

Mandates of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; the Working Group of Experts on People of African Descent; the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

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9 February 2022

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; Working Group of Experts on People of African Descent; Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and human rights and Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, pursuant to Human Rights Council resolutions 43/36, 45/24, 43/4, 42/16 and 41/18.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning allegations of **systemic and structural racial discrimination against Afro-Brazilians that has been exacerbated due to the COVID-19 pandemic**. The information we have received raises concerns that discriminatory policies and practices against People of African Descent in Brazil violate your Government's obligations under international law, namely the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), and the international standards contained in the Durban Declaration and Programme of Action (DDPA). We are alarmed by reports that systemic racial discrimination and racist violence against Afro-Brazilians has been exacerbated in recent years, with this regression accelerated by the public and private response to the COVID-19 pandemic.

According to the information received:

The ongoing COVID-19 pandemic has compounded deeply entrenched systemic racism against Afro-Brazilians. Civil society organizations report that while Afro-Brazilians have long faced racist and xenophobic violence, discrimination, deprivation and hate speech, the Government's response to COVID-19 and the racially disproportionate effects of the pandemic have exacerbated the scope and human cost of systemic racism in Brazil.

Tracking racial inequality in health outcomes has been made difficult by the Government's decision early in the pandemic to remove ethnic and racial indicators from COVID-19 public health data. Nevertheless, private surveys and studies, as well as the experiences of civil society actors, have shown the grave impacts of the pandemic on Brazil's most vulnerable groups, particularly Afro-Brazilians. These impacts have allegedly been worsened by

the Brazilian Government's failure to comply with important human rights obligations relating to racial equality and non-discrimination.

The first reported victim of COVID-19 in Brazil was a 63-year-old Black woman, who worked as a domestic worker. While domestic work was considered essential during the pandemic, it also made domestic workers one of the most vulnerable groups during the pandemic.

When limited COVID-19 racially disaggregated data and data disaggregated by ethnic origin have initially been made available, it became obvious that in Brazil, the Black population was most vulnerable to death from COVID-19.

Afro-Brazilian men are the most likely group to die from COVID-19 in the country. At one point, their rates of death were almost three times higher than the standardized rate for white women. The Afro-Brazilian population has been historically neglected by public health policies, and this neglect has persisted into the pandemic. This is evident through the available data on comorbidities among Afro-Brazilians that make them especially vulnerable to COVID-19; lack of testing; the prescription of ineffective or dangerous treatments for COVID-19; and the scale of preventable deaths from COVID-19.

Throughout the pandemic, the Government has struggled to thoroughly test the entire population. There are some reports that the Afro-Brazilian population was disproportionately under-tested for COVID-19. For example, at the beginning of the pandemic, one NGO reported that 37.5% of Black people were tested while 82.3% of white people were tested. While this difference was reduced later in the pandemic, there is still a disproportionately low rate of testing of the Afro-Brazilian population.

Government leaders have apparently insisted on the use of certain drugs to treat COVID-19 without scientific evidence of their medical efficacy and with the possibility of serious side effects. And, although hospital bed occupancy data are not disclosed, there are fears that widespread shortages in hospital beds have led to the under treatment of Afro-Brazilians.

During local efforts to provide support to Black and low-income Brazilians, many people reported not having enough food during social isolation, and the increased economic vulnerability of Afro-Brazilians during the pandemic. For example, in the first months of the pandemic, the unemployment rate increased for all racial groups, with an overall average from 10.7% to 13.1% between May and July 2020. For Afro-Brazilians, this increase in unemployment rates was even higher: from 12.25 to 15.15%.

Since June 2020, official data on COVID-19 were released without disaggregation of ethnic or racial origin. In August 2020, the Federal Senate approved a bill that requires health agencies to record data such as ethnic-racial markers, age, sex, disability condition and location of patients with COVID-19, but it has not been approved by the Chamber of Deputies. The data that had been collected early in the pandemic containing ethnic-racial markers indicated that the lethality of COVID-19 was five times higher for Afro-Brazilians than for white Brazilians. The lack of disaggregated data on

COVID-19 has substantially impacted analyses of the health and mortality of the Black population during the pandemic.

Racialized Exclusion from Information and Communications Technology

Digital exclusion is primarily experienced by Afro-Brazilians, people living in poverty and indigenous peoples. 2019 data indicate that only 48% of the indigenous population, 55% of Black people and 57% of brown people have used computer at least once in their lives. For white Brazilians, the rate is 63%.

The problem of access to information especially affects *quilombola* communities. These communities are particularly vulnerable during the pandemic because they are dependent on information from private broadcasting and social networks. Studies indicate that the majority of these communities claim to depend on private TV and radio channels and social networks to learn information about the pandemic. However, commercial radio and TV networks produce little to no information intended for this audience. The difficulty of access to information is compounded by the absence of electricity in several territories, which makes radio the only alternative to access to information. Agencies responsible for *quilombola* issues, such as the National Institute of Colonization and Agrarian Reform and the Ministry of Agriculture, Livestock and Supply, primarily cater to the interests of agrobusiness and largely have not taken on the role of effectively providing COVID-19 information and guidance to *quilombola* communities.

The lack of access to communications technology for the poor and racially excluded has meant that during the pandemic these communities face major barriers in realizing their rights to education, information, health, culture and leisure.

Civil society actors have also reported that *quilombola* communities, along with indigenous peoples, are increasingly denied consultation with the Government regarding policies and programmes which affect their communities.

The Afro-Brazilian LGBTI Community

Widespread violence and hate speech directed at Afro-Brazilians LGBTI Brazilians has led to low quality of life and human rights violations for many in the Afro-Brazilian LGBTI community.

Brazil experiences one of the largest rates of murders of LGBTI people in the world, with gay people and people identifying under the “trans” umbrella accounting for more than 94.9% of these murders. 82% of these victims are Afro-Brazilian trans people. According to some surveys, more than half of all reported acts of violence against the LGBTI population in Brazil are directed against Afro-Brazilian people.

Despite important legal progress for LGBTI equality in Brazil, few LGBTI people can fully enjoy the benefits of this equality. The Black LGBTI population still exists in a situation of social vulnerability and continues to

widely lack access to non-discriminatory education; access to health care and dignified treatment in the health system; representation in public offices; consistent, accessible and non-stigmatized distribution of antiretroviral drugs; humane medical therapies; humane treatment by law enforcement officers and others; remedy for victimization by public and private bodies; and reparatory policies and educational quotas.

Social distancing and quarantines imposed by COVID-19 public health responses have been particularly challenging and even dangerous for lesbian, gay, bisexual, transgender and intersex Brazilians. Due to confinement, many people faced ill-treatment and physical or psychological violence, as they were forced to live in close quarters with family members who reject them.

According to one survey, the unemployment rate among LGBTI Brazilians was 21.6%, nearly double the rate of the entire Brazilian population which is 12.1%. Several Government programmes to protect the rights of LGBTI people have been eliminated or curtailed and other changes have eliminated efforts to acknowledge LGBTI challenges in official policies.

The current uncertainty and public response to the pandemic may also aggravate pre-existing mental health problems common among LGBTI people, such as loneliness, depression, anxiety and suicidal ideation. Studies show the LGBTI population is particularly vulnerable to mental health challenges, and these risks are escalated among trans and Afro-Brazilian sectors of this community.

Currently, much of the Brazilian trans population lives in poverty, and many members of this community rely on income from sex work in order to survive. LGBTI Brazilians living in poverty have lost income stability from this line of survival work and others due to the pandemic. In large municipalities, some Afro-Brazilian LGBTI people have had to break social distancing guidelines in order to find enough income to survive due to lack of Government support.

In addition to not being able to afford to comply with health recommendations, some trans people were also prevented from receiving emergency aid offered by the Government due to obstacles in the recognition of their name and gender on civil identity markers, such as Social Security numbers and identity cards. The Government has developed specific guidelines for the treatment of LGBTI people due to COVID-19, but these guidelines have failed to address specific cases of trans people who have changed their name and gender, and who have not been able to complete the process. These persons are unable to receive emergency aid because they have pending documentation or no official documentation at all.

While we do not wish to prejudge the accuracy of these allegations, we are deeply concerned that Afro-Brazilians have historically faced high levels of systemic racial discrimination, and this systemic racial discrimination has been recently exacerbated by the COVID-19 pandemic. We urge your Excellency's Government to ensure that People of African Descent are guaranteed the legal protections and social supports that allow them to fully exercise their civil, political, economic, social and cultural rights as recognized under international law.

The principles of racial equality and non-discrimination are fundamental norms of international human rights law, articulated in all core international human rights treaties, including the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC).

The information received by our mandates indicates that the COVID-19 pandemic has exacerbated the systemic violation of international legal obligations on a racialized basis. These include the prohibition against racial discrimination; the right to freedom of expression and opinion, including the right to information; the right to life; the right to health; the right to adequate housing; the right to food; and the right to social security.

We would also like to remind your Government that, according to the Convention on the Elimination of All Forms of Racial Discrimination (ICERD), which Brazil ratified in 1968, “racial discrimination” is defined in article 1(1) as “any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.” In addition, article 2 of the Convention requires States to condemn racial discrimination and pursue policies to eliminate it. Further, article 5 of the Convention refers to “the right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution.” Under these provisions, the equality guarantee of the international human rights framework is substantive, and ICERD therefore requires States Parties to take action to combat both intentional or purposeful racial discrimination as well as *de facto* or unintentional racial discrimination. This interpretation is confirmed by the Committee on the Elimination of Racial Discrimination’s authoritative General Recommendation No. 32 on the meaning and scope of special measures in the International Convention on the Elimination of All Forms Racial Discrimination. In this regard, your Excellency’s Government has an obligation to refrain from formal racial discrimination while also acting to eliminate systemic discrimination in social and health outcomes.

We also refer to the International Covenant on Civil and Political Rights (ICCPR), which Brazil acceded to on 24 January 1992. In addition to enshrining the non-discrimination principle in articles 2 and 26, the ICCPR also recognizes the right to life (art. 6), the right to freedom of opinion and expression, which includes the right to information (art. 19); the right to participate in the political process (art. 25); and the right to cultural autonomy for ethnic and religious minorities (art. 27). The marginalization and isolation of *quilombola* communities, as well as the violation of legal commitments to include these communities in political decision-making which affects them, threaten the rights protected under article 25.

We are also concerned about potential violations of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which Brazil acceded to on 24 January 1992. The ICESCR recognizes several human rights protections, including the right to health; the right to an adequate standard of living, which includes adequate food, clothing and housing; and the right to social security.

As the Committee on Economic, Social and Cultural Rights has recognized, the right to health under article 12 is not the “right to be healthy.” Rather, the right to health entails the availability, accessibility, acceptability and quality of health-care goods, services and facilities, and the State must guarantee that these aspects of health care will not be restricted on the basis of race, indigeneity, gender or another social status. As such, allegations that Afro-Brazilians are being systemically under-treated during the COVID-19 pandemic and are more vulnerable to serious disease due to pre-existing social determinants of health raise major concerns about the fulfillment of article 12. In addition, the information received indicates that good-quality information about COVID-19 disease prevention and treatment is not being disseminated to isolated populations, including *quilombola* communities, and there are also concerns that some government actors are promoting unproven or unsafe COVID-19 treatments that are putting people at risk of further health complications.

We note that paragraph 92 of the Durban Programme of Action establishes the importance of disaggregating data on the basis of race in order to better track the effects of structural racism on social and health outcomes, and we are concerned by reports that your Excellency’s Government has not mandated the collection of high-quality disaggregated data on the impact of the COVID-19 pandemic.

The right to food and the right to adequate housing are both aspects of the right to an adequate standard of living, recognized by article 11 of the ICESCR. These rights apply even in times of public emergency. We refer to the CESCR General Comments No. 7 and No. 12 for further information on how both rights must be guaranteed by States parties during the COVID-19 pandemic. We are especially concerned by indications that *quilombola* communities have been economically devastated by the pandemic with inadequate government support for necessities.

We also note that the ICESCR recognizes the right to social security, as provided for by article 9. The information above indicates that the need for social security is not being met for a wide assortment of racialized groups, including Afro-Brazilians, many of whom can’t access the emergency support they are legally entitled to because of documentation issues. As the Committee on Economic, Social and Cultural Rights noted in its General Comment No. 19, “[t]he Covenant thus prohibits any discrimination, whether in law or in fact, whether direct or indirect, on the grounds of race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to social security.”

As the Human Rights Council has recognized, LGBTI people are protected by the non-discrimination principle of international human rights law, and we are especially concerned by high levels of systemic violence and discrimination directed against LGBTI people and Afro-Brazilians, and in particular, at the intersections of these communities.

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.
2. Please indicate whether your Excellency's Government intends to collect high-quality disaggregated data on COVID-19 outcomes and effects which allow the comparison across racial, ethnic, gender, class and other social categories, in compliance with the guidelines offered by the Durban Declaration and Programme of Action and the Office of the High Commissioner for Human Rights on a human rights approach to data collection.
3. If your Excellency's Government has collected high-quality disaggregated data on COVID-19 outcomes and effects, please share the most recent data and indicate a timeline for the dissemination of further data.
4. Please indicate how your Excellency's Government intends to protect, inform and support racialized, excluded or isolated communities, particularly quilombola communities.
5. Please indicate how your Excellency's Government intends to protect LGBTI Brazilians, particularly LGBTI Afro-Brazilians, including Afro-Brazilian trans women, from endemic violence, discrimination and deprivation, and ensure that they are able to access social security and other forms of government protection with correct and trans-inclusive documentation.
6. Please indicate how the Government plans to expand Internet and communications access, including access to accurate and appropriate health information, to isolated communities, such as quilombola communities.
7. Please provide information on Government efforts to extend social support to all entitled to it while avoiding discrimination on the basis of race. Please provide updated information on efforts to protect individuals forced into informal work for survival and provide housing and food to vulnerable people.

This communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, we urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

We may publicly express our concerns in the near future as, in our view, the information upon which the press release will be based is sufficiently reliable to indicate a matter warranting immediate attention. We also believe that the wider public should be alerted to the potential implications of the above-mentioned allegations. The press release will indicate that we have been in contact with your Excellency's Government's to clarify the issue/s in question.

Please accept, Excellency, the assurances of our highest consideration.

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Annex

Reference to international human rights law

In connection with above alleged facts and concerns, we would like to draw the attention of your Excellency's Government to the relevant international norms and standards that are applicable to the issues brought forth by the situations described above.

We would like to remind your Government that, according to the **Convention on the Elimination of All Forms of Racial Discrimination (ICERD)**, which Brazil ratified in 1968, "racial discrimination" is defined in **article 1(1)** as "any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life." In addition, **article 2 of the Convention** requires States to condemn racial discrimination and pursue policies to eliminate it. Further, **article 5 of the Convention** refers to "the right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution." Under these provisions, the equality guarantee of the international human rights framework is substantive, and ICERD therefore requires States Parties to take action to combat both intentional or purposeful racial discrimination as well as *de facto* or unintentional racial discrimination. This interpretation is confirmed by the Committee on the Elimination of Racial Discrimination's authoritative **General Recommendation No. 32 on the meaning and scope of special measures in the International Convention on the Elimination of All Forms Racial Discrimination**.

We recall several relevant portions of the **Durban Declaration and Programme of Action (DDPA)**, which expressed "deep concern whenever indicators in the fields of, inter alia, education, employment, health, housing, infant mortality and life expectancy for many peoples show a situation of disadvantage, particularly where the contributing factors include racism, racial discrimination, xenophobia and related intolerance" and laid out several action steps to achieve substantive racial equality. The DDPA urges States "to collect, compile, analyse, disseminate and publish reliable statistical data at the national and local levels and undertake all other related measures which are necessary to assess regularly the situation of individuals and groups of individuals who are victims of racism, racial discrimination, xenophobia and related intolerance".

We refer to the **International Covenant on Civil and Political Rights (ICCPR)** which your Excellency's Government acceded to on 24 January 1992, particularly article 2, which guarantees the right to remedy, and article 6, which guarantees the right to life. In the Human Rights Committee's **General Comment 36 on the right to life**, the Committee observes that: "The duty to protect the right to life requires States parties to take special measures of protection towards persons in situation of vulnerability whose lives have been placed at particular risk because of specific threats or pre-existing patterns of violence. These include ... members of ethnic and religious minorities and indigenous peoples, lesbian, gay, bisexual, transgender and intersex (LGBTI) persons ..." The Committee also states: "The duty

to protect life also implies that States parties should take appropriate measures to address the general conditions in society that may give rise to direct threats to life or prevent individuals from enjoying their right to life with dignity. These general conditions may include high levels of criminal and gun violence ... extensive substance abuse, widespread hunger and malnutrition and extreme poverty and homelessness. The measures called for addressing adequate conditions for protecting the right to life include, where necessary, measures designed to ensure access without delay by individuals to essential goods and services such as food, water, shelter, health-care, electricity and sanitation, and other measures designed to promote and facilitate adequate general conditions such as the bolstering of effective emergency health services, emergency response operations (including fire-fighters, ambulances and police forces) and social housing programs. ... An important element of the protection afforded to the right to life by the Covenant is the obligation on the States parties, where they know or should have known of potentially unlawful deprivations of life, to investigate and, where appropriate, prosecute such incidents ...”

We also recall **article 19 of the ICCPR**, which provides that “[e]veryone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.” In his report to the Human Rights Council on the topic of disease pandemics, the former Special Rapporteur on the promotion and protection of freedom of expression emphasized that in a moment of a global pandemic, the right of access to the Internet should be “seen for what it is: a critical element of health-care policy and practice, public information and even the right to life” (A/HRC/44/49). An open and secure Internet should be counted among the leading prerequisites for the enjoyment of the freedom of expression, and the pandemic highlights not only the importance of digital access to health-care information, but also the profound need for expanding infrastructure to allow for access in the first place (Ibid. para.29). The Special Rapporteur stated that significant resources should be devoted to expanding broadband Internet access to those who do not currently enjoy it, which includes “ensuring that historically disadvantaged groups, and especially women, have robust, meaningful and affordable access to the Internet” (Ibid).

Furthermore, we would like to bring to your Government’s attention **article 26 of the ICCPR** stating that “all persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

We would like to remind your Excellency’s government of its obligations under the **International Covenant on Economic, Social and Cultural Rights (ICESCR)** (acceded to by Brazil on 24 January 1992) to respect, protect and fulfill several human rights on the basis of non-discrimination and equality, including the right to social security, the right to an adequate standard of living, which includes the right to food, the fundamental right to be free from hunger and the right to adequate housing, and the right to health. **Article 25 of the Universal Declaration of Human Rights (UDHR)** also recognizes the right of everyone “to a standard of living adequate for the health and well-being of himself and of his family, including food.”

In terms of the right to health, we would also like to specifically highlight **article 12(2)(c)**, which obliges States to take the steps necessary for the “prevention, treatment and control of epidemic, endemic, occupational and other diseases”. In this connection, the Committee on Economic, Social and Cultural Rights has established that States must ensure that health-care goods, services and facilities are available in adequate quantity (availability); are financially, geographically and physically accessible, including accessible information and communication, without discrimination (accessibility); are respectful of medical ethics, culturally appropriate and sensitive to gender and life-cycle requirements (acceptability); and scientifically and medically appropriate and of good quality (quality). These requirements are articulated in the Committee’s **General Comment No. 14 on the right to health**.

Furthermore, **article 11(1) of the ICESCR** stipulates that States “recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions” and requires them to “take appropriate steps to ensure the realization of this right.” The Committee on Economic, Social and Cultural Rights, which monitors the implementation of the ICESCR, has further defined the core content of the right to food in its **General Comment No. 12**, along with the corresponding obligations of States to respect, protect and fulfill the right to food. The Committee considers that the right to adequate food implies, *inter alia*, availability of food and accessibility of food, which encompasses both economic and physical accessibility. Whenever an individual or group is unable, for reasons beyond their control, to enjoy the right to adequate food by the means at their disposal, States have the obligation to provide that right directly. The Committee states that especially disadvantaged groups may need special attention and sometimes priority consideration with respect to accessibility of food. As a fundamental human right, the right to adequate food applies in emergency situations, including public health emergencies.

The Committee’s **General Comment No. 19 on the right to social security** explicates article 9 of the ICESCR and recognizes the importance of ensuring human dignity through social security and lays out non-discrimination and equality features of this right. The Committee notes that States parties must “guarantee that the right to social security is enjoyed without discrimination (article 2, paragraph 2, of the Covenant), and equally between men and women (article 3). The Covenant thus prohibits any discrimination, whether in law or in fact, whether direct or indirect, on the grounds of race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to social security.” The Committee goes on to conclude that “States parties should ensure that legislation, policies, programmes and the allocation of resources facilitate access to social security for all members of society” and “States parties should give special attention to those individuals and groups who traditionally face difficulties in exercising this right, in particular ... minority groups ...”

Access to information is a part of the right to freedom of opinion and expression and the right to health. As the Special rapporteur on the promotion and protection of the right to freedom of opinion and expression wrote in his 2020 thematic report to the Human Rights Council (**A/HRC/44/49**), “Even apart from Internet shutdowns, the pandemic, and the importance of digital access to health-care

information, highlights the profound need for expanding infrastructure to allow for access in the first place... [S]ignificant resources should be devoted to expanding broadband Internet access to those who do not now enjoy it. This includes not only providing communities with access but also ensuring that historically disadvantaged groups, and especially women, have robust, meaningful and affordable access to the Internet (see A/74/493).”

The jurisprudence, general comments and concluding observations of United Nations treaty bodies have consistently held that sexual orientation and gender identity are prohibited grounds of discrimination under international law. The Human Rights Council has expressed grave concern at acts of violence and discrimination committed against individuals because of their sexual orientation or gender identity. States’ obligations to combat discrimination against LGBTI persons is also directly linked to their obligation to prevent and combat gender-based violence and guarantee the right to life under ICCPR article 6.