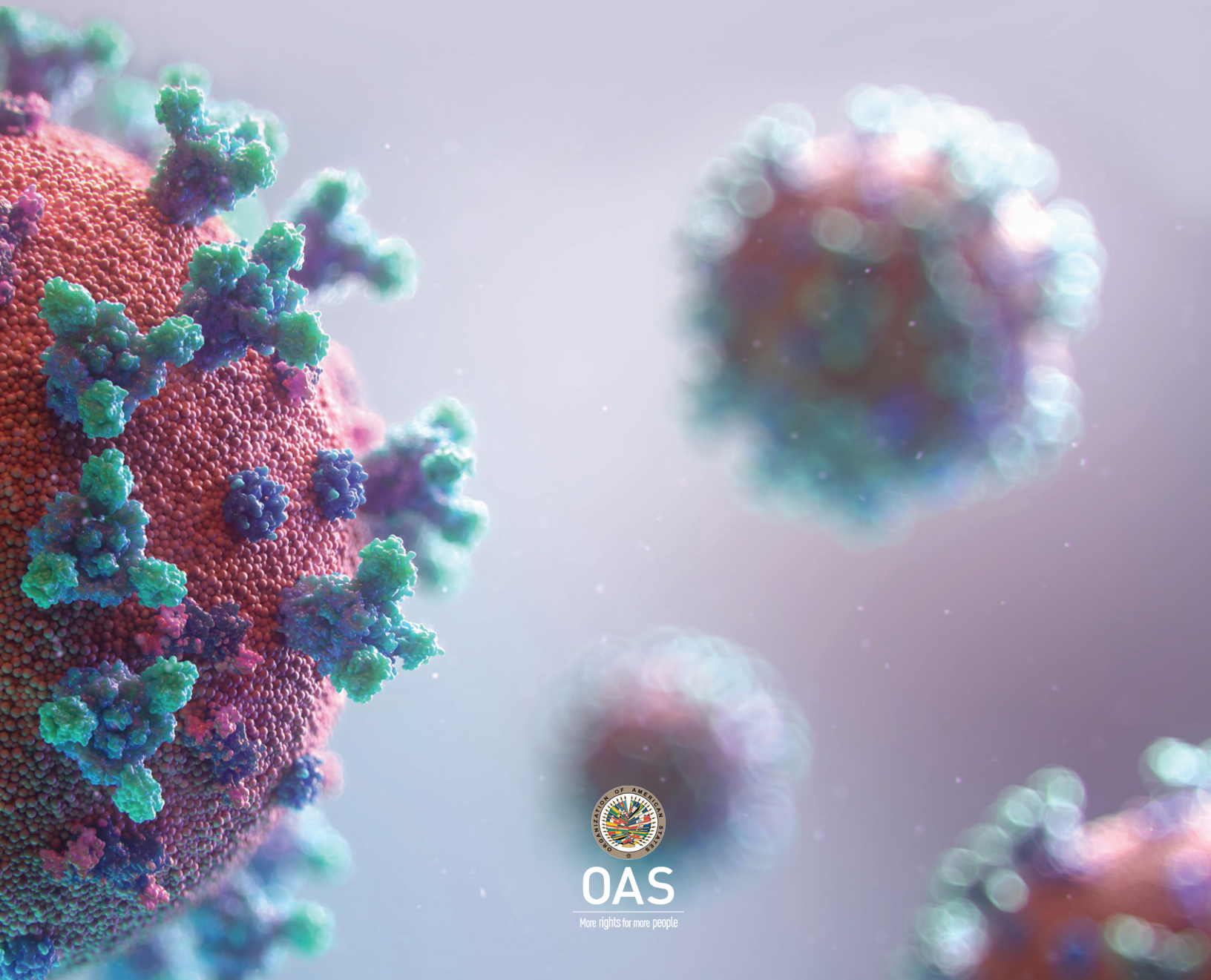


Pandemic and Human Rights in the Americas

RESOLUTION 1/2020



OAS

More rights for more people

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RESOLUTION NO. 1/2020

PANDEMIC AND HUMAN RIGHTS IN THE AMERICAS

(Adopted by the IACHR on April 10, 2020)

A. INTRODUCTION

The Americas and the world are now facing an unprecedented global health emergency caused by the pandemic of the COVID-19 virus. Central to the measures taken by the States to address and contain the virus should be full respect for human rights.

The COVID-19 pandemic may seriously affect the full exercise of people's human rights because of the severe risks to life, health and personal safety that it poses, and may have an immediate, mid- and long-term impact on societies as a whole, and on particularly vulnerable individuals and groups.

The Americas are the region of highest inequality on the planet, characterized by profound social divides where poverty and extreme poverty are problems that cut across all countries of the region, along with the lack of or poor access to drinking water and sanitation, food insecurity, environmental pollution and the lack of adequate housing. Added to this are high rates of informal sector jobs and meager incomes that adversely impact a large number of people in the region, and that make the socioeconomic impact of COVID-19 of even greater concern. All of this prevents or makes it difficult for millions of people to take basic measures to prevent the disease, mainly when it affects people who are in a particularly vulnerable situation.

The region is also characterized by high rates of generalized violence and particularly violence based on gender, race or ethnicity, and by the persistence of scourges such as corruption and impunity. In addition, citizens of the region are exercising their right of social protest in a context of disproportionate use of force, as well as acts of violence and vandalism; severe crises in the prisons that are touching the vast majority of countries; and the profoundly worrying expansion of the phenomenon of migration, forced internal displacement, refugees and stateless persons, and structural discrimination against particularly vulnerable groups.

In this context, the pandemic poses even more significant challenges for the countries of the Americas, both in terms of health policies and measures, and in their economic capacities, to enable them to set in motion measures to address and contain the virus. These measures are urgently needed to protect their peoples under international human rights law adequately.

The pandemic is also having different, intersectional impacts on the realization of the economic, social, cultural and environmental rights of certain groups that are particularly vulnerable. It is therefore essential that policies be adopted to effectively prevent contagion, as well as social security measures and access to public health care systems that can provide timely, affordable diagnosis and treatment, and give comprehensive, non-discriminatory physical and mental health care to people in a particularly vulnerable situation.

The health systems of the countries of the region have been or may become even more overwhelmed by the magnitude of the COVID-19 pandemic, particularly concerning those living in poverty and who do not have medical coverage if they need medical care or hospitalization.

At this point, there are no known viable pharmaceutical interventions to fight COVID-19. Many countries have introduced containment measures that include quarantine, social distancing or isolation, the closing of schools and businesses, national and international travel restrictions, and guidance on preventive personal and community hygiene.

As to containment measures to address and prevent the effects of the pandemic, the Inter-American Commission on Human Rights (IACHR) has noted that some rights have been suspended or restricted, and in other cases, a “state of emergency” or a “health emergency” has been declared by means of presidential decrees or different legal regulations in order to protect public health and prevent an increase in contagion. Different types of measures have been taken to restrict the rights of freedom of expression, access to public information, individual freedom, the inviolability of the home, and the right to private property; surveillance technology has been used to track the propagation of the coronavirus, and to store data on a massive scale.

In the exercise of its mandate, the IACHR, with the support of its Special Rapporteurs on Economic, Social, Cultural and Environmental Rights, and on Freedom of Expression, hereby adopts the present resolution, standards and recommendations, convinced that the measures adopted by the countries to deal with and contain the pandemic should center on full respect for human rights.

B. PREAMBLE

I. The human right to health and other economic, social, cultural and environmental rights in the context of pandemics

Considering that while all human rights are impacted by the different situations caused by the pandemic, the right to life, health and personal safety, the right to work, to social security, education, food, water, and housing, among other economic, social, cultural and environmental rights, are being severely affected.

Emphasizing that the pandemic and its consequences accentuate the importance of compliance with and observance of international obligations in the area of human rights, and particularly economic, social, cultural and environmental rights, in the economic and policy decisions taken by the States, whether individually or as members of multilateral financial institutions or international organizations.

Recalling that in the context of the pandemic, States have even greater obligation to respect and guarantee human rights in the framework of business activities, including the extraterritorial application of that obligation, in accordance with inter-American standards on the matter.

Recalling that in the specific context of the pandemic, States have the duty to provide incentives for applied research, innovation, and the dissemination of new scientific technologies directly applicable to the fight against the propagation of the pathogen and most particularly to discover new treatment alternatives, making the protection of human life compatible with rules and procedures that regulate intellectual property of such technologies and discoveries.

Recalling that the countries of the hemisphere have recognized the great importance of the protection of economic, social, cultural and environmental rights as an essential condition for democracy, the rule of law, and sustainable development and that health is a human right recognized in the international human rights body of laws.

Noting that pandemics carry the potential of having a serious impact on the right to health, directly and indirectly as the result of the health risk inherent in the acquisition and transmission of the disease, the exposure of health care personnel, and the major impact on social organization and health care systems, swamping general health care.

Underlining that health is a public good that must be protected by all States and that the human right to health is an inclusive right related to the enjoyment of other rights, understanding its basic and social determinants as the set of factors that condition the true exercise and enjoyment of those rights. That the right to health means the right of all persons to enjoy the highest attainable standard of physical, mental and social wellbeing, and that this right includes timely and appropriate health care, as well as the essential, interrelated factors of availability, accessibility, and acceptable quality of health care services, goods and facilities, including medication and the benefits of scientific progress in this area, under equal, non-discriminatory conditions.

Underscoring that the pandemic and its consequences, including containment measures taken by States, have severe impacts on mental health, which is part of people's right to health, particularly with regard to specific high-risk individuals and groups.

Noting that generally speaking, working people and particularly those living in poverty or holding low-wage jobs depend by definition on the income from their jobs in order to survive, and bearing in mind that there are certain categories of jobs that put people at higher risk of having their human rights adversely affected by the pandemic and its consequences, such as health care workers, food production and distribution staff, cleaning, care jobs, and rural workers, or those working in the informal economy, among others.

II. States of emergency, fundamental freedoms and the rule of law

Bearing in mind that democracy and the rule of law are necessary conditions for achieving respect for human rights, and that the legal nature of limitations on those rights may have a direct impact on the democratic systems of States, the Commission reaffirms the fundamental role of the independence and of the actions of the public authorities and oversight institutions, in particular of the judiciary and the legislature, whose operations must be assured even in the context of a pandemic.

Recognizing that under certain circumstances, it may become essential, in order to achieve sufficient social distancing, to restrict the full enjoyment of rights such as the right of assembly and freedom of movement in physical public or community spaces if not absolutely necessary for the provision of essential supplies or medical care.

Noting with particular concern that the restriction of or limitations on certain rights may have a disproportionate impact on the exercise of other rights by certain groups of people, and that additional affirmative measures, therefore, need to be taken to protect these groups, given evidence that the work of the press has been restricted and journalists and human rights defenders covering the pandemic have been arbitrarily detained.

Recognizing the critical role of the press, universal access to the Internet across borders, transparency, and access to public information about the pandemic and the measures taken to contain it and deal with people's basic needs, as well as to preserve the privacy of the people involved and to protect their personal data.

III. Particularly vulnerable groups

Recalling that when issuing emergency containment measures to address the COVID-19 pandemic, the countries of the region should apply an intersectional approach and pay particular attention to the needs and differentiated impact of those measures on the human rights of historically excluded or high-risk groups, such as older people and people of any age who have preexisting medical conditions, persons deprived of liberty, women, indigenous peoples, persons in a state of human mobility, children and adolescents, LGBTI people, people of African descent, persons with disabilities, working people, and people living in poverty and extreme poverty, particularly people working in the informal sector and street people, as well as human rights defenders, social leaders, health professionals, and journalists.

Taking into particular account that, in the context of the pandemic, the care of people who are ill or need special care generally falls basically to women, at the expense of their own personal development or job situation, given that there is a shortage of care institutions and a lack of social and economic recognition of care-giving, which at a time of a pandemic, becomes even more necessary and demanding.

IV. International cooperation and the sharing of good practices

Underscoring that a human rights-based public policy on the prevention, care and containment of the pandemic requires a broad, multidisciplinary approach based on strengthening mechanisms for international cooperation among countries.

Convinced that regional and worldwide coordination is urgently needed in order to defeat the COVID-19 pandemic crisis, to ensure sustainable regional and global efficacy of public policies and different measures that are adopted.

Stressing the importance of having the support, participation and cooperation of individuals and civil society groups, non-governmental organizations, community-based organizations, and the private sector to ensure that the governments' efforts to prevent, contain and treat the pandemic are effective and timely.

Underscoring that the cooperation provided by regional and worldwide organizations such as the IACHR, the Pan American Health Organization (PAHO), and specialized United Nations agencies and bodies through their own mechanisms is key to the coordination of joint efforts and actions by States in the context of the COVID-19 pandemic crisis.

Stating that the IACHR and its Special Rapporteurs are ready and willing to provide technical assistance to governments, regional organizations, social organizations and other institutions in order to strengthen institutions and to formulate, implement and evaluate public policies designed to combat the pandemic in the Americas, with a human rights approach based on relevant inter-American and international standards.

C. OPERATIVE PART

By virtue of the foregoing, and in the exercise of the functions conferred on it by Article 106 of the Charter of the Organization of American States, and in the application of Article 41.b of the American Convention on Human Rights and Article 18.b of its Statute, the Inter-American Commission on Human Rights offers the following recommendations to the governments of the member states:

1. Immediately, and with due diligence, take all urgent measures that may be necessary to protect the rights to life, health and personal safety of individuals within their jurisdictions in the face of the risk posed by the present pandemic. Such measures should be taken on the basis of the best scientific evidence, in accordance with the International Health Regulations (IHR), and the recommendations of the WHO and PAHO as applicable.
2. Immediately adopt an intersectional human rights approach in all of their government strategies, policies and measures to deal with the COVID-19 pandemic and its consequences, including plans for social and economic recovery. They should adhere to unconditional observance of inter-American and international standards on human rights, which are universal, interdependent, indivisible and cross-cutting, particularly economic, social, cultural, and environmental rights.
3. Base their actions in accordance with the following general principles and obligations:
 - a. International commitments in the area of human rights must be honored in good faith and bearing in mind inter-American standards and applicable rules of international law.
 - b. The duty to guarantee human rights requires states to protect human rights with care for the particular need to protect individual people; this obligation involves the duty of States to organize the entire apparatus of government, and in general, all of the structures used to exercise public powers, such that they are able, legally, to ensure the free and full exercise of human rights.
 - c. The duty to respect human rights includes the idea of restricting the exercise of the power of the State, that is to say, it requires all State bodies and employees of the government and public institutions to refrain from violating human rights.
 - d. In the current circumstances of the COVID-19 pandemic, which poses a genuine risk, States should take immediate steps, with all due diligence, to prevent harm to the right to health, personal safety and life. These measures should be focused as a priority on preventing contagion, and providing appropriate medical treatment for those who need it.
 - e. The objective of all policies and measures that are adopted should be based on a human rights approach, which means universality and inalienability; indivisibility; the interdependence and inter-relationship of all human rights; equality and non-discrimination; a gender approach, diversity and intersectionality; inclusion; accountability; respect for the rule of law, and strengthening of cooperation among and between states.

f. Measures taken by States, particularly those that may result in restrictions on rights or guarantees, should follow the *pro persona* principle, and the principles of proportionality, and temporary basis, and should have as their legitimate purpose strict compliance with comprehensive public health and protection objectives, such as proper, timely care for the population, over and above any other consideration or interests of a public or private nature.

g. Even in the most extreme and exceptional cases in which suspension of certain rights may become necessary, international law lays down a series of requirements such as legality, necessity, proportionality and timeliness, which are designed to prevent measures such a state of emergency from being used illegally or in an abusive or disproportionate way, causing human rights violations or harm to the democratic system of government.

Economic, Social, Cultural and Environmental Rights

4. Ensure that measures taken to address the pandemic and its consequences include, on a priority basis, the human right to health and its basic social determinants, which are related to the content of other human rights such as the right to life and personal safety, and other economic, social, cultural and environmental rights, such as access to drinking water, nutritious food, access to means of cleaning, adequate housing, community cooperation, mental health support, and integration of public health services; as well as means of preventing and responding to violence, and ensuring effective social protection, including, among other things, the provision of subsidies, basic rental or other economic support measures.
5. Protect the human rights, and particularly the economic, social, cultural and environmental rights, of working people who are at higher risk of the pandemic and its consequences. It is crucial that measures be taken to ensure that all working people have income and means of subsistence, so that they are able, on an equal footing, to comply with containment and protection measures during the pandemic, as well as have access to food and other essential rights. People who must continue to work should be protected against the risks of contagion, and in general, there must be adequate protection of jobs, wages, freedom of association and collective bargaining, pensions and other social rights related to employment and trade unions.
6. Ensure that an action plan is drawn up to guide the procedures to be followed for the prevention, detection, treatment, control and monitoring of the pandemic based on the best scientific evidence and the human right to health. These procedures should be transparent, independent, participatory, clear and inclusive.
7. Set up places for social participation to assess the impact and outcomes of the measures taken, and thus to make adjustments as necessary to ensure a human rights approach. Also develop national dialogues with the participation of independent experts, national human rights institutions, and the private sector.
8. Ensure non-discriminatory, equitable access to health facilities, goods and services, whether public or private, providing care for people with COVID-19 and groups

disproportionately affected by the pandemic, as well as people with pre-existing disorders that make them particularly vulnerable to the virus. A shortage of resources does not justify any acts of discrimination, whether direct, indirect, multiple or intersectional.

9. Ensure access to medication and health technologies needed to address the pandemic situation, giving particular attention to the use of strategies such as the use of flexibility clauses or exceptions in intellectual property regimes to prevent restrictions on generic drugs, and prevent price gouging of medication and vaccines, abuse of the use of patents or exclusive protection of test results.
10. Ensure the availability and timely provision of sufficient quantities of biosecurity materials, and essential inputs and medical equipment for the use of health care personnel, strengthen their technical and professional training in the management of pandemics and crises of infective diseases, ensure that their rights are protected, and that basic resources to confront this type of health emergency are made available.
11. Improve the availability and quality of mental health services and non-discriminatory access to them in light of the effects of the pandemic and its consequences, including fair distribution of such goods and services in the community, particularly to groups that are more exposed or at greater risk of being affected, such as health care professionals, older people, and people with medical conditions who require specific mental health care.
12. Ensure that all persons in health care in a pandemic situation give their prior informed consent and that they are assured of the privacy and protection of their personal data, ensuring dignified, humane treatment of people who are carriers of or in treatment for COVID-19. Submitting people to medical testing or experimental scientific trials without their consent, freely given, is prohibited.
13. Mobilize available resources to the greatest extent possible, and continually seek out such resources nationally and multilaterally in order to give effect to the right to health and other economic, social, cultural and environmental rights in order to prevent and mitigate the pandemic's effects on human rights, including taking fiscal policy measures to allow for equitable redistribution, including the design of concrete plans and commitments to significantly increase the public budget so as to guarantee the right to health.
14. Ensure that in exceptional cases where measures that limit an economic, social, cultural or environmental right had to be taken, States must make sure that such measures are fully and strictly justified, and that they are necessary and proportionate, taking into account all the rights that are at stake and the proper utilization of the maximum available resources.
15. Take mitigation and care measures that are focused specifically on the protection and guarantee of economic, social, cultural and environmental rights, given the serious direct and indirect impacts that may be caused by the pandemic and infectious disease crises. Economic, policy or other measures that may be adopted should not deepen the inequalities that exist in society.

16. Ensure that there exist mechanisms for accountability and access to justice in the face of possible violations of human rights, including economic, social, cultural and environmental rights, in the context of the pandemic and its consequences, including abuses by private actors and acts of corruption or seizure by the State to the prejudice of human rights.
17. Ensure that the multilateral financial and investment agencies of which countries are members implement specific guarantees to protect human rights in their risk assessments and operations regarding investment projects or monetary loans granted in response to the pandemic and its consequences for human rights, and for economic, social, cultural and environmental rights in particular.
18. Suspend or provide relief for external debt and international economic sanctions that could threaten, weaken or impede countries' efforts to protect human rights in a pandemic situation and the consequences thereof. This will facilitate the timely purchase of essential medical inputs and equipment, and allow for emergency public spending on other economic, social, cultural and environmental rights while not endangering all human rights or efforts made by other countries in this situation, given the transnational nature of the pandemic.
19. Require that businesses respect human rights, adopt due diligence processes in the area of human rights, and hold themselves accountable for possible abuses of and negative impacts on human rights, particularly for the effects that pandemic situations and infectious health crises tend to have on the rights of the most vulnerable people and groups and in general of working people, people with sensitive medical conditions, and local communities. Businesses have a pivotal role to play in these situations, and their conduct must be guided by applicable human rights principles and rules.

States of emergency, restrictions on fundamental freedoms and the rule of law

20. Ensure that any and all restrictions or limitations placed on human rights to protect health in the context of the COVID-19 pandemic comply with the requirements of international human rights law. In particular, such restrictions must comply with the principle of legality, be necessary for a democratic society and therefore be strictly proportionate to achieving the legitimate purpose of protecting health.
21. Ensure that if a state of emergency is declared: i) it must be stated that an exceptional emergency situation does exist, the seriousness, imminence and intensity of which represent a real threat to the independence and security of the State; ii) the suspension of some rights and guarantees is only for a period of time strictly limited to the requirements of the situation; iii) the measures taken are proportionate, that suspension of rights or guarantees is the only means of addressing the situation, and that it cannot be dealt with by the use of the regular powers of government, and that the measures taken do not cause greater harm to the right that is suspended in comparison with the benefit obtained; and iv) the measures taken are not incompatible with other obligations under international law and do not entail any type of discrimination on the basis of, in particular, race, color, sex, language, religion or social origin.

22. Ensure that no emergency measure is, per se or as the result of its effects, discriminatory or counter to international law. A state of emergency must not be used to produce propaganda in favor of war, or serve as an apologia for national, racial or religious hatred, inciting to discrimination, hostility or violence.
23. Refrain from suspending the right to recognition of legal personality; the right to life; the right to personal safety and the prohibition on torture, inhumane, cruel and degrading treatment; the prohibition on slavery and servitude; the principle of legality and retroactivity; freedom of conscience and religion; protection of the family; the right to a name; the rights of the child; the right to a nationality, and political rights.
24. Refrain from suspending appropriate legal proceedings to ensure the full exercise of rights and freedoms, including habeas corpus and *amparo* to monitor the actions of the authorities, including restrictions on personal freedom in that context. These guarantees must be exercised in the framework and under the principles of due process of law.
25. Ensure that the declaration of a state of emergency is made in accordance with the constitution and other provisions governing such a declaration, and that the enjoyment of the rights of which is to be limited be expressly identified, along with the time period and geographical scope justifying such an exception.
26. Immediately, in the event of a suspension of human rights, inform the other States Party to the American Convention, through the Secretary-General of the Organization of American States, of those provisions that have been suspended, the grounds for the suspension, and the date on which the suspension is to end. The Commission recommends to those States that are not Party to the American Convention that they adopt the same practice, as a safeguard against abuse of extraordinary powers during a suspension, and as a good means of demonstrating solidarity and cooperation among member states in respect of measures that may be adopted to deal with the emergency.
27. Ensure that all restrictions or suspensions are based on the best scientific evidence and that prior to adoption and during implementation, consideration be given to the particular effects they may have on the most vulnerable groups, in order to ensure that the impact is not disproportionate, and take such affirmative measures as may be necessary. Any decision or measure taken in this context must take gender, intersectional, linguistic and intercultural perspectives particularly into account.
28. Ensure that there are appropriate means of monitoring arrangements made during an emergency situation. The authorities must reassess on an ongoing basis the need to keep in place each of the temporary suspensions or restrictions that have been adopted.
29. Refrain from restricting the work and movement of journalists and human rights defenders, who perform a key function during a public health emergency by reporting on and monitoring the actions of the State. States should not include communicators in restrictions on movement of people, and are obliged to allow all

media, regardless of their editorial policy, to have access to official press conferences, except for necessary and proportionate measures to protect health. At the same time, States must honor the confidentiality of sources of information, and should assess the particular risks faced by journalists and communications workers, and provide adequate bio-protection measures, and, give them priority access to testing of their own health.

30. Ensure that human rights defenders are able to perform their defense and information work during the pandemic. Refrain from going after or detaining human rights defenders on account of the oversight they provide of the State's actions regarding the pandemic and possible violations of fundamental rights; this includes not bringing civil or criminal actions against them because of their opinions, not detaining them on the basis of overly broad or ambiguous criminal charges, and not exposing them to the risk of being attacked, in person or online.
31. Honor the prohibition on prior censorship and refrain from total or partial blocking of media sites, platforms or private Internet accounts. Ensure that everyone has the broadest possible access to the Internet, and develop affirmative measures to close the digital divide facing vulnerable, lower-income groups quickly. There can be no justification for the imposition of restrictions on access to the Internet for reasons of public order or national security.
32. Ensure the right to access public information in the framework of the emergency caused by COVID-19, and not set general limits based on reasons of security or public order. The bodies and officials that guarantee this right should give priority to requests for access to information related to the public health emergency, and also proactively report in detail on the impact of the pandemic and on emergency spending, and do so in an open format accessible to all vulnerable groups, in accordance with best practices internationally. If deadlines for requests for information on matters not linked to the pandemic have to be extended, governments should explain the denial, set a time period in which the obligation will be met, and allow for appeals against such decisions.
33. Ensure that any ultimate responsibility for the dissemination of information or opinions, based on the protection of public health interests - even temporarily - be established in law, in a way proportionate to the compelling interest behind it, and that it is strictly geared to the achievement of that legitimate objective.
34. Senior government officials should take special care when making statements or declarations about the evolution of the pandemic. In current circumstances, it is the duty of the authorities to inform the population, and as they do so, they must act with diligence and give reasoned reports that are science-based. They should also remember that they are exposed to greater scrutiny and to public criticisms, even during special periods. Governments and Internet companies must counter and be transparent about any misinformation circulating about the pandemic.
35. Protect the right to privacy and personal data, particularly sensitive personal information on patients and people being tested during the pandemic. Governments, health providers, businesses and other economic actors involved in the efforts to contain and treat the pandemic must obtain the consent of such persons when

gathering or sharing their sensitive data. Personal data gathered during the emergency must only be stored for the limited purpose of combatting the pandemic, and the data must not be shared for commercial or other purposes. People affected and patients shall retain their right to delete their sensitive data.

36. Ensure that if digital surveillance tools are used to determine, monitor or contain the expansion of the epidemic or to trace people infected, they must be strictly limited, both in terms of time and purpose, in order rigorously to protect individual rights, the principle of non-discrimination, and fundamental freedoms. States must disclose the surveillance tools they are using and their purpose and should put in place machinery for the independent oversight of the use of these surveillance technologies, as well as secure channels and mechanisms for reporting claims and complaints.
37. Ensure that no arbitrary detentions are carried out during the time a state of emergency is in effect or when restrictions are placed on the movement of persons, and see to it that all arrests are made with proper judicial control, in accordance with the standards.

Particularly vulnerable groups

38. When adopting measures to address, treat and contain the COVID-19 pandemic, consider differentiated approaches to ensure that the rights of particularly vulnerable groups are honored; and to mitigate the different types of impacts these measures may have.
39. Ensure that high-ranking authorities promote efforts to eliminate stigma and negative stereotypes about certain groups of people that may arise during the pandemic.

Older persons

40. Prioritize including older persons in programs to address the pandemic, particularly access to COVID-19 testing, timely treatment, access to medication and necessary palliative care, ensuring that they give prior informed and free consent, and bearing in mind particular situations such as membership of indigenous peoples or people of African descent.
41. Take the measures needed to prevent contagion of COVID-19 among older people in general and particularly among those in long-stay homes, hospitals and prisons, and provide humanitarian aid to ensure that they have food, water and sanitation; also set up areas to receive people living in extreme poverty, street people and the disabled.
42. Reinforce in this context measures to monitor violence against older people, whether it be within the family, in long-stay care homes, hospitals or prisons, and provide access to complain mechanisms.
43. Ensure that medical protocols and decisions about medical resources and treatment related to COVID-19 are implemented without discrimination due to age, paying

particular attention to older people who are disabled or have chronic conditions or disorders, patients with HIV or AIDS and those who require regular medication and care, such as, *inter alia*, patients with diabetes, hypertension, senile dementia, and Alzheimer's disease.

44. When implementing contingency measures, consider the necessary balance between protection against COVID-19 and the particular need for older people to connect with their families, particularly those who are alone or are in long-term residencies, and offer alternative means of connecting them with their families such as phone or Internet communications, bearing in mind the need to close the digital divide.

Persons Deprived of Liberty

45. Take measures to address overcrowding in prisons, including reassessing cases of preventive detention in order to identify those whose status may be converted to that of an alternative to incarceration, prioritizing people with greater health risks of possible COVID-19 contagion, chiefly older persons and women who are pregnant or lactating.
46. Ensure that in the case of persons at risk for the pandemic, requests for prison privileges and alternatives to a sentence of incarceration be assessed. In the case of persons convicted of serious human rights violations or crimes against humanity, bearing in mind the legal interest at stake, the seriousness of the facts of the case, and the State's obligation to punish those responsible for such violations, such assessments require closer analysis and more stringent requirements, adhering to the principle of proportionality and the applicable inter-American standards.
47. Adapt the conditions of detention of people deprived of liberty, particularly concerning food, health, sanitation and quarantine measures to prevent COVID-19 contagion inside the prison, and in particular ensuring that all prison units have medical care available.
48. Establish protocols to ensure security and good order in prison units, in particular, to prevent acts of violence related to the pandemic, adhering to inter-American standards on the matter. Also ensure that all measures to limit contact, communications, visits, release and educational, recreational or employment-related activities are taken very carefully after a strict review of proportionality.

Women

49. Include a gender perspective, based on an intersectional approach, in all government responses to contain the pandemic, taking into account the different contexts and conditions that could increase the vulnerability to which women are exposed, such as, *inter alia*, economic difficulties, age, status as a migrant or displaced person, disability, incarceration, ethnic or racial origin, sexual orientation, and gender identity and/or expression.
50. Ensure that women hold decision-making positions in committees and working groups that may be set up in response to the COVID-19 health crisis, and ensure that

a gender perspective is included in the design, implementation, execution and monitoring of measures and policies adopted in response to this health crisis. In particular, incorporate a cross-cutting gender perspective, in light of the context and conditions that magnify the effects of the crisis, such as economic difficulties, status as a migrant or displaced person, incarceration, and ethnic or racial origin, among other things.

51. Enhance services that provide a response to gender violence, particularly violence within the family and sexual violence during confinement. Reformulate the traditional response mechanisms by adopting alternative channels for communication and strengthening community networks to expand complaint mechanisms and protection orders during the period of confinement. Also, develop protocols for care, and build the capacities of security officers and justice personnel involved in the investigation and punishment of acts of violence within the family. Distribute guidance on the management of such cases to all government institutions.
52. Offer differentiated care to female health care professionals working as front-line responders to the COVID-19 health crisis. In particular, offer them adequate resources to help them do their job, mental health care, and means of reducing their double workload as professionals and as homemakers.
53. Guarantee the availability and continuation of sexual and reproductive health services during the pandemic crisis, and particularly step up comprehensive sex education measures and the distribution via accessible media of information in readily understandable language to reach the broad diversity of women.

Indigenous peoples

54. Provide information about the pandemic in their traditional language, and where possible, provide intercultural facilitators who can help them clearly understand the measures the State has taken and the effects of the pandemic.
55. Respect unconditionally non-contact with indigenous peoples or groups who are in voluntary isolation, given the very severe impact that contagion with the virus could have on their livelihood and survival as a people.
56. Take utmost measures to protect the human rights of indigenous peoples in the context of the COVID-19 pandemic, bearing in mind that these groups are entitled to receive health care that is culturally appropriate, and that takes into account traditional preventive care, healing practices, and traditional medicines.
57. Refrain from introducing legislation and/or moving forward to carry out production and/or extractive projects in the territories of indigenous peoples during the period the pandemic may last, given the impossibility of conducting prior informed and free consent processes (due to the recommendation of the World Health Organization (WHO) that social distancing measures be adopted) provided for in ILO Convention 169 and other pertinent international and national instruments.

Migrant persons, asylum seekers, refugees, stateless persons, victims of human trafficking, and internally displaced persons

58. Avoid the use of strategies of detention of migrants and other measures that may increase the risk of contagion and propagation of the disease caused by COVID-19 and the vulnerability of migrant people, such as deportations or mass expulsions, or any form of return without proper coordination and verification of the corresponding health conditions, ensuring that these people and their families can preserve their right to health without discrimination of any kind. Mechanisms should quickly be put in place to free people who are currently in detention centers.
59. Refrain from taking measures that may hinder, intimidate or discourage people who are in a migrant situation from having access to programs, services and policies to respond to the COVID-19 pandemic, such as migrant controls or repression around hospitals or shelters, and the sharing of information between hospital services and law enforcement migration authorities.
60. Guarantee the right to return and migrant return to a person's state or territory of origin or nationality, through cooperation, exchange of information and logistical support between the States concerned, paying heed to the required health protocols, and giving particular attention to the right of stateless persons to return to the countries where they usually reside and ensuring the principle of respecting the family unit.
61. Take steps to prevent and combat xenophobia and the stigmatization of people who are in a migrant situation in the context of the pandemic, and conduct awareness campaigns and other communications tools; develop protection and care protocols and procedures specifically targeted at migrant and refugee children and adolescents, and provide specific mechanisms for assistance to those who are alone or separated.
62. Expressly include migrant populations in economic recovery policies and actions that become necessary throughout the crisis produced by the pandemic.

Children and adolescents

63. Reinforce protection for children and adolescents, most notably for those who are not cared for by their families and who are in care institutions, and prevent COVID-19 contagion by implementing measures that take into account that they are still developing, and that look as broadly as possible to their best interests. Protection should, to the extent possible, ensure that family and community ties are maintained.
64. As to the right to education, States should make available mechanisms that will allow children and adolescents to continue to have access to education and age-specific stimuli. In particular, States should provide tools to enable responsible adults to engage in activities with their children, favoring the strengthening of family ties, and preventing violence at home. Ensure that children with disabilities can, without exception, access online education with systems of support, communications strategies, and accessible content.

65. Take steps to prevent abuse and violence within the family, make available complaints mechanisms, and act with due diligence on complaints that are made.
66. With regard to residential care homes, States should review their current special protection measures, and promote reuniting children and adolescents with their families where possible, provided that such measure is not contrary to their best interests. Prevention of contagion within these units must be ensured, and emergency protocols for teams and individuals who have children in their care must be established.
67. Pay particular attention to children and adolescents who live in the streets or in rural areas. Special care measures must give consideration to economic and social conditions and take into account that the effects of the pandemic on groups of children and adolescents are different depending on their social context, including the question of the digital divide. The Commission recommends that States use the communications media to ensure that all children and adolescents have access to education without discrimination of any kind.

LGBTI persons

68. Ensure that LGBTI persons, and especially transgender people who find themselves in a cycle of poverty, exclusion, and lack of access to housing, are included in the formulation of social assistance policies during the pandemic, including access to safe housing and shelters, as well as in the development of potential economic reactivation measures.
69. Adopt or strengthen health care protocols and complaint procedures for LGBTI persons, including children and adolescents, that take account of prejudice, discrimination and violence in their homes in the context of social distancing or quarantine.
70. Adopt or strengthen policies to ensure that gender identity is respected in hospitals, and ensure that medical services continue to be provided to transgender people.
71. Conduct campaigns to prevent and combat homophobia, transphobia and discrimination based on sexual orientation, ensuring that the right to gender identity is protected. Such campaigns should be geared particularly to government health care and security personnel who are responsible for health care and containment of the pandemic.

Persons of African descent

72. Prevent the excessive use of force based on ethnic or racial origin and racial profiling during states of emergency or curfews put in place on account of the pandemic.
73. Implement economic support measures, bonus payments, subsidies, and others for people of African descent and tribal communities living in poverty or extreme poverty, and other particularly vulnerable situations in the context of the pandemic.

74. Make sure that the records of people who are infected, hospitalized or who died due to the COVID-19 pandemic include data disaggregated by ethnic or racial origin, gender, age and disability.
75. Ensure that people of African and tribal descent have timely access to comprehensive public health services, and use an intercultural approach to ensure that they receive clear, inclusive and readily-understandable information on the medical procedures they will be undergoing.

Persons with disabilities

76. Ensure that people with disabilities receive preferential medical care without discrimination, even in cases where medical resources are rationed.
77. Ensure that people with disabilities participate in the design, implementation and monitoring of measures adopted to address the COVID-19 pandemic.
78. Adapt the physical facilities in prisons and health care institutions, both public and private, to ensure that people with disabilities can enjoy the greatest possible independence, and make use of measures such as social isolation and frequent handwashing, among other things.
79. Make reasonable adaptations and provide the necessary support to ensure that persons with disabilities can exercise their human rights equally in the context of isolation or containment measures.
80. Use accessible communications strategies to inform people about the evolution, prevention and treatment of COVID-19.

International cooperation and the sharing of good practices

81. Comply with the commitment to take steps, both domestically and through international cooperation, to ensure the right to health, and economic, social, cultural and environmental rights, and the entire body of human rights in the context of a pandemic and its consequences, in accordance with general rules of international and inter-American law.
82. Encourage and promote broad, effective dialogue at the international level in an effort to establish and consolidate the sharing of good practices successful strategies, y human rights-based public policies, timely information, and challenges in dealing with the global crisis caused by the outbreak of the COVID-19 pandemic. Such dialogue should be conducive to full participation by groups and sectors most affected by the pandemic, including, among others, civil society, national human rights agencies, academia, and experts and institutions that specialize in economic, social, cultural and environmental rights, public and global health, and the right to development.
83. Convene a regional technical event to set overall protocols for the handling of data and information on the pandemic, to ensure that statistics that are gathered are

standardized. Also, encourage civil society to join forces regionally by promoting and participating in international coordination and dialogue discussions.

84. Promote technical cooperation mechanisms as tools for facilitating joint action with the States, and to state their willingness to provide technical assistance in relevant areas in order to ensure implementation of a human rights policy approach, access to funds to strengthen the protection of human rights, and plans and strategies to address the pandemic crisis.
85. Use the mechanisms of the Inter-American Commission on Human Rights and its Special Rapporteurships to promote, protect and provide technical assistance as tools to reinforce government efforts to address the challenges posed by the health crisis.