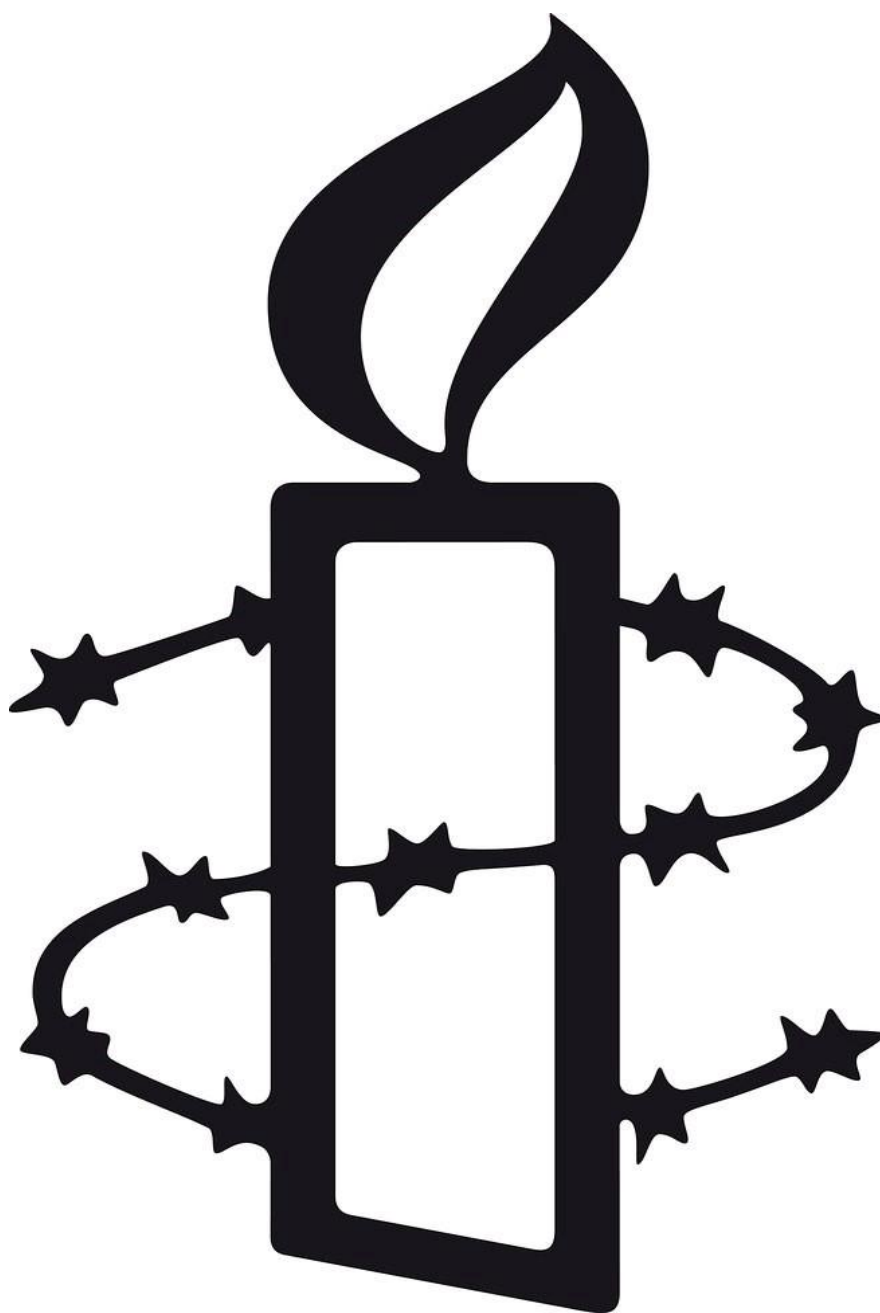




EASTERN EUROPE AND CENTRAL ASIA CONFRONTED WITH COVID-19

RESPONSES AND RESPONSIBILITIES

AMNESTY
INTERNATIONAL



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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. The response of governments in Eastern Europe and Central Asia¹ has ranged from the introduction of strict measures to stop the spread of the virus to official denial thus placing populations at risk.

This is a challenging time for countries trying to respond to the spread of the virus, however, human rights must be at the centre of all prevention, preparedness, containment and treatment efforts in order to best protect public health and support the groups and people who are most at risk. All states in Eastern Europe and Central Asia have committed to fulfilling the right to the highest attainable standard of 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. As is the case throughout the world, the poor and the disadvantaged are more vulnerable to the adverse consequences of the pandemic. These include people, who live in informal settlements with limited access to water and sanitation; people held in prisons and other detention facilities, as well as institutions, such as nursing homes and mental health facilities, and people who are homeless – these are all groups with limited or no access to sanitary products or resources to implement preventive measures such as frequent hand-washing, physical distancing and isolation. Millions of people in the region also living in sub-standard housing with limited access to running water and sanitation. Governments must put in place measures to ensure that their right to health is protected.

In most countries in Eastern Europe and Central Asia, governments have passed emergency laws to tackle Covid-19, and some have invoked States of Emergency. These measures 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.

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 as well as lesbian, gay, bisexual, transgender and intersex (LGBTI) people in the region 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. Governments in Eastern Europe and Central Asia have often failed to live up to their human rights' obligations and as measures are introduced to control the spread of the virus there is an increasing tendency to fall back on heavy handed policing and repressive measures that violate basic human rights.

This list of “Dos” and “Don’ts” could serve as guidance in their responses to the pandemic.

¹ The region includes all the countries of the former USSR excluding the Baltic States of Estonia, Latvia and Lithuania.

DO PROTECT THE RIGHT TO HEALTH

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 the highest attainable standard of 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. These steps may also include utilizing and actively engaging with volunteers' networks which support the public healthcare systems including via fundraising for and delivering necessary equipment. Inadequate financing of healthcare systems in many Eastern European and Central Asian countries has led to shortages of qualified medical staff, hospital facilities, essential medical equipment and medications.

Since 2010 Russia's, widely criticised "optimisation" reform² of the healthcare service combined with low budgetary spending on healthcare (forecast at 2.9 % of the GDP for 2020-2022³) has led to a sharp reduction in the number of hospitals and local health clinics. This has had a negative impact on the accessibility of healthcare services. The "optimisation" has also exacerbated pre-existing shortages of medical personnel, necessary equipment and drugs.

From the very start of the COVID-19 pandemic in Russia there has been a shortage of personal protection equipment (PPE) for medical personnel. Dozens of doctors and nurses from across the country have publicly complained about the lack of PPE. In many cases those who dared to complain were threatened with disciplinary measures and called to the prosecutor's office for questioning (see below).

In Kazakhstan and Uzbekistan medical personnel and health care assistants have been disproportionately affected by Covid-19. In Namangan region in Uzbekistan for example 90% of those hospitalised with the infection are health care staff. Kazakhstan has seen 182 medical personnel infected in just one hospital in Almaty.

While prevention, treatment and control of the COVID-19 pandemic remains the main priority for the national healthcare systems, states must take steps to maintain continuity of essential healthcare services.⁴ 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 contraception and 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.

In this context, reports from Russia of patients being discharged from hospitals before the end of their treatment or refusal to take in patients, e.g. for planned cancer treatment, without valid official confirmation that they do not have COVID-19, are a matter of concern. It could take patients weeks to obtain such confirmations by which time the validity might have expired. It is also a concern that a number of hospitals and other medical facilities in Russia had to be closed down for quarantine following reported infections of staff and/ or patients. Such temporarily closures, especially in rural areas, could lead to further reduction in provision of adequate medical treatment for other conditions.

² The healthcare system reform started in 2010 with the adoption of the law on obligatory medical insurance. The aim of the reform was to "optimise" the budget spendings on the healthcare system by way of closing down hospitals and clinics considered to be ineffective and by introducing more high-tech medical clinics. However, nine years on, the authorities had to acknowledge that the reform led to closure of too many hospitals and clinics and thus, reduced accessibility of healthcare, shortage of medical personnel, lower quality of healthcare and many other problems. See, for example: http://rapsinews.ru/legislation_publication/20190626/301036660.html ; <https://novayagazeta.ru/articles/2019/11/04/82612-proval-optimizatsii-zdravookhraneniya>

³ As forecast in 2019 see: http://www.ng.ru/economics/2019-10-24/4_7711_medicine.html

⁴ The WHO has drafted detailed guidance on maintaining essential healthcare services which is available here: http://www.euro.who.int/_data/assets/pdf_file/0007/436354/strengthening-health-systems-response-COVID-19-technical-guidance-1.pdf

DO ENSURE LAWFULNESS AND PROPORTIONALITY OF RESPONSE

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 or care homes. Many governments in the region have introduced states of emergency or various other restrictive measures. In some cases, these measures are left to the discretion of regional authorities. 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.

On 21 March, Georgia enacted state of emergency measures that were necessary and proportionate and motivated by legitimate public health objectives. Instead of authorising a broad scope of emergency measures, the Presidential decree on state of emergency⁵ included an exhaustive list of rights that were derogated from, and specific measures when such derogation was possible. These measures encompassed restrictions tailored for the Covid-19 response, such as quarantine regulations, limitations on international and domestic travel, prison visits, and public services. The decree also allowed the use of private property for public health needs and price regulations for basic products.

However, concerns were raised that certain anti-Covid-19 measures were applied in a discriminatory fashion. Contrary to medical advice, religious gatherings have not been restricted by law largely to ensure that the Georgian Orthodox Church could conduct liturgies for Orthodox Easter. During Palm Sunday and Easter celebrations on 12 April and 19 April in Georgia, several Orthodox churches hosted dozens of worshippers. All other religious groups in Georgia have voluntarily agreed to close their places of worship to the public. On 15 April, the head of the muslim community of Georgia, Mirtaghi Asadov, declared that when Ramadan begins, they will also open mosques and expect that the government will treat them with the same understanding as they have shown to the Orthodox church. Two days after this statement, Mirtaghi Asadov was summoned for questioning to the State Security Service of Georgia in connection with an attempt to "sabotage" the state.

Starting from 12 March, the Cabinet of Ministers of Ukraine has gradually imposed ever stricter quarantine measures without declaring a state of emergency. The latest restrictions came into force on 6 April, prohibiting, inter alia, not wearing a respiratory mask in a public place, being outside in groups of more than two people, visiting parks, squares, outdoor recreation areas, etc. Several human rights groups have pointed out that these restrictions were imposed illegally because they require the declaration of a state of emergency by the President of Ukraine with the approval by the Ukrainian parliament. Furthermore, Article 64 of the Constitution of Ukraine prohibits any restrictions on human rights, except when martial law or a state of emergency are declared. In addition, the term "public place" in the decrees of the Cabinet of Ministers lacks clear definition and could lead to people being arbitrarily penalized.

⁵ Decree of President of Georgia, 21 March 2020, available in Georgian at <https://www.president.gov.ge/getattachment/pressamsakhuri/siakhleebi/%E2%80%8Bprezidentma-saqartvelos-mtel-teritoriaze-sagangeb/dekreti.pdf.aspx>

DO PROTECT FREEDOM OF EXPRESSION AND ENSURE ACCESS TO INFORMATION

One important aspect of prevention is to ensure the dissemination of accessible, accurate and evidence-based information about Covid-19 and how people can protect themselves.

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 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, citizen 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 Belarus, Tajikistan and Turkmenistan, political leaders continue to belittle the threat posed by Covid-19 and promote folk cures that have no proven efficacy. On 27 March, President Lukashenko was quoted as saying that Corona virus was a psychosis and that it could be cured with vodka. On 29 March he was interviewed at an ice-hockey match and claimed: "There are no viruses here. Can you see them flying around?"⁶ As of 21 April, the Belarusian government had introduced some containment measures such as testing suspect cases, tracing their contacts and isolating the sick, and it had increased the capacity of the health service, but it had not introduced physical distancing measures and continued to hold mass sporting events.⁷ President Gurbanguly Berdimukhamedov of Turkmenistan has hardly mentioned Covid-19. He referred to it during an address to a meeting of the Cabinet on 13 March when he advised burning the leaves of the harmala plant to ward off disease.⁸ President Rakhmon has continued to downplay the threat of the corona virus to Tajikistan. He has claimed that the exemplary standards of personal hygiene and cleanliness of Tajikistanis were the reason why the country had not had a single case of COVID-19.⁹ There have been few social-distancing measures, schools have remained open, as have sporting and cultural events, shops, markets and businesses. Nevertheless, government officials have started implementing measures to prevent the spread of coronavirus, such as designating health facilities as quarantine facilities, testing quarantined returnees and shutting the borders.¹⁰ At the end of March the authorities closed all detention facilities to visitors. Some lawyers, however, were still able to meet with their detained clients.¹¹ As of 22 April the authorities insisted that there had not been a single case of COVID-19 and attributed a rise in hospitalisations of patients with acute respiratory symptoms to pneumonia.¹²

On 17 March, Azerbaijan passed amendments to the law, requiring website owners to prevent the publication of false information that could pose a threat to public, including issues ranging from healthcare to support facilities to transport. The OSCE representative on freedom of the media has criticized the law as far reaching and open for abuse to potentially limit freedom of information.

⁶ <https://www.theguardian.com/sport/video/2020/mar/29/there-are-no-viruses-here-belarus-president-plays-ice-hockey-amid-covid-19-pandemic-video>

⁷ <http://www.euro.who.int/en/countries/belarus/news/news/2020/4/who-expert-mission-to-belarus-recommends-physical-distancing-measures-as-covid-19-virus-transmits-in-the-community>

⁸ <https://eurasianet.org/turkmenistan-up-in-smoke>

⁹ <https://eurasianet.org/tajikistan-feast-in-the-time-of-coronavirus>

¹⁰ <http://moh.tj/regular-meeting-of-the-ministries-staff-on-coronavirus-prevention/>

¹¹ <https://www.iphronline.org/tajikistan-transparency-key-to-building-public-trust-on-covid-19.html>

¹² <https://eurasianet.org/tajikistan-says-it-has-no-covid-19-attributes-new-death-to-swine-flu>

In response to the COVID-19 pandemic, the Prosecutor General's Office in Uzbekistan set up an interagency working group to monitor social media¹³ for 'fake news' or misleading information on the spread of the infection. By 17 March this group had already identified 33 social media accounts that had allegedly spread false information that caused panic and destabilised the situation, all of which carried harsh punishments. On 26 March, President Mirziyoyev introduced even stricter penalties for the dissemination of false information on the spread of the virus, increasing prison sentences from five to a maximum of 10 years in prison. Further legislative amendments punish "managing or storing" such materials with a fine of up to 89,200,000 Uzbekistani soms (more than USD 9,200) or three years' imprisonment.¹⁴

In Russia, as of 1 April, "public dissemination of knowingly false information about circumstances posing a threat to the lives and security of citizens and/or about the government's actions to protect the population" will be punishable by a fine of up to 700,000 roubles (USD 9,300) or up to a year of compulsory labour or limitation of freedom for up to three years under Article 207.1 of the Russian Criminal Code.¹⁵ If dissemination of "knowingly false information of social significance" leads to bodily harm or the death of a person, it could be punished by up to five years' imprisonment under Article 207.2 of the Criminal Code¹⁶. These measures are not limited to the duration of the COVID-19 pandemic and can apply to a wide range of human-made and natural disasters. The language of the law is vague and does not contain a definition of "socially significant information" which could lead to the arbitrary use of the law to clamp down on critical voices. It could also be used to suppress information on the scale of the pandemic, failures of the authorities to respond or challenges the healthcare system is facing.

On 31 March – the day when the new amendments were passed into law – Anastasiya Vasilieva, the chairperson of the independent "Doctors' Alliance" union was called for questioning to the Russian Investigation Committee following a complaint that she had been allegedly spreading "fake news" on the Internet. The complaint may have been filed in relation to a YouTube video in which she expressed her concerns regarding the situation in healthcare and the true scale of COVID-19 in Russia.¹⁷

At the moment of writing, at least nine criminal cases for "dissemination of false information" in relation to COVID-19 have been initiated under the new provisions of the criminal code and several people have already been fined of up to 30,000 roubles (USD 400) under the pre-existing provisions of the Russian Code of Administrative Offences. Under the new provisions, repeated dissemination of "false information" may cost ten times more.

Amendments to the Russian Code of Administrative Offences that also came into force on 1 April, introduced hefty fines of up to five million roubles (USD 66,500) for journalists spreading "false information". Committing the same offence twice could lead to a fine of up to 10 million roubles (USD 133,000). It has been reported that the Prosecutor General's office has already asked to fine a local branch of the Echo Moskvy radio station in Orenburg in the Urals for allegedly disseminating "false information" regarding the spread of COVID-19 in penal colonies in the region.¹⁸

On 15 April, the Prosecutor General's Office ordered that the Novaya Gazeta article by its investigative journalist Elena Milashina about the authorities' response to COVID-19 in Chechnya must be removed on the grounds that it contained "false information". It had to be taken off the website. The Prosecutor General has not yet clarified the claims what information was found to be "false". This move followed a public death threat to the journalist

¹³ See <https://rus.ozodlik.org/a/30493704.html?withmediaplayer=1>

¹⁴ See: https://central.asia-news.com/en_GB/articles/cnmi_ca/features/2020/03/25/feature-01.

<https://www.aljazeera.com/news/2020/04/uzbekistan-coronavirus-curtail-civil-liberties-200403074921162.html>

¹⁵ See: http://www.consultant.ru/document/cons_doc_LAW_10699/9d8a5b6501a01da934c1bbd0ca9b1fd46df76a72/

¹⁶ See: http://www.consultant.ru/document/cons_doc_LAW_10699/7dcac8801f9fa5415250803c6d4bc4366bb91f1b/

¹⁷ See : <https://ovdinfo.org/express-news/2020/03/31/lidera-alyansa-vrachey-vyzvali-v-sk-posle-togo-kak-profsoyuz-obyavil-o-sbore> . Read about further harassment of Anastasiya Vasilieva here: <https://eurasia.amnesty.org/2020/04/03/glava-rossijskogo-alyansa-vrachey-anastasiya-vasileva-uznicza-sovesti-i-dolzha-byt-osvobozhdena/>

¹⁸ See : <https://www.vedomosti.ru/society/news/2020/04/02/826926-udalit>

issued by the Head of Chechnya Ramzan Kadyrov via his Instagram channel. Commenting to the threat at a press briefing, the presidential Spokesperson found “nothing illegal” in this threat and alleged that Kadyrov was just a bit “emotional”.¹⁹

In Azerbaijan, the authorities have stepped up the crackdown on dissent using the COVID-19 pandemic as an excuse. On 19 March, in his Novruz Bayrami (New Year) greetings to the nation President Ilham Aliyev announced “new rules” for the duration of the COVID-19 pandemic, including “isolating” and “clearing” Azerbaijan’s already fragmented political opposition.²⁰ High-profile arrests of political and civil rights activists under spurious charges have followed the president’s pronouncement, including the arrest of opposition activist Tofiq Yagublu on charges of hooliganism²¹ and human rights defender Elchin Mammad on charges of theft.²² Authorities have mounted a wave of harassment against activists who criticized the government’s handling of the pandemic. Azerbaijani human rights activist and former prisoner of conscience Ilkin Rustamzade and his family have been facing threats and harassment since Ilkin Rustamzade launched a petition asking the government to provide financial aid to persons affected by COVID-19²³. Several other activists and opposition journalist who have criticised the government’s response to the pandemic have been arrested and remanded in detention for between 10 and 30 days on bogus charges including disobeying police orders or breaking the rules of quarantine.²⁴

The rapporteur on Azerbaijan of the Parliamentary Assembly of the Council of Europe (PACE) has criticized the government of Azerbaijan for taking advantage of the public health emergency to tighten its grip on power, describing the authorities’ actions as “shameful exploitation” of the pandemic.²⁵

Measures to contain the spread of COVID-19 are also being used disproportionately to clamp down on freedom of assembly.

In Ukraine, the authorities have charged a group of nine activists for holding an indefinite protest outside the Office of the President against the current approach of the authorities to handling the conflict in eastern Ukraine. Early on 6 April, just when the new restrictions requiring not to assemble in groups of more than two people and keeping social distance of more than 1.5 metres came into effect, the activists were approached by police officers and were charged with the administrative offence of violating the quarantine restrictions. The activists claim they were staying in groups of two people, and each group was at a distance of more than two metres from the other.²⁶

In Russia, the Moscow authorities refused to authorise a public rally in March against constitutional amendments which, among other things, would allow President Putin to stay in power for at least two more terms. The authorities cited measures to contain COVID-19 as the reason for refusal even though the declared number of participants was below the 5,000 limit that the Moscow Mayor had introduced.²⁷ In Karelia, northwest Russia, activists protecting a local wood from redevelopment were fined in April for alleged violation of the “self-isolation regime”.²⁸ Similarly, in Arkhangelsk, northern Russia, a local environmental activist protesting against building of a waste dumping site was fined for alleged violation of the “self-isolation regime”. The activist maintained that she was “just sitting alone on a bench, wearing a vest with protest insignia [against the waste dumping site] and having some tea” when the police approached her.²⁹

¹⁹ See Amnesty International Urgent action at: <https://www.amnesty.org/en/documents/eur46/2172/2020/en/>

²⁰ See <https://en.president.az/articles/36212>

²¹ See: <https://www.amnesty.org/en/documents/EUR55/2029/2020/en/>

²² See: <https://www.amnesty.org/en/documents/eur55/2069/2020/en/>

²³ <https://www.amnesty.org/en/documents/eur55/2122/2020/en/>

²⁴ <https://oc-media.org/azerbaijan-arrests-opposition-activists-during-covid-19-outbreak/>

²⁵ See <https://pace.coe.int/en/news/7829/rapporteurs-outraged-by-the-azerbaijani-government-s-reliance-on-the-coronavirus-pandemic-to-justify-political-repression>

²⁶ See <https://novynarnia.com/2020/04/06/politsiya-hoche-oshtarafuvati-uchasnikiv-aktsiyi-pid-op-za-porushennya-pravil-karantynu/>

²⁷ See at: <https://ovdinfo.org/express-news/2020/03/12/vlasti-moskvy-iz-za-koronavirusa-ne-soglasovali-miting-protiv-obnuleniya>

²⁸ See at: <https://www.karelia.news/news/2724597/zasitnikov-kamennogo-bora-privlekli-za-narusenie-samoizolacii>

²⁹ See at: <https://www.severreal.org/a/30567689.html>

DO PROTECT MARGINALISED GROUPS

Authorities should design and implement specific measures to protect the rights of marginalised 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. These include specific at-risk groups, such as people who are homeless, migrants and refugees, older people, LGBTI communities, 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 marginalised 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 hand washing, 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.

The pandemic has presented tremendous challenges to LGBTI communities throughout the world, especially so in countries affected by poverty and weak health systems or infrastructure. These communities are often among the most marginalised groups in society, and Eastern Europe and Central Asia states are no exception. In Turkmenistan and Uzbekistan consensual sexual relations between men are still a criminal offence. Throughout Central Asia LGBTI people face discrimination, verbal and physical abuse, including sexual violence, arbitrary arrest, torture and sometimes long terms in prison in cruel, inhuman and degrading conditions. LGBTI communities are disproportionately affected by HIV/AIDS in Central Asia, but as access to adequate and vital healthcare and treatment is problematic they will have even less access to healthcare in the COVID crisis -- medical resources are depleted and many healthcare providers will not treat 'someone of that kind'. LGBTI communities are stigmatised in Eastern Europe and Central Asia as they are perceived to stand against local traditions and values, bringing shame upon the family, the community, the country. With lockdowns in place in most of the region's countries, LGBTI people, especially LGBTI youth, are at greater risk of domestic and gender-based violence, as they cannot leave their homes.

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, including transgender women, who engage in sex work for example, are experiencing a decline in their sources of livelihood, coupled with other human rights violations as a result of criminalisation of sex work and perpetuation of harmful stereotypes around it.

In Ukraine, the government and the armed groups controlling parts of the east of the country have both introduced tit-for-tat measures banning movement of all persons across checkpoints to counter the COVID-19 spread. However, these checkpoints serve as the only means for older people from the separatist-controlled territories to travel to the government-controlled territories to receive their pensions on which they are heavily reliant. The ban also puts at risk many people living in the separatist-controlled territories who are relying on the healthcare services, like free HIV treatment, that are provided by the government of Ukraine.

The right to the highest attainable standard of health extends to all groups in the population including prisoners. Prisoners should enjoy the same standards of health care that are available in the community, including when it comes to testing, prevention and treatment of COVID-19. Where a prison service has its own hospital facilities, they must be adequately staffed and equipped to provide prisoners referred to them with appropriate treatment and care; prisoners who require specialized treatment or surgery should be transferred to specialized institutions or to civil hospitals.³⁰ Another basic protective measure recommended by WHO is to maintain physical ("social") distancing from others.

³⁰ See, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), UN Doc. A/RES/70/175, rule 27(1), undocs.org/A/RES/70/175

Eastern Europe and Central Asia has among the highest ratio of prisoners in the world and high levels of over-crowding particularly in pre-trial detention facilities. Access to adequate healthcare is a long-standing problem in the region, where many countries fail to provide prisoners with the same standard of health care as the rest of the population. It is hardly possible to follow WHO advice in overcrowded prisons, especially in the shared confined space of cells, and the dormitories which are common in prison colonies throughout the region. In most detention situations people have no choice but to live or work in close proximity to others, often without access to adequate preventive measures.

States in the region should take all measures possible to reduce prison populations. They should consider if certain groups of prisoners could be released on parole or granted early/conditional release or other alternative non-custodial measures. Efforts should be made to release older detainees, for example, who are at particular risk of death from Covid-19. Judges should consider making full use of non-custodial pre-trial measures to avoid exposing people to the risk of infection in prisons.

DON'T RESORT TO REPRESSION OR EXCESSIVE FORCE IN POLICING PUBLIC HEALTH MEASURES

Authorities in Eastern Europe and Central Asia routinely resort to repressive measures to silence critical views. Amnesty International has documented numerous cases of human rights defenders and journalists facing harassment and trumped up criminal charges for their work. It is no surprise that the authorities are starting to enforce measures to respond to the COVID-19 pandemic in a repressive way.

While the authorities in Russia in general have taken a heavy-handed approach to enforce measures to address COVID-19, Ramzan Kadyrov, the head of one of its regions – the Chechen Republic – went further and declared at a Chechen government meeting on 24 March that those who violate the self-isolation regime “must be killed”. Videos purportedly made in Chechnya showed police wielding plastic pipes to allegedly punish those who do not wear face masks.³¹ On 4 April, a video was published in which members of the police and other Chechen security forces were kicking and assaulting a man for not wearing a face mask. On 5 April, Chechen state TV published a video on its Instagram account in which Kadyrov approves of the police officers' actions saying that “it's better to beat one than bury a hundred”.³²

On 6 April, local authorities in Karakol in the Issyk Kul region of Kyrgyzstan welded shut the doors of an apartment block after one resident tested positive for Covid-19. He had invited all his neighbours to his flat after he returned from a pilgrimage to India. When he refused to give the names of those he had been in contact with the authorities decided to quarantine the entire building.³³ Similar events have been reported in the press in Pavlodar in Kazakhstan.³⁴

On 18 April, the Ukrainian army closed a footbridge, the only access to the village of Staromaryivka situated in a government-controlled section of the conflict zone in eastern Ukraine. Two weeks previously the "Donetsk People's Republic" had closed access to the nearest town in the territory held by armed groups. This meant that about 150 residents including disabled elderly people and children were cut off from shops, health services and emergency services. The reason given was to prevent transmission of COVID-19 although no cases had been identified in the village. Villagers were allowed to cross the bridge again from 22 April.

³¹ <https://www.ekhnokavkaza.com/a/30511585.html>

³² <https://www.instagram.com/p/B-m1bWxIMBg/?igshid=1uqcqwx70iwe>

³³ See: https://kaktus.media/doc/410132_v_karakole_chtoby_izolirovat_kontaktirovavshih_s_zarajennym_zavarili_dveri_video.html

³⁴ See: http://ratel.kz/raw/zarazilis_lezhachij_bolnoj_i_puteshestvennik

DO GUARANTEE RIGHT TO A FAIR TRIAL AND SAFEGUARDS AGAINST TORTURE

In Russia, there have been recurring reports about lawyers being denied visits to their clients in pre-trial detention facilities following restrictions on visits to places of detention being imposed as a measure to contain COVID-19. Members of public monitoring commissions over places of detention (ONK – independent prison monitoring groups) are apparently also not allowed to continue conducting inspections in pre-trial detention facilities and penal colonies in Russia. Tajikistan and Kyrgyzstan have similarly suspended all visits to penitentiary institutions.

Restriction or prevention of visits directly impacts detainees' right to a fair trial. These visits act as a fundamental safeguard against human rights violations, including torture or other ill-treatment and enforced disappearance. To ensure that detainees' rights are not violated, penal authorities must introduce sufficient and effective measures allowing for lawyers' unimpeded access to their clients, while still guarding against the spread of COVID-19.

Equally, in the context of the restrictions on court hearings, the authorities must ensure that the right to a public hearing continues to be maintained. For example, the public could follow hearings via live streaming over the internet.

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

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 pandemic. 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.

Some governments in the region are introducing measures to protect the most vulnerable. On 14 April the Prime Minister of Georgia declared that the government plans to give out unemployment benefits to those who lost jobs due to COVID-19, and the ensuing restrictions. The government also announced that it will cover payments for gas, electricity and water bills for those who consume less than 200 kw of electricity and 200 cubic meters of natural gas during the state of emergency months.³⁵

DON'T NEGLECT VICTIMS OF DOMESTIC VIOLENCE

Everyone has the right to live free from gender-based and domestic violence, including during a pandemic. 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 shelters 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

³⁵ See Georgian Public Broadcaster, 1 April 2020, <https://1tv.ge/news/mtavrobis-gadawyvetilebit-yvelas-vinc-moikhmars-200-kilovatz-nakleb-elektroenergias-da-200-m3-ze-nakleb-bunebriv-airs-komunaluri-gadasakhadi-sami-tvis-ganmavlobashi-srulad-daufinansdeba/> and also Georgian Public Broadcaster, 14 April 2020, <https://1tv.ge/news/giorgi-gakharia-sheudzlebelia-tveshi-saarsebo-minimumze-naklebi-iyos-im-adamianebis-mimart-dakhmareba-romlebmach-shemosavali-dakarges/>

providers to continue to assist women during the crisis, including through apps that protect victims' safety and confidentiality, 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 Ukraine, the access to support services for survivors of domestic violence has been affected since the introduction of strict quarantine measures. For example, the government-funded free legal aid offices, on which many survivors may rely, have switched to providing remote consultations only,³⁶ making their services unavailable to survivors of domestic violence who cannot share their experiences while staying in the same apartment with their abuser. Access to shelters has also become more complicated since a survivor still needs to provide a confirmation of a medical examination in order to be accepted. Domestic violence survivors living in towns and locations with no shelters previously had the option to travel to a place where shelters are available. However, all public transport communication, including buses and trains, between cities has been cancelled and, to our knowledge, no steps were taken to ensure emergency relocation for such persons.

The enforcement and control over compliance with the established quarantine restrictions has influenced the workload and priorities of the patrol police in Ukraine which typically is the first link in the chain of response to domestic violence incidents. Concerns have been growing that the police may deprioritise most urgent calls, including reports of domestic violence, to patrol the streets ensuring that the public is complying with the quarantine restrictions. In one case observed by Amnesty International, the police in Kyiv responded to an urgent report of domestic violence only after an hour-and-a-half.³⁷ Such delays in responding to urgent matters may lead to serious consequences for those suffering from domestic violence.

DO RESPECT PRIVACY

States' efforts to contain the virus must not be used as a cover to usher in a new era of greatly expanded systems of invasive digital surveillance.

Technology can and should play an important role during this effort to save lives, such as to spread public health messages and increase access to health care. However, an increase in state digital surveillance powers, such as obtaining access to mobile phone location data, threatens privacy, freedom of expression and freedom of association, in ways that could violate rights and degrade trust in public authorities – undermining the effectiveness of any public health response. Such measures also pose a risk of discrimination and may disproportionately harm already marginalised communities.

Surveillance measures adopted to address the pandemic must be lawful, necessary and proportionate. They must be provided for by law and must be justified by legitimate public health objectives, as determined by the appropriate public health authorities, and be proportionate to those needs. Governments must be transparent about the measures they are taking so that they can be scrutinized and if appropriate later modified, retracted, or overturned.

On 1 April, Eduard Lysenko, the Head of IT for Moscow city council announced that a new app for tracing the whereabouts of those diagnosed with COVID-19 would be operational on 2 April. This was later postponed by the mayor of Moscow, but it was reported on 4 April that the system was ready and would be introduced once a regulation was signed by the Moscow authorities. All

³⁶See: <https://www.legalaid.gov.ua/novyny/systema-bpd-pryzupynyaye-prijom-gromadyan-i-nadaye-pravovu-dopomogu-dystantsijno/>

³⁷See: <https://www.radiosvoboda.org/a/karantyn-domashnye-nasylstvo/30559570.html>

those in quarantine because of a diagnosis, whether at home or in hospital, would be asked to download the app to their phone or would be provided with a phone in order to download the app which would trace their movements and “ensure self-discipline”.³⁸

An app developed by an IT company in Kazakhstan and supported by the Ministry of Health shows the number of COVID-19 cases throughout the country and gives the exact address of home isolation cases.³⁹

In Uzbekistan, President Mirziyoyev has called for the mahallas (neighbourhood committees) to play a more active role in enforcing COVID-19 measures. The mahallas committees are a traditional devolved institution, independent of central government, that should in principle help residents to access social and medical care and resolve locally relevant issues. However, the mahallas committees have worked closely with central government and security forces, reporting on residents’ movements, habits, keeping lists of those that appear critical of the authorities. Mahallas are now under the jurisdiction of the Ministry for Mahalla and Family Support.⁴⁰

On 5 April, Azerbaijan introduced an application to control individuals’ movements through electronic permits. People are required to call a special number or send a text giving the reason for leaving their homes. If stopped by police when outside, the police will be able to check whether they have been allowed to leave home or not. The two-hour pass is once a day only and mainly available for essential activities such as medical treatment or shopping for groceries.⁴¹ This requirement has already been misused by the police to charge activists for breaking lockdown/quarantine rules and to issue administrative arrests.

On 31 March, Armenia’s parliament passed amendments to legislation giving its government broad powers of surveillance powers. The law obliges telecom companies to give authorities access to all their phone records, including private communications and locations of their customers to identify and monitor anyone infected with COVID-19.⁴²

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.

³⁸ See: <https://echo.msk.ru/programs/razvorot-morning/2616757-echo/>

³⁹ See: <https://covid19live.kz/#/>

⁴⁰ See: <https://eurasianet.org/uzbekistan-neighbor-committees-enlisted-in-coronavirus-fight>

⁴¹ See: <https://www.azernews.az/nation/163678.html>

⁴² See: <https://eurasianet.org/armenia-seeks-to-stem-coronavirus-spread-by-tracking-phones>

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EASTERN EUROPE AND CENTRAL ASIA

CONFRONTED WITH COVID-19

RESPONSES AND RESPONSIBILITIES

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. The response of governments in Eastern Europe and Central Asia has ranged from the introduction of strict measures to stop the spread of the virus to official denial. 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. Governments in Eastern Europe and Central Asia have often failed to live up to their human rights' obligations and as measures are introduced to control the spread of the virus there is an increasing tendency to fall back on heavy handed policing and repressive measures that violate basic human rights. Amnesty International urges authorities to ensure that their responses to the COVID-19 outbreak respect international human rights law and standards.