



OUTCOME REPORT

FRONTIER DIALOGUE CONSULTATIONS ON ADDRESSING STRUCTURAL RACIAL AND ETHNICITY-BASED DISCRIMINATION

KEY ACTION AREAS FOR COVID-19 RECOVERY PLANS

Frontier Dialogue consultations were led by WHO and UNESCO with support by OHCHR, IOM, UNDCO & UNDESA, under the umbrella of the UNSDG Task Team on Leaving No One Behind, Human Rights and the Normative Agenda, October 2020 to February 2021. With oversight from and co-authorship by a dedicated project steering group, this report was commissioned to the François-Xavier Bagnoud Center for Health and Human Rights at Harvard University.

About this Report

The Report *Addressing structural racial and ethnicity-based discrimination: Key action areas for COVID-19 recovery plans* was prepared by the United Nations Sustainable Development Group (UNSDG) Task Team on Leave No One Behind, the Human Rights and the Normative Agenda, co-led by the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO), under the auspices of the UNSDG.

The report seeks to raise awareness of concrete actions to address structural racial and ethnicity-based discrimination that can be incorporated into COVID-19 Recovery Plans to create the foundations for more inclusive and equitable societies in the decades to come. The outcome of this report (co-led by WHO and UNESCO) reflects feedback received during the United Nations Frontier Dialogue on addressing structural racial and ethnicity-based discrimination through COVID-19 Recovery Plans on 20 January 2021. It also benefited from feedback received through a series of consultations and peer reviews from October 2020 to February 2021, involving selected resident coordinators, United Nations Country Teams, human rights advisers, members of the UNSDG Task Team on Leave No One Behind, the Human Rights and the Normative Agenda, the United Nations Network on Racial Discrimination and the Protection of Minorities, as well as civil society and academic experts.

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EXECUTIVE SUMMARY

January 2021 marks a year since World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern. While there is much optimism around the ability to roll out safe and effective vaccines, one thing is clear: COVID-19 is not solely a health crisis. It is exacerbating social, economic and political inequalities, pushing families into poverty, widening educational gaps, reversing progress on gender equality, and threatening human rights. As countries work to protect their populations and respond to the ongoing COVID-19 pandemic, attention must also be given to setting the foundation for a rights-based and equitable long-term recovery (United Nations 2020h).

The objective of this report is to provide United Nations country and humanitarian teams with a package of interventions, for adaptation to specific country contexts, to support rebuilding from the COVID-19 tragedy in a way that results in more just, equal and resilient societies. It focuses specifically on using COVID-19 socioeconomic response and recovery plans (which will be integrated into the regular United Nations Country Teams programming framework through the United Nations Sustainable Development Cooperation Frameworks and Joint Work Plans) to address longstanding structural racial and ethnicity-based discrimination that the pandemic has so starkly revealed.

The report is organized into two parts. The first presents an overview of the current impact of COVID-19 on subpopulations experiencing racial- and ethnicity-based discrimination, which is often compounded by discrimination on other intersecting grounds. The second part proposes a set of key entry points for COVID-19 recovery plans to tackle these structural inequalities, emphasizing institutional practices, laws and regulations. Under international law, States have a duty to ensure that emergency measures – including the enforcement of public health measures related to COVID-19 – are non-discriminatory. While this report focuses predominantly on the recovery phase,

ongoing COVID-19 Socioeconomic Response Plans (SERPs) and related efforts set the stage for long-term recovery. Interventions to address structural inequalities impacting on achievement of the United Nations 2030 Agenda for Sustainable Development, including those referred to in this report, should be integrated into United Nations Sustainable Development Cooperation Frameworks in line with the guiding principles of the human rights-based approach and leaving no one behind (UNSDG, 2019).

WHAT WE KNOW

Social epidemiologists have long recognized that disease distribution is patterned by structures of disadvantage, marginalization, exclusion and discrimination that have historical roots and present-day manifestations. Where disaggregated epidemiologic data are available, rates of COVID-19 morbidity and mortality are significantly higher among people of African descent, ethnic groups experiencing discrimination, indigenous peoples, migrants, stateless persons, refugees and internally displaced persons. Beyond health outcomes, the disproportionate impact of COVID-19 on populations experiencing racial and ethnicity-based discrimination and intersecting forms of social exclusion is seen in terms of food insecurity, housing insecurity, income and job loss, and a heightened risk of leaving children vulnerable to loss of education.

WHAT WE CAN DO

The report presents a set of potential entry points that are intended to be global in scope, recognizing that specific entry points must be tailored to national circumstances and relevant assessments, and recovery plans must be developed in direct consultation with the most impacted communities. Potential action areas are organized into three broad action areas:

- Interventions explicitly tackling racial and ethnicity-based discrimination;
- Interventions addressing compounding and intersecting drivers of social exclusion; and
- Critical transversal enablers and principles for a human rights-based approach (HRBA)

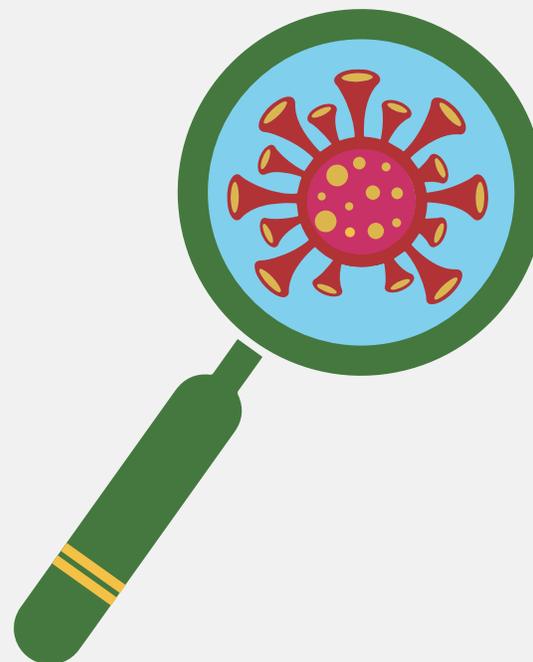
SUMMARY OF POTENTIAL ENTRY POINTS

ACTION AREA 1: Interventions explicitly tackling racial and ethnicity-based discrimination

- 1.1:** Tackle xenophobia, racist disinformation, hate speech, and media stereotyping.
- 1.2:** Address law enforcement culture and practices.
- 1.3:** Adopt special measures, including affirmative action and targeted financial assistance.
- 1.4:** Support the rights of indigenous peoples.
- 1.5:** Strengthen anti-discrimination measures and grievance redress mechanisms.
- 1.6:** Strengthen autonomous national institutions or create new mechanisms ensuring access to justice and redress.
- 1.7:** Track and address triggers linked to inter-ethnic violence and atrocity crimes, including genocide.
- 1.8:** Invest in strong social inclusion policy.

ACTION AREA 2: Interventions addressing compounding and intersecting drivers of social exclusion

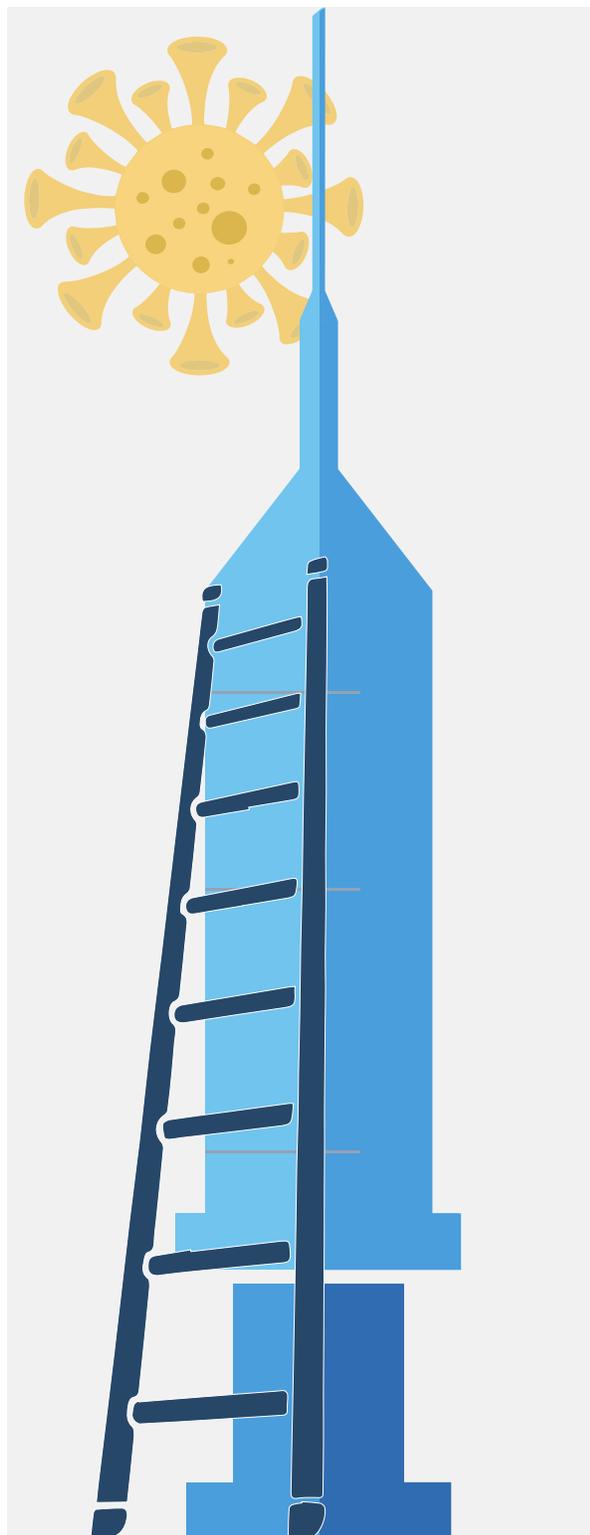
- 2.1:** Ensure inclusive and equitable public policy and programming across domains, through the adoption of a human rights-based approach (HRBA).
- 2.2:** Improve infrastructure, services and local inclusive governance (including community engagement mechanisms) in areas with high levels of multidimensional deprivation.



ACTION AREA 3: Critical transversal enablers and principles for a human rights-based approach

- 3.1:** Ensure meaningful political and civic participation of communities experiencing discrimination.
- 3.2:** Enable data disaggregation and inequality monitoring efforts, with appropriate protection safeguards.
- 3.3:** Ensure universal right to birth registration and legal identity and invest in vital statistics and civil registration.
- 3.4:** Dedicate sufficient resources through equity-oriented and participatory budgeting, and support to civil society.
- 3.5:** Invest in accurate communications, elevating messages of solidarity, tolerance and inclusion.

INTRODUCTION



As countries work to protect their populations and respond to the ongoing COVID-19 pandemic, attention must be given to ensuring a rights-based and equitable recovery. COVID-19 is not solely a health crisis. As early as April 2020, United Nations Secretary-General António Guterres stated “the COVID-19 pandemic is a public health emergency – but it is far more. It is an economic crisis. A social crisis. And a human crisis that is fast becoming a human rights crisis” (United Nations, 2020i).

January 2021 marked a year since World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern. While there is much optimism around the ability to roll out safe and effective vaccines, there is still deep concern around inequities in vaccine access, and that the long-term impacts and the recovery from this pandemic will be unequally felt both within and across countries. Like previous epidemics, the COVID-19 health and social crises are exacerbating structural, social, political and economic inequalities within countries, pushing groups already experiencing vulnerability into further poverty and exclusion, widening educational gaps, reversing progress on gender equality, undermining good governance and threatening human rights (United Nations 2020b; UN HLCP, 2020; UN Women, 2020; Lancet Commission, 2020). While the disproportionate impact of COVID-19 on populations in vulnerable situations was predictable, widening inequities are not inevitable and threaten progress on the 17 United Nations Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development, where in human rights, gender equality and the political commitment to leave no one behind are cross-cutting principles.

Who gets sick, who dies and who suffers long-term socioeconomic consequences during and following a pandemic has much to do with the way in which those with power structure societies, economies, laws, policies and governance mechanisms. Inequalities have historical roots, often continuing even after the conditions that generated them change (UNDESA, 2020), and the intergenerational transmission of inequality

has been well documented (UNICEF, 2020c). Patterns of disease distribution reflect the ways that the unequal circumstances in which people grow, live and work (often referred to as the social determinants of health), along with inadequacies in health and social protection systems, lead to avoidable health inequalities (WHO, 2008). This suggests that action can be proactively taken to foster more equal circumstances for people to grow, live and work that will reduce inequities and prevent human rights violations.

COVID-19 inequities are manifest across different dimensions – along lines of gender, urban and rural geography, age, ability and disability, class, caste and religion, minority status, economic status, work status and legal status – to name a few. Across the globe, some of the starkest inequities have emerged along racial and ethnic lines – the primary focus of this report.

Where disaggregated epidemiologic data are available, rates of COVID-19 morbidity and mortality are significantly higher among people of African descent, ethnic groups experiencing discrimination, indigenous peoples, migrants, stateless persons, refugees and non-citizens (Bassett et al., 2020; Devakumar et al., 2020; Egede and Walker, 2020; European Commission, 2020a; Oliveira et al., 2020; Shadmi et al., 2020; Sze et al., 2020). Similarly, the broader social impacts from job and livelihood loss to school closures and opportunities for online education are being felt unequally by these same populations (UNICEF, 2020a). For example, more than 86 per cent of indigenous peoples globally work in the informal economy where they often lack access to social protection or access to quality health services (ILO, 2020b) and are, therefore, likely to have experienced greater income loss and vulnerability during the pandemic.

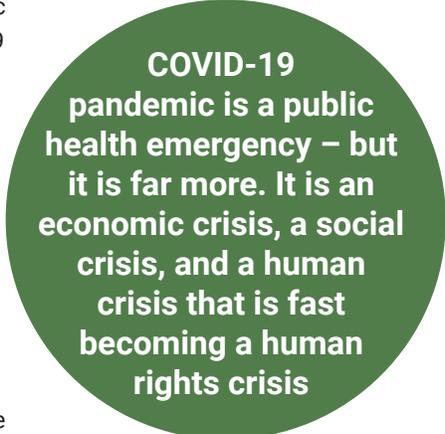
Particularly concerning is the documented spike in xenophobia and hate speech directed at groups experiencing racial and ethnic-based discrimination and the emergency measures inappropriately targeting certain groups or being selectively enforced through the excessive use of police and military force. “Othering”, which for centuries has driven oppression, inequality

and discrimination against marginalized peoples and communities (including through colonialism, slavery and genocide), is now being heightened and used to scapegoat groups labelled as “carriers of disease”, further exacerbating inequalities and vulnerabilities.

In light of this, the United Nations General Assembly has emphasized the need to ensure that States’ responses to the pandemic “respect and are in full compliance with their obligations under international law, including international humanitarian law and international human rights law” (United Nations General Assembly, 2020). Also, United Nations entities and experts (United Nations 2020c; Avafia et al., 2020; Sekala et al., 2020) have called for an equitable HRBA to COVID-19 response and recovery plans that explicitly address the ways in which inequities may widen as a consequence

of both the disease and the measures taken to combat its spread (Galea and Keyes, 2020; Johnson-Mann et al., 2020). A HRBA entails that all interventions further the realization of human rights and is guided in all phases of the programming process by human rights principles and standards (United Nations System Chief Executive Board, 2016), especially the right to equality and non-discrimination (see Box 1) and targets the capacity gaps of rights holders to exercise and claim their rights and duty bearers to meet their obligations. This requires

recognition of the agency and critical contributions by communities to co-design, co-implement and monitor context-appropriate pandemic responses and mitigation measures (RCPH, 2020). It also presupposes that evaluations are structured to measure if these objectives were attained (United Nations, 2003c). The role of treaty bodies in monitoring domestic implementation of the legal obligations of State parties to international human rights conventions and providing authoritative guidance and recommendations on the scope and content of human rights is essential to the international human rights system. It is, therefore, critical that treaty bodies be sufficiently resourced and supported to ensure accountability and address protection gaps, including those created by COVID-19 (United Nations, 2020h; OHCHR 2020f; United Nations General Assembly, 2020a).



COVID-19 pandemic is a public health emergency – but it is far more. It is an economic crisis, a social crisis, and a human rights crisis

BOX 1: Normative framework: equality and non-discrimination

The right to equality and non-discrimination is a fundamental principle of international human rights law, and foundational to the nine core international human rights treaties, regional human rights instruments and many national constitutional provisions. The 1948 Universal Declaration of Human Rights states “all human beings are born free and equal in dignity and rights” (Article 1) and are “entitled to all the rights and freedoms set in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth of other status” (Article 2) (United Nations, 1948).

United Nations Member States affirmed the centrality of this right at the 1993 World Conference on Human Rights in the Vienna Declaration and Programme of Action as a “fundamental rule of international human rights law”. The preamble to the 1945 United Nations Charter also declared “to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small”. The right to equality and non-discrimination in the enjoyment of civil, political, economic, social and cultural rights is also affirmed in the 1966 International Covenant on Civil and Political Rights (ICCPR) and 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR): Article 2 in both covenants and Articles 16, 26 and 27 in the ICCPR.

The scope and content of the right to equality and non-discrimination includes eliminating formal discrimination: ensuring that a State’s constitution, legislation and policies do not discriminate on prohibited grounds. More importantly, to achieve substantive equality requires that States pay attention to groups that suffer historical or current prejudice, disadvantage and discrimination and adopt measures to prevent, reduce and eventually eliminate the conditions that result in de facto discrimination to ensure equality of opportunity (CCPR, 1989; CESCR, 2009; CERD, 2009).

Discrimination can be either direct (when an individual or group is treated less favourably than another and the differential treatment is related to a prohibited ground) or indirect where laws, policies or practices appear neutral but have the effect of undermining rights guaranteed under the relevant covenant on a prohibited ground of discrimination. An example of this would include a policy or law requiring a birth certificate to register children for school or for voter registration, which appears neutral in that it applies equally to everyone but potentially discriminates against non-nationals or some ethnic minorities who do not have or may have been denied such certificates.

State obligations regarding equality and non-discrimination extend to traditionally private spheres and private sector actors, for example, by ensuring that landlords do not directly or indirectly discriminate on a prohibited ground in access to housing or the availability of mortgages (CCPR, 1989; CESCR, 2009; CERD, 2009). While all international human rights treaties include articles prohibiting discrimination on specified grounds, these grounds are non-exhaustive (the grounds are consistently introduced by the phrase “such as” or ending with the terms or “other status” to indicate that the prohibition against discrimination is not limited exclusively to the enumerated grounds, allowing for progressive interpretation for additional grounds of non-discrimination to be included, such as sexual orientation and gender identity (CESCR, 2009).

In addition to the comprehensive provisions on equality and non-discrimination in the enjoyment of civil, political, economic, social and cultural rights, additional human rights treaties address discrimination on specific grounds: the International Convention on Eliminating All Forms of Racial Discrimination (ICERD), the Convention on Eliminating all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICMW), and the Convention on the Rights of Persons with Disabilities (CRPD).

PURPOSE AND SCOPE OF REPORT



a) Objective of the report

The objective of this report is to support countries in rebuilding from COVID-19 in a way that results in more just, equal and resilient societies. The aims are twofold:

- To present a brief overview of the current impact of COVID-19 on subpopulations experiencing racial and ethnicity-based discrimination¹, which is often compounded by discrimination on other intersecting grounds; and
- To provide a detailed set of key opportunities and entry points for COVID-19 recovery plans to tackle racial and ethnicity-based discrimination and inequalities. These actions are not exhaustive, and the specific entry points will depend on national circumstances and relevant assessments as well as on consultations with the most impacted communities.

For simplicity, the potential action areas are organized

into three broad categories, acknowledging that these are overlapping, mutually reinforcing and interconnected:

- Interventions explicitly tackling racial and ethnicity-based discrimination;
- Interventions addressing compounding and intersecting drivers of social exclusion, with disproportionate benefits for marginalized racial and ethnic groups; and
- Critical transversal enablers and principles for a human rights-based approach (HRBA).

This report is intended to be global in scope and focus primarily on racist ideologies, structural arrangements and institutional practices, laws and regulations. Key limitations are that the data available are limited to a small number of countries and that the terminology used – race, ethnicity, othering, minorities and structural racism – varies by context.

¹ Including but not limited to discrimination affecting minority groups as concerns national, ethnic, religious and linguistic minorities.

b) Working definitions

While the majority of countries include some categorization of race, ethnicity, indigenous status or national origin when conducting their census, there is substantial variation in the way terms are used by place and overlap in definitions (Morning, 2008). There is no internationally agreed definition of race or ethnicity, as these may vary by contexts and, for example, be self-declared by the respective individual or groups within their census categorizations. In this document, the following working definitions are used.

People of African descent, as indicated by the Working Group of Experts on People of African Descent, may be defined as “descendant of the African victims of the Trans-Atlantic and Mediterranean Sea slave trade. The group includes those of the sub-Saharan slave trade. Descendants of the victims of trans-Atlantic trade live primarily in the diaspora of North, Central and South America and the Caribbean”. Also, this definition includes “Africans and their Descendants who immigrated to other parts of the world where they have experienced racial discrimination” (WGEPAD, 2003).

Racial discrimination, as defined by the 1965 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), is any “distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin that has the purpose or effect to nullify or to impair the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life” (Article 1).

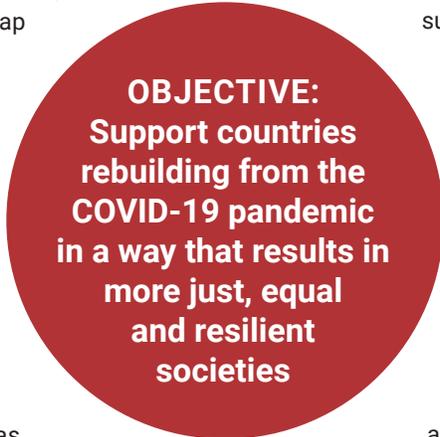
Racism, as defined by the UNESCO 1978 Declaration on Race and Racial Prejudice, includes, “... racist ideologies, prejudiced attitudes, discriminatory behaviour, structural arrangements and institutionalized practices resulting in racial inequality as well as the fallacious notion that discriminatory relations between groups are morally and scientifically

justifiable; it is reflected in discriminatory provisions in legislation or regulations and discriminatory practices as well as in anti-social beliefs and acts” (Article 2.2). In Article 1, the Declaration states “all individuals and groups have the right to be different, to consider themselves as different and to be regarded as such. However, the diversity of lifestyles and the right to be different may not, in any circumstances, serve as a pretext for racial prejudice; they may not justify either in law or in fact any discriminatory practice whatsoever, nor provide a ground for the policy of apartheid, which is the extreme form of racism”.

Ethnicity is understood to be based on perceived common ancestry, history and cultural practices.

Ethnic minorities are ethnic or racial groups “in a given country in which they are in a non-dominant position vis-à-vis the dominant ethnic population” (United Nations, 2018) and can have a culture, language, religion or race that is distinct from that of the majority and have a will to preserve those characteristics.

Race is a social construct used to group people based on observable physical features, including skin colour, other physical features and ancestry. There is consensus that “race” is a social construct that does not correspond to any permanent or discrete biological subspecies or category. The UNESCO 1978 Declaration on Race and Racial Prejudice states that “all human beings belong to a single species and are descended from a common stock. They are born equal in dignity and rights and all form an integral part of humanity” (Article 1). That said, in practice “race” can be a relevant concept in societies where discrimination based on skin colour and other physical characteristics influences the distribution of power and opportunities, and thus influences relations between individuals and social groups (Guimarães, 1999). Race does, therefore, have social meaning, both as self-expressed group identity (see, for example, the Black Lives Matter movement that has resonated across the globe) and in the ways that discrimination and racism has violated human rights and denied people equal opportunities and outcomes.



Structural racism and ethnicity-based structural discrimination refer to the ways in which racism or discrimination are embedded into our laws, policies and societal practices, providing advantages to groups deemed superior, while oppressing or disadvantaging groups that are deemed inferior (Williams et al., 2019). Structural racism, and the closely related concepts of systemic and institutional racism and discrimination, are different from personal or individual-level prejudices or attitudes. Structural discrimination is embedded in economic and political systems, and societal and cultural norms, and can be sanctioned and even implemented by government through law, policies and institutional practices (Bailey et al., 2020).

Othering is described by Powell and Menéndian (2016) as “a set of dynamics, processes and structures that engender marginality and persistent inequality across any of the full range of human differences based on group identities”. According to the authors, the dimensions of othering include, but are not limited to, religion, sex, race, ethnicity, socioeconomic status (class), disability, sexual orientation and skin tone. Additional dimensions of othering may include nationality, migration status, language, political beliefs and caste. Powell and Menéndian suggest that while not entirely universal, a common set of mechanisms drives marginality and social exclusion across contexts, including discrimination, prejudice, unconscious (implicit) bias, denialism (narratives that downplay or deny historical or contemporary treatment of a socially marginalized group), segregation and violence. As a verb, “othering” denotes the underlying processes that contribute to group-based inequality, but in a more nuanced way than is suggested by a state of either social inclusion or exclusion. Othering suggests a continuum of treatment among social groups in varied contexts and points towards a set of dynamic (rather than static) processes and mechanisms that transcend particular expressions. For example, violence against outgroups has been used over human history and across continents as a mechanism of both social control and exclusion, with the most extreme forms constituting genocide. In this

During the COVID-19 pandemic, the risk of being left behind is heightened for those who occupy multiple identities that result in discrimination or exclusion

way, othering is a term that helps take cognizance of forces and processes that either engender or ameliorate group-based inequities.

Equality and inequality: The notion of equality, articulated in the 1948 Universal Declaration of Human Rights, is that: “All human beings are born free and equal in dignity and rights” (Article 1), and that: “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (Article 2) (United Nations, 1948). As highlighted in the shared United Nations Framework on Leave No One Behind (United Nations, 2017), inequalities manifest in income as well as in opportunities and outcomes related to a range of domains, such as the right to health, education, food security, employment, housing, and more.

Inequity: The term “health inequities” is frequently used when describing COVID-19, referring to differences that are unfair, unjust and remediable (Whitehead, 1992).

Minorities: The Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities refers to minorities as based on national or ethnic, cultural, religious and linguistic identity (Article 1). There is no consensus regarding which groups are defined as minorities, but objective factors (such as the existence of a shared ethnicity, language or religion) and subjective factors (including that individuals must identify themselves as members of a minority) are commonly considered (OHCHR, 2010). This report focuses on racial and ethnicity-based discrimination and acknowledges the intertwined relationship with other grounds of discrimination, including those based on national, cultural, religious or linguistic identity.

c) Intersectional lens

While this report refers to “structural racial and ethnicity-based discrimination” as the entry point, it is important

to note that discrimination is intersectional, and that othering can happen along multiple dimensions based on multiple grounds of discrimination. For individuals and groups that are perceived by others to occupy multiple marginalized identities, discrimination based on other grounds such as gender identity and sexual orientation, religion or language, legal status, disability, age, migrant and refugee status, class or other status can interact and be exacerbated.

During the COVID-19 pandemic, the risk of being left behind is heightened for those who occupy multiple identities that result in discrimination or exclusion. For example, an indigenous girl living in a rural community in a low-income country faces a higher risk of exclusion from educational opportunities for multiple reasons: because of her gender, because the urban-rural digital divide makes remote learning impossible for students in her community, because high levels of household poverty require that she work, and because of explicit discrimination due to her indigenous background. Similarly, immigrants in Europe from Africa, Asia or the Middle East may face compounding discrimination because of both their legal status and national/ethnic origin, especially since in many countries the pandemic has been leveraged to spread anti-migrant narratives, justify increased immigration control and reduce migrant rights (IOM, 2020a). Religious discrimination often also occurs along racial or ethnic lines, which can make these communities susceptible to multi-faceted discrimination (United Nations Human Rights Council, 2018a). Persons with disabilities, including those who rely on caregivers or have difficulties in practising preventative measures, are at increased risk of becoming infected and face unique challenges because of ableism in health care such as inappropriate rationing plans. For those with disabilities who also face racial or ethnicity-based discrimination, there are significant barriers to care (Lund et al., 2020).

Ensuring an intersection analysis will be critical to building back better and comprehensively address the multiple and overlapping structural drivers of inequality. Within conversations around racial justice and systemic racism, investigation into gender, religion, ableness, age and citizenship status will point to those most vulnerable to systemic racism due to compounded social identities that hinder access to resources and support. Discrimination based on

ethnicity intersecting with religion, gender and other factors is a key consideration by the CERD in examining country reports (CERD, 2008).

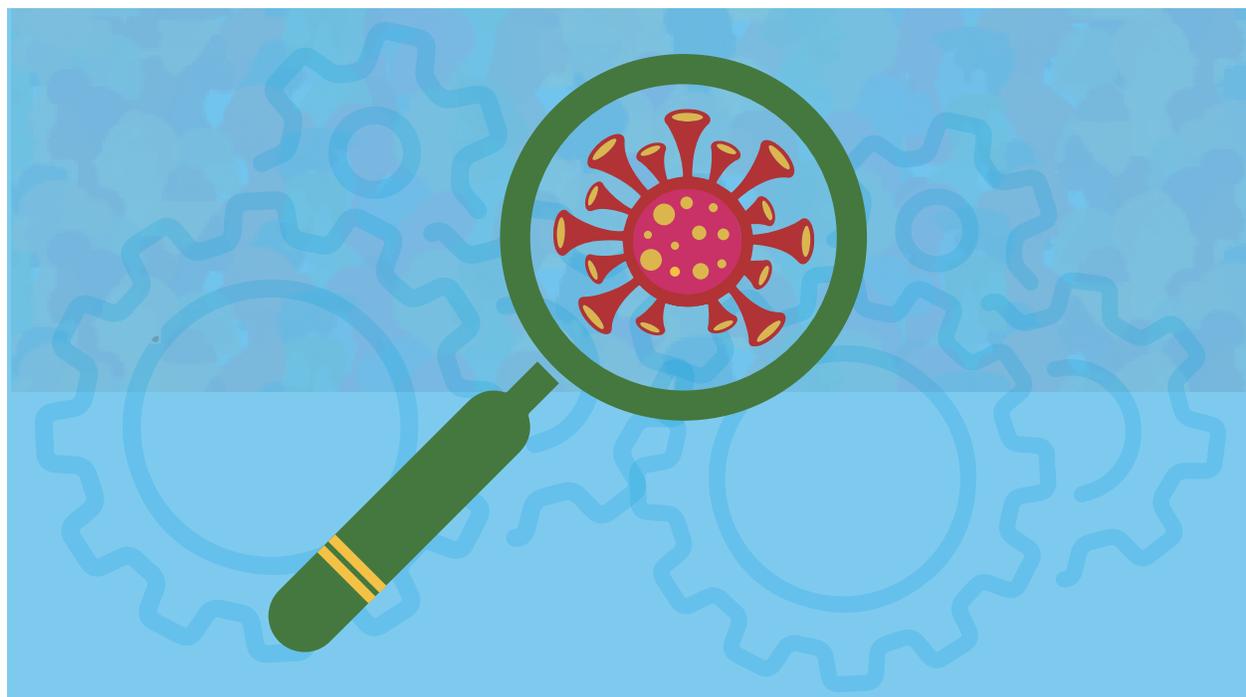


Ensuring an intersection analysis will be critical to building back better and comprehensively address the multiple and overlapping structural drivers of inequality

d) Data limitations

Differences in mortality rates across racial and ethnic groups from COVID-19 have been documented across different parts of the globe. However, because data are not collected or presented in a disaggregated manner in most countries, some of the analysis in this report must rely on extrapolating from countries where data are available by race, ethnicity and other dimensions. At the same time, while this report focuses primarily on within-country disparities, it is important to also emphasize that the legacy and remnants of colonialism, and colonial institutions, slavery, post-conflict and discriminatory ethno-centric social constructs, have led to deep global, regional and intercountry inequities and inequalities that are still present today (Ichoku et al., 2013) and are particularly evident in the unequal distribution of the COVID-19 vaccines globally. Implicit bias towards minorities, social, ethnic and racial groups – and especially women from these groups – manifests both in individual prejudice and systemic discrimination, which are a product of ethno-centric social constructs. These merit urgent redress to build back better.

PART 1: COVID-19-RELATED INEQUALITIES AND INEQUITIES: BRIEF OVERVIEW OF CURRENT KNOWLEDGE



a) COVID-19-related inequities

Within countries, and where disaggregated data are available, there is a consistent pattern of higher rates of COVID-19 morbidity and mortality for racial and ethnic groups experiencing discrimination. After age-adjustment, death rates are more than three times higher for black, LatinX and Native/First Nation/indigenous Americans than for white Americans (Bassett, 2020; Cowger et al., 2020; OHCHR, 2020d). Similarly, in Brazil, the Afrodescendent population is 47 per cent more likely to die than the non-Afrodescendent population (ECLAC, 2021) and peoples of non-white ethnicity (including Chinese, Indian, Pakistani, other Asian, black Caribbean, and other black ethnicities) had between 10 per cent and 50 per cent higher risk of death due to COVID-19 than peoples of white ethnicity in the United Kingdom (PHE, 2020). Also, Organisation for Economic Co-operation (OECD) reports have noted

that immigrants are at a much higher risk of COVID 19 infection, with at least twice as high as that of native-born. In Norway, for example, “among the confirmed cases, 31 per cent are foreign-born, almost twice as much as their share among the population” (OECD, 2020a).

These disparities do not have a biological or genetic basis as race is a social construct that has no biological meaning. Instead, higher rates of death among certain groups are a consequence of racism and systemic discrimination (Khazanchi et al., 2020) that has longstanding historical roots. Furthermore, minority communities often also face a lack of culturally appropriate health services that may compound with the structural racism and historical discrimination that these communities are subject to and increase inequity in access to health resources and worsen health outcomes (ASTHO, 2020).

Again, this relates to contextual circumstances that affect certain groups in relation to their access to and enjoyment of their right to health and related rights, such as food security, adequate housing, clean water and sanitation, educational opportunities, and just and favourable conditions of work.

It is important to also highlight that some health inequities are emerging not directly from COVID-19, but because of the ongoing impact on the health-care system and the daily lives of people. There have been reports of significant challenges, including:

- Disruption to access to critical sexual and reproductive health services as well as compounding existing gender and social inequalities (UNFPA, 2020b; Riley et al., 2020);
- Mental health due to social isolation (Zylke et al., 2020) and the exacerbation of existing and/or undiagnosed mental illness (McGinty et al., 2020);
- Fear of going to hospital resulting in increased deaths from other preventable causes;
- Increased violence against children, women and older persons (WHO, 2020b, 2020c); and
- Adverse impacts on early childhood development (Wills et al., 2020) due in part to reduced access to education and interrupted learning (World Bank, 2020a, 2020b, 2020c) and the increase in child labour for the first time in 20 years (ILO, 2020c).

In many countries, COVID-19 has had a disproportionately negative impact on populations experiencing racial and ethnicity-based discrimination beyond health outcomes. The impact is seen in terms of food insecurity, housing insecurity and job loss (see Box 2 on COVID-19 and the world of work). For example, in the United States and the United Kingdom, data suggest that job losses from the pandemic have been disproportionately greater for people of non-white backgrounds, and that this has persisted and, in some cases, increased because of

disproportionate rehiring practices (Couch et al., 2020; Crossley et al., 2020). OECD reports that vast evidence shows a disproportionately negative impact on immigrants' labour market in the majority of countries where data are currently available (OECD, 2020b). The International Labour Organization (ILO) reports that many indigenous women and men living and working in urban centres have started migrating back to their former rural communities seeking physical and economic security.

For refugees, asylum seekers and internally displaced persons, the secondary impacts from the pandemic have been worse than the direct health impacts. The Office of the United Nations High Commissioner for Refugees (UNHCR) reports: (i) a diminished access to asylum; (ii) the heightened vulnerability of key population groups (women and children in particular); and (iii) a rise in gender-based violence. Also, a significant reduction of countries allowing access to people seeking asylum was documented. At the end of 2020, 63 countries (36 per cent of countries worldwide) made no exception in terms of movement restrictions for those fleeing for their lives. Similarly, there has been a rise in refoulement as well as premature returns to fragile countries prompted by push factors, such as the rise of xenophobia in host countries or by pull factors such as depleted livelihoods (UNHCR, 2021).

COVID-19 has also affected the education sector across the world, leaving children vulnerable to loss of education and access to food. Although racial and ethnicity-based discrimination in education worldwide was prevalent long before the COVID-19 outbreak, preventing students from "having the right to be educated with their peers or to receive an education of the same quality", the adoption of distance learning solutions during the pandemic exacerbated pre-existing exclusion of these groups due to the digital divide (UNESCO, 2020). In Spain, according to a 2020 FSG study interviewing 11,000 Roma, 40 per cent of the Romani children and adolescents enrolled in education (almost half in primary education) did not have access to the Internet (Gitano, 2020).

Where disaggregated data are available, there is a consistent pattern of higher rates of COVID-19 morbidity and mortality for racial and ethnic groups experiencing discrimination

BOX 2: COVID-19 and the world of work

The COVID-19 pandemic has created several substantial challenges to the world of work. The International Labour Organization (ILO) estimates that 114 million jobs have been lost compared to 2019, with global gross labour income in 2020 estimated to have declined by 8.3 per cent – equivalent to roughly \$3.7 trillion or 4.4 per cent of the global gross domestic product (GDP) (ILO, 2021). Income support received by workers is uneven across different parts of the world, and has particularly impacted young people, women, the self-employed and low- and medium-skilled workers (ILO, 2020). There is also significant concern that it has disproportionately impacted groups that experience racial and ethnicity-based discrimination, because they are more likely to be represented in the informal economy. Indeed, ILO estimates that the crisis has devastated the employment and livelihoods of some 1.6 billion informal economy workers, equivalent to roughly 76 per cent of global informal employment (ILO, 2020e).

The Committee on Economic, Social and Cultural Rights (CESCR) General Comment No. 23 on Article 7 sets out the normative content of the right to just and favourable conditions of work as a right of everyone, without distinction. This includes migrant workers, formal and informal economy workers, unpaid workers and the right to non-discrimination

(Article 3). In addition to establishing standards of just and favourable conditions for work – including equal opportunities and standards of remuneration, safety, rest, leisure and breaks – it also provides guidance to States regarding how to evaluate jobs to avoid indirect discrimination across sectors, as well as targeted measures to eliminate discrimination (CESCR, 2016).

In addition, international labour standards adopted by ILO set out basic principles and rights at work. This includes the principle of equality and non-discrimination in accordance with legally binding international treaties, such as the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), which defines and prohibits discrimination on various grounds, including race, colour, religion and national extraction, and requires the adoption of a national equality policy (Articles 1 and 2). Also, the Migration for Employment Convention (Revised), 1949 (No. 97) and the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143) expressly prohibit discriminatory measures in specific areas and for specific groups of workers such as migrant workers. The application of ILO standards is regularly supervised by the tripartite Conference Committee on the Application of Standards and the Committee of Experts on the Application of Conventions and Recommendations (CEACR, 2020).

b) Historical perspective

Social epidemiologists have long recognized that disease distribution is patterned by structures of disadvantage, marginalization, exclusion and discrimination (Bassett and Linos, 2020; Krieger, 2003) that have historical roots and present-day manifestations. For example, because of the longstanding impact of colonialism and the theft of land, resources and exclusionary actions, indigenous peoples are more likely to live in deep poverty (United Nations, 2009). Historically, epidemics have often resulted in “segregationist ‘public health’ governance strategies” (Finn and Kobayashi, 2020) and othering.

In pre-apartheid South Africa, for example, the 1918 Spanish influenza led to over 300,000 deaths (placing South Africa among the five worst hit countries globally) and in the immediate years that followed a number of laws were enacted that established racial residential segregation as a way to “protect” white South Africans from the health threat of black South Africans (Finn and Kobayashi, 2020). During the bubonic plague (1896–1900), British colonizers burned Indians’ belongings and homes to stop the disease and similarly, during the twentieth century plague French colonizers targeted the people of Senegal, burning their belongings and homes (Cohn, 2012).

The HIV epidemic has seen similar patterns of blame, discrimination and scapegoating directed against the Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) community and (in the early years) Haitians by many political and religious leaders (Shilts, 1988; Farmer, 2006). The disastrous consequence of political apathy, blame and punitive measures, such as criminalization of non-disclosure of HIV status, is still being felt today.

Indeed, the Durban Declaration and Programme of Action recognized the link between discrimination, racism and epidemics, and urged States to:

“work nationally and in cooperation with other States and relevant regional and international organizations and programmes to strengthen national mechanisms to promote and protect the human rights of victims of racism, racial discrimination, xenophobia and related intolerance who are living with, or presumed to be living with, HIV or other pandemic diseases and to take concrete measures, including preventive action, appropriate access to medication and treatment, programmes of education, training and mass media dissemination, to eliminate violence, stigmatization, discrimination, unemployment and other negative consequences arising from these pandemics” (United Nations, 2001).

Moreover, the Durban Declaration emphasizes that poverty and economic disparities are closely linked to racism, discrimination, xenophobia and related intolerance, which contribute to the persistence of racist attitudes and practices that exacerbate poverty (United Nations, 2001).

It is critical to acknowledge how historic patterns continue to repeat themselves today in many places, and how the legacy of oppression of different groups may also result in greater vaccine hesitancy and distrust of authorities (Goldhill, 2020). For example, the representation of Roma as the inferior “Gypsies” and as “the Orientals within” (Lee, 2000) has served to justify anti-Roma racism, including historically during epidemics. For example, during the early 1900s, in response to the typhus epidemics in Bulgaria, local authorities scapegoated Roma as the “custodians of typhus” demanding that Roma be confined to special areas (Promitzer, 2011; OHCHR, 2020a, 2020b). And in the territories of present-day Romania, during plague epidemics in the early 1900s, enslaved nomadic Roma were forbidden from entering cities (Achim, 1998). The Case Study: COVID-19 and anti-Roma Discrimination provides details on how the same narratives have re-emerged this year.

CASE STUDY: COVID-19 and anti-Roma Discrimination

A dispersed population of approximately 15 million Roma live across the world. Over the centuries, violent and targeted oppression and exclusion of Roma have been well documented. Institutional racism in the form of forced evictions, segregation in schools and maternity wards, and police violence, remain a reality for too many Roma across Europe (Council of Europe, 2019). Anti-Roma sentiments are widespread and pervasive. Indeed, a Pew study from 2019 found that in 10 of 16 countries polled, over half of the population responded with unfavourable views of Roma, with the highest rate reaching 83 per cent (Pew Research Center et al., 2020).

In the absence of substantive anti-racist measures, structural inequalities linger. Four out of every five European Roma interviewed by the European Union Agency for Fundamental Rights (2016) live below the poverty line, while half do not have an indoor toilet or shower. Structural inequalities prevail beyond income poverty – anti-Roma racism is particularly detrimental for Roma health. In Europe, studies have recorded higher morbidity and shorter lifespans than non-Roma (EPHA, 2018). During the COVID-19 pandemic, similar to other regions, household crowding, poverty and racialized economic segregation have represented leading factors for COVID-19 clusters.

Access to water, a fundamental right and necessity for handwashing as part of COVID-19 prevention, is far from becoming a reality for many Roma families (Fundamental Rights Agency, 2016).

A World Bank-led rapid assessment conducted in 34 communities in Romania showed that Roma have disproportionately lost their jobs, been paid less and suffered from hunger and food shortage (World Bank, 2020d). Roma children (under 15), in particular, who alone account for 36 per cent of the Roma population in the European Union (EFXINI POLI, 2009), have been at the receiving end of inequalities in countries where the pandemic hit hard and in countries with large Roma populations and history of anti-Roma racism.

Discrimination, biased policy measures, violence, fake and racist media coverage, and hate speech have been on a rise too, blaming and portraying Romani people as transmitters of COVID-19 (Matache, Leaning and Bhabha, 2020). Manifestations of anti-Roma racism, including physical and emotional violence, have also targeted Roma children (Rysavy, 2020). Thus, the need becomes evident and mandatory: during and

after the pandemic, local governments, backed up by intergovernmental organizations, need to commit to creating and implementing anti-racist and unbiased public policies, including health policies.

Initiatives have been taken to diminish the impact of discriminatory measures. In Spain, the government has been working on a policy proposal to ensure a basic income and access to water and electricity in poor neighbourhoods, including in Roma communities (Cortes, 2020). Furthermore, governments must enact public policies to ensure equal access of Roma children and their families to social and economic rights, including water, electricity, food, adequate housing, health services, and quality and non-discriminatory education. Cash payments and income supplements will be necessary for families in need. Generally, governments must tackle anti-Roma racism and all its manifestations, including institutional racism, discrimination, racist ideology, anti-Roma societal hatred, violence and biases. Civil society organizations have to play a decisive role, among others, through awareness-raising and strategic litigation.

c) From response to recovery: focus on emergency measures

While this report focuses predominantly on the recovery phase, it is important to recognize that ongoing COVID-19 response efforts set the stage for long-term recovery. Under international human rights law, States have a duty to ensure that emergency measures, including the enforcement of public health measures related to COVID-19, are non-discriminatory. Currently, governments across the globe have put in place a number of emergency measures to limit transmission, including home confinement orders, curfews, business closures and border restrictions. Governments have also enhanced public health surveillance, often using mobile technologies that, however, raise privacy and data protection concerns (Lenca and Vayena, 2020; WHO, 2020d). Concerns have been raised around emergency measures inappropriately

targeting racial and ethnic groups experiencing discrimination, including migrants, Roma and indigenous peoples, asylum seekers, refugees and internally displaced people, and groups experiencing selective enforcement through the excessive use of police and military force (Repucci and Slipowitz, 2020; Matache and Bhabha, 2020; Bhopal, 2020; Amnesty International, 2020). It is, therefore, important to stress that the need for any limitations or derogations of rights must be necessary, proportionate and non-discriminatory (see Box 3 for more detail).

Public health efforts are rarely successfully promoted through punitive measures, and COVID-19 is no different (Linos and Bassett, 2020). On the contrary, emergency measures that expand rights have been shown to be successful in curbing COVID-19 (Da Silva, 2020). Some examples include: passing emergency legislation to ensure that COVID-19

testing and treatment is affordable, accessible and independent from legal status; de-linking health and immigration authorities to reduce fear and risk of arrest or detention among stateless or undocumented persons; designating all civil registration activities as essential services; reforming law enforcement practices, including halting pre-detention arrests and expanding decarceration efforts; and ensure expanding emergency financial support programmes that use eligibility criteria of vulnerability rather than, for example, legal status (UNHCR, 2020a, 2020b, 2020c).

States have a duty to ensure that the right to health for all migrants, refugees, asylum seekers, stateless and internally displaced persons meets the normative standard of ensuring that health services, goods and facilities are available, accessible, acceptable and of good quality, without discrimination (CESCR, 2009). In this context, “firewall measures” are crucial to ensure the realization of the right to health for migrants without fear of being reported to immigration authorities (OHCHR EUR, 2019); these measures are even more important to ensure equitable access to COVID-19 vaccines and treatments without discrimination (CESCR, 2020b).

BOX 3: Derogations and limitations of rights

Emergency measures that significantly limit (derogate from) rights guaranteed under the 1966 International Covenant on Civil and Political Rights (ICCPR) must first meet the threshold under Article 4 that the limitations are required to respond to an emergency that threatens the life of the nation and comply with the requirements of that article, which include:

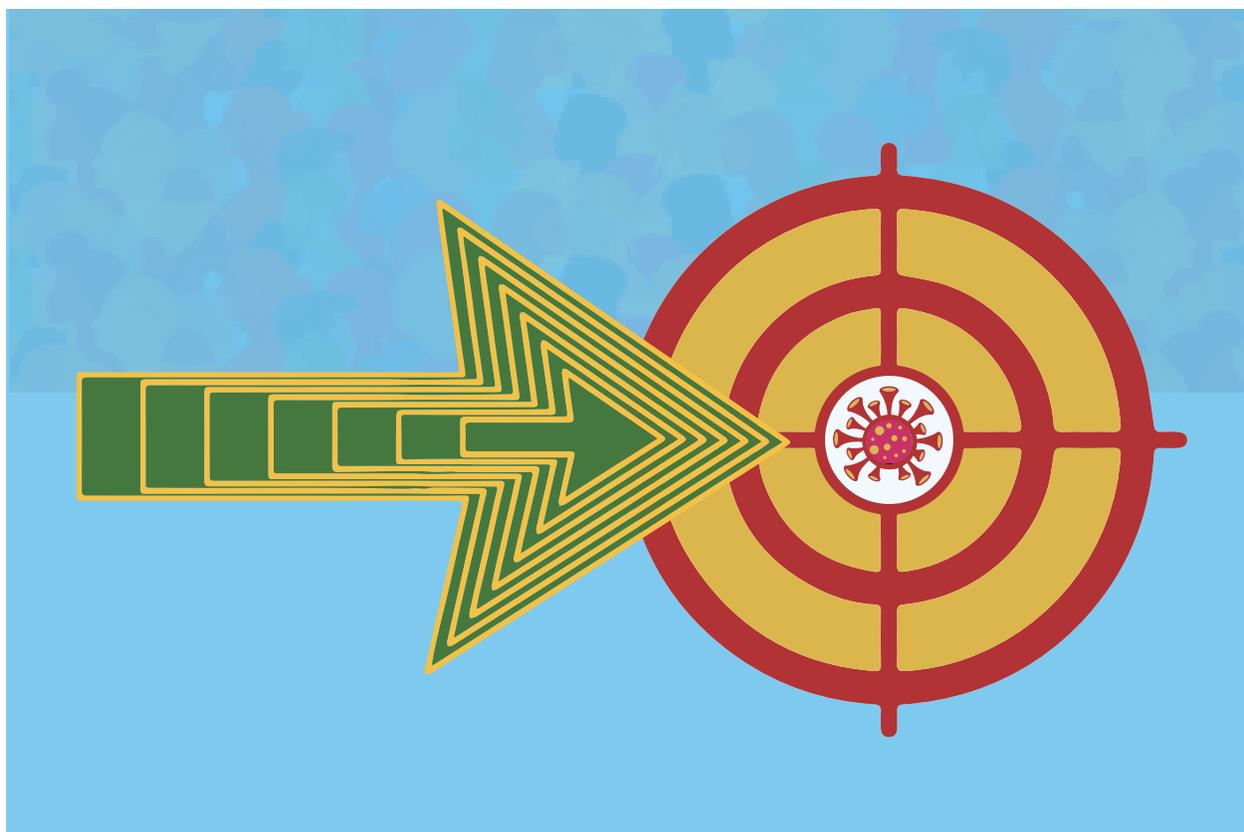
- i. official proclamation of a state of emergency;
- ii. formal notification to the United Nations Secretary-General;
- iii. the necessity and proportionality of any derogations;
- iv. conformity of measures with other obligations under international law;
- v. non-discrimination; and
- vi. the prohibition on derogating from non-derogable rights, such as torture, the right to life or other rights from which no limitation is permitted (OHCHR, 2020h; CCPR, 2001, 2020).

In situations where a state of emergency is not declared, any limitations of rights under the ICCPR must meet the requirements of the Siracusa Principles, which mandate that any limitations must be necessary, provided for in law, pursue a legitimate aim (including protecting public health), be proportionate (the least restrictive limitation necessary), non-discriminatory and reviewable by

an independent court or parliament (United Nations Commission on Human Rights, 1984). Similar requirements of necessity, proportionality and non-discrimination apply to other international human rights treaties (CERD, 2020; CESCR, 2020a).

The UN Human Rights Committee recently underscored the need for the right to equality and non-discrimination to guide COVID-19 responses (CCPR, 2020). States also have a positive obligation to protect individuals against discrimination and other human rights violations by private parties or entities, which includes racially or ethnically motivated hate speech, acts of violence, exclusion from aid, or denial of goods or services (CCPR, 2004; CERD, 2020). While CESCR recognizes that rights may be subject to limitations, State parties must do so only if it is established in law, does not jeopardize the essence of the right concerned, be non-discriminatory, and necessary for the general welfare of the population (CESCR, 2009). It does not provide for a right to derogate from their obligations in emergencies and requires State Parties to ensure core Covenant rights, including access to food, housing, health care and other essential public goods are available at all times, without discrimination (CESCR, 2009; OHCHR, undated). Treaty bodies have repeatedly emphasized that the principle of equality and non-discrimination is fundamental to Member State obligations under international human rights law, even in the context of public health or other emergencies.

PART 2: ENTRY POINTS FOR COVID-19 RECOVERY PLANS TO TACKLE STRUCTURAL RACIAL AND ETHNICITY-BASED DISCRIMINATION



A set of potential action areas and entry points to address structural racial and ethnicity-based discrimination in COVID-19 recovery plans are summarized and organized into three broad action areas:

- Interventions explicitly tackling discrimination based on race and ethnicity;
- Interventions addressing compounding and intersecting drivers of social exclusion; and
- Critical transversal enablers and principles for a HRBA.

a) Interventions explicitly tackling racial and ethnicity-based discrimination

Interventions that *explicitly tackle racial and ethnicity-based discrimination* are needed at a minimum to: (i) diminish health and socioeconomic inequities through targeted positive measures and resources to marginalized racial and ethnic groups; (ii) strengthen existing or adopt new anti-discrimination laws and policies that align with international human rights standards; and (iii) equip existing autonomous national institutions and/or create new institutions/mechanisms to guarantee protection, effective implementation of anti-discrimination laws and

policies and access to justice for individual or collective complainants.

ACTION AREA 1.1: Tackle xenophobia, racist disinformation, hate speech, and media stereotyping.

An increase in racist and inflammatory rhetoric and scapegoating, as well as hate speech, uttered by State and non-State actors, has been documented during the COVID-19 pandemic (Matache, Leaning and Bhabha, 2020; Cole, 2020; Bowman, 2020). Xenophobic stances mirror pre-existing discrimination patterns (United Nations, 2020c, 2020d). States must meet their obligations to combat racism and xenophobia under the International Convention on the Elimination of all Forms of Racial Discrimination (ICERD) and ensure public communications, including those related to COVID-19, do not incite violence against stigmatized and marginalized racial and ethnic groups. Interventions should focus on expanding laws and ordinances forbidding hate speech and hate crimes, and preventing police abuse, while in parallel expanding available resources to institutions that monitor and enforce these laws (IOM, 2020b).

The United Nations Strategy and Plan of Action on Hate Speech (UN, 2019), offers a range of entry points to address and counter hate speech, including through new and traditional media, partnerships with private sector actors in the technology/social media sphere, and by ensuring that victims of hate speech have access to justice and other support. It should be noted that proper collaboration with media agencies is key to disseminating changing legislation and protocols. Media agencies and journalists provide a forum of information for the general population, which needs to be carefully handled to reduce risk of misinformation, eroded trust or perpetuation of discrimination (Garfin et al., 2020). In addition, the United Nations Strategy emphasizes the role of education in addressing and countering hate speech and calls for actions in formal and informal education to implement Sustainable Development Goal 4 (SDG4), promote the values and skills of **Global Citizenship Education**, and enhance media and information literacy.

States must meet their obligations to combat racism and xenophobia under the International Convention on the Elimination of all Forms of Racial Discrimination (ICERD)

ACTION AREA 1.2: Address law enforcement culture, policies and practices that contribute to or violate human rights during and after the pandemic.

Diverse reports suggest that discriminatory and violent actions by law enforcement have increased during the pandemic. For example, in its report on the Slovak Republic, the European Commission Against Racism and Intolerance (ECRI) observed a significant increase of complaints related to “serious acts of violence committed by members of the police services against Roma” (ECRI, 2020). Media coverage of over-policing during this public health emergency is not only limited to the Roma in Europe (Lee, 2020), there has also been an increase in violence against black South Africans (Bowman, 2020), and the militarization of the COVID-19 response across Asia has been well documented (Chandran, 2020).

Following George Floyd’s killing in the United States, there was a global outcry against the simultaneous crises of police violence and COVID-19, both disproportionately harming people of African descent. The Human Rights Council asked the United Nations High Commissioner for Human Rights to prepare a special report on “systemic racism, violations of international human rights law against Africans and people of African descent by law enforcement agencies, especially those incidents that resulted in the death of George Floyd and other Africans and people of African descent, to contribute to accountability and redress for victims” (OHCHR, 2020e).

More broadly, there has been increased attention to reducing racial profiling by law enforcement, including through establishing a zero tolerance for prejudice, and ensuring greater ethnic and racial diversity in recruitment efforts. In November 2020, the Committee on the Elimination of Racial Discrimination issued General Recommendation No. 36 on Preventing and Combating Racial Profiling by Law Enforcement Officials, which included a set of detailed recommendations, incorporating comprehensive legislation and guidelines for stop-and-search

practices, police–community engagement, human rights education and training, transparency and accountability, and data disaggregation and the use/misuse of algorithmic profiling (CERD, 2020).

ACTION AREA 1.3: Adopt special measures, including positive/affirmative action programmes and targeted financial assistance, to address historical and current racial and ethnicity-based discrimination.

The long-term socioeconomic impact of COVID-19 is likely to disproportionately affect groups disadvantaged by exclusion and discrimination, who are most at risk of being left behind. This is in part because groups that face racial and ethnicity-based discrimination are more likely to be concentrated in certain sectors, including in the informal economy, which may take longer to recover from the COVID-19 pandemic and may afford few social protections (United Nations, 2020a; ILO, 2020a; 2020b; 2021). While universal health coverage and expansion of social safety nets are necessary, as United Nations Secretary-General António Guterres has noted, simply establishing minimum levels of social protection and investing in public services is not sufficient to tackle entrenched inequalities. Special measures such as positive/affirmative action initiatives and targeted policies are needed to redress historic inequalities that have been exposed and deepened during this pandemic (CERD, 2009; Guterres, 2020).

In the domain of economic, social and cultural rights, States have an obligation to take measures to address the needs of groups that face pre-existing discrimination and disadvantage, including racial and ethnic minorities (CESCR, 2020b). The Durban Declaration and Programme of Action noted the necessity for special measures for victims of racism, racial discrimination, xenophobia and intolerance, and noted that: “Those measures should include measures to achieve appropriate representation in educational institutions, housing, political parties, parliaments and employment, especially in the judiciary, police, army and other civil services, which in some cases might

involve electoral reforms, land reforms and campaigns for equal participation” (United Nations, 2001; OHCHR, 2020i).

Some examples of promising practices in the COVID-19 responses include: financial support to minority-owned businesses; targeted investments to upgrade infrastructure and ensure access to water and sanitation for indigenous peoples; provision of medical supplies, equipment, access to water; and financial resources in Roma communities (OHCHR, 2020a; Matache and Bhabha, 2020).

Financial support for medical expenses and insurance coverage for racial or ethnic groups facing higher rates of infection could also be explored to ensure that those who have lost health insurance during the pandemic or have increased gaps in access to medical care do not have disproportionately worse outcomes. Additional examples to consider include affirmative action in academic spaces, including scholarships and equitable financial assistance for students of minority backgrounds and financial support and/or information and communication technology provisions for those facing technological gaps for education that has moved online. The Working Group of Experts on People of African Descent, for example, has analysed the collective impact of the pandemic, law enforcement practices and structural racism and developed operational guidelines and tools to assist Member State compliance with their human rights obligations and the inclusion of people of African descent in the implementation of the Sustainable Development Goals and the programme of activities developed for the International Decade for People of African Descent: 2015–2024 (United Nations General Assembly, 2014; United Nations Human Rights Council, 2020; WGEPAD, 2020).

Opportunities may also exist to link COVID-19 recovery measures with ongoing initiatives on reparations, both in terms of individual access to justice and group claims for reparation of grave injustices in line with the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of international Human Rights Law and the Serious



Violations of International Humanitarian Law (United Nations General Assembly 2005).

To tackle racism and health inequities globally, there is also a need to correct political and economic arrangements that are vestiges of colonization (Makofane et al., 2018), and consider how drug access and intellectual property around a COVID-19 vaccine, for example, may widen these inequities (Phelan et al., 2020; Schmidt et al., 2020). Reports of the world's richest countries reserving vaccine doses for vaccine candidates in clinical trials that far outnumber their populations, combined with funding gaps for initiatives aimed at equitable distribution of COVID-19 treatments and vaccines around the world suggest that there will be significant delays for low- and low-middle-income countries in being able to vaccinate their populations (Twohey et al., 2020; WHO, 2020a).

ACTION AREA 1.4: Support the rights of indigenous peoples to ownership of their traditional lands, territories and resources and rights to self-determination and development, while expanding/ supporting investments in health, education and economic development.

As cited in the recent report of the Special Rapporteur on the rights of indigenous peoples (United Nations General Assembly, 2020b), indigenous peoples are at increased risk because of the systemic inequities and discrimination they face, and COVID-19 has further exacerbated racism against indigenous men and women, including stigmatization when indigenous peoples are accused of not respecting preventive measures or of having high infection rates (United Nations General Assembly, 2020b). COVID-19 has increased existing hardships for indigenous peoples regarding access to food and safe water and has disrupted their local and traditional economies (United Nations General Assembly, 2020b). In addition, indigenous peoples often face numerous obstacles to equitably accessing culturally competent public health services, including because they may live far from health centres, have difficulty affording medical care and face systemic discrimination in the form of being denied the

right to speak in their own language or receive care that respects their cultural beliefs, traditions and practices. Indigenous communities whose land rights are denied or who do not have self-determination on their territories are not able to exercise control over their food production and lockdowns have further reduced their ability to sustain themselves (United Nations General Assembly, 2020). They also face higher risks of losing their land (Flavard et al., 2020). There are reports that, in some countries, legal and illegal land expropriation is being expanded, while indigenous peoples are confined and unable to guard their lands (United Nations General Assembly, 2020b).



COVID-19 has increased existing hardships for indigenous peoples regarding access to food and safe water and has disrupted their local and traditional economies

For recovery plans to build back better, a strong commitment and appropriate resources are required to address these longstanding issues. While indigenous groups in specific areas may face varying barriers to health, education and economic developments, a focus on universal human rights is key. Accessible and culturally appropriate health-care also needs to be accompanied with the right of indigenous communities to utilize their traditional medicines and to maintain their health practices (Waldram, 2000). Traditional governance institutions for protecting biodiversity and food systems are essential for health and ensuring access to nutritionally dense foods (Power, 2008). In the area of work, addressing socioeconomic vulnerabilities faced by indigenous peoples requires an intersectional lens that addresses the specific needs of indigenous women workers and entrepreneurs (ILO, 2020b).

In this context, in particular for indigenous peoples, States should adopt all appropriate measures – legislative, administrative or other – respecting the individual and collective human rights of indigenous peoples, including their right to development, in line with the 2008 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007). This includes, for example, their right to be free from any kind of discrimination in the exercise of their rights (Article 2), and the right to self-determination and development (Article 3) in the political, economic, social and cultural areas, including health, housing and other

economic and social programmes (Article 23). Special consideration should be given to the provisions of the International Labour Organization 1989 Indigenous and Tribal Peoples Convention, 1989 (No. 169), which stipulates that special measures should be adopted to safeguard the institutions, property, labour, culture and environment of indigenous peoples (Article 4.1) (ILO 1989).

ACTION AREA 1.5: Strengthen anti-discrimination measures, including grievance redress mechanisms.

International human rights instruments, including the 1965 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) and 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), acknowledge that discrimination often occurs in public and private sector workplaces, housing, educational and financial institutions and, therefore, mandates State parties to adopt measures, including legislation and regulations, to ensure that individuals and entities in the private sector do not discriminate (CESCR, 2009; CERD, 2009).

COVID-19 recovery and rebuilding efforts offer an opportunity to strengthen anti-discrimination measures, including compliance mechanisms for public and private actors. Specific attention should be given to discrimination in the workplace, housing, health care, education, law enforcement and border control sectors. Where social services are offered by private providers, appropriate regulation must be in place to ensure that they comply with anti-discrimination legislation and measures, and that mechanisms are in place to allow for complaints and redress when this is not the case. In the immediate term, it is important to introduce or reinforce firewalls between public health authorities and law or immigration enforcement activities to ensure the right to health of migrants regardless of their legal status. More generally, States should ensure that independent and impartial judicial and non-judicial mechanisms are available and accessible to allow for complaints and redress when discrimination occurs (see also Action area 1.6).

COVID-19 recovery and rebuilding efforts offer an opportunity to strengthen anti-discrimination measures, including compliance mechanisms for public and private actors

ACTION AREA 1.6: Strengthen autonomous national institutions (e.g. National Human Rights Institutions [NHRIs]), and other equality mechanisms to strengthen compliance monitoring of anti-discrimination legislation and international human rights treaties.

As countries prioritize public investment spending, it is essential that autonomous national institutions, including NHRIs, be maintained, bolstered and highlighted (OSCE ODIHR, 2020). This prioritization is critical to ensure that a protection gap created by COVID-19 is addressed by monitoring the implementation of the core international human rights treaties and ensuring accountability.

These mechanisms should also be available at lower levels of governments, including at the state and provincial levels where applicable. Strong and effective human rights institutions are always necessary to monitor alignment of policies and practices at all levels of government with international human rights treaties, but are especially critical during crises such as the COVID-19 pandemic (European Union Agency for Fundamental Rights, 2020). Across the globe, promising practices have emerged for autonomous institutions to both function within the framework of COVID-19 guidelines, while also providing advice and guidance to governments on how to protect groups experiencing vulnerability, and ensure that emergency responses and policies (such as lockdowns) are non-discriminatory (see table with NHRI responses to the COVID-19 pandemic compiled by OHCHR). In general, more independent bodies should ensure the enforcement of anti-discrimination laws and policies, including by investigating racial discrimination and abuse by public officials.

NHRIs and other equality bodies should engage with United Nations human rights mechanisms, including Special Rapporteurs, independent experts, treaty bodies and the Universal Periodic Review of the Human Rights Council and follow up on treaty body Concluding Observations and any other country-specific recommendations to ensure ongoing

implementation of Member State legal obligations under relevant human rights instruments. Treaty body General Comments and General Recommendations provide authoritative guidance on the normative scope and content of the rights enshrined in these instruments and provide key guidance to Member States on their duty to respect, protect and fulfil human rights through their implementation in domestic law.

ACTION AREA 1.7: Actively track and address conditions and micro/macro triggers linked to inter-ethnic violence and the potential for atrocity crimes, including genocide.

Racism and racial discrimination and hate speech are considered indicators of risk for atrocity crimes, including genocide (United Nations, 2014). Evidence of racism, racial discrimination and hate speech at the state level or supported by major institutions such as the media or courts is considered a strong indicator of risk for atrocity crimes, including war crimes, ethnic cleansing, crimes against humanity and genocide (United Nations, 2014). The United Nations Framework on the Responsibility to Protect (R2P) highlights the driving influence of hate speech on hate action and urges all Member States to establish a National Focal Point (usually high ranked official in the judiciary or legal office of the national state). The role is to monitor state and local malfeasance on various aspects of discrimination, but more pointedly on hate speech. Since 2010, over 60 Member States have established National Focal Points. In 2010, the United Nations Office for Prevention of Genocide was combined with the Office for the Responsibility to Protect and is currently jointly led by the United Nations Special Adviser for the Prevention of Genocide, Alice Wairimu Nderitu from Kenya, and the United Nations Special Adviser for the Responsibility to Protect, Karen Smith from South Africa.

ACTION AREA 1.8: Invest in strong social inclusion policy that can address intersectional discrimination.

Social inclusion policy continues to be at the forefront of global development planning, with United Nations Secretary-General António Guterres highlighting its central role in the 2030 Sustainable Development Goals and recognizing social inclusion policy as key for eradicating injustice and inequality (United Nations, 2019). Social exclusion is multidimensional,

and because individuals can simultaneously occupy multiple marginalized identities, discrimination based on race and ethnicity is often compounded with discrimination along other grounds such as gender identity and sexual orientation, religion or language, legal status, disability, age, class or other status. While the scope of this report does not allow for the provision of specific recommendations for different groups (for example, Afrodescendant LGBTQI+ communities or indigenous peoples with disabilities), United Nations guidance, for example, on disability-inclusive responses to COVID-19 (United Nations, 2020f; CRPD, 2020), should be seen as complementary and relevant to this report. Box 4 offers examples of how further analysis can be done to delve deeper into some of the intersecting vulnerabilities, in this case along legal status and migration, to develop appropriate policies and practices.

BOX 4: Facts and figures on migrants, refugees, asylum seekers, stateless people and COVID-19

- An assessment of the impact of COVID-19 on migrants by the International Organization for Migration (IOM) revealed the scope and complexities of the challenges facing governments and people on the move at a time when at least 2.75 million migrants were stranded worldwide as of July 2020. By tracking global mobility restrictions and their impact since early March 2020, data tracked by IOM reveal that some 220 countries, territories and areas have imposed over 91,000 restrictions on movement (IOM, 2020b).
- There are more than 25 million refugees in camps around the world facing acute obstacles in the fight against COVID-19 (USGLC, 2020). The pandemic has profoundly impacted resettlement programmes, with 168 countries fully or partially closing their boundaries at the height of the crisis. Of these 168 countries, approximately 90 made no exceptions for asylum seekers, and many were forced to return to their countries of origin (USGLC, 2020). It is expected that the number of refugees resettled in safe countries during 2020 will be the lowest in almost two decades (UNHCR, 2020d). Without an individualized, case-by-case assessment, these returns may violate the non-derogable international law principle of non-refoulement, in cases where migrant persons are forced to return to a territory where they may face persecution, be at risk of being subjected to torture, other cruel, inhuman or degrading treatment or punishment or violations of the right to life (CERD, 2005).
- The Norwegian Refugee Council (NRC) (2000) estimates that more than three quarters of displaced and conflict-affected people have lost income since the start of the pandemic. For displaced children, the pandemic is expected to have broad-ranging, long-term humanitarian and socioeconomic impacts. Many stand to lose the right of legal processes that protect them from harm, the security and stability of regular income, access to vital health care and services, time in the classroom, and protection from exploitation, abuse and violence (UNICEF, 2020b).
- IOM Director-General António Vitorino stated that “migrants often face stigma, discrimination and xenophobic attacks but the extent to which social media in particular has served as an incubator and amplifier of hate speech is a deeply troubling phenomena” and too often “they are excluded from or, due to their irregular status, unwilling to seek health and other social support services, a situation exacerbated by rising anti-migrant sentiment in some countries” (IOM, 2020b).
- Migrants are more likely to be excluded from welfare systems that protect workers who lose their jobs and incomes due to lockdown-related closure and/or failure of businesses. This is often despite their disproportionate contributions to social safety net systems (Migration Policy Institute, 2020).
- Addressing discrimination faced by migrants and refugees requires taking an intersectional approach. For example, in responding to the needs of the Rohingya refugees, taking an intersectional approach to consider all factors, including age and sex, resulting in heightened vulnerability is a priority (UNICEF, 2021).
- UNHCR reports that at least 3.9 million people worldwide are stateless, however, the true total is potentially as high as 15 million as fewer than half of governments collect and report data on statelessness. Stateless persons are often politically, culturally and economically marginalized, rendering them uniquely vulnerable to exploitation and abuse. Without formal legal recognition, stateless persons often face barriers to accessing essential services and programmes, particularly health care and economic supports such as cash transfers, rent relief, eviction moratoria and unemployment benefits. Many avoid seeking

support out of fear that their legal status will place them (and their communities) at increased risk of discrimination, detention and deportation. To illustrate the difficulties that refugees and internally displaced people face in the context of the pandemic, UNHCR has launched a data visualization Space, shelter and scarce resources – coping with COVID-19 and the story map Livelihoods, food and futures: COVID-19 and the displaced.

Examples of promising practices and good policies:

IOM (2020b) reported that: “Canada, Spain, Portugal, Italy and Germany and many other states have adjusted the visa arrangement for seasonal workers in light of the mobility constraints posed by the pandemic. Portugal also temporarily

regularized all migrants and asylum seekers who had applied for a residence permit before the declaration of the state of emergency on 18 March 2020 to allow access to health care and social security (European Commission, 2020a). Collected from their monitoring activities, UNHCR reported that refugees and internally displaced persons constitute the backbone of the response in their own communities. For example, in Kenya, refugees in the Kakuma camp have developed a risk communication video sharing information about COVID-19 for the community through mobile messages. In Nepal, COVID-19 awareness sessions were conducted for persons with disabilities and elderly persons living in the camps in Eastern Nepal, with support from UNHCR and other partners.

b) Interventions addressing compounding and intersecting drivers of social exclusion

United Nations Framework for the Immediate Socioeconomic Response to COVID-19

“Some groups are more affected than others by the COVID-19 pandemic. Often, these populations tend to be marginalized and excluded; depend heavily on the informal economy for earnings; occupy areas prone to shocks; have inadequate access to social services; lack social protection; are denied access to such services on the basis of age, gender, race, ethnicity, religion, migrant status or other forms of discrimination; have low levels of political influence and lack voice and representation; have low incomes and limited opportunities to cope or adapt; and have limited or no access to technologies. And often these vulnerabilities intersect” (United Nations, 2020d).

ACTION AREA 2.1: Ensure inclusive and equitable public policy and programming across domains, through the adoption of a human rights-based approach (HRBA).

Discrimination based on race and ethnicity intersects with and compounds discrimination based on other prohibited grounds of discrimination, such as gender, disability, sexual orientation, gender identity and legal status, and does so across sectors such as health, education and justice, threatening progress across all Sustainable Development Goals. This is because racial and ethnic discrimination is unlikely to exist in simply one sector, for example, in the labour or housing markets, but is likely connected to unfair or discriminatory practices in education, health care, the criminal justice system, and more (Bailey et al., 2017; WGEPAD, 2020). Equity-oriented impact assessments and causal analyses using a human rights-based approach can help identify important entry points for action in each national context. The importance of adopting a HRBA in COVID-19 response and recovery phases was highlighted in the **UN framework for the immediate socio-economic response to COVID-19** and the related **HRBA checklist** as well as in the United Nations General Assembly resolution A/RES/74/306 United response against global health threats: combating COVID-19.

Strategies that do not explicitly target populations experiencing racial and ethnicity-based discrimination

– such as emergency financial aid to those working in the informal economy, temporary moratoria on evictions and immigration detention, expansion of free Wi-Fi, or decarceration efforts – can nevertheless have a differential positive impact on these populations. This is because of their distribution among those working in the informal economy, those facing housing insecurity, those seeking protection or fleeing persecution, or prisoners and others in closed or institutional settings. The set of potential entry points in Table 1 is only indicative, and the extent to which they can address racial and ethnicity-linked social inequities will depend on the way structural racism and discrimination are most prominently manifested in each context. Each recommended entry point presented is linked specifically to the achievement of one of the Sustainable Development Goals set out in the United Nations 2030 Agenda for Sustainable Development and thus can be seen as simultaneously advancing the Agenda and addressing structural discrimination.

Goal 10 calls for reducing inequalities within and between countries, including for income as well as those based on age, sex, disability, race, ethnicity, origin, religion or economic or other status, could be viewed as the overarching framework linking the 2030 Agenda for Sustainable Development to build back better through explicit attention to structural racism and discrimination based on race and ethnicity. Specifically, **target 10.2** on the empowerment and social, economic and political inclusion of all,

target 10.3 on equal opportunity and reduction of inequalities of outcome, and its focus on discriminatory laws, policies and practices, and **target 10.7** on migration policy, are particularly relevant to this report.

Within the health sector alone, even prior to the COVID-19 pandemic, the World Bank estimated 0.6 beds per 1,000 people in South Asia, 1.2 in sub-Saharan Africa, 1.5 in the Middle East and North Africa, and 1.9 in Latin America and the Caribbean compared to 6.3 in Europe and Central Asia, and 2.9 in the United States (World Bank, 2019). Critical care capacity, which is needed for COVID-19 care, including the number ICU beds, is even more unequally distributed globally (Craig et al., 2020). Continued disparities among high-income and medium/low income countries remain a shocking imbalance in the global distribution of vaccines (Twohey, 2020; So and Woo, 2020). Table 1 outlines a number of intervention areas related to Sustainable Development Goals that, while general and non-exhaustive in nature, are likely to have a proportionately greater impact on racial and ethnic groups experiencing disadvantages due to socioeconomic status, gender, geography and other factors that contribute to social exclusion and reduced access to public goods and services. The extent to which they can address racial and ethnicity-linked social inequities will depend on the way structural racism and discrimination manifests itself most prominently in a given local context.

TABLE 1: Sustainable Development Goals (SDGs) interventions

Human rights challenges and related SDGs	Potential entry points for action
<p>Food security (SDG 2: Freedom from hunger)</p>	<ul style="list-style-type: none"> ■ Address household food insecurity, which in many countries has disproportionately impacted populations experiencing racial and ethnicity-based discrimination, through cash transfers or distribution of food baskets, ensuring uninterrupted access to markets and maintaining/expanding school food programmes despite disruption of school classes (ECLAC-FAO, 2020). ■ Mitigate the unique vulnerabilities of food system workers (agriculture, food processing and distribution, restaurant workers), who are often from ethnic and racial minority backgrounds, by expanding health and financial safeguards.

Human rights challenges and related SDGs	Potential entry points for action
<p>Health (SDG 3: Ensure healthy lives and promote well-being for all at all ages)</p>	<ul style="list-style-type: none"> ■ Invest in universal health coverage as a human right for all, without discrimination, eliminating financial barriers and making health care free at the point of use (United Nations, 2020e). ■ Maintain essential health services, including primary care, and implement communication strategies to support the appropriate use of essential health services, including addressing the particular needs of marginalized populations, such as indigenous peoples, migrants and refugees, sex workers and the homeless, and restore suspended services as public health measures are eased, ensuring any new barriers are addressed (WHO, 2020g). ■ Utilize flexibilities in the WTO Trade Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration, including compulsory licensing, and strengthen patent pools and other strategies to increase access to essential medicines and medical technologies, including COVID-19 vaccines and treatments, in low- and middle-income countries (LMIC) (Nicol and Olasupo, 2015; WHO, 2011, 2020h). ■ Ensure an equity-oriented, gender-responsive and human rights focus in planning for COVID-19 treatment and vaccine access, acceptance and demand; managing the supply, logistics and distribution; monitoring vaccination; and conducting evaluations of vaccine introduction, ensuring that no groups are left behind (WHO, 2020h, 2020i). ■ Create quality health care jobs, with a particular focus on primary health care, and recruit candidates of diverse backgrounds to fill critical gaps and ensure that formal and informal health workers are equipped, trained and supported as crucial human resources for health (United Nations, 2003c; WHO, 2020f). ■ Recognize the interdependence of access to quality food, adequate exercise, interventions for substance dependency, safe built environments, and access to reproductive/sexual health resources (United Nations, 2020e).
<p>Education (SDG 4: Quality education)</p>	<ul style="list-style-type: none"> ■ Expand use of open education resources (released under an open license that permits no-cost access and adaptation) to support uninterrupted learning (Huang et al., 2020). ■ Support the expansion of virtual learning, while addressing the digital divide (ensuring more equitable Internet and computer access). ■ Address the unique needs of child migrants and their families, as they often have fewer resources than native-born parents and ensure that virtual learning is designed to accommodate the large percentage of native-born children of immigrants who do not speak the host country language at home (OECD, 2019). ■ Increase subsidies for or access to free quality childcare (Gromada et al., 2020). ■ Mandate education curricula centred around anti-racism and equity that equip learners with knowledge and skills to promote inclusive, emancipatory and multicultural environments and promote the progress of targeted marginalized communities and discriminated groups, including girls and those with mental and physical disabilities (United Nations, 2020a).

Human rights challenges and related SDGs	Potential entry points for action
<p>Gender equality (SDG 5: Gender equality and empowerment)</p>	<ul style="list-style-type: none"> ■ Critically examine women’s labour and women’s disproportionate burden in care roles at home, the health and social care sector and in domestic work (United Nations, 2003c; Lokot and Bhatia, 2020), including the intersectional dimensions for women experiencing racial and ethnicity-based, as well as intersecting, discrimination. ■ Address heightened risk for domestic violence (Sharma and Borah, 2020; Chandan et al., 2020; WHO, 2020c). ■ Ensure access to rights respecting reproductive health, including for incarcerated populations and those with intellectual disabilities (UNFPA, 2020a; OHCHR, 2020b).
<p>Economy and employment (SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all)</p>	<ul style="list-style-type: none"> ■ Expand protections for workers in the informal economy (WIEGO, 2020) given they are often from marginalized racial and ethnic backgrounds. ■ Ensure adequate and non-discriminatory social protection safety nets. ■ Consider universal basic income (UBI), shifting national tax structures from payroll to carbon-based, increasing corporate taxes: tie build back better economic plans to climate action (Bregman 2016).
<p>Housing (SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable)</p>	<ul style="list-style-type: none"> ■ Guarantee tenure security (e.g. eviction moratoria, rent freezes) and stop forced evictions, including for members of racial and ethnic groups experiencing discrimination (OHCHR, 2020c, 2020d). ■ Provide resources and support to homeless populations and those living in informal settlements to be able to follow public health guidance, including handwashing, accessible and private sanitary facilities, and “stay at home” orders (OHCHR, 2020g).
<p>Environment (12: Ensure sustainable consumption and production patterns)</p>	<ul style="list-style-type: none"> ■ Consider strategies to reduce medical landfill waste (personal protective equipment [PPE], testing kits, disinfectant waste) from COVID-19 and beyond (Clemes et al., 2020; Kumar et al., 2020), ensuring the environmental pollution and impact of waste is not disproportionately borne by racial and ethnic groups experiencing discrimination.
<p>Access to justice and rule of law (SDG 16: Peace and justice)</p>	<p>Note: Action area 1.1 includes a significant number of recommendations specifically on aspects of access to justice and non-discrimination. Additional entry points that could have a greater benefit for populations experiencing racial and ethnicity-based discrimination include:</p> <ul style="list-style-type: none"> ■ Support early release and other decarceration efforts to address overcrowding and health risks for persons held in jails and prisons, including those detained at immigration detention centres (WHO Regional Office for Europe, 2020; Abraham et al., 2020; Miller et al., 2020; OHCHR 2020d, 2020f). ■ Support universal right to birth registration and to legal identity (United Nations Legal Identity Agenda Task Force, 2020).

ACTION AREA 2.2: Improve infrastructure, services and local inclusive governance (including community engagement mechanisms) in areas with high levels of multidimensional deprivation.

Place-based (geographically bound) and community-based interventions to mitigate the disproportionate impact of COVID-19 on marginalized communities, including expansion of social safety nets and improvements in water and sanitation infrastructure, have emerged as a way to ensure basic minimum needs for food, shelter, health, sanitation and hygiene are being met during the pandemic. More specifically, investments in health infrastructure, especially in areas with high levels of deprivation, including through public works, can generate employment as well as reduce social and health inequalities (United Nations, 2003c). While important in the immediate response phase, these can also lay the groundwork for long-term investments in neighbourhoods and communities, home to racial and ethnic groups experiencing discrimination, that have historically been underserved.

Indeed, a systematic review of the health effects of place-based physical upgrading interventions in informal settlements, summarizing findings of evaluations from 1986 to 2018 in diverse settings (from Latin America to Southeast Asia), documented a range of positive health outcomes (Henson et al., 2020). As Khullar and Chokshi (2020) argue “hot-spotting neighbourhoods offers an opportunity to invest limited resources in ways that have consequential effects beyond individual-level quality improvements”.

The Interagency Standing Committee (IASC, 2020) and UN Habitat (2020) have called attention to the specific needs of those living in informal settlements, and the United Nations Special Rapporteur on the rights of indigenous peoples and United Nations bodies working on indigenous rights have highlighted the need to support access to safe drinking water and sanitation facilities and health services on indigenous lands, building on indigenous practices and knowledge, while ensuring the right to free informed prior consent (United Nations General Assembly, 2020). Comprehensive housing, water and sanitation, and educational investments to address historic and ongoing social exclusion and marginalization of Roma communities across Europe have also been recommended (European Commission, 2020b), with the United Nations Special

Rapporteur on extreme poverty and human rights emphasizing that in some countries Roma people are “significantly worse off than the rest of the population in almost every aspect of life” (OHCHR, 2015).

Migrant and refugee communities living in shelters or in isolated neighbourhoods, many of them disproportionately impacted by COVID-19-related border closures, also have urgent needs for access to safe shelter, health and sanitation facilities (Orcutt et al., 2020). The pandemic has also brought to the fore the digital delivery of services. While digital innovation has enabled access to services for those who were previously hard to reach, the benefits of digital innovation are not equally distributed. Migrants and other groups in vulnerable situations, indigenous peoples or other communities in remote areas or who lack access to online connectivity, digital devices and skills have been further isolated (United Nations, 2020g).

Good examples of place-based government strategies that have been adopted in response to the disproportionate socioeconomic and health impact of COVID-19 are limited in the published literature, but there are some notable ones. For example, a case study of emergency meal distribution implemented by four large urban school districts in the United States found that meal distribution sites were appropriately concentrated in areas of higher poverty and higher percentage of non-white residents. Though school food programmes traditionally only target school-aged children, several of these have also extended resources to adults and other members of the community (McLoughlin et al., 2020). Canada is reportedly financially supporting indigenous communities to develop and lead its own COVID-19 emergency response plans (United Nations General Assembly, 2020b). And community-based organizations and grassroots initiatives have filled significant gaps across the globe. For example, residents in Brazil’s favelas have been organizing themselves to respond, including by hiring ambulances, tracking cases and deaths, and helping neighbours secure food and unemployment benefits (Lopez, 2020). In India, women’s self-help groups mobilized to provide masks and sanitizers, run community kitchens, provide food and support to high-risk families experiencing vulnerabilities, provide financial services in rural areas and disseminate COVID-19 advisories among rural communities (World Bank, 2020e).

c) Critical transversal enablers and principles for a HRBA

This report outlines both direct and indirect ways in which COVID-19 recovery plans can begin to address structural racism and ethnicity-based discrimination. These actions will only be possible through a commitment to participatory and inclusive approaches, ensuring impacted communities have a leading voice, resources and decision-making power, and that there are significant investments in disaggregated data and equity tools that can help identify and quantify the extent of inequalities across horizontal groups both as a direct result of COVID-19 and because of unevenly distributed impacts of pandemic-related measures and uneven economic recovery.

Transparency, meaningful participation in developing, implementing and monitoring measures and policies that affect groups often left behind, and accountability – including access to justice – are essential principles of the human rights-based approach and critical transversal enablers.

ACTION AREA 3.1: Ensure meaningful political and civic participation of communities experiencing discrimination based on race and ethnicity in policy and programming cycles, data collection and research activities.

The COVID-19 pandemic has exacerbated barriers to meaningful and inclusive political participation, including elections (IFES, 2020), while also revealing how critical community participation is in the fight against COVID-19 (Junior and Morais, 2020). The slogan “nothing about us, without us”, which is well known from its origins in the disability civil rights movement, is particularly relevant in the COVID-19 recovery and response (Richards, 2020). Unless explicit attention is given to ensure meaningful participation of impacted communities at all levels, the solutions and entry points identified may be unsustainable and ineffective. This is particularly important for groups that, owing to their legal status, cannot participate in electoral processes. There is, therefore, a need to find alternative pathways to ensure they are meaningfully engaged in policymaking and programmatic decisions that affect them. In addition, commitment to supporting community-based interventions is essential for impacted communities to be involved in

efforts to reduce inequities and inequalities and build back better.

In the immediate term, with scientific research being conducted on the safety and effectiveness of COVID-19 vaccines, data collection and research must intentionally strive to include samples of under-represented communities. Recruitment of individuals of diverse backgrounds into research trials continues to be a high priority for medical professionals (Jaklevic, 2020). However, there should also be recognized that fear and distrust from some communities towards governmental or private agencies, which can undermine progress towards a vaccination campaign, stem from historical abuses. Rebuilding trust to ensure inclusion of all communities in health research must be intentional and led through inclusive, bottom-up efforts.

ACTION AREA 3.2: Enable data disaggregation by race/ethnicity and inequality monitoring efforts, with appropriate safeguards for data and identity protection.

Efforts to mitigate the unequal impact of COVID-19 on racial and ethnic groups experiencing discrimination, must be underpinned by relevant data on race, ethnicity and migration/citizenship status as well as on other key intersecting inequality dimensions, including class, sex, age, disability and geography. Data need to conform to the highest standards of protection, ensuring safe storage, identity protection and prevention of misuse (OHCHR, 2018). The United Nations High-level Committee on Programmes



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Inequality Task Team policy brief on COVID-19, inequalities and building back better called on national statistical authorities to collect, analyse, report and use such data in policy planning and delivery, while always adhering to human rights standards on data protection (UN HLCP, 2020). COVID-19 surveillance systems must monitor and report health inequities with respect to race/ethnicity, and parallel monitoring should enable tracking of recovery and whether the long-term socioeconomic impacts (e.g. unemployment, homelessness, educational attainment) or discriminatory enforcement of public health measures result in widening of inequities.

It is, however, important to highlight that the United Nations Statistical Division has stressed that there are no internationally set definitions, noting that:

“Some of the bases upon which ethnic groups are identified are ethnic nationality (in other words country or area of origin as distinct from citizenship or country of legal nationality), race, colour, language, religion, customs of dress or eating, tribe or various combinations of these characteristics. In addition, some of the terms used, such as “race”, “origin” and “tribe”, have several different connotations ... By the very nature of the subject, these groups will vary widely from country to country; thus, no internationally relevant criteria can be recommended” (UNDESA, 1997).

ACTION AREA 3.3: Ensure universal right to birth registration, legal identity and invest in vital statistics and civil registration.

Maintaining accurate and organized birth registration and basic vital statistic records is crucial to any government that aspires to ensure social inclusion and improve the health of its population. During the COVID-19 pandemic, the critical importance of legal identity has become blatantly apparent as people in need of emergency social protection benefits have been unable to access them (World Justice Project, 2020). Even where targeted support is being provided

Efforts to mitigate the unequal impact of COVID-19 on racial and ethnic groups experiencing discrimination, must be underpinned by relevant data disaggregation

for the populations who are experiencing poverty and vulnerability, those who lack legal identity, including but not limited to those who may be stateless minorities, undocumented migrants, asylum seekers or citizens who are homeless or lack appropriate documentation, are falling through the cracks.

Particular attention should be given to maintaining civil registration as an essential service during the pandemic. The **recommendations** issued by the United Nations Legal Identity Agenda Task Force (2020), provide clarity on the importance of civil registration, including for children born during the pandemic who may be disadvantaged for many years by remaining unregistered. It also provides clear guidance on how to modify operational arrangements, while maintaining essential services.

ACTION AREA 3.4: Dedicate sufficient resources through equity-oriented budgeting, and support civil society organizations (CSOs), immigrant/refugee and indigenous peoples’ organizations working to address discrimination, social exclusion and human rights.

Equity-oriented budgeting should be adopted. In the immediate term, it will be important to track whether COVID-19-related government relief and benefits will and/or have been distributed equitably across racial and ethnic lines (for example, are unemployment benefits reaching marginalized communities), using *ex-ante* evaluation and/or impact assessment methods. Equity impact assessments of public investments across sectors, from housing to health care, and across geographies, can be important to ensure that any infusion of financial resources through stimulus plans and other mechanisms are benefiting those who have been most impacted,

including marginalized racial and ethnic communities. COVID-19 recovery plans should earmark resources for groups that have been historically underserved. This can be done in partnership with civil society organizations working to address discrimination, social exclusion and promote human rights, especially indigenous people's organizations and groups representing ethnic and racial minorities.

In the longer term, and beyond the COVID-19 recovery phase, "participatory budgeting", which ensures population representatives, either as individuals or through civic associations, can regularly contribute to decision-making over at least part of a public budget (Sustainable Development Solutions Network, 2016) and should be explored. A participatory budgeting process may entail: residents brainstorming spending ideas; volunteer budget delegates developing proposals based on these ideas and setting priorities for funding and residents voting on proposals; and the government implementing the top projects. Ensuring participation of communities experiencing racial and ethnicity-based discrimination and intersecting forms of social exclusion can strengthen the trust in government and ensure that budgets reflect the will and values of all of society.

ACTION AREA 3.5: Invest in accurate communications and ensure messaging is centred on solidarity, tolerance and inclusion.

Explicit attention must also be paid to communication strategies to ensure that language used by government spokespersons and the media is inclusive and non-discriminatory. All communication efforts must be supported by accurate and up-to-date public health information, ensuring that such information is widely accessible (for example, translated in relevant languages and accessible to persons with disabilities, and disseminated on platforms and through service targets that audiences are connected with and trust) and that misinformation is suppressed and corrected. As government officials continue to address their citizens regarding this public health emergency and present plans for recovery, narratives of solidarity, tolerance and inclusion will be necessary to counter existing scapegoating narratives that have been used to blame socially excluded groups, for instance migrants, for the spread of COVID-19 in many countries. Scapegoating narratives can put populations that are often

already experiencing vulnerabilities at risk, both through the form of potential hate crimes, discrimination in health care and in the community (Bhopal, 2020) and by undermining the COVID-19 response if, for example, individuals refuse to participate in contact tracing out of fear for the safety of their community. Finally, policies and government communications must also be aligned so that the language of tolerance and inclusion is reflected in decisions and policies.

The **UN Network on Racial Discrimination and Protection of Minorities** (the Network) offers an inter-agency and inter-entity platform for the United Nations system to coordinate and collaborate on all aspects of United Nations system work to challenge racial discrimination and to strengthen the protection and participation of minorities. The Network has recently adopted a Work Plan for the period 2021+ setting out a framework for United Nations system action in these areas (OHCHR, 2012.) The Network produced Checklist to strengthen UN work at country level to combat racial discrimination and advance minority rights (**the Checklist**) with the purpose to support the elaboration of programming processes and assess possible areas to strengthen the inclusion and protection of minorities and combat racial discrimination and related forms of intolerance. Box 5 provides further information.

BOX 5: Checklist to strengthen UN work at country level to combat racial discrimination and advance minority rights

The Checklist to strengthen United Nations work at the country level to combat racial discrimination and advance minority rights was developed by the United Nations Network on Racial Discrimination and the Protection of Minorities (the Network) in response to requests from United Nations Country Teams to strengthen its work in addressing racism and related intolerance, support the participation and protection of minorities, as well as to provide guidance in understanding the United Nations potential role in these areas.

The Checklist is aimed to assist persons, agencies and institutions working in the elaboration of Common Country Assessment (CCA) and United Nations Sustainable Development Cooperation Framework (CF) processes, as well as for the development of COVID-19 response and recovery plans. It is composed of two parts: (i) a version for senior United Nations officials, representatives and others engaged at the political level; and (ii) a detailed Checklist for technical personnel.

The Checklist outlines a series of questions and provides resources for going beyond analysis to

arrive at substantive work to address structural discrimination and exclusion, and includes the following possible areas of action:

- Peoples and groups
- Manifestation of racism and intolerance
- Legal, institutional and policy framework
- Freedoms
- Participation
- Policing and justice
- Media and education
- Status and personal documents
- Work, social protection and health
- Data and information
- Multiple, compounded and intersecting discrimination
- Other, particular human rights issues

The Checklist provides annotations and explanations to facilitate its application.

“COVID-19 is a human tragedy. But it has also created a generational opportunity. An opportunity to build back a more equal and sustainable world.”

–United Nations Secretary-General António Guterres

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