also addressed this issue, both in general, and in terms of Palestinian prisoners in Israeli prisons⁷¹, and the NHRI of Fiji has addressed death in detention of a human rights defender.⁷²

In some cases, the NHRIs have taken steps to develop or revise guidelines and checklists for detention monitoring, including ensuring the safety of their own staff, as well as calling attention to the particular vulnerability of individuals solely relying on the protection of the state.

Other similar examples include the NHRI of Zimbabwe which has been enabled to provide input to the national *Prisons Operational Guidelines*, and the NHRI of India which has published an advisory in this area with the support of OHCHR.⁷³

The NHRI of Mauritania encouraged the release of prisoners who are at the end of their sentence, detainees prosecuted for minor offenses and those not representing a danger to public security and / or whose detention is not justified.⁷⁴ The NHRI of Scotland has been successful in addressing this with the responsible authorities, resulting in a number of early releases of detainees specifically with reference to the COVID-19 situation.⁷⁵

NHRI EXAMPLES

- » The NHRI of **Nepal** has adopted a “working procedure” as well as a monitoring checklist relating to detention supervision with support from UNDP.⁷⁶
- » In **Mali**, the NHRI has engaged in joint advocacy with the International Committee of the Red Cross (ICRC) and the United Nations Multidimensional Integrated Stabilization Mission (MINUSMA) in Mali, and the EU to the Ministry of Justice and Human Rights to reduce the number of detainees within prisons to limit the risks of spreading the virus, drawing upon a key lesson learned from Ebola response supported jointly by UNDP and OHCHR through the TPP. Monitoring of places of detention was increased to reduce overcrowding, resulting in 1300 people being released including 200 women.
- » The NHRI of **Moldova** has also urged applying alternatives to detention and advocating for the release of prisoners due to the pandemic.

Similarly, the NHRI of Sudan called on the competent authorities to avoid imprisoning the violators of the curfew with the introduction of alternative penalties as much as possible, and called on the competent authorities to support and improve the prison environment and provide protection, quarantine and treatment aids in all health units inside prisons and other places of detention in all states of Sudan.⁷⁷ The NHRIs of Comoros and Niger have also addressed this.⁷⁸

In the Americas, independent prison monitoring by NHRIs exercising their NPM function has continued in several countries, including Peru and Paraguay. In Paraguay, the NPM has been able to visit and monitor quarantine shelters with the support of OHCHR. Other NHRIs engaging in this area include Kazakhstan, Lebanon, Tajikistan, and Ukraine with support of UNDP.

2.1.5 SOCIAL CONFLICT, XENOPHOBIA AND NON-DISCRIMINATION

The UN General Assembly has emphasized the need for the “full respect for human rights and—that there is no place for any form of discrimination, racism and xenophobia in the response to the pandemic”.⁷⁹

HAVE ADDRESSED THE OVERALL DIMENSION OF
SOCIAL CONFLICT, RACISM AND DISCRIMINATION.

59%

The study indicates that 59% of NHRIs surveyed stated that they have addressed the overall dimension of social conflict, racism and discrimination as an important aspect of the COVID-19 pandemic, which is again a significant proportion ranging just below the top four other themes as mentioned above. This thematic area is also one of the main areas addressed by NHRIs when providing advice to governments, in their research and publications and case handling.

The NHRI of New Zealand in their recommendations to the government requested “*an express commitment to address racism as part of the COVID-19 response including explicit public messaging and awareness raising*” and to prioritize the development of a National Action Plan Against Racism.⁸⁰

The NHRI of Ukraine has developed a handbook on combatting hate speech with support of UNDP. The NHRI in Kosovo⁸¹ has advocated for the strengthening of the implementation of anti-discrimination legislation in the healthcare sector, specifically in combating discrimination and stigma against those affected by COVID-19 with support of UNDP.

The NHRI of India “*The Commission commits to address the issue of selective policing and racism faced by certain communities as part of the COVID-19 response including explicit public messaging and awareness raising*”⁸². The NHRI of Australia “*developed measures to build social cohesion and combat the scourge of racism in the community*” by advocating for a national response to racism arising from the pandemic in meetings with community leaders and representatives from all levels of government and by collecting on and tracking incidents of racism in relation to COVID-19, in dialogue with academics, community stakeholders, police and other allies for intelligence and to facilitate data sharing.⁸³

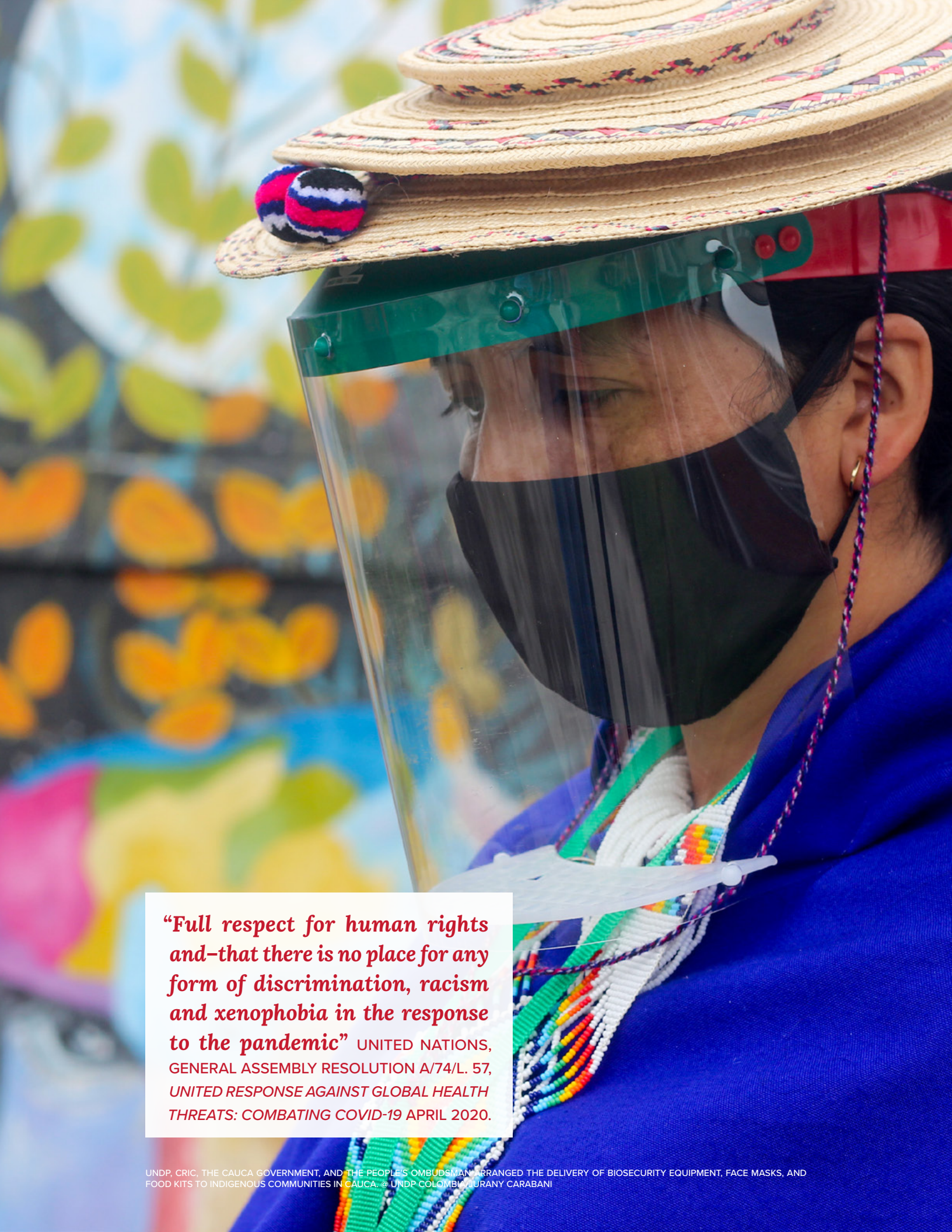
NHRI EXAMPLES

- » In **Peru**, the NHRI has advocated for the need to minimize social tension, while in **Iraq** the NHRI has addressed the importance of not stigmatizing COVID-19 victims. In **Myanmar**, the NHRI initiated a media campaign to raise awareness of the Commission’s mandate and highlight stigma and discrimination related to COVID 19 and encouraging people to file complaints related to any human rights violations⁸⁴.
- » To address hate speech, the NHRI of the **Republic of Korea** has made efforts with 17 education offices to tackle hate speech in the education system, including creating and distributing hate speech guidelines and checklists for schools at the start of the semester and distributing content on countering hate speech such as posters, videos and cartoons to education offices nationwide.⁸⁵

2.1.6 ECONOMIC AND SOCIAL RIGHTS

The COVID-19 pandemic is affecting societies and economies at their core. Whilst the impact of the pandemic varies from country to country, indications are that it will result in increased poverty and inequalities, with millions of livelihoods upended and the 2 billion workers in the informal economy impacted most directly. Access to critical social services has been disrupted and this has disproportionately impacted those most in need and most at risk of being left behind.

50% of NHRIs surveyed indicated that this has been a priority area of focus, and as the examples below illustrate this has particularly been in focus in societies where the basic needs of larger segments of the population are considered to be at risk as a result of COVID-19.



“Full respect for human rights and—that there is no place for any form of discrimination, racism and xenophobia in the response to the pandemic” UNITED NATIONS, GENERAL ASSEMBLY RESOLUTION A/74/L. 57, UNITED RESPONSE AGAINST GLOBAL HEALTH THREATS: COMBATING COVID-19 APRIL 2020.

50%

HAS PRIORITIZED
ECONOMIC AND
SOCIAL RIGHTS

NHRIs have in some cases acted from concern about the lack of accessibility of basic sustenance for poorer segments of society. The NHRI of Mongolia addressing the need for adequate housing for the poor as well as for water and sanitation in communities.⁸⁶ The NHRI of Ukraine has addressed the impact of the pandemic on the overall economic and social conditions in the country.⁸⁷

The NHRI in Bangladesh undertook direct relief distribution to vulnerable groups with support from UNDP. In Iraq, the NHRI launched a campaign to provide support through the distribution of food baskets and the establishment of a social solidarity fund by its cadres in all governorates, covering areas that fall below the poverty line and displacement camps in some governorates with support from OHCHR.⁸⁸ The NHRI of the Philippines addressed the issue of withholding of relief goods for violation of curfew. The NHRI of India has focused on basic food and nutrition issues.⁸⁹ The NHRI of Croatia has addressed a variety of aspects, including the need to focus on the needs of the homeless and/or in uncertain housing situations as well as the provision of clean water.⁹⁰

In Central Asia, UNDP and OHCHR undertook a joint regional initiative convening the NHRIs of Central Asia in a regular online meeting series discussing the impact of COVID-19 and addressing the issue of the right to housing and the effect of forced evictions.

The NHRI of the Russian Federation has been successful in raising and addressing issues related to labor rights: *“In defense of the labour rights of more than 500 employees of JSC «Plyterra» from the Republic of Mordovia, the High Commissioner (High Commissioner) applied to the Chairman of the Government of the Russian Federation, as well as to the First Deputy Prosecutor General of the Russian Federation with a request to verify the received information and undertake prosecutorial response measures as necessary. After prosecutorial investigation the factory suspended the work sending its staff home with full salary”.*

The NHRI of the Russian Federation has also addressed the situation of migrant workers: *“The National Human Rights Commission (NHRC) is closely monitoring ... and proposes to seek reports from the State and Central Government on support provided to those migrant workers, in terms of rail/ bus services, walking towards their native places covering thousands of kilometers; number of deaths of migrant workers due to accidents or exertion on their way home, from 25th March to 30th June 2020 and relief provided to their families; and on police brutality [toward] ... migrant workers and action taken thereafter.”*

The NHRI of Great Britain has developed guidance for private employers on how to respond to the COVID-19 crisis in a way that best protects the rights of workers.⁹¹ Other examples include Bahrain⁹², India⁹³, Iraq, Malaysia, the Maldives and Moldova⁹⁴, and in relation to employment matters, New Zealand⁹⁵ and the Philippines⁹⁶. Addressing the recovery dimension, the NHRI of Morocco has specifically called on companies to support human rights also in a post-lockdown context.⁹⁷

2.1.7 CIVIL AND POLITICAL RIGHTS

Responses to the pandemic have resulted in a curtailment of civil and political rights. Whilst necessary in many contexts, they have inadvertently affected people’s civil and political life in societies and some populations have borne the brunt of measures. Some civil and political rights issues are relevant to other thematic areas covered by the survey conducted and 38% of NHRIs surveyed indicated their engagement in this area specifically and in terms of functions, this thematic area is comparatively less prevalent, especially in terms of advice to governments and research and publications, although slightly higher in terms of quasi-judicial functioning.



38%

ENGAGEMENT IN CIVIL
AND POLITICAL RIGHTS

NHRIs have been focusing on contributing towards ensuring that access to justice and fair trial requirements are preserved under COVID-19, and to addressing allegations of police brutality, including in Kenya, South Africa and Zimbabwe⁹⁸. Many at-risk groups have been specifically supported in these areas for example, the NHRI of Great Britain has drawn attention to the challenges of persons with disabilities in the context of COVID-19 in ensuring access to justice without discrimination including accessing fair trials.⁹⁹

As countries have shifted toward digitization of services to promote continuity, NHRIs have drawn attention to relevant human rights principles. In Norway, the NHRI engaged in a consultation: *“regarding measures to strengthen the efficiency of the judicial system, with NIM recommending that steps are taken to ensure the use of remote audio/video technology in litigation is consistent with the right to a fair trial NIM has made several recommendations regarding the use of remote meetings to ensure county committees can continue to process cases, proposals to extend application deadlines”*.¹⁰⁰

2.1.8 STATE OF EMERGENCY, EMERGENCY LEGISLATION, ARMED CONFLICT

The UN General Assembly has emphasized that *“the primary responsibility of Governments to adopt and implement responses to the COVID-19 pandemic that are specific to their national context, and that emergency measures, policies and strategies put in place by countries to address and mitigate the impacts of COVID-19 must be targeted, necessary, transparent, non-discriminatory, time-bound, proportionate and in accordance with their obligations under applicable international human rights law”*.¹⁰¹

The survey reflects 35% of responding NHRIs have addressed specifically issues related to states of emergency and emergency legislation introduced in their respective country. This thematic area is one of the least focused on by NHRIs in their provision of advice to governments or parliaments, and in terms of research and publications and quasi-judicial functioning.



HAVE ADDRESSED ISSUES
RELATED TO STATES OF
EMERGENCY

35%

Given that this is the central responsibility of the state in question, NHRIs have been limited to calling on states to exercise proportionality in terms of measures taken for protection against infringement of liberties, both individual as well as collective. NHRIs have emphasized the importance of ensuring that all restrictions on rights and freedoms are in compliance with international obligations including international human rights standards.

NHRIs in Iraq, Palestine and Peru intervened on issues related to the consequences of non-compliance with curfew restrictions, urging the authorities to ensure respect for human rights and the principle of proportionality.¹⁰²

The NHRI of Ethiopia has monitored and reviewed emergency measures being taken by federal and regional government agencies from a human rights perspective, and advised on necessary preventive and response actions to be taken to ensure human rights, including that of vulnerable groups, are respected during the pandemic.¹⁰³

The NHRI of Slovenia has issued several opinions and calls to the Government and other relevant institutions regarding the need for proportionality and other international standards to be adhered to including non-discrimination in measures taken to cope with and avoid the spread of COVID-19.

“The primary responsibility of Governments to adopt and implement responses to the COVID-19 pandemic that are specific to their national context, and that emergency measures, policies and strategies put in place by countries to address and mitigate the impacts of COVID-19 must be targeted, necessary, transparent, non-discriminatory, time-bound, proportionate and in accordance with their obligations under applicable international human rights law” UNITED NATIONS, GENERAL ASSEMBLY A/RES/74/306, COMPREHENSIVE AND COORDINATED RESPONSE TO THE CORONAVIRUS DISEASE (COVID-19) PANDEMIC, 15 SEPTEMBER 2020.



The NHRI of Jordan issued a statement calling on the Government to respect and preserve all rights and freedoms guaranteed by the Jordanian constitution and international covenants, and prepared an analytical study on the position of the National Center for Human Rights on defense orders issued under Defense Law No. (13) of 1992 and their compatibility with international human rights standards”.

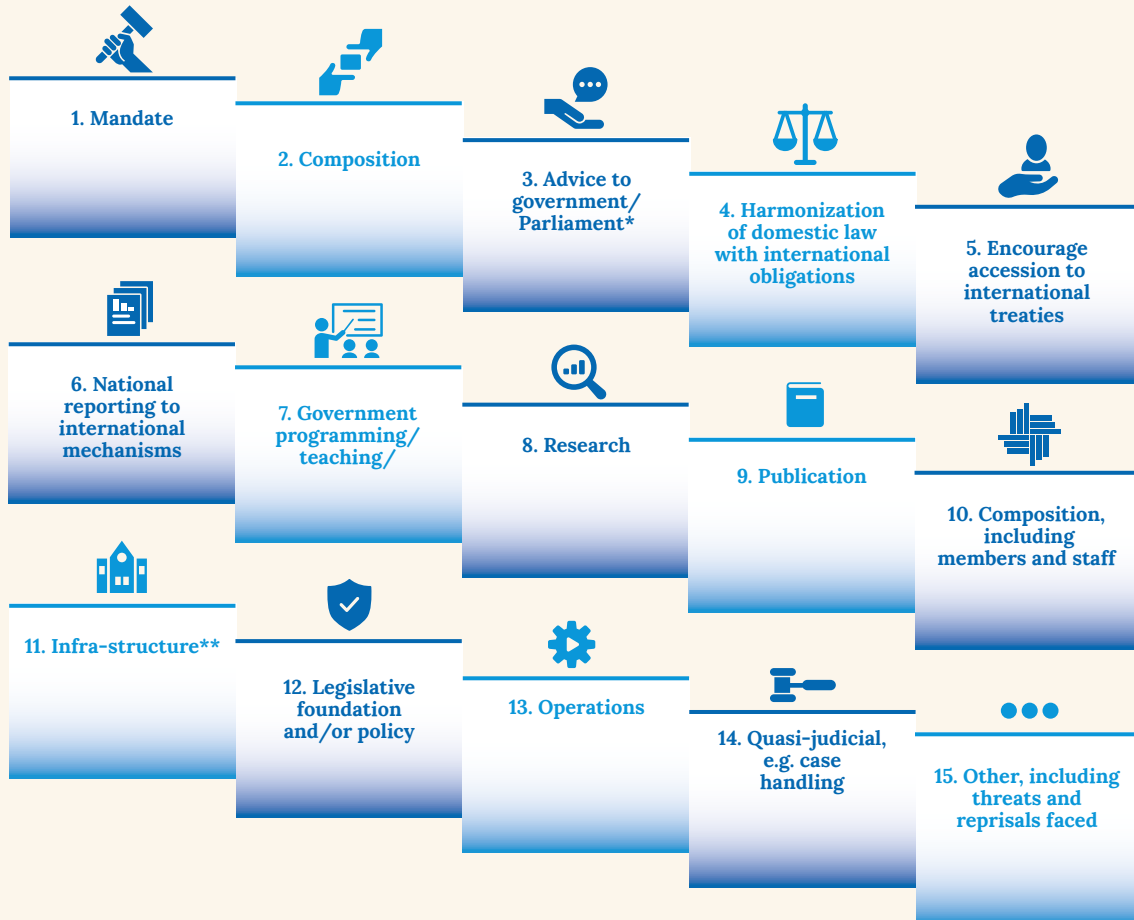
NHRI EXAMPLES

- » In the **Philippines**, the NHRI has advised the State to ensure that a rights-based approach is adopted at all times in the implementation of the emergency legislation and reminded the State that human rights are not suspended during times of national emergency and issued an advisory stressing the need for compliance with human rights principles in the implementation of the Heal As One Act declaring a state of emergency and providing the president with extensive powers in light of the pandemic.¹⁰⁴
- » The NHRI of **Norway** participated in a consultation on the “emergency “Corona Act” which allows the Norwegian Government to supplement or derogate from over 60 laws through the adoption of temporary regulations. [The NHRI] made two suggestions for amendment—the first was to clarify the purpose of the Act in Section 1 to ensure that measures are limited to what is strictly necessary. The second suggestion was to add a requirement in Section 5 of the Act to ensure that assessments made by the Government as the basis for preparing temporary regulations are made publicly available—Consultation submission regarding proposals to extend the duration of the Corona Act, with [the NHRI] emphasizing the need for a greater degree of openness and transparency regarding the assessments on which coronavirus measures are based”.

2.2 FUNCTIONS OF NHRIS

Taking into account the different core functions that NHRIs have, the study seeks to highlight how these functions were applied to promote and protect human rights to address COVID-19.

FIGURE 3. 16 DIFFERENT POTENTIAL FUNCTIONAL DIMENSIONS RELATED TO NHRI MANDATES WERE CONSIDERED.



*legislative /administrative provisions; addressing situations of human rights violations, example through monitoring/investigation/inquiry; and/or promotion/sensitization; national reporting; calling for Government attention; commenting on Government approach

**budget and financing; office, IT, transport; accessibility, especially for members of groups at risk

The top functions (grouped) that NHRIs referred to in relation to COVID-19 response were:

- advice to governments and / or parliaments in addressing situations of human rights, calling for government attention and commenting on government approaches
- monitoring and investigations
- Research public sensitization and awareness-raising and publications
- quasi-judicial and complaints handling

The functions identified by NHRIs as least negatively impacted by the pandemic relate to foundational – and therefore more permanent at least in the short term–aspects of an NHRI such as competence, mandate, member composition, infrastructure and legislative foundation. Other aspects which are not strongly represented in the survey results include urging the government to ensure harmonization between domestic and international law, accession to international treaties and national reporting

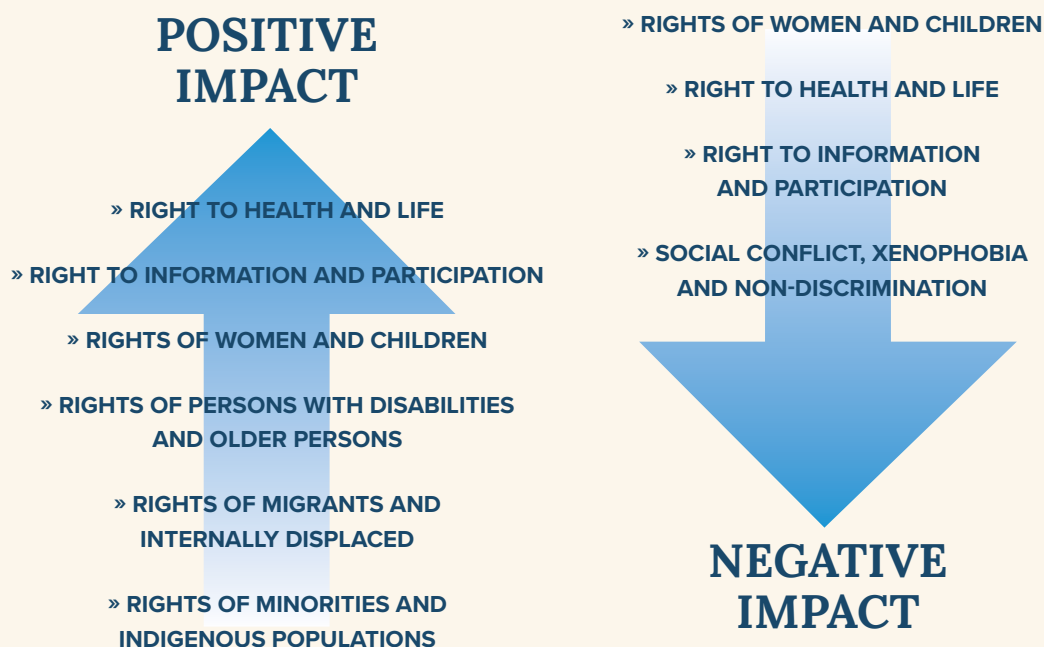
to international bodies. By combining data on NHRIs who engaged in various functions combined with their thematic priorities addressed per function, it is possible to have an overview of the types of functions utilized by NHRIs in addressing specific themes.

The below is a deeper dive into how the functions of NHRIs most utilized in addressing thematic areas including both positive and negative impacts and, how NHRIs utilized the top functions that NHRIs referred to responding to COVID-19 to fulfil their mandates.

2.2.1 THEMATIC AREAS ADDRESSED BY NHRI FUNCTION

The survey results illustrate the thematic areas prioritized by NHRIs in relation to each function and also in reverse indicate which functions have been most utilized in addressing the thematic areas. Lastly, it also indicates the extent to which the NHRIs in the case of each thematic area have experienced a direct negative or positive impact, in terms of their operations, from the pandemic.

FIGURE 4. IMPACT OF COVID-19 ON THEMATIC AREAS ADDRESSED BY NHRIS



The thematic areas related to the rights of women and children; the right to health and life; the right to information and participation; and social conflict were negatively impacted, from the pandemic.

NHRIs have also reflected the thematic areas that were positively impacted. In the provision of advice to governments, research and publication, and quasi-judicial functioning, NHRIs indicated that they were able to advance mostly on right to the health and life; the right to information and participation, the rights to women and children; the rights to disability and older persons; the rights to migrants and internally displaced, the rights to minorities and indigenous populations.

2.2.2 ADVICE TO GOVERNMENT AND / OR PARLIAMENT IN ADDRESSING SITUATIONS OF HUMAN RIGHTS, CALLING FOR GOVERNMENT ATTENTION AND COMMENTING ON GOVERNMENT APPROACHES

This function area includes NHRIs addressing legislative and administrative provisions as well as situations of human rights violations, for example through monitoring and investigation, through promotion and sensitization, and national reporting, and calling for government attention and commenting on their approach.

In their efforts to carry out these functions, the top thematic areas that NHRIs in the survey reported focusing on are the rights to life and health, the right to access to information and participation, the rights of people with disabilities and older persons, and the rights of women and children.

Often drawing on the data from human rights monitoring, virtually all the NHRIs confirmed that they have provided advice to their governments on legislative and administrative provisions relevant to human rights under COVID-19.

Some advisory interventions have been formulated for the decision-making levels for law and policy in general, for instance, through engagement with parliaments. The NHRI of Great Britain is conducting briefings to Parliamentarians to present an analysis of whether proposed policies and legal changes align with the requirements of equality and human rights law.¹⁰⁵

The NHRI of Ireland, has outlined: *“The Commission has addressed a range of human rights and equality concerns arising from the COVID-19 pandemic and the State’s response. This has included Regular engagement with parliamentary committee oversight of state response to Covid–19 (and) promotion of greater parliamentary oversight of the implications of Covid-19 for vulnerable groups, and of the human rights and equality impact of the pandemic and its response”*.

In some cases, this has included advising the government on how to apply a human rights-based approach to their response to the pandemic.

The NHRI of Scotland has contributed to ensure that the government incorporated human rights dimension in their efforts of recovery from the effects of the pandemic.¹⁰⁶

The NHRI of Hungary stated: *“The Commissioner and his Deputies put an emphasis on providing input to the legislator from a human rights perspective, both ex officio and based upon inquiries from the legislator or upon complaints – for instance, as regards housing, the Commissioner initiated ex officio the extension of the wintertime suspension of evictions during the coronavirus emergency period. The Government decided that the suspension of evictions should remain in place throughout the state of danger”*.

The NHRI of Norway has engaged very closely with Parliament to the extent of providing a standing counselling mechanism: *“Norwegian National Human Rights Institution has informed the Norwegian Parliament that a senior advisor will be available outside of normal working hours to provide advice on the human rights implications of temporary regulations made pursuant to Norway’s coronavirus emergency legislation, as such regulations are often introduced to Parliament on Fridays and enter into force the next day”*.

NHRI EXAMPLES

- » The NHRI of **Kenya** developed a strategy plan titled 'A Human Rights Based Approach to the COVID-19 Pandemic in Kenya', Strategy and Plan of Action 2020' to assist in seamless response to the pandemic and ensure adherence to human rights standards by all when responding to the pandemic. The strategy was to review government COVID-19 interventions and to enhance management and processing of complaints in order to develop appropriate and timely interventions.¹⁰⁷
- » In **Sierra Leone**, within the regular support to strengthening capacity of the NHRI, a Human Rights and COVID-19 response component has been mainstreamed to support a human rights-based approach to COVID-19. This component comprised four key areas including: i) Public education and awareness raising, ii), Human rights mobile outreach to hear and investigate complaints, iii) Human rights monitoring, and iv) strategic engagement with state authorities.

In Guinea, awareness-raising sessions on a human rights-based approach to prevention and response to COVID-19 has included training of NHRI commissioners on the monitoring and reporting of violations linked to measures taken by the Government to tackle the pandemic. The NHRI of Germany has maintained the need for human rights to be central to the government's political response to COVID-19 through relevant policy papers.¹⁰⁸

Other forms of engagement have been more technical, where the NHRI has supported the executive in addressing the rights of vulnerable groups, such as through the development of instructional tools for the police and security forces. The NHRI of Zimbabwe provided input to the Zimbabwe Prisons Operational Guidelines with support from OHCHR.

As a response to the COVID-19 pandemic, the federal and state governments in Nigeria have put in place several measures including COVID-19 Regulations 2020 and other Directives to cope with the pandemic. The Regulations and Directives also empowered the security agencies to ensure compliance and enforcement of the stay-at-home order following the lockdown. On 30 March 2020 the NHRI of Nigeria, issued an "Advisory to security agencies to respect human rights in the enforcement of COVID-19 Regulations".¹⁰⁹

In the State of Palestine, the NHRI published Justice and COVID-19: A Guide for Judges, Public Prosecutors and Lawyers in Palestine. A Joint Guidance Note by UN Human Rights oPt, High Judicial Council, Attorney General's Office, Palestinian Bar Association, Ministry of Justice, and Independent Commission for Human Rights. Similarly, the NHRI of Slovakia provided guidance to the relevant authorities on the specific issue of access to healthcare and safe abortion during the COVID-19 pandemic.

In a few cases, the NHRI has taken judicial action with the domestic courts to address specific areas of conflict in relation to COVID-19. The NHRI of Ecuador embarked on three initiatives at the jurisdictional level: a precautionary measure for non-violation of nationals in mandatory preventive quarantine, after their return a Protection Action to defend the rights of nationals stranded abroad, and, a Lawsuit of Unconstitutionality regarding discriminatory treatment against the Venezuelan diaspora in the process of regularization with exception visas for humanitarian reasons.¹¹⁰

At a more general level the NHRIs have focused less on addressing the need for harmonization of domestic law with international standards. However, in response to legislation relating to the COVID-19 response the NHRI of Denmark which has argued for the value of placing human rights standards and the 17 Sustainable Development Goals (SDGs) at the core of immediate responses to COVID-19 and of long-term recovery strategies.¹¹¹ The NHRI of Pakistan has increased their capacity

to ensure that the Government's efforts to respond and recover from COVID-19 are in line with Pakistan's international, national and provincial human rights commitments with support from UNDP.

In Slovenia: "The Human Rights Ombudsman promoted the harmonization of domestic law with international law also during the COVID-19 crises, [and] especially referred ... to the need to respect the Convention on the Rights of Persons with Disabilities regarding the treatment of individual within institutions, deinstitutionalization, access to information and equal health treatment under the conditions of COVID-19. We also referred to other core UN human rights treaties, as well as to the European Court of Human Rights and EU fundamental rights."

2.2.3 MONITORING AND INVESTIGATIONS

The survey indicates that NHRIs undertook monitoring and investigations to form an evidence and factual base in addressing the government. NHRIs that have undertaken these functions in relation to COVID-19 focused their monitoring and investigations mainly on the themes of right to health and life, right to access to information and participation and the rights of persons with disabilities, older persons and women and children. The work of NHRIs on civil and political rights and state of emergency was not prioritized under these functions.

NHRIs have engaged in a broad range of monitoring of the human rights situation across the breadth and scope of the thematic areas. In addition to conducting on-site monitoring for example of institutions, this has also taken the form of online and desk monitoring, such as of legislative proposals and other government policy action. The NHRI of Norway has systematically monitored and reported on the government's actions in their response to COVID-19.¹¹² Similarly, the NHRI of Slovenia has also undertaken monitoring in relation to the complaints received in relation to COVID-19.¹¹³

The NHRI of Honduras reviewed its internal monitoring process, including data analysis to strengthen their capacity to respond to human rights violations in the context of the COVID-19 pandemic. Similarly, the NHRI of South Africa revised their internal strategy on monitoring human rights during the COVID-19 pandemic with OHCHR support. Some NHRIs have been calling for increased digitization in relation to their own monitoring and quasi-judicial functions. They include the NHRI of New Zealand, urging that the Human Rights Review Tribunal shifts towards remote hearing of complaints, as all planned hearings had been postponed.¹¹⁴

The particular situation in most countries under full or partial lock-down has naturally meant that no examples of public inquiries have so far been identified in terms of COVID-19 response. However, other forms of inquiry have been undertaken, as in the case of Hungary where *"The Commissioner ordered an ex officio inquiry in relation to the situation evolved due to COVID-19 infections in nursing homes for the elderly."* The NHRI of Mongolia conducted a human rights inquiry in 22 institutions such as detention centres, shelters, the National Centre for Mental Health, Central Prison Hospital, tuberculosis hospital, and a care centre for elderly people.¹¹⁵

2.2.4 RESEARCH, PUBLIC SENSITIZATION AND AWARENESS-RAISING AND PUBLICATIONS

The survey results for the study show that, in addition to issuing statements of a more general nature commenting on the impact of COVID-19 on human rights, NHRIs around the world have used the broad and full scope of their mandated functions in accordance with the Paris Principles to address an equally broad scope of human rights in their respective societies under COVID-19.

Nearly 50% of NHRIs responding to the survey indicated they have conducted research and over 75% of NHRIs carried out sensitization and awareness raising activities to the public, with the top thematic areas being in relation to the right to health and life, and the right to access to information

and participation, the rights of persons with disabilities and older persons, the rights of migrants and indigenous populations, and discrimination, racism and xenophobia.



NHRIs have contributed to broader public awareness-raising and information, on a wide range of topics, including on COVID-19 and the protection of health including the NHRIs of Morocco, Ukraine and Zimbabwe.¹¹⁶ In the State of Palestine, the NHRI developed four guidance notes in collaboration with OHCHR.¹¹⁷ The NHRIs of Sierra Leone and Tajikistan have also engaged in this area with UNDP support. In Uganda, the NHRI *“has also carried out sensitization / education to the general public on human rights issues amidst the COVID-19 pandemic”*. The NHRIs of both South Africa and Uganda have used WhatsApp as one of the most accessible means of communication with their constituent communities.¹¹⁸

According to the survey, almost every NHRI has used their promotional mandate to publish statements, and their message has been clear: restrictive action taken must be proportional and non-discriminatory and must first and foremost ensure that the rights and needs of the most vulnerable in society are catered for, not least under states of emergency and curfew.

Some NHRIs have developed comprehensive reports cutting across a broad spectrum of rights areas and calling for government and public attention to focus on strong cases, with both broad and specific coverage by NHRIs documented through comprehensive reporting including the NHRIs of Iraq, Kenya, El Salvador and New Zealand. These reports touch upon virtually all of the specific thematic areas.¹¹⁹

2.2.5 QUASI-JUDICIAL AND COMPLAINTS HANDLING

The quasi-judicial function is illustrated by complaints case handling and the survey reflects that a smaller portion – approximately 15% of NHRIs surveyed have focused their efforts on this area of work. This may be related to the fact that not all NHRIs have a complaint handling mandate. The handling of complaints in relation to COVID-19 mainly related to the right to health and life, the right to access information and participation, the rights of migrants and indigenous populations, and the rights of women and children.

Despite institutional challenges faced by NHRIs due to COVID-19 (see section 3 below), an area of focus has been on ensuring that those with existing or exacerbated restrictions on their ability to access the NHRI physically under COVID-19, especially in relation to groups at particular risk have been able to submit complaints.

The NHRI of Honduras has received a large number of complaints relating to violations of the right to health.¹²⁰ In order to ensure full accessibility in spite of the lockdown and its resulting subsequent inaccessibility by members of the public to the NHRIs' offices, or restrictions on the ability to conduct on-site monitoring as addressed above, some NHRIs used innovative approaches, including digitization to ensure that populations could still utilize their services. A number of NHRIs creatively developed new online and mobile accessible media and platforms.

In Honduras, *“Telephone lines were provided so that people can file their complaints about human rights violations”*.

NHRI EXAMPLES

- » The NHRI in **Sierra Leone** engaged in human rights mobile outreach to hear and investigate complaints with UNDP support. In **the State of Palestine**, the NHRI “encouraged right holders to submit their complaints in almost all the themes especially from those in quarantine. [The NHRI] promoted their remote complaint handling and distributed contact info to all quarantine centers.”
- » In **Fiji**, the NHRI is establishing a web-based information management portal to allow Fijians in the most remote areas of the country access to key human rights documents, information, and contact with NHRI case officers. This will also allow for remote counselling and consultations concerning human rights complaints, and in the medium- to longer-term it will provide the NHRI with an online system to track and monitor cases, identify trends, and strategically allocate resources with UNDP support. In **Pakistan**, the NHRI is involved together with other stakeholders in enabling federal and provincial human rights institutions to digitize complaint response mechanisms to receive, track and respond to COVID-19 related issues with UNDP support. NHRIs including **Kyrgyzstan**, **Nigeria** and the **Russian Federation** have established a hotline for complaints, as well as facilitating legal assistance to individuals with complaints of human rights violations with UNDP support.

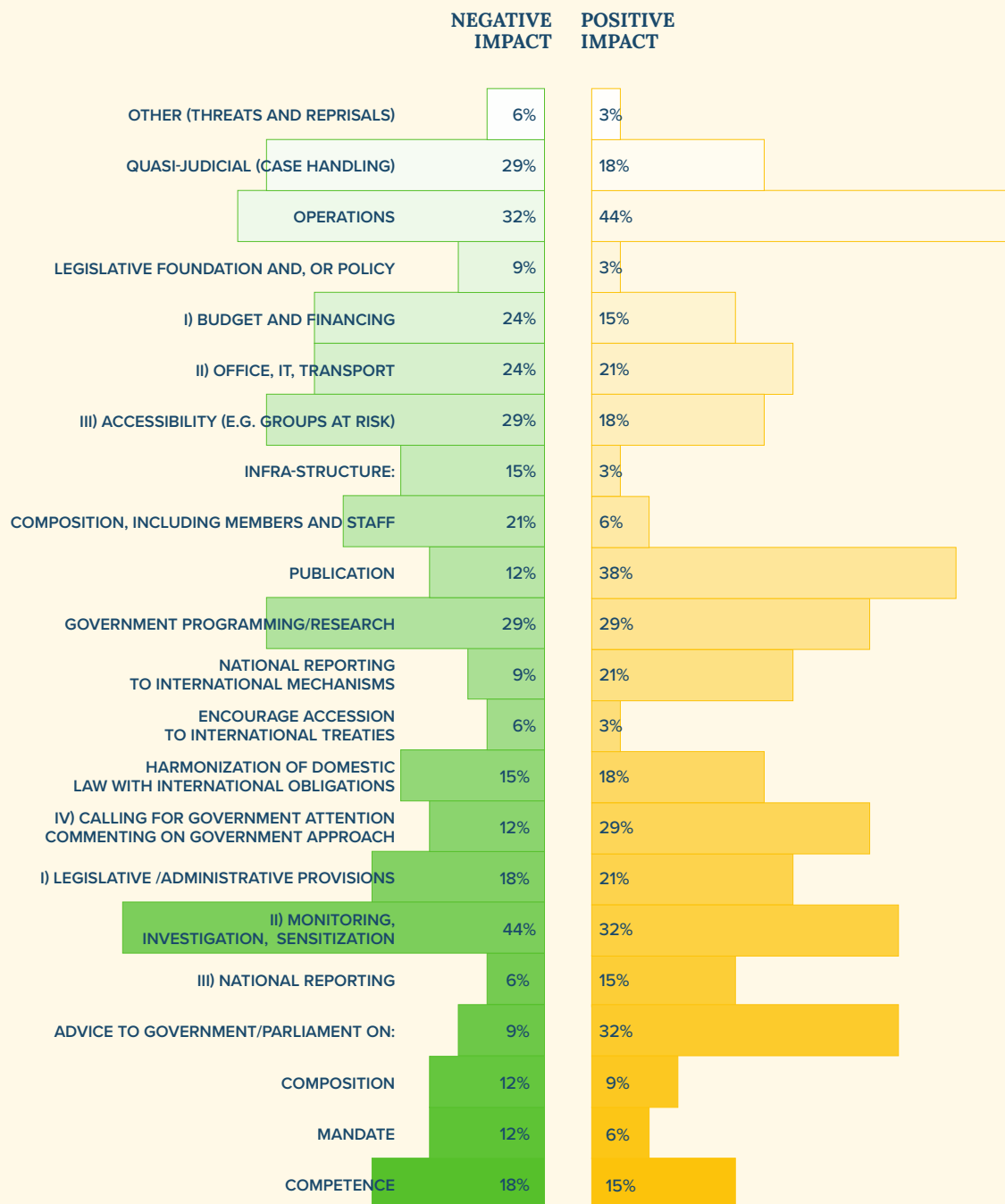


**NATIONAL HUMAN RIGHTS
COMMISSION (NHRC)
THE GAMBIA**

3. COVID-19 IMPACT ON NHRIS

NHRIs have adapted to navigate COVID-19 as a major contextual crisis to their way of working. However, the COVID-19 pandemic has had and continues to have an impact on NHRIs and their ability to function effectively. The study captures both negative and positive impact on NHRIs with a view to enable lessons learned and to reflect on the various mitigative actions undertaken by NHRIs.

FIGURE 5. IMPACT OF COVID-19 ON NHRIS' FUNCTIONS.



An assessment of the negative impact of COVID-19 also needs to take into account the context of general increasing political tension exacerbated by the COVID-19 crisis, which has been observed especially in the Americas.¹²¹ This has manifested itself in different ways including in direct reprisals against an NHRI where their constitutional mandate and work was discredited.

64% of the NHRIs responding the survey indicated that they have, in relation to one or several aspects of their functionality, experienced the negative impact of COVID-19 on their work.

NEGATIVE IMPACT OF
COVID-19 IN THEIR WORK

64%

In terms of positive impact, 12% of the NHRIs indicated clearly that they had been able to achieve no positive impact on their work due to COVID-19. However, 59% indicated that they had experienced a positive impact from having to navigate the pandemic indicating in their responses that there has been a positive impact on at least certain aspects of their work from the COVID-19 pandemic. The survey responses indicate that a number of NHRIs have experienced both a negative and a positive impact from the pandemic.

In tackling these comprehensive and unforeseen challenges which have impacted almost all aspects of their work, the NHRI of Scotland articulated that the pandemic led to a fundamental re-assessment of their own capabilities, and that they have discovered how much they were actually capable of: *“The current situation has highlighted what is possible beyond what we had previously envisaged it would be, with increased activity in spite of a minor reduction in staff capacity.,*

3.1 ADVICE TO GOVERNMENT AND / OR PARLIAMENT IN ADDRESSING SITUATIONS OF HUMAN RIGHTS, CALLING FOR GOVERNMENT ATTENTION AND COMMENTING ON GOVERNMENT APPROACHES AND MONITORING AND INVESTIGATIONS

NHRIs indicated that COVID-19 had both negative and positive impact on their abilities to carry out the work in providing advice to the government or Parliament and calling for government attention.

In terms of positive impact, at least 24% of NHRIs reported in the survey that when it comes to increased visibility and focus on the protection of the most vulnerable, their positive interaction with state bodies, including for example, Parliaments and public institutions has increased. This can be viewed as an unintended and positive consequence of the important work of NHRIs in response to COVID-19 in countries. In the long term this may prove to have a lasting impact in consolidating their position and providing a greater understanding of the work of NHRIs especially vis a vis the state.

In relation to monitoring, the lock-down and curfew regulations adopted by governments have included barring access to both penitentiary and mental health and care centers. Eight NHRIs reported that their monitoring has been severely restricted or prevented, in the sense that they have been disallowed official entry into such premises. Access to monitoring of the situation in health and quarantine facilities for victims of COVID-19 was in at least three cases de facto prevented.

Addressing situations of human rights violations, it is therefore not surprising that no less than 44% of the NHRIs surveyed indicated negative impact, the highest of in all functional areas. However, at the same time 32% of NHRIs surveyed indicated positive impact, without elaborating on how such positive impact had manifested itself. 10% of NHRIs stated they were able to continue this important work, for example, through the acquisition of bio-protective equipment and two NHRIs reported that they have extended their activities to monitoring and advocacy in new areas specifically related to COVID-19, including monitoring of quarantine facilities.

NEGATIVE IMPACT ON
ADDRESSING SITUATIONS OF
HUMAN RIGHTS VIOLATIONS

44%

The NHRI of Slovakia reported that access to health care services was restricted to ensure the readiness of the healthcare system for an influx of patients which did not occur and the NHRI had challenges accessing relevant data concerning violations of sexual and reproductive rights, freedom of movement, especially concerning Roma communities. Information was also not available contrary to the Freedom of Information Act.

As reported by the NHRI of El Salvador “- the initial work of the [NHRI] was aimed primarily at monitoring the implementation of containment measures, especially with regard to the situation of people in quarantine centers, due to constant complaints about inadequate conditions, lack of food and serious deficiencies in basic services. ... due to the complexity of the emergency, others [areas of work] were added related to the monitoring and verification of police checkpoints, the circumstances of the arrests of people for alleged non-compliance with the home quarantine decreed by the Executive Branch, the situation of people who are unemployed, laid off or in informal jobs facing a serious limitation of their income and livelihoods, the conditions of public health personnel and people stranded abroad, etc.”

Monitoring by NHRIs includes both physical on-site monitoring, for example of institutional facilities, and of “desk” monitoring of specific human rights aspects, such as legislative developments. Often, the latter is enabled through engagement with key stakeholders, and the lock down has had the effect of impeding partnership development and growth for NHRIs with stakeholders including representative civil society.

One NHRI specifically indicated that one reason why this has been more difficult is that forming relationships based on developing a sense of trust is more difficult with contact initiated over for example over Zoom, and in this way makes interaction with new stakeholders more challenging than through traditional meetings.

44% of NHRIs surveyed indicated that their activities had been negatively impacted by the online and desk-based nature of the functions in the COVID-19 context. Three specifically indicated that they have had less opportunity to engage with public bodies for a number of reasons, including from such institutions’ shifting priorities to COVID-19 related matters exclusively. This has involved Parliamentary processes including legislative amendments or adoptions to relevant public sector institutions, which were unavailable to engage with the NHRIs. Furthermore, the suspension or significant delay in the working of international human rights mechanisms has also meant that in a number of cases NHRIs have seen this aspect of their work halted.

The NHRI of Scotland indicates that *“The Commission has experienced improved lines of communication with government and Ministers during this period, as well as with the Police. Demand for our commentary and analysis has increased hugely from a range of sources, including Scottish Government Ministers, opposition parties, [Members of the Scottish Parliament], Scottish Government officials, civil society organizations, individual members of the public, and the media. Our proactive policy work in relation to emergency measures has given a stronger platform to our wider strategic focus on human rights budgeting, incorporation of international standards, particularly economic, social and cultural rights and climate justice as part of the national narrative to “build back better”.*

The NHRI of Canada reported that *“Shut down of Parliament and singular focus of emergency response meant many human rights related bills were postponed–All treaty body appearances and meetings have been delayed. Our ability to appear before the Committee on the Rights of the Child has been delayed due to COVID”.*

3.2 INTERACTION WITH THE PUBLIC THROUGH OUTREACH AND COMPLAINTS HANDLING

29% of NHRIs responding to the survey indicated that they had experienced a negative impact, and a similar number reported that they had experienced positive impacts on their ability to undertake research. Only 12% of NHRIs experienced a negative impact from COVID-19 in relation to working on publications, while 38% experienced a positive impact.



35% of NHRIs responding to the survey indicated that have been forced to limit or completely bar entry by members of the public to their premises. This has led to a detrimental effect on their ability to be accessible, especially to more vulnerable groups of the population. To counteract these effects, creative approaches have been applied. Most of these imply shifting to telephone and internet-based solutions including mobile apps. However, as has been pointed out in at least three cases, the more vulnerable segments of the population often lack effective access to internet which is necessary. NHRIs have addressed this gap through other approaches. The NHRI in Sierra Leone established a mobile outreach approach specifically targeting communities that would be likely unable to access the NHRI.

The NHRI of Mongolia ensured that complaints could be lodged through an online platform in the official website as well as a Facebook page, in addition to a 24-hour hotline.¹²²

Some public offices were characterized as essential services and, on this basis, remained open to the public however in other contexts it was reported that human rights services were not recognized as an essential service and not therefore allowed to reopen.

The NHRI of South Africa “*Accessibility by vulnerable groups was affected as all our offices were not accessible to members of public who wanted to come in person. This was more especially the case when a lockdown was first announced and for the first month of the lockdown freedom of movement for all persons except essential services was limited as a National State of Disaster was declared*”.

Accessibility is about more than physical entry into premises. In the context of NHRIs this also includes the ability of individuals to lodge complaints relating to specific incidents or patterns of human rights violations. Seven NHRIs indicated that on the one hand they would continue to receive and actively solicit complaints however, indicated that the lock-down has prevented them from effectively addressing such complaints, especially when this has necessitated on-site investigations or any form of collection of evidence.

Impact of outreach activities in relation to the general public has also been affected, for example in terms of human rights education and other public engagement activities throughout the community. The challenge of reaching the more vulnerable or disadvantaged members of the public in this domain applies also.

The NHRI of Hungary reported that “*Our Office had to suspend those traditional educational and awareness-raising activities (trainings of students, professionals and researchers especially receptive to human rights, exhibitions, programmes for children, etc.) which require the physical presence of attendees. As part of our work requires in depth cooperation and consultation with professionals, academic experts, Non-Governmental Institutions (NGO)s of a given field, lack of the usual high number of roundtable discussions and conferences held by our NHRI has definitely been a drawback*”.

RESPONDED TO THE COVID-19
THROUGH INCREASING THEIR
VISIBILITY

18%

18% of the NHRIs consulted including in Slovakia, the State of Palestine, Scotland, Germany, Peru, and El Salvador, indicate that they have responded to the COVID-19 through increasing their visibility. In return, this appears in many cases to have strengthened the position of the NHRI in society in general and in relation to core stakeholders. The NHRI of the State of Palestine stated that *“Somehow people were waiting for [the NHRI] press releases commenting on the human rights situation”*

Similarly, the NHRI of El Salvador indicated that *“The scrutiny of the press related to the actions taken by the government to control the effects of the pandemic, has generated [demand in] that our institution is constantly summoned. This has allowed us to have a greater impact on national politics, especially in relation to the fight against gender violence”*.

The NHRI of Scotland demonstrated their increased effectiveness in relation to increased communication: *“In terms of outputs, during the 12 weeks from 30 March to 19 June 2020, the Commission published over 30 briefings, statements, letters and reports specifically in relation to COVID-19, compared to 8 such outputs in the same period last year; and issued 15 press releases and provided follow-up comment and interviews on 8 occasions, compared to 6 press releases and 2 interviews in the same period last year.”*

Illustrative examples shared from NHRIs demonstrated that this visibility has been used to increase the spotlight on the human rights of, particularly on the most vulnerable and those most affected in society.

The NHRI of Canada reflected that *“Overall, COVID has highlighted and amplified pre-existing inequalities in human rights protections particularly for those in vulnerable situations that as an NHRI we were aware of. In turn, we reframed these gaps and increased our understanding of them.”*

The NHRI of Peru reflected that *“- spaces have been opened that have allowed our institution to introduce issues or mark shortcomings regarding the attention of cases of violence against women, and the growth of inequality between women and men”* NHRIs noted that an increase in focus on vulnerable groups during the pandemic is hoped to strengthen human rights protections for these groups in both the short and longer term.

The NHRI of Qatar stated: “The [NHRI] worked during the crisis and is still mainly working with a focus on ensuring that the measures taken do not effect on human rights, especially groups of workers and working women”.

3.3 INTERNAL AND OPERATIONAL ASPECTS

15% of NHRIs reported that the pandemic affected their infrastructure negatively, mostly with regards to their budget and financing and in relation to their office and information technology capacities. Some NHRIs indicated that the pandemic impacted positively their office capacities, including operations, internal working methods and protocols as well as the protection of physical and mental health of staff.

NEGATIVE IMPACT ON THEIR INFRA-
STRUCTURE, MOSTLY REGARDS TO
THEIR BUDGET AND FINANCING

15%

With respect to budget and financing 24% of NHRIs reported a negative impact including in one example the withdrawal of funding from a bilateral donor when funds were diverted to addressing COVID-19. Despite the very active role of NHRIs in addressing the human rights implications of COVID-19, only 15% reported a positive impact.

In the case of Nepal, the NHRI decided to transfer back funds from its operational budget: *“The Commission has decided to immediately return NRs. 20 Million out of the allocated budgets for the current Fiscal Year (FY), while postponing all programs except the administrative and the essential programs. The Commission requests the Government of Nepal to use the returned amount to combat COVID-19 pandemic”*. However, the reconstruction of the NHRI central office building which collapsed during the earthquake of 2015 was postponed due to COVID-19.

3.4 DISTANCE, E-WORKING AND STAFF WELL-BEING

25% of NHRIs indicated the necessary changes in working environment related to COVID-19 has contributed to a loss in effectiveness of internal NHRI operations and in some cases had detrimental effects on staff wellbeing, while others have had to take care of children and family members, the elderly or sick during lock downs. The internal working culture, with extended flexibility for leave and remote work from home has also in many cases been adapted. Although this has not been without its challenges, at least five NHRI have chosen to use this as a positive opportunity and one NHRI indicated that there have been important benefits in terms of accessibility to the online workplace for persons with disabilities.



Addressing the impact of COVID-19 has in most cases involved a complete shift of working and staff engagement towards working from home and the use of mobile and online modalities. Furthermore, at least one NHRI stated that the internal IT-infrastructure has been insufficient to enabling this shift effectively.

To meet these demands, and as a means of mitigating some of the negative effects, the internal aspect of NHRI functions have in at least 35% of NHRIs who responded to the survey, been significantly affected as well. This has included in most cases the adaptation of working procedures, notably a marked shift to “e-working” for both internal and external work aspects to include monitoring and complaints handling, as well as in terms of ensuring continued institutional efficiency, has been observed in most cases.

Several NHRIs recognized the value of a more permanent shift in their operational strategy beyond COVID-19. The experience shared by the NHRI of South Africa is that *“Operations of the SAHRC improved as far as how to work relying exclusively on IT platforms. The end result is that part of the new thinking post Covid-19 is how to enhance further a work-from-home approach as much as possible and where feasible so as to limit expenses on office space especially as South Africa is expected to go through a budget reduction which will inevitably affect entities such as the SAHRC which receives all its funding from state coffers”*.

However, the need for upgrading of infrastructure, especially for e-working, has also emerged as a real need and, if not properly addressed and underpinned with support, may risk deepening a digital divide between NHRIs across different parts of the world. An example of such support is that of Zimbabwe, where OHCHR supported the NHRI to enable remote working. Lastly, in order for staff to operate safely an investment in bioprotective equipment has been important, exemplified by the NHRI of Kyrgyzstan.

The NHRI of Malaysia reflected that *“SUHAKAM [the NHRI] has learned how to remain functional and relevant even during crisis and emergency period. SUHAKAM [the NHRI] managed to conduct various programs, discussions, and activities on human rights issues via online platforms and was therefore able to reach participants from all over Malaysia simultaneously.”*

The NHRI of Germany reflected that, in terms of video conferencing tools and remote work *“we were forced to try out new formats, something which we probably would not have done otherwise anytime soon. For example, a conference on rule of law in the EU, jointly hosted with the Polish Ombudsman, had to be moved online. Apart from technical capacity building, the online format allowed us to bring together a greater number of top-level speakers than a traditional conference in Berlin would have allowed us, as none of the speakers had to travel. They could fit this conference into their schedule where they might otherwise have prioritized differently. Similarly, the online format also allowed us to reach a much larger audience than at a traditional conference.”*

3.5 COMPOSITION

21% of the NHRIs reported a negative impact on their composition with only 6% of the NHRIs indicating a positive impact. In some cases, NHRI staff and members themselves becoming infected by COVID-19. This was for instance the case with the Chief Commissioner of the NHRI of New Zealand.¹²³



Similarly, the NHRI of South Africa reported that *“Composition was affected as a Commissioner got sick and another is hospitalised and could not be reachable in [the] place where they are staying due to protocols around Covid-19. Some staff members also contracted Covid-19.”* The NHRI of Malaysia also reported that *“Two of the members of the Commission has been tested positive for COVID-19”*

Finally, three cases were reported where the COVID-19 situation has meant that the election or appointment of members of the governing bodies have been postponed, rendering the NHRI stymied in terms of its operational and governance capacity. It includes the NHRI of Slovakia where *“The Administrative Board of the Centre was not able to meet and to elect the executive director of the Centre”* and the NHRI of Zimbabwe, where the election of Commissioners was postponed with a reference to the COVID-19 situation.¹²⁴

3.6 NHRIS COLLABORATION WITH OTHER ACTORS

NHRIs have collaborated with practically the entire range of stakeholders in relation to human rights protection and promotion at the global, regional and national levels. Examples illustrate NHRIs’ engagement with government stakeholders, non-state actors, international mechanisms, the UN system, and other NHRIs in their efforts to promote and protect human rights in the context of COVID-19.

This Section adds the additional perspective to the thematic and functional ones in terms of providing an illustration of the scope of engagement with other domestic and international stakeholders. As many as 82% of the NHRIs responding to the survey indicated that they had engaged with one or several stakeholders within the six categories outlined below.

HAD ENGAGED WITH ONE OR
SEVERAL STAKEHOLDERS

82%

NHRIs reported engagement with national level stakeholders such as government and civil society as the highest level of engagement with 62% indicating their engagement.

3.6.1 GOVERNMENT STAKEHOLDERS

NHRIs achieved high-level advocacy and giving voice to human rights concerns at the highest levels of decision-making through engagement with national parliaments and the executive branches of national governments.

The NHRI of Scotland *“has given evidence to the Scottish Parliament COVID-19 Committee and Equality and Human Rights Committee”*. A similarly positive outcome of this engagement is that the NHRI through engagement with civil society motivated their Parliament to instigate an inquiry into the effects of COVID-19.¹²⁵

The NHRI of Portugal established *“a focal point in the Prime Minister’s Cabinet ensuring a swift response to the main complaints and problems identified following the declaration of the state of emergency”*. The NHRI of Ireland reported on *“increased engagement with Parliament via Oireachtas Covid-19 Special Committee through submissions and oral hearings”*. The NHRI of El Salvador stated that *“reports have been sent to the Legislative Assembly on the situation of human rights violations in the context of the pandemic, especially those related to women’s rights and the right to health”*.

Engagement has also taken the form of provision of additional funding, as in the case of the NHRI of Argentina: *“Support came from the National Executive Power (budgetary reinforcement) without prejudice that we continue to intervene with the Argentine National Contact Point”*

Other examples include collaboration with public sector institutions in e.g. the health and security fields, including ensuring outreach, and providing essential information and services.

The NHRI of South Africa reported that *“The SAHRC was able to advise government and successfully so in the areas of access to basic education and worked very effectively up to ministerial level. The Commission was also able to advise the Department (Ministry) of Local Government and Cooperative Governance and Traditional Affairs (COGTA)- which is the ministry charged with overseeing a state of national disaster. Channels for greater cooperation were discussed with both departments (Education and COGTA). The SAHRC was able to engage with COGTA on the issue of regulations that were put in place with a view to making them more human rights friendly and a number of measures were then attended to and the Government showed a willingness to listen to SAHRC’s advice and this resulted in a meeting with many senior officials from the Department of COGTA”*. Furthermore, the NHRI *“Released media statements in collaboration with Department of CoGTA confirming agreement to work together to address issues related to Covid-19”*.

The NHRI of Canada reported that their *“Participation in the Federal inter-department committee on mental health—largely focused on COVID related mental health impacts”*. The NHRI of Malawi conducted joint analysis with the Social Housing Regulatory Authority (SHRA) on priority human rights issues relating to COVID-19.

In Belgium, the NHRI reported that they were “part of several official taskforces but also heard by the Prime Minister and directly influenced the attention, among others, to people with disabilities”. In Ecuador, “in cases of labor actions, we worked with the Public Defender’s Office so that they provide support in cases of people with disabilities who have been fired from their job”. The NHRI of Ireland reported “Extensive engagement with public bodies with inspection and regulation roles to understand real-time COVID human rights and equality impacts: in particular relating to disability and older people”

In administration of justice, NHRIs reported expanding their work in relation to COVID-19 including working to advise national stakeholders:

In Scotland, the NHRI “has sat on the Independent Advisory Group on Police use of emergency powers in relation to COVID-19 and the Mental Welfare Commission Scrutiny Advisory Group. The Commission has continued to work closely with other members of the National Preventative Mechanism to monitor the situation of prisoners and others in detention”. The NHRI of Belgium “chairs the human rights platform which brings together sectoral bodies (Committee P, Mediators, etc.) which has addressed various issues: access to justice and hearings by videoconference, police attitudes in checks, etc.”

The NHRI of Belgium “worked closely with Myria¹²⁶, responsible for monitoring the fundamental rights of migrants (particularly in the case of separated families) and with the Poverty Reduction Service for issues related to access to education, housing—chairs the human rights platform which brings together sectoral bodies (Committee P, Mediators, etc.) which has addressed various issues: access to justice and hearings by videoconference, police attitudes in checks, etc.”.

3.6.2 CIVIL SOCIETY AND OTHER STAKEHOLDERS

Engagement with civil society and other stakeholders at national level continued to be prioritized in COVID-19 response, including in some cases also with UN partners. The NHRI of Slovakia organized online roundtables and meetings with representatives of non-governmental organizations, especially on the enjoyment of the right to adequate housing, right to health and right to education during the COVID-19 pandemic.

The NHRI of Canada: “We provided funding for a civil society group to publish and broadly distribute COVID 19 communications toolkit on communication rights in healthcare.—We partnered with the Anti-Racism secretariat to organize and co-host an anti-racism webinar”.

NHRI EXAMPLES

» In Kenya the NHRI received complaints from the country-wide pool of Human Rights Defenders who had been previously trained by the NHRI on human rights reporting and documentation. The complaints were uploaded and processed through the Complaints Management System (CMS) which enables easy data analysis and retrieval of real time information”.¹²⁷

In some cases, the collaboration has included a triangular interaction between the UN agencies, the NHRI and civil society.

The NHRI of South Africa reported that it had engaged with OHCHR and civil society organisations to monitor detention facilities as well as monitoring of re-opening of schools, observation of protocols around COVID-19 as well as school feeding programme, and distribution of learning materials to children who could not return to school due to health concerns. The NHRI Madagascar engaged

in close coordination with OHCHR in fulfilling their mandate in relation to addressing the impact of COVID-19 on a broad scope of at risk populations as addressed above, as well as liaising with human rights NGOs, journalist and Bar Association for human rights monitoring and documentation.

Lastly, NHRIs also advocated for the protection of civic space and highlighted the impact of the crisis on civil society including the NHRI of Croatia.¹²⁸

3.6.3 OTHER NHRIS, THE REGIONAL NETWORKS AND GANHRI

Collaboration and direct engagement between NHRIs, bilaterally as well as through the regional networks and GANHRI is an integrated and central aspect of their organizational life. 38% of NHRIs reported having engaged in this specifically in relation to COVID-19, whereas over 75% of NHRIs globally participated in knowledge sharing through the GANHRI FUSE knowledge platform.



NHRIs regularly engage in peer to peer support within the same regions. The NHRI of Australia indicating their engagement with another NHRI in their region: *“We consult with the New Zealand NHRI on COVID-19 and human rights related experiences and issues”*.

NHRIs also consistently benefited from regional and global peer exchange and learning opportunities. The NHRI of Georgia stated: *“We have been closely following and engaged with the developments within networks to which the [NHRI] is a party (GANHRI, ENNHRI, the International Ombudsman Institute). Staff members have participated in several webinars and Working Group meetings, which enabled them to receive detailed information regarding the experiences and best practices from counterparts and/or other regional and international human rights mechanisms”*.

A few NHRIs have engaged in direct support to other NHRIs through provision of funding from their own government’s aid programmes or from international agencies including the NHRIs of Denmark and Germany.

Collaboration between NHRIs on specific COVID-19 related threats to human rights has also been noted. Following complaints regarding xenophobic discrimination from Mongolian nationals in the Republic of Korea, based on Memorandum of Understanding with the NHRI of the Republic of Korea, the NHRI of Mongolia requested to collaborate against discrimination. The NHRI of the Republic of Korea followed up the NHRI of Mongolia’s request and interacted with the respective Ministries including on Economy and Finance, Health and Welfare, Food and Drug Safety and Justice.

3.6.4 REGIONAL INTER-GOVERNMENTAL MECHANISMS AND DONORS

26% of NHRIs indicated that they have collaborated with regional mechanisms specifically to address COVID-19. 21% of indicated that they had collaborated with or received support from donors. In some cases these results may relate to a regional mechanism which is also an aid granting mechanism as is the case with the EU.



The NHRI of Slovakia reported, “The Centre reported on the restrictions to safe abortions and violence against women to the Council of Europe, Commissioner for Human Rights” The NHRI of Spain indicates that in terms of interaction at the regional level, “The Ombudsman has been in constant contact and has reported the situation to—the European Ombudsman or the FRA.”¹²⁹ The NHRI of Malaysia “received a direct grant from the European Union to contribute to the improvement of economic and social rights of vulnerable groups in Malaysia grossly impacted by the pandemic.”¹³⁰

3.6.5 UN MECHANISMS AND INDEPENDENT MANDATE HOLDERS

The mandate of an NHRI involves close interaction with the UN system¹³¹, including with special procedure mandate holders who are independent experts appointed by the Human Rights Council. OHCHR and UNDP prioritize support to NHRIs and have formed a Tripartite Partnership to Support NHRIs with GANHRI to provide coherent and coordinated support.

47% of NHRIs indicated that they had engaged with the UN system including OHCHR and UNDP, and 50% indicated that they had engaged with other international mechanisms. After the national stakeholders, these two are the stakeholders that NHRIs reported engaging with in COVID-19 response.



In terms of the nature of the more general engagement between NHRIs and the international and regional mechanisms the scope has varied, from these stressing the need for domestic law and practice also under the pandemic to conform to international standards, to more specific urging for example to states to incorporate international standards into domestic law, as well as monitoring mechanisms including the designated independent thematic experts taking up the issues relating to human rights compliant COVID-19 action by an individual member state.

The NHRI of Scotland expressly stated that they have actively monitored the advice, guidance and good practices promoted by a range of international bodies and collated these, both for own purpose and in order to share with other stakeholders. The NHRI of Mexico indicated that they have collaborated with Special Procedure Mandate Holders, specifically Special Rapporteurs of the United Nations, through contributions for their thematic reports on the COVID-19 Pandemic.

The NHRI of the State of Palestine confirmed that they cooperated with OHCHR especially in raising the awareness of right holders and duty bearers regarding human rights associated with COVID-19. The NHRI of Peru indicated collaboration with the United Nations Population Fund (UNFPA) to work on supervision related to obstetric violence.

The systematic support provided by UNDP and OHCHR has been essential. This includes supportive exposure of the work of the NHRI during the pandemic through the UN website as in the case

of Burkina Faso, or through sharing important documentation as in the case of Lebanon. OHCHR facilitated regional exchange between NHRIs including in the Americas, Central Asia, Middle East and North Africa and West Africa. In addition, lessons learned on COVID-19 support by NHRIs was a key feature of the TPP in 2020.

FIGURE 6. TYPES OF UNDP AND OHCHR SUPPORT TO NHRIS DURING THE COVID-19 PANDEMIC:





4. GLOBAL AND REGIONAL RESPONSE OF NHRIS TO COVID

4.1 GANHRI

GANHRI and the regional secretariats have provided NHRIs with extensive support of and have found ways to collaborate and exchange practice for example through interactive webinars and learning communities for inspiration and mapping of good practice.

Since the outbreak of COVID-19, GANHRI is supporting more than 100 national human rights institutions from across all world regions. This is done for example, by inviting NHRIs institutions to share information and resources, develop partnerships and identify good practice standards. This is particularly important in light of the complex, challenging and unprecedented nature of the situation.

GANHRI, including in partnership with the UN, its member institutions and CSOs, convened a cycle of webinars on the role and experiences of NHRIs in addressing the human rights dimensions of COVID-19. The webinars are bringing together NHRIs from all regions as well as international experts, states and partners from UN and civil society.

Discussions have focused on a variety of topics such as the role of NHRIs in addressing the rights of persons with disabilities during COVID-19; the situation of internally displaced persons; older persons; and the impact of COVID-19 on civic space and human rights defenders.

GANHRI established a global community of practice, based on Fuse International, where NHRIs from all regions share their experiences; discuss approaches; and seek for peer-advice and support. GANHRI is facilitating the discussions and is sharing relevant updates with NHRIs from the international human rights system. As of now, more than 120 users from a variety of NHRIs are actively engaging in the community of practice. In addition, GANHRI has established a global database on the collection of information on members' activities which is also serving to inform the research. Finally, GANHRI has used its website to publish examples of NHRI interventions during COVID-19.

During its Annual General Meeting in December 2020, GANHRI convened a knowledge exchange for NHRIs and partners, to share experience, discuss good practice and identify NHRIs' needs for support, based on this study.

As a global voice of NHRIs, GANHRI has been addressing international fora to speak to the human rights dimensions of the pandemic. In a statement to the Human Rights Council, GANHRI advocated for human rights to be placed at the center of states' responses to the pandemic and recovery efforts. GANHRI also called on the UN and states to protect human rights defenders and ensure that channels for communicating with the UN remain open and effective including and in particular during the pandemic.

GANHRI together with the TPP partners (UNDP and OHCHR) co-hosted a global event on the roles and experiences of NHRIs in addressing the human rights dimensions, and on NHRIs' challenges and needs for support. Co-sponsored by Australia, Bangladesh, Costa Rica and Norway, this included a presentation on preliminary findings from the TPP-commissioned research into the roles and experiences of NHRIs, as well as presentations from NHRIs from Iraq, Kenya, and Ukraine and was attended by more than 300 representatives from NHRIs, Member states, UN and civil society. GANHRI has played an active role during the process leading to the adoption of the biennial NHRI resolution at the 45th session of the Human Rights Council. This was a significant achievement as the resolution affirms the vital contribution of NHRIs to uphold human rights during the global health emergency and states commit to cooperate with and support their NHRIs, ensuring they are adequately resourced to undertake their work. The resolution was adopted by consensus with a broad cross-regional co-sponsorship.¹³²

Lastly, throughout the health emergency GANHRI continues to receive and address cases of intimidation and reprisals against NHRIs as a result of their mandated activities including those pandemic related. GANHRI continues to work closely with NHRI regional networks and with partners at the UN and civil society to address such cases when they occur.

4.2 REGIONAL NETWORKS – THE APF, ENNHRI, NANHRI AND RINDHCA

4.2.1 THE ASIA-PACIFIC FORUM OF NATIONAL HUMAN RIGHTS INSTITUTIONS (APF)

For the APF, the pandemic underlined the importance of remaining flexible and innovative. The APF has used the crisis as an opportunity to pilot new ways of working. In this respect, the APF's previous investment in establishing on-line learning platforms to build the capacity and skills of NHRIs proved invaluable.

The APF invested heavily in more online training and online resources, and the translation of existing content into Arabic. The APF also launched a new 'mobile-first' learning management system with AI translation to enable the APF to easily reach all of its members, communities, and individuals. With this new technology the APF has the freedom to deploy in over 100 languages.

The APF shared good practices between NHRIs, which included the launching of a 'leadership outreach' service to communicate with APF members to discuss their work during the pandemic. Furthermore, the APF undertook and published research on how NHRIs were undertaking their mandate during the pandemic on a range of issues. These have to date included human rights defenders and gender.

4.2.2 THE EUROPEAN NETWORK OF NATIONAL HUMAN RIGHTS INSTITUTIONS (ENNHRI)

ENNHRI has been working together with and supporting NHRIs since March 2020, through a number of actions.

These include e.g. monitoring members' statements; organising extensive data collections (through the rule of law monitoring); developing general and thematic statements; holding special pandemic related working group meetings; building one NHRI Europe database; and developing articles, sharing information with regional stakeholders on NHRIs' work.

NHRI staff members from over 20 institutions across Europe actively participated the members' web meetings, along with representatives from partner organisations such as GANHRI, Equinet, OHCHR, the Organisation for Security and Co-Operation in Europe (OSCE), the Office for Democratic Institutions and Human Rights (ODIHR), AGE Europe, and the European Disability Forum, among others.

In over five web meetings, participants discussed a range of human rights issues covering asylum and migration, economic and social rights, democracy and the rule of law, the rights of people with disabilities the rights of older people, and human rights in (post-)conflict situations.

The meetings helped NHRIs to find solutions to address the impacts of COVID-19 on human rights, including the disproportionate affects that restrictions on freedoms have on vulnerable groups; address the challenges they face in fulfilling their mandate during the pandemic and its associated public health measures; exchange with peers and seek solutions to how NHRIs can adapt their work; and share tools and good practices that can support NHRIs' work and propose further collaboration with regional actors.

4.2.3 NETWORK OF AFRICAN NATIONAL HUMAN RIGHTS INSTITUTIONS (NANHRI)

The first case of Covid-19 was reported in Africa in February, 2020. States took steps of making curbing the spread of the virus. The measures include cessation of movement, lockdowns, curfews, closure of airspaces, among others. Security agents were tasked with implementing these measures. While States identified some sectors as critical, NHRIs were not included in the 'essential services' bracket, therefore, making their work of monitoring the implementation of the measures hard.

To support the NHRIs in their work, during this period, NANHRI took a number of steps described below.

While NANHRI kept monitoring the situation a sub website, Covid-19 and Human Rights in Africa, linked to NANHRI's main website was established documenting all the information received from the members.¹³³

NANHRI organised a general webinar on the response of African National Human Rights Institutions and three other thematic one between May, 2020 and July, 2020. The general inaugural webinar focused on the emerging human rights issues the NHRIs were grappling with. Out of the identified themes, subsequent meetings were on excessive use of force, gender-based violence, protection of children on the move and ensuring access to justice while in this vulnerable state and protecting the rights of the people on the move, more so migrants. The webinars, which brought together representatives of NHRIs, other national, regional and international human rights actors as well as academia, helped in giving insight to the members on tackling various challenges in promotion and protection of the rights of the people in the context of Covid-19. They also served as peer learning platforms on best practices.

From the shared experiences, NANHRI deduced that NHRIs which had online complaints handling systems were more efficient in their responses. An example is the Kenya National Commission on Human Rights. National Human Rights Commission of Nigeria also employed online monitoring and documentation. They were also able to involve the public as sources of information and tips on human rights violations. In overcoming the movement restrictions, some NHRIs used other human rights defenders (human rights CSOs and journalists) in places they do not have a presence to monitor and receive complaints an example is the South African Human Rights Commission.

At the onset of the Covid-19, NANHRI issued statements calling on States to involve NHRIs in the response to the pandemic. During the commemoration of the Africa Pretrial Detention Day on April 25, 2020 NANHRI issued a statement calling on States, through NHRIs to decongest prisons and other detention areas. More than 47, 000 detainees and prisoners were released across the continent. This has been a boost to NANHRI's project of Decriminalisation of Petty Offences in Africa and the call for reduced use of pretrial detention as per the Lunda Guidelines.¹³¹

In addition, NANHRI conducted a rapid needs assessment of African NHRIs with support from the TPP. The assessment drew on the experiences of 18 African NHRIs and demonstrates that NHRIs in the region have been resilient in overcoming challenges to their work posed by the COVID-19 pandemic, such as movement and gathering restrictions. The assessment also points to the needs of NHRIs for financial and logistical support to enable effective remote operations as well as the technical and human resource capacity needed to address rising human rights concerns during the pandemic. The final report of the assessment will be available on NANHRI's website in March 2021.

Lastly, NANHRI made recommendations of the NHRIs to push for more recognition and involvement in the response to the pandemic and other similar situation to ensure a human rights-based approach.

4.2.4 THE NETWORK OF NATIONAL INSTITUTIONS FOR THE PROMOTION AND PROTECTION OF HUMAN RIGHTS IN THE AMERICAS (RINDHCA)

The actions from RINDHCA generated in response to COVID, focused on generating spaces for exchange and dialogue, in order to show the most relevant effects on human rights in the region.

This allowed the network to develop more than 10 virtual work meetings, which brought together Defenders and experts from more than 15 countries in each session.

As a results of these work sessions RINDHCA, in collaboration with the Iberoamerican Federation of Ombudsman (FIO) produced statements containing guidelines and, recommendations on issues directly related to COVID-19.

4.3 THE TRIPARTITE PARTNERSHIP TO SUPPORT NHRIS

GANHRI, UNDP and OHCHR have enjoyed a strategic tri-partite partnership since 2011 in support of NHRIs. Each partner brings a specific value proposition and complementary expertise to the partnership bringing additional opportunities to leverage and complement respective mandates, expertise and operations to support NHRIs around the world.

NHRIs are at the core of UNDP and OHCHR Strategic Plans, and during the past years, the GANHRI – UNDP – OHCHR strategic partnership has brought opportunities to support NHRIs around the world, including, inter alia, joint prioritization in planning and activities around building capacity of NHRIs, thematic priorities including business and human rights, NHRIs as early warning mechanisms and under threat and knowledge management for effectiveness.

The TPP is manifesting itself at the regional and increasingly at the country level encouraging collaboration to support NHRIs on a demand-driven basis. This strategic partnership has enabled the UN system to provide more efficient and effective support to NHRIs, which has been recognized by the UN Secretary General and the General Assembly as a good practice on the way the development pillar can work with the human rights pillar and advance efforts toward peace and security. During the pandemic, the individual TPP partners jointly and individually in coordination supported NHRIs in many contexts as illustrated in examples throughout the study



5. CONCLUSION

5.1 LESSONS LEARNED

The analysis shows that NHRIs globally have first and foremost directed their efforts to addressing the impact of COVID-19 on those rights areas very directly affected by government responses to COVID-19, for example, the right to life and health as well as information and participation, as well as addressing the needs of particular groups at-risk. These include in particular women and children; people with disabilities and older persons; as well as migrants and internally displaced persons, minority groups and indigenous communities. In addition, cutting across these populations, NHRIs have focused their attention on situations where individuals are affected by de facto or formal deprivation of liberty, i.e. individuals living in an institutional setting, under quarantine or in detention. In addition to focusing more broadly also on civil and political as well as economic rights, the NHRIs have drawn attention to the need to ensure that the pandemic does not exacerbate social conflict, xenophobia or discrimination, as well as to ensuring that restrictions and states of emergency remain proportional to the situation at hand.

In order to do so, NHRIs have applied their mandates to provide advice to their Government, Parliament and public administration, addressing situations of human rights violations for example, based on monitoring, enquiry and complaints handling, and commenting on government approaches in terms of all of the aspects above. In addition, NHRIs have made themselves visible throughout society through publications and communication.

At the same time as the COVID-19 pandemic has significantly increased demands on NHRIs to respond to the arising challenges in the ways described above, their internal operations have been impacted. NHRIs have also been put under stress and in some cases have faced reprisals as a result of carrying out their mandates. However, the analysis has shown a remarkable resilience and adaptability by the NHRIs by developing ingenious solutions to overcoming the challenges, for instance through increased digitalization for both internal and external purposes. Furthermore, we see that many NHRIs have used the crisis to forge closer and constructive links with decision-makers and public agencies, as well as with civil society and other NHRIs, thus consolidating their positions in society even further.

Overall, we see that NHRIs across the world have experienced similar conditions impacting on their work and, not least, communities, have responded by applying their unique mandate and functions in parallel, yet diverse, ways to engage in action addressing the situation, and enjoyed similar forms of support and engagement with local stakeholders and UN bodies and mechanisms.

Some of the best examples in the findings above show that the engagement of NHRIs has made a tangible difference in terms of ensuring respect for a broad scope of human rights across their constituent communities. However, noting that many NHRIs remain in the midst of COVID-19 response efforts with the pandemic continuing to impact societies and communities many examples shared do not as yet show the longer-term impact of these actions. As the world is still grappling with the pandemic, in many cases such an assessment would still be premature. This is not to say that the efforts have not yielded fruitful results, as demonstrated through a number of illustrative examples. Encouraging NHRIs to keep in focus such ongoing reflection and documentation would in the longer run allow for building a comprehensive catalogue of practice.

When doing so, a fundamental challenge in assessing the real outcome of efforts invested in human rights protection and promotion is that impact is rarely directly attributable to one single engagement for example by an NHRI. As an example, when NHRIs call upon their governments to adhere to their human rights obligations, they do so as only one, although significant, voice often joining with that of others including civil society organizations, international mechanisms or other social forces.

In fulfilling the above, NHRIs tend to utilize a sequenced approach:

Utilizing their unique mandate and competence to compile a fact and evidence base founded in data harvested from monitoring and complaints handling; ensuring that these data are expertly analyzed against domestic and international standards and articulated in human rights framework; the analysis

communicated strategically to the appropriate duty bearers and stakeholders by utilizing channels to the highest decision-making levels forged through long-term engagement and trust building; followed by advice and, in many cases, assistance provided in designing and implementing practical solutions and assisting government agencies under pressure while maintaining a constructively critical dialogue; and at the same time ensuring their anchoring in their constituent communities especially by addressing in particular the needs of those most vulnerable.



Support by the UN system primarily provided by UNDP and OHCHR as well as GANHRI through the TriPartite Partnership, has enabled NHRIs individually and collectively to undertake constructive and, in some cases innovative, but first and foremost targeted and strategically important activities. Much of the support from both OHCHR and UNDP has been technical in nature, in addition to standard setting and guidance, and includes for example provision of tools to monitoring of centers or prisons. Thematically the support has focused on a broad range of issues, and protection of vulnerable groups. Similarly, the institutional monitoring efforts of NHRIs have received support including ad hoc assistance around equipment for example, to facilitate the continuation of effective functioning of NHRIs. This has also included the important networking, collaboration and exchange of experience between NHRIs within selected regions. Both UNDP and OHCHR have supported individual institutions as well as regional and global activities, individually and through the TPP. In some cases, support has been rapidly adapted to an individual NHRI, where flexibility of the support has enabled the NHRI to adapt to a rapidly evolving situation. GANHRI has shared information and resources, developed partnerships and identified good practice standards amongst NHRIs including through their global community of practice platform where GANHRI facilitates discussions. Over 120 users from NHRIs around the world share their experiences on approaches and peer-advice and support. GANHRI also publishes examples of NHRI interventions during COVID-19 and engaged in high-level advocacy with member states and in inter-governmental fora highlighting the critical role of NHRIs in COVID-19 response and recovery.

5.2 TRENDS AND SCALING UP

An interesting observation is that the bold and/or innovative initiatives exemplified above including, for example, the development of easily accessible mobile solutions to overcome the challenge of social distancing and closure of NHRI offices to members of the public as well as institutions for monitoring, come from a very wide range of NHRIs across the world and representing very diverse contexts.

As the pandemic is global, so is the pattern of response to it by NHRIs around the world as shown in the findings above. In general, the initiatives observed appear not to be exclusive to one country or even region, regime type, or general level of development. Issues relating to disability present themselves very differently in countries with robust social security and health system and well-functioning infrastructure, compared to those dominated by widespread social marginalization and poverty. Nevertheless, the study reflects that NHRIs are addressing issues which, although reflected differently, still address core common issues around rights and freedom of mobility, the very concrete and tangible adverse effects of social distancing policy on those depending on the assistance of others for their basic needs and survival and the loneliness of the elderly dying in isolation.

Similarly, when it comes to remedial action, for example, the design of guidelines for practitioners, the development of mobile apps and simple e-based solutions, detention monitoring checklists, or platforms for collaboration with civil society and government stakeholders, solutions are developed with a view to being accessible to the most vulnerable and in a situation of constraints on mobility and availability of resources. This indicates that, at least in their generic aspects, such solutions can be applied and replicated across broad segment of societies and by NHRIs operating under very diverse conditions – especially when they reflect the factors of success identified below.

At an overall level, trends observed include:

- *Globalization*, both in terms of the challenges faced and when it comes to remedy and response. The analysis above reflects that NHRIs, in the face of a global pandemic, identify similar impact from the pandemic on human rights in general and on the most at-risk members of society. By applying their functional mandates according to the Paris Principles specially to inform their governments, NHRIs are undertaking efforts of engagement which, as described above, resemble those adopted by other NHRIs in other regions. Similarly, the impact of the pandemic on the NHRIs themselves also reflect similarities, including in their mitigating efforts creatively applied.
- Protection of those most at risk appears preeminent in NHRIs focus, in terms of addressing in particular the needs of those in society who are disproportionately impacted by COVID-19 as these were in many cases already facing exclusion and discrimination before the pandemic.
- Without prejudicing non-discrimination as the core of their work, in their response to COVID-19 NHRIs appear to have a primary focus on at risk/vulnerability of key populations.

Support to the NHRIs to address the human rights impact of COVID-19 and states measures to address and contain it, takes three primary but intertwined forms:

- Technical assistance through the provision of advice and counselling, facilitation of expertise to and from NHRIs including through regional cooperation and bridging of contact to relevant stakeholders for information sharing and capacity enhancement; capacity strengthening including development of tools and procedures; and enhancement of strategic dialogue with for example, both state and civil society stakeholders and academia.
- Resource allocation, including provision of funding for core functions as well as strategically identified and ad hoc initiatives and activities, and anchored in frameworks of continuous partnership for better identification of needs and facilitation of support, as described above.
- Knowledge exchange and peer-to-peer support through GANHRI and the regional networks, which enables NHRIs in individually and collectively consolidating their positions at the global, regional and national scenes through e.g. accreditation and engagement.

These apply to both internal (state), GANHRI and NHRI networks, and external (multi- and bilateral donors, UN bodies,) stakeholders supporting NHRIs.

5.3 SUCCESS FACTORS

Analyzing across the different aspects of the findings, several factors appear to be critical to the documented or at least likely success of NHRI engagement:

- 1 **Contextualization:** in the sense that NHRIs are deeply embedded in a profound understanding of their society. In the context of COVID-19, NHRIs are in tune with the impact of the pandemic at the national level and understand its ramifications in a broad perspective and with perspectives on those which may otherwise go unnoticed by other external observers. This also includes formation of strategic alliances with relevant stakeholders.
- 2 **Responsiveness:** NHRIs have a mandated ability to respond to and address the needs identified based on fact-based situation analysis. This includes the identification of groups or individuals particularly at risk as the pandemic evolves and identifying ways of ensuring that their needs are addressed, both through aspects such as monitoring and complaints handling.
- 3 **Articulation:** of the challenges identified through the first two points, in terms of framing needs and requirements under applicable human rights normative and institutional frameworks at the national, regional and global levels. This involves harmonization of domestic law and policy in conformity with applicable international standards and applying both for leverage and direction.
- 4 **Taking Action:** including with the competence to autonomously set in motion initiatives and efforts which effectively and concretely address the human rights challenges identified through the context analysis in view of the need for protection and promotion of the rights and freedoms of those particularly vulnerable to the impact of COVID-19.

While these four factors of success were often found to be the impetus for action taken, three more factors capture the impact of the COVID-19 pandemic on the NHRIs themselves:

- 5 **Creativity:** both in terms of adapting organizational structures and processes to dealing with the new challenges arising from COVID-19, and in terms of identifying new solutions to overcoming challenges, e.g. by adopting to e-based modalities to ensure both internal functionality and external accessibility in spite of lock-down conditions.
- 6 **Learning:** by continuously assessing and absorbing lessons learned and the outcome value of activity undertaking, to be able to better assess and document “what worked” and adjust practice accordingly
- 7 **Commitment:** reflecting the fact that although the fundamental working conditions and environment of NHRIs have in many cases deteriorated as the preventive measures by governments and the risks and hardship from COVID-19, dedication of staff and management of NHRIs not just to uphold normal functions but to add new activities and efforts aimed at additionally addressing COVID-19 has reflected extraordinary levels of perseverance and dedication.

6. RECOMMENDATIONS

Recommendations directed at states in relation to their NHRIs

- 1 Establish NHRIs where they do not already exist and strengthen them to operate fully in line with the Paris Principles.
- 2 Ensure that NHRIs are fully empowered to address the impact of COVID-19, in compliance with the Paris Principles requirements of ensuring their effectiveness including mandate, operational and financial independence and autonomy, as well as an enabling environment. The latter includes ensuring that efforts are made to prevent reprisals and that NHRIs and other human

rights defenders are protected from reprisals for carrying out their mandated human rights activity addressing COVID-19.

- 3 Provide adequate funding through reliable Paris Principles compliant budgeting for NHRIs to engage effectively to address the human rights impact of COVID-19 and states measures to address and contain COVID-19,
- 4 Ensure that the expertise of NHRIs is actively and systematically sought and included in law and policy-making efforts to address COVID-19 and states' responses, including to ensure that any emergency measures undertaken comply with international human rights obligations, including the principles of proportionality and necessity and that NHRIs advise on the long term human rights and socio-economic implications of COVID-19. Similarly, ensure that NHRIs are integrated and consulted in national emergency management arrangements, including peak decision-making bodies.
- 5 Recognize that NHRIs especially under the COVID-19 pandemic crisis are essential institutions to ensure that vulnerable members of society are not left behind in the recovery effort, and support and take into considerations NHRIs' work and recommendations in that regard.
- 6 Recognize NHRIs as formally designated essential services and support their operations in all circumstances as feasible, including in lockdowns. This applies especially to on-site monitoring of institutions of all types, and in terms of allowing public access to the premises of the NHRI, subject to a sanitary protocol.

Recommendations to UNDP and OHCHR, other UN agencies, and multi/bilateral donors

- 7 Articulate, especially in global policy dialogue, the essential and unique contribution of the NHRIs in terms of mitigating the human rights impact of the COVID-19 pandemic
- 8 Form empowering partnerships, based on long-term engagement of strategic support, with NHRIs at the national and regional level to best support these in addressing COVID-19 most effectively. In addition to complementary financial support, this should include providing strategic support for identification of challenges and in designing courses of action and support a culture of internal learning as well as sharing of experience within and among the NHRIs at the national, regional and global levels. When required in light of the COVID-19 situation as evolving, proactively come forward and offer support, strategic as well as funding. In terms of the latter, adapt easy and flexible funding procedures for emergency-related assistance.
- 9 Utilize regional presences for example UNDP and OHCHR to support GANHRI and NHRI regional networks in bringing NHRIs together regionally for collaboration, knowledge sharing and capacity development.
- 10 Support NHRIs in engaging with the UN human rights system and relevant mechanisms to monitor and report on the human rights impacts of COVID-19 and states' measures to contain it, and support NHRIs role in promoting implementation in-country on relevant outcome recommendations.
- 11 Continue, together with GANHRI and the regional networks, a process of continuous assessment of short-, medium and long- term consequences of COVID-19 on the functioning and work of NHRIs, including assessment of action by and impact on NHRIs along the lines of this study for a longitudinal perspective

Specific recommendations for GANHRI and the regional networks

- 12 Strengthen continuously the positions of GANHRI and the regional networks as NHRI knowledge brokers and vehicles for peer support, generation of good practices and facilitator for NHRIs' exchange of lessons learned in terms of addressing COVID-19.

- 13 Promote and support a strategic and operational focus by NHRIs on preparedness and response to crises including through engagement with relevant national stakeholders and capacity building of NHRI staff.
- 14 Continue to build dedicated global learning communities for the various themes outlined in the findings above, with a focus on sharing of experience and best practice among NHRIs, in accordance with the newly adopted Strategic Plan 2020-2022, and identify opportunities for the TPP to support these initiatives.



ANNEXES

ANNEX 1. SURVEY INSTRUMENT

For the purpose of informing this study, a survey was designed and distributed to NHRIs. It was administered in the four official GANHRI recognized working languages: English, Spanish, French and Arabic, during the period October –2020, with the results harvested by the researcher on an ongoing basis.

Fundamentally, the study addresses 3 questions:

- **Effect** - How has COVID-19 affected individual NHRIs ?
- **Action** - How have individual NHRIs taken steps to address COVID-19 in their countries?
- **Support and collaboration** - How have UNDP/OHCHR/GANHRI provided support to NHRIs, and how have NHRIs' collaborated with other national stakeholders and each other?

By combining these aspects in a matrix format combining the mandated and functional aspects with the thematic human rights dimensions, the complex nature of these efforts is reflected. For details, including tables reflecting the survey results, see Annex 4.

In addition to producing quantitative data on the above aspects, the survey has also generated a number of quotes which are brought into the text below for illustration. The survey has been constructed in a matrix format, with a functional and a thematic axis. Each of these have been designed from the following outset:

The **thematic** dimension (horizontal axis) reflects an adaptation of the structure of the SERF, modified through an initial scoping of the thematic aspects observed through an initial surveying of the two GANHRI sources as well as initial mapping provided by UNDP and OHCHR. The result is of nine pillars, 8 thematic and one “other”.

The **functional** dimension (vertical axis) indicates draws from and is an adapted version of the Paris Principles for NHRIs and includes various aspects relating to mandate and functions. The end result is 22 lines, 21 of which describe specific aspects, with one “other” at the end to include for aspects that the NHRI does not view as covered by the former aspects. The survey instrument allows for the NHRI to indicate in the intersection between each of the two axes cross-sectioning the thematic/horizontal and functional/vertical. In addition to indicating in each of the intersections between the two axes as relevant, a text box was included under each question, where the NHRIs were invited to add any comments or additional information. The quotes in the text above re drawn from these examples.

		THEMATIC (HORIZONTAL/PILLARS) (TP)								
		1) PARTICULAR RIGHTS ISSUES AFFECTED BY COVID-19; HEALTH/LIFE; INFORMATION/PARTICIPATION	2) VULNERABLE GROUPS (1): OLDER PERSONS; DISABILITY/ SPECIAL NEEDS; DETENTION/ INSTITUTIONALIZED	3) VULNERABLE GROUPS (2): MIGRANTS, INDIGENOUS	4) VULNERABLE GROUPS (3): WOMEN/GIRLS, PREGNANT AND NEW MOTHERS, GENDER IN GENERAL	5) DISCRIMINATION, RACISM, XENOPHOBIA	6) ECONOMIC AND SOCIAL RIGHTS: SOCIAL PROTECTION/ WORK; FOOD/WATER/SANITA- TION; EDUCATION; HOUSING	7) CIVIL RIGHTS: LIBERTY AND SECURITY; FAIR TRIAL; MOVEMENT	8) CONTEXT: STATE OF EMERGENCY, EMERGENCY LEGISLATION, ARMED CONFLICT	9) OTHER THEMATIC ASPECTS NOT COVERED BY ANY OF THE PREVIOUS SECTIONS
FUNCTIONAL (VERTICAL, LINES) (FP)	A) COMPETENCE									
	B) MANDATE									
	C) COMPOSITION									
	D) ADVICE TO GOVERNMENT/ PARLIAMENT ON									
	D I) LEGISLATIVE / ADMINISTRATIVE PROVISIONS									
	D II) ADDRESSING SITUATIONS OF HUMAN RIGHTS VIOLATIONS, E.G. THROUGH MONITORING/ INVESTIGATION/INQUIRY; AND/ OR PROMOTION/SENSITIZATION									
	D III) NATIONAL REPORTING									
	D IV) CALLING FOR GOVERNMENT ATTENTION; COMMENTING ON GOVERNMENT APPROACH									
	E) HARMONIZATION OF DOMESTIC LAW WITH INTERNATIONAL OBLIGATIONS									
	F) ENCOURAGE ACCESSION TO INTERNATIONAL TREATIES									
	G) NATIONAL REPORTING TO INTERNATIONAL MECHANISMS									
	H) GOVERNMENT PROGRAMMING/TEACHING/ RESEARCH									
	I) PUBLICATION									

		THEMATIC (HORIZONTAL/PILLARS) (TP)								
		1) PARTICULAR RIGHTS ISSUES AFFECTED BY COVID-19: HEALTH/LIFE; INFORMATION/PARTICIPATION	2) VULNERABLE GROUPS (1): OLDER PERSONS; DISABILITY/ SPECIAL NEEDS; DETENTION/ INSTITUTIONALIZED	3) VULNERABLE GROUPS (2): MIGRANTS, INDIGENOUS	4) VULNERABLE GROUPS (3): WOMEN/GIRLS, PREGNANT AND NEW MOTHERS, GENDER IN GENERAL	5) DISCRIMINATION, RACISM, XENOPHOBIA	6) ECONOMIC AND SOCIAL RIGHTS: SOCIAL PROTECTION/ WORK; FOOD/WATER/SANITATION; EDUCATION; HOUSING	7) CIVIL RIGHTS: LIBERTY AND SECURITY; FAIR TRIAL; MOVEMENT	8) CONTEXT: STATE OF EMERGENCY; EMERGENCY LEGISLATION, ARMED CONFLICT	9) OTHER THEMATIC ASPECTS NOT COVERED BY ANY OF THE PREVIOUS SECTIONS
FUNCTIONAL (VERTICAL, LINES) (FP)	J) COMPOSITION, INCLUDING MEMBERS AND STAFF									
	K) INFRA-STRUCTURE:									
	K I) BUDGET AND FINANCING									
	K II) OFFICE, IT, TRANSPORT									
	K III) ACCESSIBILITY, ESPECIALLY FOR MEMBERS OF GROUPS AT RISK									
	L) LEGISLATIVE FOUNDATION AND/OR POLICY									
	M) OPERATIONS, INCLUDING INTERNAL WORKING METHODS AND PROTOCOLS, AND MEASURES TO PROTECT THE PHYSICAL AND MENTAL HEALTH OF STAFF									
	N) QUASI-JUDICIAL, E.G. CASE HANDLING									
	O) OTHER, INCLUDING THREATS AND REPRISALS FACE WHICH IS NOT COVERED BY ANY OF THE PREVIOUS SECTIONS									

The survey instrument allows for the NHRI to indicate in the intersection between each of the two axes cross-sectioning the thematic/horizontal and functional/vertical. In addition to indicating in each of the intersections between the two axes as relevant, a text box was included under each question, where the NHRIs were invited to add any comments or additional information. The quotes in the text above re drawn from these examples.

The survey consists of four identical tables, each addressing one of the questions below:

1. *Has your NHRI been DIRECTLY and NEGATIVELY affected as a result of the COVID-19 situation? If yes, in relation to which functional and/or thematic aspects?*

COMMENT BOX

"For EACH field marked: Indicate (e.g. "C x3") and specify degree (minor/medium/large-scale) and add a few key words to describe."

2. *Has your NHRI been DIRECTLY and POSITIVELY affected as a result of the COVID-19 situation? If yes, in relation to which functional and/or thematic aspects?*

COMMENT BOX

"For EACH field marked: Indicate (e.g. "C x3") and specify degree (minor/medium/large-scale) and add a few key words to describe."

3. *"Has your NHRI taking any specific ACTION to address the COVID-19 situation? If yes, in relation to which functional and/or thematic aspects?"*

COMMENT BOX

"For EACH field marked: Indicate (e.g. "C x3") and specify degree (minor/medium/large-scale) and add a few key words to describe."

4. *"Has your NHRI received ASSISTANCE and/or engaged in COLLABORATION with other stakeholders to address COVID-19? If yes, in relation to which functional and/or thematic aspects?"*

COMMENT BOX

"For EACH field marked: Indicate which of the following, and add a few key words:

A. UN Organization (with sub-title, e.g. OHCHR, UNDP, other);

B. Other international human rights mechanisms

C. Regional human rights mechanisms

D. National actors (CSOs, government institutions, Parliament, academia)

E. Bilateral donors



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