

# Implications of the COVID-19 pandemic for religious minorities from the UN perspective

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## Abstract

The COVID-19 pandemic has posed a serious challenge to the enjoyment of freedom of religion or belief. This article examines how this was addressed in the context of the UN machinery on human rights protection. UN documents indicate a holistic perspective that the global crisis could not be solved only with public health and emergency measures, but also required a human rights-based approach. The UN also exhibited a concern for application of the principles of necessity and proportionality, with particular regard for the inclusion of marginalized and vulnerable groups, such as religious minorities.

## 1. The United Nations, the COVID-19 pandemic and human rights

The serious concern of the United Nations (UN) about the COVID-19 pandemic was self-evident. As the largest international organization in world history – founded in 1945 with 51 member states and today consisting of 193 – it was naturally preoccupied with the worst global health crisis since World War II (UN Human Rights Treaty Bodies Working Group on COVID-19 2020:1) and with the deep social, economic, political and cultural consequences of the pandemic globally. As the ninth UN Secretary-General, António Guterres, stated, “We are all in this together” (Secretary-General 2020b).

The pandemic threatened all three pillars on which the UN rests: “human rights, peace and security, and development” (Permanent Mission of Switzerland 2015:5). The first pillar comprises a system of organs and procedures to protect,

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promote and monitor respect for human rights (Mégret and Alston 2020; Mertus 2009). The leading UN body on human rights is the Office of the High Commissioner for Human Rights (OHCHR), established by the UN General Assembly (GA) on 20 December 1993 (Ramcharan 2002). The seventh and current High Commissioner is Michelle Bachelet, who was previously the first female president of Chile and that country's health minister. A separate entity is the Human Rights Council (HRC), which was created by the GA on 15 March 2006, and which replaced the Commission on Human Rights (Tolley 2019; Kothari 2013). Like its predecessor, the HRC is a Charter-based party, because it derives its establishment from provisions contained in the UN Charter and was created through a resolution by an organ whose authority also flows from the same charter.

The UN machinery for the protection of human rights further includes ten treaty-based bodies (Rodley 2013), such as the Human Rights Committee (HR Committee), established under the International Covenant on Civil and Political Rights (ICCPR). To avoid an extensive fragmentation of their responses to the crisis, the treaty-based bodies created a Working Group on COVID-19, a mechanism meant to coordinate their efforts:

[T]o identify trends of violations of human rights in the context of the COVID-19 pandemic, and support efforts to develop a cogent response in terms of standard-setting, recommendations and guidelines issued by the UN Human Rights Treaty Bodies when monitoring the compliance of States with their international obligations (UN Human Rights Treaty Bodies Working Group on COVID-19 2020:2).

A number of other UN bodies and entities (such as the GA) and UN agencies (such as UNESCO) are involved in the promotion and protection of human rights. A Secretary-General decision of 2012 created the UN Network on Racial Discrimination and Protection of Minorities “to enhance dialogue and cooperation between relevant UN Departments, Agencies, Programmes and Funds.” (UN Network on Racial Discrimination and the Protection of Minorities 2021b:2). Additional entities that deserve special mention are the Special Rapporteur on freedom of religion or belief (SRFoRB), the Special Rapporteur on minority issues (SRMI) and the Special Rapporteur on the rights of indigenous peoples (SRRIP).

The challenge posed to the enjoyment of human rights by the COVID-19 outbreak was emphasized as early as 6 March 2020 by Ms. Bachelet:

As a medical doctor, I understand the need for a range of steps to combat COVID-19, and as a former head of government, I understand the often dif-

difficult balancing act when hard decisions need to be taken ... . However our efforts to combat this virus won't work unless we approach it holistically, which means taking great care to protect the most vulnerable and neglected people in society, both medically and economically (OHCHR 2020c).

A holistic approach includes not only “lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19,” but also “additional actions” to protect the most marginalized individuals and groups. All measures must be implemented in accordance with the standards of human rights protection and, in particular, with the principles of necessity and proportionality. As the High Commissioner stressed, “Human dignity and rights need to be front and centre in that effort, not an afterthought” (OHCHR 2020c). The Secretary-General reiterated that human rights were critical for the response to the crisis and for the recovery, because “they put people,” whose livelihoods and security are being endangered, “at the centre and produce better outcomes” (2020b:2).

Although human rights as a whole have been badly affected by the COVID-19 pandemic, the enjoyment of freedom of religion or belief has faced especially serious challenges (see inter alia Martínez Torrón and Rodrigo Lara 2021; Madera 2021; Eurac 2021; Du Plessis 2021; Consorti 2020; Balsamo and Tarantino 2020). This article examines how those challenges have been addressed – especially in relation to religious minorities – in the context of the UN machinery on human rights protection. The following sections will identify the main groups concerned, the issues affecting them and the remedies that have been recommended. The examined documents date from 11 March 2020, when the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic (Cucinotta and Vanelli 2020), to 31 January 2022, when this article was submitted.

## **2. Religious minorities as marginalized and vulnerable groups**

As each of us experienced during the pandemic, and as aptly stressed by the Secretary-General,

The coronavirus can infect and kill the young, as well as the old, the rich, the poor ... . It does not respect race, colour, sex, language, religion, sexual orientation or gender identity, political or other opinion, national, ethnic or social origin, property, disability, birth or any other status. The virus does not discriminate (2020b:10).

However, “its impacts do” (2020b:10). In fact, the COVID-19 pandemic is having “a broad range of disproportionate and adverse impacts upon national, ethnic,

religious and linguistic minority communities” (OHCHR 2020h:2). As stressed by UN experts, minority status in most countries is closely associated with lower socio-economic status (OHCHR 2020a:1), which explains why religious minorities – like other minority communities – are listed among the marginalized groups in UN documents.

From marginalization to vulnerability is a short step. Existing structural inequalities limit access to systems of social and health protection (Secretary-General 2020b:2). Unequal access to adequate medical care and to the provision of medicines made religious minorities in some countries more vulnerable to COVID-19 infection and mortality (SRFoRB 2020:15). Inadequate living conditions also reduced their ability to isolate themselves (OHCHR 2020l). About one week after the WHO pandemic declaration, the UN Special Rapporteur for the situation of human rights in the Palestinian Territory, Michael Lynk, urged Israel, the Palestinian Authority and Hamas to ensure that the right to health was fully provided to Palestinians in Gaza and the West Bank, including East Jerusalem, in accordance with their international legal responsibilities. Here, as in other areas around the world, “the health care system was collapsing even before the pandemic,” with a chronic shortage of essential drugs, potable water and electric power, and with a population already vulnerable due to “malnutrition on the rise, poorly controlled non-communicable diseases, dense living and housing conditions” (OHCHR 2020e).

Mr. Lynk was concerned that the initial publication of information concerning the spread of the coronavirus occurred almost exclusively in Hebrew, to the exclusion of the Arabic-speaking population. He also worried that the significant restrictions on the movement of patients and health workers could limit even more Palestinians’ access to medical care, and he reiterated that “the right to dignity requires that all persons ... should enjoy equality of access to health services and equality of treatment” (OHCHR 2020e). There were also reports of high vulnerability to the coronavirus in the UK and India among Muslims living in segregated residential areas or poor houses (SRFoRB 2021a:11).

Members of religious minorities and other vulnerable groups experienced not only a disproportionate number of deaths, but also a greater economic downturn (OHCHR 2020a:1). The pandemic has had a stark impact on minorities communities “in loss of lives, livelihoods, educational opportunities, and in many cases, loss of dignity” (UN Network on Racial Discrimination and the Protection of Minorities 2021a:2; see also OHCHR 2021e:2-5). In fact, those at greater risk from the coronavirus were the same people who were most harshly affected by the negative consequences of the measures adopted to prevent and contain its spread (Secretary-General 2020b:7). This was the case, for example, with labor rights:

“Only recently has it been noticed by many that disproportionate numbers of essential workers are migrants and persons belonging to minorities and that most of these workers, despite being ‘essential,’ are often very poorly paid” (OHCHR 2020a:1). There was no unemployment assistance for those who were working in the informal sector and lost their job or were unable to perform it because of lockdowns or quarantines (Secretary-General 2020b:7). Restrictions on the freedom of movement limited access to food security, water resources for drinking and hygiene, and shelter. They also impacted the continuity of education (UN Human Rights Treaty Bodies Working Group on COVID-19 2020:1). Home-schooling, which became necessary due to the pandemic, was made more difficult by parental education gaps as well as limited or no access at all to digital devices and the internet (OHCHR 2020a:1).

These problems intensely affected the 300,000 Rohingya children living in the world’s largest refugee camp, in Cox’s Bazar, Bangladesh, where they were excluded from remote learning (a fundamental need during the pandemic) by a government ban on internet access (SRFoRB 2020:14). The Rohingya have been defined by the United Nations as “the most persecuted minority in the world” (see Foundation The London Story 2021:1). They are an ethnic group but – being predominantly Muslims in Buddhist-majority Myanmar – also a religious minority, oppressed by Myanmar for decades. The GA has expressed its deep concern in response to reports of violence against (inter alia) religious sites, as well as restrictions on the exercise of the right to religious freedom, and it has recommended the amendment or repeal of “all discriminatory legislation and policies, including discriminatory provisions of the set of ‘protection of race and religion laws’ enacted in 2015 covering religious conversion, interfaith marriage, monogamy and population control” (2021d:10. See also GA 2021e; OHCHR 2020j and 2020k). The Rohingya consider themselves to be an indigenous people of Rakhine State in Myanmar (Minority Rights Group International 2017). However, they are not one of the 135 national races recognized under the 1982 citizenship law. Consequently, they are not recognized as Myanmar citizens but rather as illegal immigrants from Bangladesh. Even the name Rohingya is not recognized by the government (see Ware and Laoutides 2018). Since the 1970s and especially after 2017, they have been forced to flee to neighboring countries, including Bangladesh, which nevertheless has denied them formal refugee status (Bhatia et al. 2018:107). Utpala Rahman has argued that “the Rohingya crisis is no longer only a humanitarian calamity but a potential threat to Bangladesh’s internal stability” (2010:233). A survey on their lives as refugees in Cox’s Bazar – conducted well before the COVID-19 pandemic – found “high levels of mortality among young Rohingya men, alarmingly low levels of vaccination among children, poor litera-

cy, and rising poverty” (Bhatia et al. 2018:106). The conclusions of various studies (e.g., Islam and Yunus 2020) that the Rohingya in the refugee camp in Cox’s Bazar were at high risk from the coronavirus were sadly unsurprising.

The examples of the Palestinians and the Rohingya highlight the existence of multiple and concurrent factors that make a group marginalized. Although this article focuses on religious minorities, UN experts have identified multiple categories subsumed within the notion of marginalized and vulnerable groups, and a number of them can apply to the Palestinians and the Rohingya. Along with religious and ethnic minorities (OHCHR 2020l), the list includes migrants (GA 2021b:3), refugees, internally displaced people (Secretary-General 2020b:11), indigenous peoples (GA 2020d:2 and 2021c:2; OHCHR 2020b and 2021f), children and women (GA 2020a:2; Secretary-General 2020c; HR Committee 2021a, 2021b, 2021c, 2021d, 2021e), people of Asian and African descent (GA 2021a:3; OHCHR 2020h:4), older persons (Secretary-General 2021b), persons with disabilities, prisoners, detainees and those deprived of their liberty, the homeless, the poor (HRC 2020:1), LGBTI people and persons living with HIV (Secretary-General 2020b:12; OHCHR 2021e:6-7).

Scholars such as Jo Howard have focused on intersecting vulnerabilities. Howard directed a study of the COVID-19 pandemic’s direct and indirect effects on marginalized religious minorities in Nigeria and India, demonstrating “how religious inequalities intersect with other inequalities of power – historical, structural, and socially determined characteristics (class, ethnicity, caste, gender, age)” (2021:8). The same approach may as well be applied to any other national contexts, and the findings can contribute to the coordination of effective actions to prevent the deepening of the marginalization of religious minorities and other vulnerable groups.

### **3. Discrimination and intolerance against religious minorities**

The preceding section has addressed the exacerbation, during the COVID-19 pandemic, of the vulnerability of marginalized groups, including religious minorities, because of structural and systematic inequalities. However, these are not the only explanations of such adverse effects, which in fact have been caused also by the actions by public authorities and/or social actors that reinforced hostility and stirred up religious hatred. As highlighted by the Pew Forum, religious discrimination and intolerance may be the result of either government restrictions or social hostilities, which “can range from harassment over a person’s religious identity to religion-related mob violence, sectarian conflict and terrorism” (Pew Forum 2021). Both phenomena have been aggravated by the COVID-19 pandemic.

### **3.1. Government restrictions**

The Secretary-General stressed that “the threat is the virus, not the people” and that the measures to combat the coronavirus “must be temporary, proportional and aimed at protecting people” (2020b:15). Nevertheless, there were reports of religious minorities being subjected to harsh treatment by law enforcement in the implementation of such measures (2020b:11). The Secretary-General also noted that in the general context “of rising ethno-nationalism, populism, authoritarianism and pushback against human rights in some countries,” which emerged before the public health crisis but were also strengthened by it, governments could use the coronavirus as “a pretext to adopt repressive measures for purposes unrelated to the pandemic” (2020b:3).

Abuses of emergency measures included not only the exclusion of minorities, but also the repression of dissenting voices and in particular the silencing of minority rights defenders. There was concern about the possibility that tracking tools employed for public health reasons could also be used to keep minorities under constant surveillance (OHCHR 2020a:2). A number of states have restricted freedom of expression under the pretext of addressing hate speech, while in fact using anti-blasphemy and anti-apostasy laws to “render religious or belief minorities, including atheists and dissenters, vulnerable to discrimination and violence” (OHCHR 2021d). Likewise, “the policing of opinions and expressions online, the targeting of certain religious communities for reasons of national security, [and] the use of counter-terrorism or public order laws” have suppressed legitimate manifestations of the right to expression and have strengthened negative stereotypes (OHCHR 2021d).

### **3.2. Social hostilities**

Numerous UN documents have addressed the increase in religious intolerance during the pandemic. UN experts noted that the instability and fear caused by the global health crisis exacerbated “discrimination, hostility, hate speech, xenophobia and violence against religious and belief minorities in some countries” (SRFoRB 2020:11; see also GA 2020b:5; OHCHR 2020a:2; UN Network on Racial Discrimination and the Protection of Minorities 2020:2). Intolerance targeted Jews, Christians, Muslims and Baha’is, among others (OHCHR 2020m and 2021a:16). It was reported that “migrants, refugees and asylum seekers from different minority groups have also been similarly stigmatised ... . Those targeted also have faced verbal abuse, death threats, physical attacks and experienced discrimination accessing public services, including denial of vital health services” (OHCHR 2020m). As noted above, marginalized persons may have intersecting vulnerabilities, and incitement to hatred may affect members of religious minorities who belong to

other vulnerable categories at the same time, thus reinforcing discrimination against them. Therefore, the GA recognized that “responses to the COVID-19 pandemic need to take into account multiple and intersecting forms of violence, discrimination, stigmatization, exclusion and inequalities” (2020b:5).

Hate speech, an alarming phenomenon and a source of concern since well before the outbreak of the coronavirus, was further fueled during the pandemic due to prejudices strengthened by campaigns of disinformation (Secretary-General 2021a). One of its most repulsive forms, antisemitism, exhibited a worrying rise. The SRFoRB noted with deep concern:

... that certain religious leaders and politicians continue to exploit the challenging times during this pandemic to spread hatred against Jews and other minorities ... ‘conspiracy’ theory prevails in claiming that Jews or Israel are responsible for developing and spreading COVID-19 virus to reduce the non-Jewish population and to control the world (OHCHR 2020i).

Islamophobia has also been nourished by the crisis. In Sri Lanka and in the UK, Muslims were accused of spreading the coronavirus. Islamophobic disinformation was disseminated through encrypted chat platforms. In India in particular WhatsApp chat groups have depicted Muslims as criminals or terrorists, and the “corona jihad” hashtag (#coronajihad) was popular on Twitter (SRFoRB 2021a:7).

The Special Adviser to the Secretary-General on the Prevention of Genocide released guidelines to address and counter hate speech related to COVID-19. He noted that individuals belonging to certain religious minorities, including Jews, Christians, Muslims and Baha’is, have been blamed for spreading the virus (2020:2; see also OHCHR 2020a:2; Secretary-General 2020a:18).

#### **4. Violations of religious minorities’ right to manifest their religion**

The right to freedom of religion or belief includes “freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance” (Universal Declaration of Human Rights, Art. 18). Under Article 18, paragraph 3 of the ICCPR, this freedom may be limited, but legitimate limitations must be prescribed by law and must be necessary to pursue one or more specifically identified aims, which include public health. Whereas some restrictions are not new and were imposed in the past, such as during the Ebola outbreak in West Africa or Zika in Latin America, the global scale of limitations caused by COVID-19 was unprecedented, leading to heated debates over their legitimacy. In situations such as cancelling or postpon-



ing religious funeral rites or limiting attendance at them, or restrictions on gatherings at places of worship in the United States and elsewhere, the line between a legitimate limitation and a violation of the right to manifest religion proved to be a very thin one (see Goodman 2020). The SRFoRB insisted on the principles of proportionality and non-discrimination as criteria to be used in determining the compliance of restrictions with international standards on the right to freedom of religion or belief:

The least restrictive measure necessary to achieve the goal, and in no way vitiate the right itself or be discriminatory in intent or effect. ... Some restrictions limit or render impossible the manifestation of certain observances and practices fundamental to one's religion or belief. Therefore, there is an obligation on the part of the State to ensure that any intervention by the State be the least restrictive measure that is available, and accommodate as far as possible the wishes of individuals to exercise their rights to communal religious expression. (Quoted in Goodman 2020; see also SRFoRB et al. 2020:3-4)

UN documents criticized the practice by Sri Lankan authorities of forcibly cremating the bodies of deceased Muslims. (Manamperi 2023:109) Cremation, which is regarded as a sinful act in Islam, does not comply with the above-mentioned principles of proportionality and non-discrimination. Thus, it has been found to constitute a violation of a religious minority's right to manifest its religion (SRFoRB et al. 2020 and 2021; OHCHR 2021i). The SRFoRB raised three issues with the Sri Lankan government. First, whereas some restrictions were necessary and justified by the need to protect public health, "there were less restrictive measures than cremation that were available under the public health guidelines issued by the WHO in relation to the pandemic, and some of these measures could accommodate the relevant religious practices of communities" (quoted in Goodman 2020). On one hand, there was no established scientific evidence that burial would increase the risk of spreading the coronavirus (SRFoRB et al. 2021:6). On the other hand, the WHO guidelines focused on respect for the dignity of the dead and their families, and for their religious and cultural traditions. However, with the adoption of such extreme measures, the Sri Lankan Minister of Health showed lack of consideration for and sensitivity to the community's religious and cultural practices (SRFoRB et al. 2020:2). Further, as a side effect, many poor and seriously ill Muslims avoided seeking medical help, because they feared that they would be cremated after death (SRFoRB et al. 2021:5).

Second, the Muslim community was not consulted or involved in the adoption of restrictions. Although these forms of engagement are not compulsory, they would “have been in accordance with the human rights principle of stakeholder participation and would also have been more effective from a public health perspective” (quoted in Goodman 2020). The SRFoRB, along with other UN experts, reiterated that an inclusive and participatory dialogue should take place whenever religious or cultural sensitivities are involved (SRFoRB et al. 2020:2).

Third, the SRFoRB expressed concern over the general context leading to the restrictions, which was characterized by “impunity for scapegoating and stigmatization of Muslims in Sri Lanka” (quoted in Goodman 2020). UN experts deplored “the implementation of such public health decisions based on discrimination, aggressive nationalism and ethnocentrism amounting to persecution of Muslims and other minorities in the country. ... Such hostility against the minorities exacerbates existing prejudices, intercommunal tensions, and religious intolerance, sowing fear and distrust while inciting further hatred and violence” (OHCHR 2021i; see also SRFoRB et al. 2021: 7).

## 5. Concluding remarks

UN experts insisted that the global COVID-19 crisis could not be solved only through public health and emergency measures, and it also called for a human rights-based approach:

Everyone, without exception, has the right to life-saving interventions and this responsibility lies with the government. ... Everybody has the right to health. ... Advances in biomedical sciences are very important to realize the right to health. But equally important are all human rights. The principles of non-discrimination, participation, empowerment and accountability need to be applied to all health-related policies. (OHCHR 2020g)

The implementation of a human rights-based approach means that measures to combat the coronavirus may not serve as a justification for excessive use of force or for the suppression of fundamental freedoms (OHCHR 2020d, 2020f, 2020n).

Another key message emerging from the examined documents is the need for international solidarity and collaboration: “No country can beat this alone,” because “global threats require global responses” (Secretary-General 2020b:18). The GA repeatedly called for global solidarity and a coordinated and united response (2020b, 2020c, 2020e). The treaty-based bodies, too, urged “comprehensive, inclusive and universal COVID-19 human rights policies” (OHCHR 2021b). These steps

required the involvement of many parties (Secretary-General 2020b:13-14): national and local governments (OHCHR 2021h), parliaments (OHCHR 2021c) and civil society actors (SRFoRB 2020:18), including minorities (SRMI 2021:4) and faith leaders (Goodman 2020; OHCHR 2020a:5, 2020m, 2021g). The SRFoRB (2021b:3), the OHCHR (2021g) and other UN experts worked to advance the “Global Pledge for Action by Religious Actors and Faith-Based Organizations to Address the COVID-19 Pandemic in Collaboration with the United Nations,” a network of 21 institutions, organizations and communities (including Christian, Jewish, Islamic and Sikh ones), which responded to the UN call “to play a key role in addressing the pandemic by working together and translating common values into action,” and “to stand up and speak against hate speech and hate crimes, xenophobia, racism and all other forms of discrimination.” (Global Pledge for Action 2020:1-2).

In this context, the call for the inclusion of marginalized religious minorities should not be seen as mere rhetoric. Bearing in mind the role that religious actors have played throughout history in providing pastoral care and humanitarian services, including medical help (Goodman 2020), and in offering guidance for the believer’s everyday behavior, it is hard to envision an effective response to the COVID-19 pandemic and all its dramatic consequences without engaging the participation and contributions of religiously vulnerable groups, which in turn requires the recognition of their full dignity and the empowerment of their members in the political, economic, social and cultural spheres.

## References

### *UN sources*

- General Assembly [GA]. 2020a. *Child, early and forced marriage A/RES/75/167*, 16 December. Available at: <https://undocs.org/A/RES/75/167>.
- GA. 2020b. *Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic A/RES/74/306*, 11 September. Available at: <https://undocs.org/A/RES/74/306>.
- GA. 2020c. *Global solidarity to fight the coronavirus disease 2019 (COVID-19) A/RES/74/270*, 2 April. Available at: <https://undocs.org/en/A/RES/74/270>.
- GA. 2020d. *Rights of indigenous peoples A/RES/75/168*, 16 December. Available at: <https://undocs.org/A/RES/75/168>.
- GA. 2020e. *United response against global health threats: combating COVID-19 A/RES/74/307*, 11 September. Available at: <https://undocs.org/A/RES/74/307>.
- GA. 2021a. *A global call for concrete action for the elimination of racism, racial discrimination, xenophobia and related intolerance and the comprehensive implementation of and follow-up to the Durban Declaration and Programme of Action A/RES/76/226*, 24 December. Available at: <https://undocs.org/A/RES/76/226>.

- GA. 2021b. *Protection of migrants A/RES/76/172*, 16 December. Available at: <https://undocs.org/A/RES/76/172>.
- GA. 2021c. *Rights of indigenous peoples A/RES/76/148*, 16 December. Available at: <https://undocs.org/A/RES/76/148>.
- GA. 2021d. *Situation of human rights of Rohingya Muslims and other minorities in Myanmar A/RES/76/180*, 16 December. Available at: <https://undocs.org/A/RES/76/180>.
- GA. 2021e. *The situation in Myanmar A/RES/75/287*, 18 June. Available at: <https://undocs.org/A/RES/75/287>.
- Global Pledge for Action. 2020. *Global Pledge for Action by religious actors and faith-based organizations to address the COVID-19 pandemic in collaboration with the United Nations*. Available at: <http://bit.ly/3EgAoJ3>.
- Goodman, Ryan. 2020. *A conversation with UN Special Rapporteur Ahmed Shaheed: COVID-19 and Freedom of Belief*, 18 June. Available at: <http://bit.ly/3SchOyP>.
- Human Rights Committee [HR Committee]. 2021a. *Concluding observations on the fourth periodic report of Kenya CCPR/C/KEN/CO/4*, 11 May. Available at: <https://undocs.org/en/CCPR/C/KEN/CO/4>.
- HR Committee. 2021b. *Concluding observations on the second periodic report of Botswana CCPR/C/BWA/CO/2*, 24 November. Available at: <https://undocs.org/en/CCPR/C/BWA/CO/2>.
- HR Committee. 2021c. *Concluding observations on the seventh periodic report of Finland CCPR/C/FIN/CO/7*, 3 May. Available at: <https://undocs.org/en/CCPR/C/FIN/CO/7>.
- HR Committee. 2021d. *Concluding observations on the seventh periodic report of Germany CCPR/C/DEU/CO/7*, 30 November. Available at: <https://undocs.org/en/CCPR/C/DEU/CO/7>.
- HR Committee. 2021e. *Concluding observations on the third periodic report of Armenia CCPR/C/ARM/CO/3*, 25 November. Available at: <https://undocs.org/en/CCPR/C/ARM/CO/3>.
- Human Rights Council [HRC]. 2020. *Human rights implications of the COVID-19 pandemic A/HRC/43/L.42*, 27 May. Available at: <https://undocs.org/A/HRC/43/L.42>.
- Office of the High Commissioner for Human Rights [OHCHR]. 2020a. *COVID-19 and minority rights: Overview and promising practices*, 4 June. Available at: <http://bit.ly/3k783hD>.
- OHCHR. 2020b. *COVID-19 is devastating indigenous communities worldwide, and it's not only about health, UN expert warns*, 18 May. Available at: <http://bit.ly/3Idb4F2>.
- OHCHR. 2020c. *Coronavirus: Human rights need to be front and centre in response, says Bachelet*, 6 March. Available at: <http://bit.ly/3S6HAo4>.

- OHCHR. 2020d. *COVID-19 security measures no excuse for excessive use of force, say UN Special Rapporteurs*, 17 April. Available at: <http://bit.ly/3Kh6U1D>.
- OHCHR. 2020e. *COVID-19: Israel has 'legal duty' to ensure that Palestinians in OPT receive essential health services – UN expert*, 19 March. Available at: <http://bit.ly/3YVYRvg>.
- OHCHR. 2020f. *COVID-19: States should not abuse emergency measures to suppress human rights – UN experts*, 16 March. Available at: <http://bit.ly/3I716oN>.
- OHCHR. 2020g. *No exceptions with COVID-19: "Everyone has the right to life-saving interventions," UN experts say*, 26 March. Available at: <http://bit.ly/3XGwNLX>.
- OHCHR. 2020h. *Rights of persons belonging to national or ethnic, religious and linguistic minorities A/HRC/46/44*, 28 December. Available at: <https://undocs.org/A/HRC/46/44>.
- OHCHR. 2020i. *Rise in antisemitic hatred during COVID-19 must be countered with tougher measures, says UN expert*, 17 April. Available at: <http://bit.ly/3xvNpLb>.
- OHCHR. 2020j. *Situation of human rights of Rohingya Muslims and other minorities in Myanmar A/HRC/45/5*, 3 September. Available at: <https://undocs.org/A/HRC/45/5>.
- OHCHR. 2020k. *Situation of human rights of Rohingya Muslim minority and other minorities in Myanmar A/HRC/43/18*, 11 November. Available at: <https://undocs.org/A/HRC/43/18>.
- OHCHR. 2020l. *Statement by Michelle Bachelet addressing the disproportionate impact of COVID-19 on minority ethnic communities*, 24 November. Available at: <http://bit.ly/3IuZkzc>.
- OHCHR. 2020m. *UN expert warns against religious hatred and intolerance during COVID-19 outbreak*, 22 April. Available at: <http://bit.ly/413wJbk>.
- OHCHR. 2020n. *UN Human Rights Treaty Bodies call for human rights approach in fighting COVID-19*, 24 March. Available at: <http://bit.ly/3I4oGiW>.
- OHCHR. 2021a. *Combating intolerance, negative stereotyping and stigmatization of, and discrimination, incitement to violence and violence against, persons based on religion or belief A/HRC/46/67*, 11 January. Available at: <https://undocs.org/A/HRC/46/67>.
- OHCHR. 2021b. *Comprehensive, inclusive and universal COVID-19 human rights policies urgently needed – UN Treaty Bodies' statement on Human Rights Day*, 10 December. Available at: <http://bit.ly/41hGTpd>.
- OHCHR. 2021c. *COVID-19 pandemic recovery through a human rights lens: What contribution from parliaments?* 29 June. Available at: <http://bit.ly/4122OjY>.
- OHCHR. 2021d. *Historic consensus on freedoms of religion and expression at risk, say UN experts*, 23 March. Available at: <http://bit.ly/3EeQoeA>.

- OHCHR. 2021e. *Impact of the coronavirus disease (COVID-19) pandemic on the enjoyment of human rights around the world, including good practices and areas of concern A/HRC/46/19*, 18 January. Available at: <https://undocs.org/A/HRC/46/19>.
- OHCHR. 2021f. *Indigenous peoples have been disproportionately affected by COVID-19, senior United Nations official tells Human Rights Council*, 28 September. Available at: <http://bit.ly/3kzyRjc>.
- OHCHR. 2021g. *Side event: Global pledge for action by religious actors and faith-based organizations to address the COVID-19 pandemic in collaboration with the United Nations*, 7 July. Available at: <http://bit.ly/3XUCcPf>.
- OHCHR. 2021h. *Side event: The role of local government in ensuring human rights in post-pandemic recovery*, 1 October. Available at: <http://bit.ly/3KkExQ7>.
- OHCHR. 2021i. *Sri Lanka: Compulsory cremation of COVID-19 bodies cannot continue, say UN experts*, 25 January. Available at: <http://bit.ly/3k8u6Vc>.
- Permanent Mission of Switzerland to the United Nations Office and to the other international organisations in Geneva. 2015. *The Human Rights Council: A practical guide*. Available at: <http://bit.ly/4123hCK>.
- Secretary-General. 2020a. *Combating intolerance, negative stereotyping, stigmatization, discrimination, incitement to violence and violence against persons, based on religion or belief A/75/369*, 30 September. Available at: <https://undocs.org/en/A/75/369>.
- Secretary-General. 2020b. *COVID-19 and Human rights: We are all in this together*. Available at: <http://bit.ly/3S6Jxtq>.
- Secretary-General. 2020c. *The impact of COVID-19 on women*. Available at: <http://bit.ly/3xvP43n>.
- Secretary-General. 2021a. *Message for the International Day Commemorating the Victims of Acts of Violence Based on Religion or Belief*, 20 August. Available at: <http://bit.ly/3YWysxp>.
- Secretary-General. 2021b. *Message on the International Day of Older Persons*, 30 September. Available at: <https://www.un.org/sg/en/node/259841>.
- Special Adviser to the Secretary-General on the Prevention of Genocide. 2020. *Guidance note on addressing and countering COVID-19 related hate speech*, 11 May. Available at: <http://bit.ly/3lARz1w>.
- Special Rapporteur on freedom of religion or belief [SRFoRB] et al. 2020. *Comments on the circular by the Ministry of Health of Sri Lanka providing standard guidance on the autopsy practice and the disposal of COVID-19 related dead body LKA 2/2020*, 8 April. Available at: <http://bit.ly/3kbZaDI>.
- SRFoRB et al. 2021. *Communication concerning the cremation of dead bodies belonging to the Muslim community during COVID-19 pandemic LKA 8/2020*, 21 January. Available at: <http://bit.ly/3KiTI8>.

- SRFoRB. 2020. *Elimination of all forms of religious intolerance A/75/385*, 12 October. Available at: <https://undocs.org/A/75/385>.
- SRFoRB. 2021a. *Countering Islamophobia/anti-Muslim hatred to eliminate discrimination and intolerance based on religion or belief A/HRC/46/30*, 13 April. Available at: <https://undocs.org/A/HRC/46/30>.
- SRFoRB. 2021b. *Freedom of thought A/76/380*, 5 October. Available at: <https://undocs.org/A/76/380>.
- Special Rapporteur on minority issues [SRMI]. 2021. *Recommendations of the Forum on Minority Issues at its fourteenth session on the theme "Conflict prevention and the protection of the human rights of minorities" A/HRC/49/81*, 31 December. Available at: <https://undocs.org/A/HRC/49/81>.
- UN Human Rights Treaty Bodies Working Group on COVID-19. 2020. *Concept note*. Available at : <http://bit.ly/3lNoNI4>.
- UN Network on Racial Discrimination and the Protection of Minorities. 2020. *Leave no one behind: Racial discrimination and the protection of minorities in the COVID-19 crisis*, 29 April. Available at: <http://bit.ly/3lXitu3>.
- UN Network on Racial Discrimination and the Protection of Minorities. 2021a. *Checklist to strengthen UN work at country level to combat racial discrimination and advance minority rights*, 19 March. Available at: <http://bit.ly/3xyg426>.
- UN Network on Racial Discrimination and the Protection of Minorities. 2021b. *Workplan 2021-2025*. Available at: <https://bit.ly/3lLdeV1>.

### **Literature**

- Balsamo, Fabio and Daniela Tarantino (eds.) 2020. *Law, Religion and the Spread of COVID-19 Pandemic*, Pisa: Diresom Papers no. 2.
- Bhatia, Abhishek et al. 2018. "The Rohingya in Cox's Bazar: When the Stateless Seek Refuge." *Health and Human Rights Journal*, 20(2):105-122.
- Consorti, Pierluigi (ed.) 2020. *Law, Religion and Covid-19 Emergency*, Pisa: Diresom Papers no. 1.
- Cucinotta, Domenico and Maurizio Vanelli. 2020. "WHO Declares COVID-19 a Pandemic." *Acta Biomedica*, 91(1):157-160.
- Du Plessis, Georgia Alida. 2021. "COVID-19 and Limitations to the International Right to Freedom of Religion or Belief." *Journal of Church and State*, 63(4):619-647.
- Eurac. 2021. *Eurac Research Webinar Briefs. Minorities and COVID-19*. Available at: <http://bit.ly/3Iuvmu7>.
- Foundation The London Story. 2021. *Status of Rohingyas in India, Submission to the Office of High Commissioner for Human Rights, Call for Input. Status of Persecuted Minorities*. Available at: <http://bit.ly/3S6TxD4>.

- Howard, Jo. 2021. *Understanding Intersecting Vulnerabilities Experienced by Religious Minorities Living in Poverty in the Shadows of COVID-19*, Brighton: Institute of Development Studies/CREID.
- Islam, Mohammad Mainul and MD Yeasir Yunus. 2020. "Rohingya Refugees at High Risk of COVID-19 in Bangladesh." *The Lancet Global Health*, 8(8):e993-e994.
- Kothari, Miloon, 2013. "From Commission to the Council: Evolution of UN Charter Bodies," in *The Oxford Handbook of International Human Rights Law*, edited by Dinah Shelton. Oxford: Oxford University Press, 587-620.
- Madera, Adelaide (ed.) 2021. *The Crisis of Religious Freedom in the Age of COVID-19 Pandemic*, Basel: MDPI.
- Manamperi, Lakmali Bhagya. 2023. "A critical human rights perspective on the Sri Lankan government's forced cremation policy of COVID-19 deceased in the context of religious majoritarianism." *International Journal for Religious Freedom*, 16(1):105-116.
- Martínez Torrón, Javier and Belén Rodrigo Lara (eds.) 2021. *COVID-19 y libertad religiosa*, Madrid: Iustel.
- Mégret, Frédéric and Philip Alston (eds.) 2020. *The United Nations and Human Rights: A Critical Appraisal*, Oxford: Oxford University Press.
- Mertus, Julie A. 2009. *The United Nations and Human Rights: A Guide for a New Era*, New York: Routledge.
- Minority Rights Group International. 2017. *World Directory of Minorities and Indigenous Peoples – Myanmar/Burma: Muslims and Rohingya*. Available at: <http://bit.ly/3lIGhIS>.
- Pew Forum. 2021. *Key Findings about Restrictions on Religion Around the World in 2019*, 30 September. Available at: <https://pewrsr.ch/3S9IAAZ>.
- Rahman, Utpala. 2010. "The Rohingya Refugee: A Security Dilemma for Bangladesh." *Journal of Immigrant & Refugee Studies*, 8(2):233-239.
- Ramcharan, Bertrand G. 2002. *The United Nations High Commissioner for Human Rights: The Challenges of International Protection*, The Hague: Martinus Nijhoff.
- Rodley, Nigel S. 2013. "The Role and Impact of Treaty Bodies," in *The Oxford Handbook of International Human Rights Law*, edited by Dinah Shelton. Oxford: Oxford University Press, 621-648.
- Tolley, Howard Jr. 2019. *The U.N. Commission on Human Rights*, New York: Routledge.
- Ware, Anthony and Costas Laoutides. 2018. *Myanmar's "Rohingya" Conflict*, London: Hurst.