



EUROPE AT A CROSSROADS

DOS AND DON'TS FOR AUTHORITIES WHEN RESPONDING TO THE COVID-19 PANDEMIC

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INTRODUCTION

On 11 March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic and called on states to take urgent actions to tackle it. Most European countries have introduced strict measures to stop the spread of the virus and to cope with the increasing pressures on their public health systems.

Human rights must be at the centre of all prevention, preparedness, containment and treatment efforts from the start, in order to best protect public health and support the groups and people who are most at risk. States have an obligation to protect and guarantee everyone the right to the highest attainable standard of health.

All European states have committed to fulfilling the right to health and have signed international and regional human rights treaties to that purpose. In the context of the current pandemic, authorities should engage all available resources to counter the pandemic while fulfilling the right to health.

States have the duty to protect the right to health of everyone as everyone is at risk of contracting COVID-19. However, some groups are at heightened risk of infection: these for example include health workers, people in detention or closed facilities or people who are homeless. Moreover, older people, people with specific underlying health conditions or people with disabilities are likely to face more serious health risks associated with COVID-19. Governments must put in place measures to ensure that their right to health is protected.

In the context of public emergencies, states can exceptionally impose restrictions on certain human rights in order to protect public health. In most European countries, governments have passed emergency laws and taken measures that restrict freedom of movement, association, expression and public assembly, the right to private and family life and right to work, for example, by implementing quarantines, travel bans, and by temporarily closing schools, businesses and factories. While some emergency measures are justified during a global public health threat, governments must ensure that such measures are temporary, subject to scrutiny and periodic review, and always necessary and proportionate and motivated by legitimate public health objectives.

As socio-economic factors are closely related to health outcomes, structural socio-economic inequalities in Europe make some groups more vulnerable to adverse consequences of the pandemic. These include people, such as Roma, who live in informal settlements with limited access to water and sanitation; refugees, migrants and asylum-seekers in inadequate refugee camps or in detention; people held in prisons and other detention facilities; as well as people who are homeless – the groups with limited or no access to sanitary products or resources to implement preventive measures such as frequent handwashing, physical distancing and isolation. The enforcement of some preventive measures imposed by the states may result in indirect discrimination of certain groups or individuals who are not able to comply with them. Moreover, restrictions on freedom of movement and other measures present specific risks to children and have a gendered impact, for example on women and girls who are victims of domestic violence and who may be forced to self-isolate with their abusive partners or relatives.

The police enforcement of restrictions is likely to have a disproportionate impact on racial and ethnic minorities in Europe who are already routinely subject to discriminatory identity checks and unlawful use of force.

Amnesty International does not take a position on the type of public health measures governments should take as the COVID-19 pandemic unfolds. However, governments should ensure that all such measures are consistent with their human rights obligations. The below list of “Dos” and “Don’ts” could serve as guidance in their responses to the pandemic.

DO FULFIL THE RIGHT TO HEALTH FOR EVERYONE

All European states have committed to fulfilling the right to health and have signed international and regional human rights treaties to that purpose. However, in recent years, many European governments have adopted austerity measures that resulted in cuts to the funding for public health systems, some of which have jeopardized the right to health. These cuts have often had a disproportionate impact on people with lower incomes, people accessing mental health care, survivors of gender-based violence, people with disabilities and with chronic health conditions.

Governments have the obligation to take effective steps for the prevention, treatment and control of pandemics. In the context of the current COVID-19 pandemic, governments should take all the steps to the maximum of their available resources to counter the pandemic and fulfil the right to health of all persons. These steps may include, for instance, the engaging for public use of private hospitals or other health facilities, especially in circumstances where there is limited availability of health care resources.

Health care goods, facilities and services – including access to tests, supportive care and any vaccines and cures developed for COVID-19 in the future – should be available in sufficient quantity within the state; accessible to everyone without discrimination; respectful of medical ethics and culturally appropriate; and scientifically and medically appropriate and of good quality.

Governments should be transparent about the steps that they take to tackle the pandemic, measure their effectiveness through objective indicators and regularly communicate, in a clear and accessible manner, any relevant development regarding the pandemic.

DO ENSURE THAT ALL EMERGENCY MEASURES ARE NECESSARY AND PROPORTIONATE

Public health crises such as the outbreak of COVID-19 may require states to take exceptional measures to keep the public safe, including quarantines, travel bans, prohibiting gathering in groups, restrictions on work, and bans on visiting sick family members in hospital or older persons in their homes. Many states in Europe have implemented measures restricting human rights, including freedom of movement and assembly, the right to work, and the right to private and family life. The rights of marginalized populations, including refugees and migrants, have also been affected.

International law permits the use of emergency powers to guarantee the right to health and to stem the significant threat presented by the spread of COVID-19. Government responses that limit human rights, however, must be motivated by legitimate public health goals based on credible scientific evidence. Emergency measures must be publicly declared, lawful, necessary, and proportionate -- and cannot be arbitrary or discriminatory in their application or impact. Such measures must be narrowly tailored -- that is, the least intrusive and restrictive available, of limited duration (for example, accompanied by “sunset” clauses that limit them to a set period), subject to parliamentary and independent oversight, and regularly reviewed to make sure the measures are still necessary and there is no “slow slide” of exceptional powers into the ordinary law.

A public health emergency and attendant emergency measures should never be used by governments as a pretext for repressive measures, including to target particular groups, such as racial and ethnic minorities, refugees and migrants, political opponents, journalists, and human rights defenders. A human-rights based approach to the COVID-19 pandemic provides the foundation for an eventual return to safe and healthy societies based on the rule of law and the protection of human rights and fundamental freedoms.

DON'T DISCRIMINATE

The principle of equality and non-discrimination should be central to all governmental responses to the COVID-19 pandemic. There is no place in any governmental response to the pandemic for any discriminatory comment or action by state officials. In several European countries, authorities reported hate crimes against people perceived as Chinese or East Asian who were blamed for the spread of COVID-19. European public officials should not engage in inflammatory xenophobic rhetoric but effectively challenge and firmly condemn racist comments or remarks. Police and judicial authorities should promptly, thoroughly and effectively investigate any alleged discriminatory motive associated with a crime.

All European governments have ratified international and European instruments that protect the right to the highest attainable standards of health without discrimination on any ground, including race, ethnicity, sex, gender, gender identity, sexual orientation, disability, age or socio-economic status. Structural socio-economic inequalities in Europe result in some groups suffering from poorer health than the rest of the population. For example, according to the European Commission, the life expectancy of Roma people in Europe is estimated to be between 5 and 20 years lower than the rest of the population because of their

poorer health. Research conducted by the University of Sheffield and the NGO Crisis has found that in the UK, people who are homeless die 30 years younger than average. In view of fulfilling the right to health without discrimination, all measures adopted by governments to tackle the COVID-19 pandemic should take into account and address the higher risks faced by specific groups who are more vulnerable to contract the virus. Testing, treatment and any other necessary health care goods or services should be accessible to everyone without discrimination.

Moreover, any measure, including emergency measures that derogate from international and regional human rights standards, must comply with the principle of non-discrimination. Governments should ensure that measures such as those that restrict freedom of movement or impose self-isolation, quarantines or curfews do not directly or indirectly discriminate on any ground. In particular, they must ensure that the measures do not have a disproportionate impact on specific groups, including for example people living in informal settlements or people who are homeless. Governments should ensure that these groups can effectively protect themselves from contracting COVID-19.

Moreover, in view of the pervasive discriminatory practices by law enforcement officials documented across Europe, including discriminatory identity checks, law enforcement officials should implement the measures imposed by governments to tackle the COVID-19 pandemic by complying with the principle of non-discrimination.

DON'T LEAVE ANYONE BEHIND

Authorities should design and implement specific measures to protect the rights of marginalized groups who are at heightened risk of infection because they cannot effectively protect themselves during the pandemic or face obstacles in accessing adequate health care and services. This includes specific at-risk groups, such as people who are homeless, migrants and refugees, older people, people with disabilities or people deprived of their liberty, including in prisons and other detention facilities as well as institutions, such as nursing homes and mental health facilities. All measures to respond to the pandemic must be inclusive and respect the rights of marginalized groups, designed with the aim of mitigating, rather than exacerbating, specific risks and vulnerabilities.

Preventive response measures recommended by WHO, such as physical distancing, self-isolation, home quarantine or frequent handwashing, may be impossible to practise for people who are homeless, or living in institutions or in custody, often in inadequate or unprepared state-run facilities. These groups also tend to have limited access to adequate treatment and care once they are infected with the virus.

People fleeing wars, persecution and poverty, and seeking safety in Europe may see the borders closed and their right to seek asylum denied. Even in the context of the pandemic, the right to seek asylum and the obligation of states not to return people to places where they could be at risk of serious human rights violations (the principle of non-refoulement) must be upheld. Indeed, the principle of non-refoulement is a core component of the prohibition of torture and other cruel, inhuman and degrading treatment or punishment, which is a rule of customary international law that is absolute and non-derogable, including in the context of the current pandemic. Rather than suspending or denying the right to seek asylum during the pandemic, the authorities should address public health concerns involving asylum-seekers through alternative measures, such as quarantines, isolation and testing.

Many refugees already in Europe live in unsanitary and overcrowded camps, without means to effectively protect themselves against the infection or access adequate treatment and care in case of illness. Pregnant women, older people and those with disabilities and chronic health conditions are particularly at risk. As a matter of urgency, the authorities must decongest such camps and transfer people, starting with those most at risk, to adequate shelter. Any efforts to decongest camps must be carried out in compliance with human rights standards and should not amount to forced evictions.

People held in frequently overcrowded and inadequate immigration detention centres across Europe are at particular risk of infection. At a time of a pandemic and a global public health crisis, detention for immigration purposes is generally not justifiable and people should be released to the maximum extent possible. When the right to health, including medical care, of detained migrants cannot be upheld or when deportations cannot be lawfully carried out, people should be released and state authorities should ensure their access to essential services, care and safety, including adequate accommodation and health care. For those who remain in detention, the authorities must provide a standard of health that meets each person's individual needs, ensuring the maximum possible protection against infection.

States where forced returns continue to be executed should take adequate measures to ensure that the risks related to COVID-19 are adequately considered in the individual assessment of the risks facing the returnee during and upon return. This should include as a minimum an assessment of the quality, availability and accessibility of care to the individual in the country of return and an assessment of other factors of vulnerability which could expose the individual to higher risks in the face of the COVID-19 pandemic, including pre-existing health conditions which could be negatively impacted both as a result of the journey or in view of the state of the healthcare services available in the country of return. In all cases, adequate mitigation measures should be adopted to avoid exposure to the virus either during the journey and in the country of return.

Migrant workers, especially those who are undocumented, may be exposed to additional risks linked to their labour conditions and lack of protection and preventive measures at work. Domestic workers may be forced to make difficult choices between their health and income, and many may feel they have no choice but to continue working without adequate protection against the virus. Undocumented migrants may be deterred from accessing health care, essential services or reporting abuses and crime if such actions carry a risk of detention or deportation, or if their personal data is shared with immigration authorities. To guarantee their rights, authorities should establish firewalls and separate people's access to rights and services from migration enforcement.

People in detention, as well as staff, in often overcrowded prisons face high risk of infection in a setting where it is particularly difficult to implement preventive measures, such as physical distancing and isolation. Prison conditions also make maintaining hygiene standards difficult, which increases the risks of contracting and spreading the disease. People in prison tend to be of poorer health, many suffering underlying health conditions or living with a disability.

The authorities have an obligation to provide people in detention with the equivalent level of health care that is available to the general population. This is particularly important considering that people in detention do not have access to alternatives and rely solely on the authorities to be able to access health care and services. In order to minimise the spread of the coronavirus and mitigate the health risks, the authorities should ensure that prisoners have access to clean water, sanitation and personal hygiene products, including soap and sanitiser, to be able to maintain the required hygiene level.

Additionally, the authorities should consider measures to temporarily reduce prison population, including by releasing people from pre-trial detention, and considering the early or conditional release of prisoners especially at risk, such as older prisoners or those with serious medical conditions, including those with a weakened immune system. People held in prison on politically motivated charges, including prisoners of conscience, whether on pre-trial detention or serving a custodial sentence, must be released immediately and unconditionally.

While COVID-19 presents a serious threat for older people, it could be life-threatening to those in care homes and similar institutions where older people may not be able to adequately protect and isolate themselves. Structural and long-standing deficiencies affecting care systems, including limited resources which may make the compliance with hygiene rules challenging, can speed up the spread of the virus. People in care institutions and prisons are also at greater risks of being adversely affected psychologically due to imposed isolation measures, including the ban on family visits. Authorities should urgently develop plans and implement measures to prevent the spread of the virus in care homes, mitigate risks and protect the residents, prisoners and staff.

People with disabilities are especially at risk during the ongoing pandemic and could be disproportionately affected by the response measures instituted by the authorities. For those who rely on the support of others, it might be impossible to comply with containment measures, such as self-isolation and physical distancing. The authorities must ensure that, throughout the crisis, people with disabilities continue receiving vital support and services, including additional financial and social assistance, to prevent them from being exposed to higher risks.

DO GUARANTEE RIGHTS TO HOUSING, WATER AND SANITATION FOR ALL, INCLUDING IN INFORMAL SETTLEMENTS

The COVID-19 crisis has brought into sharp focus, the importance of the rights to adequate housing, water and sanitation. These rights are critical for protecting oneself from COVID-19, stopping its spread and also recovering from it. For people who are homeless and those living in informal settlements, self-isolation, social distancing, and other protective measures are extremely difficult if not impossible.

People who are homeless, including those who sleep rough, are at significant risk of infection during the pandemic, as they are not able to effectively self-isolate and may not have access to clean water and hygiene products required to protect themselves. If they become ill, they cannot comply with recommended containment measures, and may face obstacles in accessing health care, including medical treatment and care. Governments should put in place specific measures to protect people who are homeless during the pandemic by providing them immediate access to adequate accommodation including accommodation that allows for self-isolation where needed. Governments should make use of their maximum available resources to put in place these measures including through collaborations with the private sector. They could explore options such as using empty buildings and hotels for these purposes. Additionally, authorities should equally prevent and protect everyone from homelessness by taking measures to halt and ban evictions, and allow for rent and mortgage payment deferrals options during the pandemic.

The lack of access to water and sanitation in informal Roma settlements in Europe is a long-standing problem, and in the context of the current pandemic, it puts populations living in them at greater risk of illness. According to the UN Economic Committee for Europe, around 12% of the population of Europe, or 110 million people, lack adequate access to clean water. Roma communities living in informal settlements and camps in Bulgaria, Croatia, France, Hungary, Italy, Romania, Slovakia, and other countries are a significant portion of this population.

People living in the settlements are often forced to fetch water from wells or walk to nearby alternative water sources, such as petrol stations, making them particularly exposed and vulnerable to the spread of virus. In many countries in Europe, households in the informal settlements are denied access to public water supplies because of their precarious legal status. Without access to clean water and adequate sanitation and hygiene, it will be difficult for people living in informal settlements to comply with the measures aimed at minimizing the spread of COVID-19, such as frequent handwashing.

Those who depend on wells and other sources of water outside their homes have to heat water in stoves. As households continue losing income due to the measures imposed by authorities to stem the spread of the virus, they will find themselves unable to cover the costs for heating. Many families living in the settlements depend on informal labour – often due to discrimination in the labour market – and this income is currently inaccessible.

"A lot of us will run out of money by the end of the month. We will then have to borrow food and hygiene products from each other. Those living in shacks in settlements are also running out of the wood to heat and without this, there will be no hot water and the health risks will increase" a resident of a settlement in Slovakia told Amnesty International.

Governments should implement measures to ensure that people living in informal settlements and camps are given immediate access to adequate, affordable and safe water and sanitation which are crucial for slowing the spread of the virus. Where households are unable to pay for water, they should be provided with water for their domestic and hygiene requirements, free of charge. Governments must also support people with adequate social or material benefits to enable them to comply with the public health measures put in place.

DO GUARANTEE WORKERS' RIGHTS AND ACCESS TO SOCIAL SECURITY AND PROTECTION

As the impact of the pandemic deepens, leading to increasing business closures, supply chain disruption, factory closures and possible job losses, there is an urgent need for comprehensive action to uphold a range of human rights obligations that lie at the heart of peoples' ability to meet their basic needs on a daily basis, including the right to an adequate standard of living; adequate food and housing; the right to just and favourable working conditions; and the right to social security.

Several measures that have been introduced to improve public health – such as travel bans, quarantines, limitations on public gatherings etc. – are adversely impacting people's rights to and at work. Employees of some European airline companies were for example asked to take unpaid leave due to the suspension or reduction of their operations. Some workers have been reportedly asked to take leave in order to isolate, rather than being granted sick leave.

People in precarious forms of labour are often disproportionately affected by the measures taken to tackle the pandemic. These include migrant workers, people in insecure employment including in the gig economy, sex workers, people on lower incomes, undocumented migrants and people working in the informal sector, and self-employed workers. Workers in these sectors often do not get adequate, or any, social security benefits, meaning they lose wages when they are quarantined and have no sick pay. For them, a significant reduction or loss of income may have a devastating impact on the ability to meet basic health and hygiene needs and pay for necessities such as rent, utilities and food. They may also find it harder to protect themselves from exposure to COVID-19 as a result, if they are unable to afford preventive care, such as sanitizers, or if job loss results in evictions due to arrears on rent or mortgage payments. They may also face additional challenges in accessing testing and treatment when they fall ill.

States should ensure that all people have access to social security and social protection which is adequate in amount and duration in order to uphold their right to an adequate standard of living – including sick pay, health care and parental leave – where they are unable to work because of the COVID-19 epidemic. This includes, for example, if they are sick, or quarantined, or caring for children because of school closures.

In addition to realizing the right to social security, these measures are also essential to support people to effectively adhere to the public health measures states put in place: for example, people are more likely to respect quarantines without adverse consequences to themselves if they have access to adequate social security benefits.

DO PROTECT HEALTH WORKERS AND WORKERS IN INDUSTRIES DEEMED “KEY” OR “ESSENTIAL”

Health workers are on the front line of this pandemic, as they continue to provide services at great personal risk and risk to their families. The possibility of being infected by COVID-19 while on the job, excessive working hours, psychological distress and fatigue are some of the threats to key workers. Reducing the numbers of doctors and nurses for fear of exposure or contracting the virus, would have adverse consequences for the ability of the health systems to effectively fight the pandemic.

Governments have an obligation to minimize the risk of occupational accidents and diseases. Adequate and quality personal protective equipment, information, training on infection control and psychological support must be provided to facilitate the work of nurses, doctors and other personnel involved in responding to the pandemic. These must also be taken into account for other workers who are particularly at risk of exposure, such as guards and other prison employees and other law enforcement personnel responsible for applying and enforcing public health measures, as well as non-public sector professionals who are working to guarantee access to services considered “essential” during this time. States must also ensure that mechanisms are established to provide support to the families of health workers who have died or become ill as a result of their exposure to COVID-19.

Amidst growing reporting of nurses and doctors falling ill with COVID-19 around Europe's hospitals, there is growing anxiety about shortages of personal protective equipment such as masks, gloves and testing for

frontline health workers. According to media reports, in Italy, around 50 doctors have been reported to have died to date due to COVID-19, while over 5,000 medical staff have contracted the disease so far. France also registered infections and deaths amongst medical staff and in Spain, including four doctors and one nurse who have died, and dozens of medical staff who are in isolation after being positively tested or after having displayed symptoms of the virus. In the United Kingdom, while the government called for 250,000 people to volunteer and support the National Health Service, there is increased anxiety over reported shortages of personal protective equipment for healthcare workers and other medical staff.

No national health system could have fully anticipated a pandemic of such magnitude and severity. But while the worries and anxiety induced by this unprecedented pandemic are hard to contain, states should take all measures to protect front-line workers from unnecessary risk and ensure that they are adequately equipped to protect their health and the health of those they are treating.

States should guarantee adequate protection and implementation of key workers' rights to and at work and refrain from adopting measures which could worsen their working conditions. The number of people identified as "key workers" who should continue working during the pandemic should be kept to a minimum for essential services to avoid putting at risk other workers and the people they live with. Work shifts should be kept in line with international standards. No key worker should have to take unpaid leave if they have to self-isolate or if they are unwell, and they should have access to paid sick leave where needed.

DO PUT GENDER AT THE CENTRE OF THE COVID-19 RESPONSE

Everyone has the right to live free from gender-based violence, including during a pandemic. One in five women in the EU has experienced some form of physical and/or sexual violence from a current or previous partner. For many women and girls, "staying at home" means being confined to an unsafe environment, with an abusive relative or partner.

States must allocate resources and take specific measures to ensure that women and girls can continue accessing protection and support services including protection orders, hotlines and refuges during the COVID-19 crisis. They must also enable such safe spaces to provide COVID-19 testing, and opportunities to self-isolate in safety if necessary. States must support and enable psychological, medical and legal support service providers to continue to assist women during the crisis, including through apps that protect victims' safety, and by designating them as "essential workers".

Governments should also implement policies which exempt women and girls fleeing violence and abuse from punishments for breaking curfews or travel restrictions and assist them in reaching safety. States must also enforce policies to stop the sharing of information between various agencies with immigration authorities during the pandemic, so that undocumented migrant women are not deterred from reporting incidents of violence for fear of deportation and can access services without discrimination.

In countries with restrictive abortion laws and other, practical barriers to accessing sexual and reproductive health services, pregnant people in need of these services face even greater risks to their health and life in the context of the COVID-19 pandemic. States must ensure access to sexual and reproductive health care during the crisis, while appropriate safeguarding measures, such as travel restrictions, are in place. This includes access to safe abortion, including abortion pills for use at home, post-abortion care and miscarriage treatment, as well as pregnancy, pre- and post-natal screening, advice and care and where appropriate and accessible to patients, health care providers should make use of telemedicine.

Pandemics may exacerbate pre-existing stigma. The COVID-19 crisis will undoubtedly increase discrimination in access to health care and other support services that some women face regularly. Women who engage in sex work, for example, many of them trans, are experiencing a decline in their sources of livelihood, coupled with other human rights violations as a result of perpetuation of harmful stereotypes around sex work.

Women are overwhelmingly at the forefront of provision of care to those affected by COVID-19, constituting 84% of all nurses in Europe and 83% of professional carers for people with disabilities and older people. With women over the age of 70 being at a particular risk to their health and even life if they contract COVID-19, governments should ensure that older women, including those living alone or in care homes, are not left behind.

DO PROTECT FREEDOM OF EXPRESSION AND ENSURE ACCESS TO INFORMATION

Under international human rights law, governments have an obligation to protect the right to freedom of expression, including the right to seek, receive, and impart information and ideas of all kinds. Restrictions on the right to freedom of expression for reasons of public health are permissible, however they must be clearly provided by law, and be necessary and proportionate to protect public health, and non-discriminatory.

Authorities must not restrict access and dissemination of information about the health situation. They must ensure people can easily access information through the media and the internet, as well as access to official information and documents that are essential for people to be able to protect themselves and comply with the public health measures taken by the government. States must refrain from any attempts of censorship or intimidation, retaliatory actions and/or disciplinary actions targeting journalists, civil society organizations, activists, citizens reporters, health care workers or anyone else aiming to disseminate information. Imposing undue limitations on the right to freedom of expression and the ability of people to seek information would not only violate their human rights obligations, but also jeopardise the effectiveness of the public health response itself.

In Hungary, a set of amendments voted on 30 March, has introduced changes to the country's criminal code that will impose prison sentencing for up to five years for journalists, civil society or anyone who spreads "false" information that alarms the public or impedes the government efforts to protect people. In Turkey on 25 March, the Minister of Interior announced over 400 individuals being subject to criminal investigations related to their commentary about the pandemic, including on social media. General prohibitions on the dissemination of information based on vague and ambiguous concepts, such as "false news" or "non-objective information", are incompatible with international human rights law and standards. States should step up their efforts to ensure that they disseminate reliable and trustworthy information, including on the measures they are taking to protect public health and address the pandemic, which is crucial to counter false and misleading information. Legislation criminalizing "false news" is in clear violation of the right to freedom of expression, and risks having a chilling effect on the population leading to self-censorship out of fear of reprisals. Hungary's newly adopted legislation provoked dismay among independent journalists and civil society actors who have often been accused by the authorities of disseminating fake news.

States must not take actions that unduly limit the scrutiny of their reaction to the pandemic; any action to curb the right to freedom of expression must be within the permissible restrictions allowed under international human rights law.

States must ensure that all affected individuals and communities have access to up-to-date, clear, accessible, timely and meaningful information about the virus; information about possible measures taken to mitigate risks; timely prior warning about possible future consequences and ongoing responses, including access to services and possible disruptions. Information should be available in the languages necessary to meet the various needs of those affected, including for those with low or no literacy, or vision, hearing, learning or other disabilities; and disseminated by different means, including through the media and the internet, and in formats that can be easily understood and accessed so that those affected can fully participate and take informed decisions in the response efforts.

Reliable and unrestricted access to internet should be maintained and states must ensure access remains available to all, including people with low incomes who might not be able to pay bills in current situation, including for example by waiving late fees, lifting data caps, expanding coverage of networks to cover more remote areas, and other measures.

DO RESPECT THE RIGHT TO PRIVACY

While governments can implement measures to gather epidemiological information, states must protect the personal information of patients and their dignity.

We call on all governments not to respond to the COVID-19 pandemic with increased digital surveillance unless, in exceptional circumstances, the measures they introduce are demonstrably legitimate, necessary and proportionate, and non-discriminatory. The COVID-19 pandemic cannot serve as an excuse for

indiscriminate mass surveillance of any kind. Any surveillance measures brought in must be time-bound, and only continue for as long as necessary to address the current pandemic.

Those who are subject to such measures must be informed and judicial bodies must be granted extensive investigative powers to ensure that individuals who have been subjected to surveillance have access to effective remedies.

DO SHOW SOLIDARITY AT REGIONAL AND INTERNATIONAL LEVELS

Human rights cannot be fully realized without international and regional cooperation and assistance. The vast majority of the world's states have recognized that human rights obligations include the obligation of international cooperation and assistance, including with respect to the right to health.

States must address the current Covid-19 crisis collectively: this is the time to unify efforts to address a common challenge. States that have capacity to do so should urgently offer support to states that are more severely hit or anyway under-resourced to address the health crisis, including by sharing medical supply and equipment, as well as relevant information on the extent of the spread of the virus, its consequences and available protocols and treatments.

More broadly, countries that are able to, should step up and assist other countries facing severe economic downturn due to the pandemic. The COVID-19 crisis is likely to lead to the loss of livelihood for millions of people around the world and is expected to have a particularly severe impact in countries where people do not have access to adequate social safety nets. European states, which are adopting measures to protect their economies, should, in line with their obligation to provide international cooperation and assistance, also ensure that they support emerging economies, ensuring that people in these countries – including people living in destitution, internally displaced people, and vulnerable refugees living in desperate conditions and awaiting resettlement – are not left behind.

CONCLUSION

As the number of cases of people affected by COVID-19 continues to grow in Europe and across the world, it is increasingly apparent that this current crisis is affecting everyone. But not everyone experiences it in the same way.

In this unprecedented health emergency, Amnesty International calls on all governments and other actors involved to put human rights at the heart of their responses to the pandemic. Amnesty International urges authorities to ensure that their responses to the COVID-19 outbreak respect international human rights law and standards, take into account the specific needs of marginalized groups and people, and mitigate and address specific human rights risks associated with particular measures.

The crisis reveals how different forms of exclusion, inequality and human rights violations are interconnected. But this also gives governments in the region an opportunity to make the radical changes needed for us to be the society we want to be. A society with strong public health systems that receive adequate funding so that the right to health of everyone is fulfilled. A society with strong social protection mechanisms so that everyone can enjoy an adequate standard of living. A society where multiple forms of discrimination and oppression dissolve into thin air. All efforts to rebuild once the pandemic is over must be grounded in human rights.

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WHEN INJUSTICE HAPPENS
TO ONE PERSON, IT
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EUROPE AT THE CROSSROADS

DOS AND DON'TS FOR AUTHORITIES WHEN RESPONDING TO THE COVID 19-PANDEMIC

On 11 March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic and called on states to take urgent actions to tackle it. Most European countries have introduced strict measures to stop the spread of the virus and to cope with the increasing pressures on their public health systems.

As the number of cases of people affected by COVID-19 continues to grow in Europe and across the world, it is increasingly apparent that this current crisis is affecting everyone. But not everyone experiences it in the same way.

In this unprecedented health emergency, Amnesty International calls on all governments and other actors involved to put human rights at the heart of their responses to the pandemic. Amnesty International urges authorities to ensure that their responses to the COVID-19 outbreak respect international human rights law and standards, take into account the specific needs of marginalized groups and people, and mitigate and address specific human rights risks associated with particular measures.