

COVID-19

Promoting health equity, gender and ethnic equality, and human rights in COVID-19 responses: Key considerations

Rationale

The COVID-19 pandemic affects diverse groups of women and men differently. The risks and consequences are disproportionately felt by certain groups, especially those living in situations of vulnerability and those who experience discrimination. It is vital that country responses to COVID-19 consider equity, gender, ethnicity, and human rights perspectives to:

- prevent the expansion of inequalities;
- account for the everyday lived realities of different groups that may affect the success of measures.

Objectives

- To function as a “first port of call” for national health policy makers to support their efforts to integrate and enhance equity, gender, ethnicity and human rights considerations and approaches into measures responding to COVID-19;
- To complement PAHO’s technical documents on COVID-19, and provide links to sources of related information and guidelines.

Usage

- **Address all considerations holistically:** Each thematic area complements and is indivisible with one another.
- **Check back regularly:** This resource is a living document. It will be updated as additional information, resources, and analysis become available.
- **Contents:** This list of key considerations is divided into five sections: Key messages, Equity considerations, Gender considerations, Ethnicity consideration, and Human rights considerations.

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Key messages for COVID-19 country responses

1. Consider health equity, and underlying inequalities, within all COVID-19 responses, including “health equity” as an explicit objective.
2. Identify populations living in conditions of vulnerability in the delivery of testing, health care, and measures to mitigate negative impacts of quarantine and illness.
3. Account for discrimination based on ethnicity, gender and gender identity, sexuality, class, geography, and/or disability as a key factor in access to health and to health outcomes in the context of COVID-19. Discrimination can subject people in these groups to a higher risk of infection, limit their access to services, undermine broader COVID-19 responses, and exacerbate the underlying inequities.
4. International human rights law recognizes the possibility of instituting restrictions on certain human rights during public health emergencies. Related human rights guidelines are articulated in the UN Committee on Economic, Social and Cultural Rights General Comment 14 (2000) and the International Covenant on Civil and Political Rights (ICCPR) (1976), and expounded by the Siracusa Principles (1984), according to which any such restrictive measures should be in accordance with the law; pursue a legitimate aim; proportionate; and not arbitrary or discriminatory.
5. Disaggregated data, analysis, and use of information will help ensure that responses are effective and differentiated, according to the needs of diverse populations.
6. Dedicated additional or adapted interventions are likely to be required to mitigate the impact of COVID-19 and its response on existing inequalities and to prevent those that may arise as a result of COVID-19.
7. The principles of participation and consultation in decision making should be respected in the development and implementation of measures, to the degree possible in the COVID-19 context.
8. The principles of Universal Health should be maintained and reinforced not only in the provision of health care for all but also in addressing barriers for groups in situations of vulnerability and addressing the proximal determinants of health, such as housing, education, income, and employment.
9. Following the emergency, it will be important to carry out interdisciplinary research to reveal inequities and inequalities in COVID-19 preparedness, responses, and impacts in order to plan for dedicated investments to redress the social and economic fallout and prevent them in future public health emergencies.

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Health equity considerations

1. Targeted and adapted actions to enable access to COVID-19 health services for populations in situations of vulnerability

- Identify populations in situations of vulnerability by reviewing existing data on health inequalities among ethnic groups, by gender, income, geography, and capacity in the country at national and local levels.
- Develop and implement additional actions to reduce barriers to access to COVID-19 health services for diverse groups according to their specific needs, particularly for populations in situations of vulnerability, including:
 - Emergency policies, plans, and guidelines to address financial barriers to COVID-19 health services, including, for example, avoiding out-of-pocket payments, user fees, and catastrophic expenditure;
 - Decentralized testing and care facilities to provide access to geographically dispersed populations and to facilitate transportation to testing for those with suspected cases.
- Reach out to, account for, and collect and analyze data on those populations with a disproportionate burden of risk factors and co-morbidities due to past and present health inequities, social exclusion, and discrimination.
- Introduce adaptations and special measures in policies for those whose circumstances make containment and quarantine difficult, especially those with unstable incomes and living conditions, including:
 - Measures to mitigate the burden of rent and mortgage payments, avoid evictions by landlords and financial institutions, and for the provision of support and shelter for the homeless;
 - Redistributive actions to protect the vulnerable, such as sick leave and financial protection for COVID-19, as well as safety nets for vulnerable households and measures to mitigate unemployment;
 - Special measures that account for differences in ability to access distance learning and telework technologies to guarantee the continuation of and access to education and employment.

2. Data collection, data analysis, and mitigation of detected inequalities built into COVID-19 emergency measures

- Dedicate resources to collecting data on how populations in situations of vulnerability (disaggregated by sex, age, ethnicity, income, and geography) are accessing services, and analysis of outcomes (morbidity and mortality) by vulnerability.

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- Conduct data analysis to identify where health inequalities are being created or exacerbated and to measure the possible health equality impacts of emergency measures, in particular measures under consideration for adoption or adaptation from another country context.
 - Allow flexibility to adjust emergency health sector and government-wide measures and to institute changes in response to ongoing data collection and analysis to mitigate inequalities exacerbated in their implementation.
- 3. Employment of a multi-method approach to mitigate the short-term impacts of the COVID-19 emergency quarantine**
- Distribute subsidies to populations in situations of economic vulnerability due to the loss of formal and informal work and shuttered small and medium-sized businesses.
 - Pursue methods to extend the reach of existing social safety net programs (e.g., public health care or insurance) and policies to fund extraordinary measures to increase social protection and social safety net funding for the duration of the emergency and for a subsequent necessary period of time.
- 4. Longer-term planning to address the negative economic and health impacts post-quarantine**
- Balance short- and long-term planning and make preparations to fund and implement essential social and economic policies to shore up the Region's economies immediately following the quarantine.
- 5. Formalization of durable platforms for multisectoral action to increase address of the determinants of health and to achieve health equity**
- Provide support to facilitate cooperation between and among ministries of health and non-health sectors for the creation of durable multisectoral coordination mechanisms across ministries that can later be made available to support continued collaboration to address the determinants of health and to advocate for the inclusion of health equity in non-health sector policies.

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Equity resources and links

ECLAC. COVID-19 Observatory in Latin America and the Caribbean. Economic and social impact. Available at: <https://www.cepal.org/en/topics/covid-19>

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Global Partnership to End Violence against Children (8 April 2020). Leader's Statement. Violence against children: A hidden crisis of the COVID-19 pandemic. Available at: www.who.int/docs/default-source/coronaviruse/ending-violence-in-a-time-of-covid-19---join-statement.pdf?sfvrsn=1cbd99f0_2

ILO (2020). COVID-19 and the world of work: Impact and policy responses. ILO Note issued on 18 March. Geneva. Available at: www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf

IMF (2020). Policy responses to COVID-19: Policy tracker by country. Available at: www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19

PAHO/WHO (2017). The Sustainable Health Agenda for the Americas 2018–2030: A call to action for health and well-being in the region. Available at: <https://iris.paho.org/handle/10665.2/49170>

UNU-WIDER (April 2020). WIDER Working Paper 2020/43. Estimates of the impact of COVID-19 on global poverty. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/wp2020-43.pdf>

World Bank (2018). Poverty and shared prosperity 2018: Piecing together the poverty puzzle. World Bank. Available at: <http://documents.worldbank.org/curated/en/104451542202552048/pdf/132029-REVISED-PUB-PUBLIC.pdf>

WHO (2016). Working for health and growth: Investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth. Available at: <http://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf?sequence=1>

WHO (2017). Health employment and economic growth: An evidence base. Available at: www.who.int/hrh/resources/WHO-HLC-Report_web.pdf

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Gender considerations

1. Data registration analysis and use to ensure gender-sensitive responses

- Disaggregate data by sex and analyze to explain and interpret the gender dynamics of COVID-19 to guide country responses, including conducting surveillance and specific data reviews on testing outcomes, transmission rates (including health workers' infections), morbidity and mortality, hospitalization rates, access to health services, and risk factors.

2. Protecting and providing gender-specific responses

- Implement measures to specifically address women's dual burden and increased exposure and risk to COVID-19 and unfavorable mental health outcomes as key frontline healthcare workers and care providers, including improved access to information and personal protection equipment and promotion of flexible work arrangements.
- Include specific interventions to prevent and address gender-based violence including sexual violence and exploitation, especially under stay-at-home policies.
- Maintain women's economic empowerment in terms of income generation and livelihoods by provision of direct compensation to informal workers, including health and domestic workers and others in the sectors most affected by the pandemic, bearing in mind the over-representation of women in these sectors.
- Introduce measures that use the situation as an opportunity to promote the reevaluation of caregiving roles and transformation in family responsibilities toward co-responsibility and gender equality, as a means to mitigate the exacerbation of the unpaid care burden by containment measures.
- In responses and communication strategies, consider the ways in which COVID-19 risk factors disproportionately affect men due to co-morbidities and access to health services that are related to constructions of masculinities.
- Continue to prioritize and direct resources to sexual and reproductive health services in the context of the emergency, with particular attention to hidden, increased, or prohibitive costs and additional barriers to accessing these essential health services in the context of the emergency and/or its containment.

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3. Participatory approaches to ensure the inclusion of the gender-related needs of diverse groups of women and men

- Adapt virtual, rapid consultations to include organizations and leaders representing diverse groups of women and men (e.g., LGBT, indigenous groups, and Afro-descendant populations, religious minorities, and migrants). Use such consultations to identify gender-differentiated vulnerabilities, capacities, and potential barriers and to promote the incorporation of the opinions, interests, contributions, and proposals of diverse groups into inclusive and safe response strategies to COVID-19.
- Incorporate women's voices in decision making around outbreak preparedness and response, including the design of communication strategies and the identification of community roles and needs during the pandemic.
- Ensure participation of women in the analysis of the gendered impacts of the pandemic and in the design of rehabilitative actions to address the gendered needs of women and men, as well as recovery and economic and social redress.

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Gender resources and links

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www.paho.org/clap/images/PDF/COVID19embarazoyreciennacido/COVID-19_embarazadas_y_recin_nacidos_CLAP_Versin_27-03-2020.pdf?ua=1

WHO (March 2020). COVID-19: Operational guidance for maintaining essential health services during an outbreak. Available at: www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

WHO (April 2020). COVID-19 and violence against women: What the health sector/system can do. Available at: <https://apps.who.int/iris/handle/10665/331699>

UNFPA (March 2020). COVID-19: A gender lens: Protecting sexual and reproductive health and rights, and promoting gender equality. Technical Brief. Available at: www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf and in Spanish <https://lac.unfpa.org/sites/default/files/pub-pdf/1COVID-19%20Guidance%20Note-final%20layout.pdf>

UN WOMEN, UNFPA, UNDP, UNODC, and WHO. Essential services package for women and girls subject to violence. Available at: www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence

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PAHO (2005). Gender Equality Policy. Available at: <http://www.paho.org/hq/dmdocuments/2009/PAHOGenderEqualityPolicy2005.pdf>

PAHO (2010). Plan of Action for Implementing the Gender Equality Policy. Available at: www.paho.org/hq/index.php?option=com_content&view=article&id=1983:2009-plan-action-implementing-gender-equality-policy&Itemid=3582&lang=en

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UNFPA (March 2020). Adolescents and young people & coronavirus disease (COVID-19).

Preparedness and response UNFPA Interim Technical Brief. Available at:

www.unfpa.org/resources/adolescents-and-young-people-coronavirus-disease-covid-19

UNFPA (March 2020). Sexual and reproductive health and rights, maternal and newborn health & COVID-19. Preparedness and response UNFPA Interim Technical Brief. Available at:

www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-maternal-and-newborn-health-covid-19-0

The Lancet. Editorial published April 11, 2020. “The gendered dimensions of COVID-19.” Available at:

[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30823-0/fulltext?dgcid=raven_jbs_etoc_email](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30823-0/fulltext?dgcid=raven_jbs_etoc_email)

The Lancet. “Centring sexual and reproductive health and justice in the global COVID-19 response.” Article by K. Stidham Hall, G. Samari, S. Garbers et al. Available at:

[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30801-1/fulltext?dgcid=raven_jbs_etoc_email](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30801-1/fulltext?dgcid=raven_jbs_etoc_email)

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Ethnicity considerations

1. Cultural adaptation as well as translation to indigenous languages of messages to prevent COVID-19

- Adopt intercultural approaches to ensure that key messages effectively reach communities, including translation into indigenous language and to forms of communication that are understood by the community, taking into account the different understandings of health, life, well-being and death among other issues and the need to adapt measures to indigenous and Afro-descendant cultural norms and practices.

2. Engagement in intercultural actions across sectors to address social determinants of health affecting COVID-19 prevention among indigenous and Afro-descendant people

- Ensure protection and control of territories; food, water, soap, or sanitizer availability; and respect of traditional medicine for the use of plants in any practices related to their health, including hand washing.
- Take specific actions to protect indigenous and Afro-descendant people living outside their territories, including but not limited to those living in marginalized areas and those displaced by violence, as well as migrants, including those who have migrated for economic reasons.

3. Participation of indigenous and Afro-descendant networks and leaders in decision making around COVID-19 measures

- Use existing tools and measures, such as knowledge dialogues, adapted to the emergency circumstances of the COVID-19 response, to ensure the participation of indigenous and Afro-descendant communities in any decisions affecting their health.
- Engage leaders and other key members of indigenous and Afro-descendant communities (e.g., women, youth, and elderly) to ensure effective actions affecting their communities are taken.

4. Intercultural approaches to COVID-19 response

- Conduct an analysis of existing traditional medicine and practices that are used by indigenous and Afro-descendant communities to face certain health issues that could or not be contrary to COVID-19 preventive measures.

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- Involve traditional healers and other members of the community with health authorities for preventive mechanisms and accurate information as well as testing and containment measures, taking into account analysis of existing traditional medicine and practices, on the basis of mutual respect and equality.
- Conduct an analysis of existing cultural norms and practices at the community level to formulate adequate and adapted approaches for testing and treatment strategies as well as containment and quarantine measures to prevent the spread of the virus (e.g., in some communities it is culturally accepted to live in a very limited space that may make it difficult to accept specific recommendations on confinement).

Ethnicity resources and links

PAHO (2014). Recommendations for engaging indigenous peoples in disaster risk reduction.

Available at:

www.paho.org/disasters/index.php?option=com_docman&view=download&category_slug=books&alias=2401-recommendations-for-engaging-indigenous-peoples-in-disaster-risk-reduction&Itemid=1179&lang=en

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PAHO (2019). Guidance note on health disaster risk management with indigenous peoples. Available at: <https://iris.paho.org/handle/10665.2/51383>

PAHO (2019). Strategy on Ethnicity and Health. Available at:

<https://iris.paho.org/handle/10665.2/51744>

United Nations Permanent Forum on Indigenous Issues (April 2020). Message from the Chair of the Permanent Forum on Indigenous Issues to ensure indigenous peoples are informed, protected and prioritize during the global COVID-19 pandemic. Available at:

http://www.un.org/development/desa/indigenous-peoples-es/wp-content/uploads/sites/34/2020/04/UNPFII-Chair-statement_COVID19.pdf

United Nations Department of Economic and Social Affairs. COVID-19 and indigenous peoples.

Available at: www.un.org/development/desa/indigenouspeoples/covid-19.html

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Human rights considerations

1. Universal access to health services should be implemented within a human rights framework

- Provide access to testing related to COVID-19, without discrimination on any grounds.
- Ensure availability of treatment, without discrimination on any grounds.
- Establish clear triage policies, based on clinical assessment, medical need, scientific evidence, and ethical principles to guide medical personnel to manage decisions regarding allocation of scarce resources.
- Ensure access to basic healthcare including for non-COVID-related emergencies.

2. Implementation of the right to information

- Provide regular, timely, and accurate information to the public, including: status of the pandemic; preventive health measures; explanation of the rationale, scope, and limits of any restrictive or other measures imposed. Update this information regularly and make it widely available.
- Make such information broadly available in multiple languages, and accessible to people with vision, hearing, learning, and other disabilities.

3. Considerations on limitation/suspension of certain human rights, which may be necessary

- Restrictive measures implemented should be in accordance with Article 3 of the International Health Regulations (2005), which require respect of the dignity, human rights, and fundamental freedoms of persons.
- Restrictive measures that limit civil and political rights must be monitored to ensure they are strictly necessary to respond to COVID-19 and are aligned with the principles of reasonability, proportionality, and duration.

4. Special measures should be implemented to ensure that vulnerable groups are not left behind in COVID-19 response

- The right to health is closely related to and dependent upon the realization of other human rights, including the rights to food, housing, work, education, non-discrimination, access to information, and the freedom of movement. These and other rights and freedoms are integral components of the right to health.

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- Special measures related to other human rights should be implemented, for example, rights related to housing (e.g., suspension of mortgages, rent payment, and safe and adequate shelter for homeless), food (e.g., distribution and access to food for people in situations of vulnerability), and education (e.g., access to computers and internet and food in lieu of school meals).
- Implement measures to support and provide adequate personal protective equipment to health workers.
- Implement measures to prevent people from getting infected and protect the life and right to health of persons in overcrowded prisons, long-term care facilities, and nursing homes.
- Implement measures to protect women and children from violence, providing violence-related protective services, expanding helplines and the use of technology, and providing innovative ways to request restraining orders from police and the courts.
- Implement measures to facilitate access to information, social services, and health services for older people and people with disabilities.
- Implement measures related to social protection aimed to replace loss of income.

Human rights resources and links

Committee on Economic, Social and Cultural Rights. [Available at: http://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx](http://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx)

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WHO. Addressing human rights as key to the COVID-19 response. Available at: www.who.int/publications-detail/addressing-human-rights-as-key-to-the-covid-19-response

United Nations Special Rapporteur on the rights of persons with disabilities ([17 March 2020](#)). “COVID-19: Who is protecting the people with disabilities? – UN rights expert.” <https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=S>

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UNFPA (March 2020). COVID-19: A gender lens. Protecting sexual and reproductive health and rights, and promoting gender equality. Technical Brief. Available at: www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

and in Spanish <https://lac.unfpa.org/sites/default/files/pub-pdf/1COVID-19%20Guidance%20Note-final%20layout.pdf>

UN Human Rights. UN experts say:

- “UN experts call for urgent action to mitigate heightened risks of violence against children”
www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25778&LangID=E
- No exceptions with COVID-19: “Everyone has the right to life-saving interventions”
www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E
- “COVID-19: Who is protecting the people with disabilities?”
www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E

Special Rapporteur on the right to adequate housing

- COVID-19 Guidance Note: Protection for those living in homelessness
www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_guidance_homeless.pdf
- COVID-19 Guidance Note: Prohibition of evictions
www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_guidance_informal_settlements.pdf
- COVID-19 Guidance Note: 1 Protecting renters and mortgage payers
www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_guidance_rent_and_mortgage_payers.pdf

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Resources on the PAHO website

COVID-19 & Health Topics

www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19/covid-19-health-topics

COVID-19 Situation in the Region of the Americas

www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19

Technical Documents - Coronavirus Disease (COVID-19)

www.paho.org/en/technical-documents-coronavirus-disease-covid-19

Universal Health

<https://www.paho.org/en/universal-health>

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