

**Joint Swedish civil society response
Special Procedure mandate holders to questionnaire
Protecting human rights during and after the COVID-19**

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Compiled by
The Swedish Foundation for Human Rights



Responding organisations: Afro-Swedish National Association · Anti-Discrimination Office Stockholm North · Anti-Discrimination Office Uppsala · Association of the Swedish Deafblind · FIAN Sweden · Föreningen HEM · Independent Living Institute · National Association of the Deaf · National Forum for Voluntary Organisations in Sweden · Ordfront · RFSU - Swedish Association for Sexuality Education · Slow Food Sápmi · STIL - Personal Assistance and Activism · Swedish Association of the Hard of Hearing · Swedish Association of the Visually Impaired · Swedish Disability Rights Federation · Swedish Foundation for Human Rights · Swedish Women's Lobby · The Order of the Teaspoon · Swedish Association of Hard of Hearing Young People

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Introduction

Sweden is a unitary state, with regions and municipalities with far reaching local autonomy. In combination with its independent governmental agencies, insight into and common knowledge about division of responsibilities and hence accountability can be tricky. An example is the division of responsibilities between the regions and municipalities: the regions are responsible for health care and the municipalities are responsible for elderly care. This complexity has become painfully obvious during the pandemic, and could explain some of the decisions made on a national level, based on the assumption of the doings on the regional and local levels. The setup with independent governmental agencies also render difficulties when it comes to accountability, perhaps mainly because decision procedures are not quite clear to the average citizen. UN treaty bodies have given Sweden recurring recommendations on handling the division of responsibilities regarding human rights obligations.¹

Common questions

Impact on human rights

1. COVID-19 is classified as dangerous to public health and to society and is as such subject to the Swedish Communicable Diseases Act. This means that infected persons must follow certain rules of conduct in order to prevent from infecting others.²

The Swedish strategy emanates from the Swedish Communicable Diseases Act. (2004:168). The act gives citizens freedom to decide about their own lives. It also expects citizens to take responsibility and it gives the duty bearers the responsibility to inform and give recommendations, hence enabling informed decision making. The act manifested a paradigm shift, moving focus from coercive actions from the authorities to the individual's responsibility to be cautious in order to prevent the spread of infection.³ In addition recommendations are given by expert epidemiologists at the Public Health Agency, taking a holistic approach on the public health of the population, not only the spread of infection. The strategy has focused on "flattening the curve" in order to not overburden the health care system. Hence, direct limitations of human rights caused by legislation and bans may have been less flagrant than in many other countries, e.g. freedoms of expression, movement and association as well as the rights to education and to work.

Even though it may be too early to judge which strategy has worked the best, the fact that the pandemic has harvested so many lives,⁴ is a matter of great concern. According to statistics age has been an important factor but allegedly also social, geographic and economic background. There is a need to evaluate if the loss of lives in reality also is a violation of the right to life and if the Swedish strategy has neglected or failed to protect the right to life and the right to the health for some affected individuals or groups of individuals; in particular the elderly and the socially and economically disadvantaged. But also if structural discrimination in society has directly or indirectly effected everyone's right to the enjoyment of the highest attainable standard of physical and mental health.

As the Swedish strategy is based primarily on recommendations of social distancing and on avoiding general transportation and working from home, there are of course many groups in society that are

¹ Read more in e.g. (e.g. CRPD 2014, CRPD/C/SWE/CO/1; CESCR 2016 E/C.12/SWE/CO/6).

²<https://vardgivarguiden.se/globalassets/kunskapsstod/smittykydd/smittykyddsblad/patientinformation/Covid-19/Covid-19---patientinformation-pa-engelska.pdf>

³ <https://www.dn.se/debatt/sverige-valde-coronastrategi-med-2004-ars-smittykyddslag/>

⁴Number of deceased 18 June 2020: 5004: <https://experience.arcgis.com/experience/09f821667ce64bf7be6f9f87457ed9aa>

unable to protect themselves from contagion through these pieces of advice.⁵ This is in particular true for a growing group of homeless people – including poor EU-migrants, undocumented immigrants and asylum seekers whose applications have been rejected. NGOs involved in social voluntary work have seen an increased need of support for people most vulnerable to the virus.⁶

Some decisions of a more determinate character have been taken by the government, such as restrictions on gatherings (at the moment max. 50 people). This government decree was decided through the use of the Public Order Act, which allows the government to rule by decree e.g. to prevent diseases to spread.

Examples of the consequences of social distancing and self-isolation:

- Increase in domestic violence against women. In March 2020, 194 cases of domestic violence against women (18 years and older) were reported, compared to 124 cases in March 2019.⁷
- Victims of honour related violence are at a greater risk as a result of the limited social contact during the pandemic.⁸
- People considered belonging to risk groups such as the elderly, or people with underlying health conditions, risk a degradation of their mental and physical health due to isolation - especially if they lack access to technological tools that enable virtual contact with friends and family.
- Reports have also been shared that self-isolation and the lack of social events have increased mental health issues and risks of domestic violence for LGBTI people.⁹

Weaknesses in geriatric care institutions and domestic care services for elderly led to an uncontrolled spread amongst the elderly.

- Cut-downs for decades
- Insecure employment by the hour, rotation between many different employees, lack of time to comply with proper care and hygiene standards due to tight schedules with too many to care for. Also insecure employments and shortcomings in the health insurance entail that if staff report sick, their contracts do not grant them any sickness benefit. It is also very difficult for individual employees to get hold of the unions for timely support because of COVID-19. Cases related to labour legislation have very a short period of prescription, and in this time of crises it is difficult to even get in touch with the unions due to their increased burden of labour. This is a limitation of individuals' possibility to claim their rights. In the European Court, for instance, the period of prescription has already been extended, which is not the case in Sweden.
- Lack of equipment and tests for employees within geriatric care.¹⁰
- Two examples of individuals being unfairly treated in restaurants because of fear of infection have been reported to the Anti-Discrimination Office Stockholm North. None of them could be considered discrimination, but possibly a violation of personal integrity or the right to food.

2. New guidelines have been put in place by the National Board of Health and Welfare, regarding how to prioritize COVID-19 patients for intensive care, e.g. "it is permissible to take into account the patient's biological age, that is, what patient benefit is possible given the patient's biological condition. There have been several testimonies (elderly, and persons in medical risk groups) in media about triage where people have been denied intensive care or care at all, based on these guidelines. The effects of these priorities need to be further investigated.

⁵ <https://www.folkhalsoguiden.se/nyheter/coronapandemin-drabbar-socioekonomiskt-utsatta-grupper-i-hogre-utstrackning/>

⁶ www.socialforum.se/wp-content/uploads/2020/04/Rapport-om-coronavirusets-konsekvenser-f%C3%B6r-civilsamh%C3%A4llet_Forum_200408.pdf

⁷ <https://www.svt.se/nyheter/lokalt/smaland/antalet-fall-med-kvinnor-som-blivit-misshandlade-av-sin-partner-har-okat>

⁸ www.tris.se

⁹ <https://sverigesradio.se/sida/artikel.aspx?programid=96&artikel=7475035>

¹⁰ <https://www.dagensarena.se/opinion/otrygga-anstallningsformer-en-katastrofal-corona-cocktail/>

The parliament asked the government to not provide in-home care for persons using their freedom of movement to temporarily reside in a different municipality than the one they normally reside in. This is expected to be treated shortly by the government.

- a. Some new laws were passed, such as closing of activities in school areas by extraordinary events in peacetime (2020:148). The measures were argued to be necessary due to the expected shortage, of resources like personnel and medical equipment in both intensive and basic hospital care.

When the pandemic started it was considered that there were very limited possibilities for the Government to, through the use of the Communicable Diseases Act, enact forceful decrees to urgently stop the virus from spreading. In early April the Government thus presented a bill to the Parliament that would give the Government expanded possibilities to unilaterally decide on measures to prevent the spread of COVID-19. The proposal would increase the powers of the government in an unprecedented manner and thus circumvent the parliament's power as legislators. As the situation was considered to be of urgency, the bill passed the Parliament in only a matter of days. The draft bill was referred to a very restricted group, excluding both directly and indirectly comments from civil society. On April 16 the new bill was passed. It is a temporary piece of legislation, only valid for three months and only in relation to the fight against the COVID-19. However, there is always a risk that this kind of legislation is more or less automatically prolonged, thwarting further public discussions. It is also worrying that legislative powers so quickly can be transferred to the government. It opens a loophole that may be used as a precedent for future governments and parliaments for other purposes. It should be added that the constitution does not require that laws transferring powers to the government are passed through a qualified majority vote, a simple majority suffice.

3. Lacking access to information and communication, health, education, social services e.g. personal assistance and other measures according to the law on support and services for people with disabilities, work and other means, but data is missing.

Information on COVID-19 was initially not made available to people with hearing and/or visual impairments or people who did not fully understand Swedish. It required an open letter to the government, the Public Health Ministry (FHM), the Swedish Civil Contingencies Agency (MSB), 1177 (Healthcare information), Swedish Public Service Television (SVT) to draw attention to the fact that Deaf people were denied important information in Sign Language. The letter resulted in:

- Sign Language interpretation at press conferences, both with physical interpreters in place and sign language interpretation in SVT.
- COVID-19 information in Sign Language at krisinformation.se (Emergency information from Swedish Authorities).

There are problems with the right to information for children with visual impairments, information on how to protect yourself is mainly visual and therefore not accessible if you cannot see. The information is not adapted for children, creating anxiety.

There are many elderly deaf/deafblind people, both in different care homes but also in their own home, where personal / home-help service and the equivalent do not know Sign Language. Persons with visual

impairments do not have the same access to technology and assistive devices as the rest of the Swedish population.¹¹ Consequently, they do not have equal access to information as the rest of the population.

People with deafblindness have major challenges adjusting, it is difficult to keep a distance when you need personal assistance. The consequences are isolation and ill health.

Isolation and physical distance create anxiety for those who cannot get visual confirmation from the surroundings. Fake news and speculation create anxiety.

Low vision clinics have stopped face to face rehabilitation visits for persons over 70. They only offer support by phone, video or a digital health application. Group activities are cancelled both for children and adults. Home visits are stopped. Some devices as magnifying glasses can be sent by post. Many have cancelled their appointments even if below 70. Support to pre-schools and schools are offered by Skype if possible. The consequences are longer waiting lists later on. The problems will be most severe for those waiting for their first visit to the low vision clinic.

Most regions have chosen to limit the possibility of physical Sign Language interpreters. Instead, most interpreting assignments are remote. These decisions have been made without consulting with the Deaf or the user councils. Regional differences create inequality, despite the fact that interpretation services should be equivalent throughout Sweden. Pupils with visual and/or hearing impairments have faced difficulties with distance education. In addition, much of the responsibility is put on the people with visual and/or hearing impairments to have the right technology and to know which platforms to use, and many need education and support.

The Swedish Association of Local Authorities and Regions (SALAR) has on two occasions asked the government to change the law so that municipalities can temporarily withdraw decisions, e.g. personal assistance, and place people in institutional homes against their will. The reason: to secure staffing in case many of the ordinary personnel are on sick leave. The government, fortunately, has not agreed on the request. Since the unemployment is high it is relatively easy to find substitutes. The municipalities and government agencies are not yet decreasing services officially on a broad scale, however there is risk that previous cuts to employment, social security and disability specific benefits will strike harder on the situation of disabled people in need of support from society than the general population.

Cervical screening test/gynaecological pap test is cancelled in parts of Sweden, e.g. the Stockholm and Gothenburg regions. At the same time a lot of women choose not to do the cervical screening test. Swedish Association for Health Professionals, say that it is important that the cancelled cervical screening test is rescheduled later on.¹²

Mammography is cancelled in large parts of Sweden, due to the risk of infection of COVID-19. The regions that don't cancel mammography are proceeding with scheduled appointment, but don't send out new ones. It is common that the patients' cancel their appointments out of fear for the risk of infection.¹³¹⁴

There are indications that personnel from youth guidance centres have been referred to other parts of the healthcare system. The youth guidance centres remain open, but only to appointments, not by drop in. The youth guidance centres have halted their visits to schools and are not accepting any visits from

¹¹ SRF report from 2015 about how persons with visual impairment use internet: https://www.srf.nu/globalassets/allmanna-dokument/rapporter/dalig-digital-delaktighet_juni-2015.docx_redigerad.docx

¹² <https://www.sodersjukhuset.se/avdelningar-och-mottagningar/bb-sos/sodermalms-barmorskor/>

¹³ <https://www.cancerfonden.se/rad-och-stod/coronavirus-och-cancer/paus-for-mammografi-och-ovrig-screening>

¹⁴ <https://sverigesradio.se/sida/artikel.aspx?programid=83&artikel=7439449>

schools. This has led to a fear of limited access especially for vulnerable groups who tend to visit these centres at drop in visits.

Access to abortion seems not to be affected by the pandemic. E.g. the Stockholm region has made a central queue/booking system for almost all clinics. Everyone that demands an abortion can have it within one week, as long as it is according to the abortion legislation.

The obstetric health care has been affected in the way that some regions in Sweden do not allow partners to stay with the person who has given birth. This has resulted in criticism.¹⁵

4. There is worry that costs related to the pandemic at state and municipal level can cause cost cuts in services for persons with disabilities. Even before the pandemic there has been a decline in the rights of persons with disabilities. There is a risk that the rights will be further weakened when the economy most likely deteriorates.

The impact on the economy will likely lead to a significant decrease of tax flow into the public sector, thereby limiting the space for support from society to the population in general, including and specifically persons with disabilities in need of a lot of support from society.

Many civil society organizations find it increasingly difficult to endure the economic and social consequences of the pandemic. Some are unable to perform humanitarian and hands-on human rights work due to the restrictions and recommendations. The government has introduced a number of financial measures in order to help NGOs to survive, however these only reach part of civil society. 50% of the members of the umbrella organization *National Forum for Voluntary Organizations* fear to go bankrupt or otherwise have to close down their work in a near future.¹⁶

The success of human rights and democracy are dependent upon a vibrant civil society, it will not develop progressively or survive with only a few strong NGOs left. Surviving the COVID-19 may be so overwhelming for many NGOs that there is no strength left for ordinary human rights work, or to bring attention to or participate in discussions in coming and complicated human rights' challenges. The result could contribute to a shrinking democratic space. With less or tired watch dogs, many important decisions risk go under the radar, such as the new, but much more restricted, asylum-policies, criminalization of racist organisations, amendments of the constitution to prohibit participation in terrorist organisations etc.

5. All measures taken by the government originate in protecting the right to life. However, the methods have affected certain groups more severely than others and the suspicion that this may result from inherent systematic discrimination in Sweden, in which we prioritize the majority (working) Swedes' needs rather than others, must be investigated. No human rights assessment has been made openly or explicitly. However, support packages from the state have been directed to people risking losing their employment. The authorization lacked obligations to take into consideration other effects on human rights, especially regarding disadvantaged groups.

Sweden has not ratified the ICESCR-OP, which implies that individuals will not be able to complain about their ESC rights having been violated. Neither does Sweden have a National Human Rights Institution, impeding an overall independent human rights analysis of actions taken and their effects on human rights.

¹⁵ <https://www.gp.se/debatt/att-porta-nyf%C3%B6r%C3%B6stas-partners-fr%C3%A5n-bb-skadar-b%C3%A5de-kvinnan-och-barnet-1.29022031>

¹⁶ https://www.socialforum.se/wp-content/uploads/2020/04/Rapport-om-coronavirusets-konsekvenser-P%C3%B6r-civilsamh%C3%A4llet_Forum_200408.pdf

Statistical information

1. Persons with disabilities are overrepresented in the statistics compared to the population at large. Many people with disabilities belong to a risk group but couldn't isolate themselves completely. More people living in residential arrangements (group homes) are affected than those living with personal assistance by themselves or with their family. It has been easier for the last group to minimize the contact with other people than those who live in institutional settings.¹⁷

Some socioeconomically disadvantaged areas have had a particular high spread of the virus, especially in the initial stages of the outbreak (Järva, Spånga Tensta, and Rinkeby Kista).¹⁸¹⁹

2. On April 27, 1,877 people 70 years and older had died in COVID-19, which corresponds to 90% of the total number of people who died in the disease in Sweden. Of the people who died, 50% lived in special housing, while 26% had home care. On May 11, 26 people who had a housing effort according to the law on support and services for persons with disabilities, had died of the disease with established COVID-19.²⁰

3. Information and data on the availability of health services.

In the field of personal assistance it has been a struggle to get access to testing and personal protective equipment, and still is somewhat difficult. Personal assistants were included in the prioritised testing only in mid-May. The same goes for supply of personal protective equipment. Regions are now increasingly allowing for testing personal assistants.²¹ Persons with disabilities were not included in testing until the beginning of June, unless they were hospitalized.²²

Protection of various groups at risk and indigenous peoples

1. There have been no particular recommendations for persons with disabilities. There are guidelines for personnel working with these persons. Measures have been taken but far too late in the process. The result is that COVID-19 has spread in homes for elderly and in special homes for persons with disabilities.²³ Accessible information about the virus have become available, e.g. easy to read, Sign Language and pictograms.

Socially disadvantaged groups in all of society risk being left behind, social and economic inequality increases in the aftermath of the pandemic. Persons already in vulnerable situations are affected more severely by unemployment, mental illness, and loneliness. Normally, civil society organisations constitute a safety net, but due to the consequences of the crisis on the organisations, the safety net risks falling apart.²⁴

b) + g): there has been an animated debate regarding the situation for elderly people during the ongoing pandemic. Several governmental institutions have been contacted in order to highlight the necessity to protect the health of older hard of hearing people. There is a need for easy access to healthcare-information and relevant medical equipment. The general government response has been increased funding for general medical equipment and public information regarding legislation and risks but no specific measures to protect people with hearing disabilities.

¹⁷ Statistics about Covid-19 among persons with disability (in Swedish): <https://www.socialstyrelsen.se/statistik-och-data/statistik/statistik-om-Covid-19/statistik-om-Covid-19-bland-personer-med-funktionsnedsattning/>

¹⁸ <https://mitti.se/nyheter/bekraftade-drabbats-cornona/>

¹⁹ <https://www.sll.se/verksamhet/halsa-och-varld/nyheter-halsa-och-varld/2020/04/14-april-antal-personer-med-Covid-19-per-kommunstadsdel/>

²⁰ <https://funktionsratt.se/funktionsratt-ratten-att-fungera-i-samhallet-pa-lika-villkor/jamlik-halsa/om-coronaviruset/>

²¹ <https://assistanskoll.se/20200520-Hallengren-assistenter-priotestning.html>

²² Testing indication for Covid-19 (in Swedish) <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/p/provtagningsindikation--misstankt-fall-av-Covid-19/>

²³ <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/statistik/rapportering-av-dodsfall.pdf>

²⁴ <https://www.socialforum.se/article/sarskilt-utsatta-grupper-drabbas-hart-av-corona-visar-ny-rapport/>

3. For more information, please see *Impact on HR*, bullet point 3.

The overall healthcare system is under stress and e.g. hard of hearing people have an increased risk of deteriorating health care.

Despite clear indications of increased risks for men's violence against women there is no statistical data available yet.^{25,26,27} The government decided in April to allocate 100 million SEK to organisations who work against honour related violence, domestic violence and violence towards women, children and LGBTI-persons.²⁸ Since then women's shelters in Sweden have called for a clearer allocation of the 100 million in order to ensure that the money supports women and children.²⁹

Women do most of the unpaid work in Sweden and the increased amount of childcare and housework due to the pandemic now risks reinforcing gender inequality, especially for single parent households.³⁰ The government decided that from 25th April if schools were to be shut down parents would be given temporary parental allowance.³¹ Still, mothers in single parent households are at a greater risk to be economically affected by the crisis as more of them already live close to the poverty line compared to fathers in single parent households.³² An especially vulnerable group is single mothers that have migrated to Sweden.³³ Temporary parental allowance will help women but the long-term effects like lower pensions and forfeited promotions remain. Elderly women live with low economic security, of 80 year olds in single households 37% of women (23% of men) live with low economic security.³⁴ This is a group close to the poverty line which limits their chances to keep themselves safe from the virus.

A majority of the economic recovery measures made by the government during the corona outbreak have aimed at helping businesses and prevent unemployment.³⁵ In order to make investments in sectors where women make up a considerable proportion of the labour force there needs to be investments into the Swedish welfare systems.

Persons with visual and/or hearing impairments have difficulties to keep distance to other persons. In some regions the special transportation service for persons with disabilities has allowed persons to travel alone in the car.

On the 7th of April persons using Braille received information in braille about the current crisis from the Public Health Agency.³⁶ There are three different brochures about COVID-19 in Braille and MP3-file. The Swedish Agency for Accessible media, MTM, have different information in Braille and as audio file.³⁷ MTM distribute regularly information from The Swedish Civil Contingencies Agency to all Braille readers registered at MTM. Some regions have audio file information.

²⁵ <https://www.unwomen.org/en/news/stories/2020/5/press-release-the-shadow-pandemic-of-violence-against-women-during-Covid-19> & <https://www.jamstalldohetsmyndigheten.se/nyhet/coronapandemin-okar-risken-for-vald-mot-kvinnor-och-barn?fbclid=IwAR00d3Dg58eC9pmgru10keFPPFLKdK4DFTHXd6cCno4h5DdJKwbhLTVCLP4>

²⁶ <https://sverigesradio.se/sida/artikel.aspx?programid=83&artikel=7468987>

²⁷ <https://www.jamstalldohetsmyndigheten.se/nyhet/coronapandemin-okar-risken-for-vald-mot-kvinnor-och-barn?fbclid=IwAR00d3Dg58eC9pmgru10keFPPFLKdK4DFTHXd6cCno4h5DdJKwbhLTVCLP4>

²⁸ <https://www.regeringen.se/pressmeddelanden/2020/04/socialstyrelsen-fordelar-100-miljoner-kronor-till-ideella-organisationer-for-att-mota-okad-utsatthet-med-anledning-av-coronaviruset/>

²⁹ <https://arbetet.se/2020/04/09/oronmark-regeringens-100-miljoner-till-kvinnor-och-barn/> &

³⁰ <https://www.jamstalldohetsmyndigheten.se/nyhet/osakert-om-obetalt-hemarbete-blir-mer-jamstallt-efter-coronapandemin> &

³¹ <http://www.sou.gov.se/wp-content/uploads/2015/03/Maria-Stanfors-Det-obetalda-hem-och-omsorgsarbetet.pdf>

³² <https://www.jamstalldohetsmyndigheten.se/nyhet/ensamstaende-foraldrar-riskerar-bli-en-utsatt-grupp>

³³ <https://www.jamstalldohetsmyndigheten.se/nyhet/ensamstaende-foraldrar-riskerar-bli-en-utsatt-grupp>

³⁴ <https://www.jamstalldohetsmyndigheten.se/nyhet/ensamstaende-foraldrar-riskerar-bli-en-utsatt-grupp>

³⁵ <https://www.scb.se/hitta-statistik/artiklar/2017/Lag-ekonomisk-standard-vanligt-for-aldre-kvinnor/>

³⁶ <https://www.regeringen.se/sveriges-regering/finansdepartementet/statens-budget/ekonomiska-atgarder-med-anledning-av-Covid-19/>

³⁷ <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/Covid-19/skydda-dig-och-andra/lattlast/>

³⁷ <https://www.mtm.se/nyheter-och-information-om-coronaviruset/>

Some municipalities have cooperated with civil society such as the Red Cross in order to help persons with disabilities to buy food.

4. There has been disruption of health care and psycho-social services, in part due to the risk of contagion, in part due to the focus on reallocating resources to the care of patients with COVID-19. In Sweden we are now talking about the big health care debt, created by the pandemic.

Social Protection

1. At the end of May, the Government presented a proposal for a temporary infectious disease cover. The proposal has been criticized for not including close relatives of people at risk.

The purpose of the temporary regulations is to contribute to increased protection for those who are most at risk of suffering from a particularly serious course of COVID-19 disease. The regulation is proposed to be introduced as a temporary regulation July - September.

The government is currently drafting an improved law about sickness benefits to grant people of certain risk groups the right to stay at home from work to avoid risk of infection.³⁸

2. The economic difficulties following corona has forced more and more girls and women into prostitution. The network Intedinhora (Not Your Whore) and the organisation Talita report that women start or return to prostitution and that the increased amount of women in prostitution and trafficking forces them to lower their prices and refrain from safety precautions in order to get clients. Not to mention the increased risks of catching COVID-19 that this group faces. No measures so far taken towards people who have sex for compensation.³⁹ In order to prevent an increase in trafficking and prostitution the government has to invest in exit programs, social services that aim to help victims leave prostitution and trafficking and stop the demand by financing more specialized prostitution units within every police district. During the outbreak the government has taken steps towards combatting trafficking and prostitution by proposing an expansion of the sex purchase act in Sweden which would also criminalize buying sex abroad and change minimum sentences.⁴⁰

Participation and consultation

1. RFSU, together with the region of Stockholm, have produced a short paper on the effects of the pandemic on SRHR. The paper includes topics such as sexual activities and the transmission of the virus, increased risk for unwanted pregnancies, increased worry from expecting parents, increased gender based violence, including honour based violence, and including towards LGBTI people and children. There are also assessments on health risks due to postponed cancer screenings and other preventive measures.⁴¹

Municipal autonomy entails different municipal responses to the pandemic. In general, persons with disabilities have not been actively involved in the work. Due to visit restrictions, relatives have not been able to make the elderly voices heard as much as needed.

³⁸ <https://www.regeringen.se/remisser/2020/05/remiss-av-promemorian-tillfalliga-bestammelser-om-forebyggande-sjukpenning-med-anledning-av-sjukdomen-Covid-19/>

³⁹ <https://www.tv4play.se/program/efter-fem/12720625?fbclid=IwAR1IHwyWC2Au46411IPxwIEZJZhTsIdPO3QkH7JwX673fdl6CpPOFvwUlbo>

⁴⁰ <https://www.regeringen.se/debattartiklar/2020/05/vi-kan-aldrig-acceptera-sexkop/>

⁴¹ <https://www.folkhalsoguiden.se/globalassets/verksamheter/forskning-och-utveckling/centrum-for-epidemiologi-och-samhallsmedicin/folkhalsoguiden/rapporter-och-faktablad/coronapandemin-och-sexuell-och-reproduktiv-halsa-och-rattigheter---en-prognos-om-kort--och-langsiktiga-effekter.pdf>

2, 3. Emergency regulations⁴² were insufficient even before the pandemic, for example when it comes to accessible information and involvement. In general consultations with civil society have been inadequate and insufficient⁴³.

Awareness raising and technology

Several regions in Sweden have established digital helplines for information and medical advice about COVID-19. Some enable a chat-function or texting when contacting the regions for medical advice, helpful to hard of hearing people. There has been particular governmental funding in order to inform the civil society about the pandemic.

Internet

1. Some persons at risk, especially elderly with/without disabilities, are not accustomed to using computers, smartphones or internet connection (or have no access), e.g. in special accommodations. This implies risks, due to reservations, consultations and appointments often being referred to the internet.⁴⁴

Accountability and justice

5. Women's access to justice: no specific measures taken. General measures to ensure trials can be held during the pandemic.

Victims of honour related violence are at greater risk due to limited social contact and stay at home restrictions. This shuts down their already limited opportunities to ask for help, be recognized and helped by friends and professionals. Women's and girls' shelters that specialize in honour related violence have seen an increase in threats of child and forced marriages.⁴⁵ There are indications of corona patients subjected to honour related violence being denied healthcare by their own family.⁴⁶

9. Anecdotal media information on denial of care, and negative priorities, e.g. in the case of the elderly, decisions made about palliative care without having seen a doctor. There is no data.

Special Rapporteur on extreme poverty and human rights

1. There were shortcomings for persons with disabilities even before the pandemic^{47,48}. The situation has worsened, e.g. the late decision on infection protection measures, not including close relatives of persons in risk groups.

3. Women and children with disabilities are generally often forgotten in investments and the same during the pandemic.

5. No activity to urge individuals to protect their rights, such as reporting violations to the Discrimination Ombudsman.

The ILO recommendation is not much used in Swedish politics or policy making.

⁴² CRPD art. 11

⁴³ <https://www.socialforum.se/article/ny-sammanstallning- visar-pa-stor-framtidsoro-bland-civilsamhallets-organisationer-till-foljd-av-corona/>

⁴⁴ <https://www.pts.se/sv/bransch/internet/anvandbarhet-och-tillganglighet/kompletterande-undersokningar/undersokningen-svenskarna-med-funktionsnedsattning-och-intemet/>

⁴⁵ <https://www.tris.se/>

⁴⁶ <https://www.tris.se/nyheter/lista/2020/4/5/effekten-av-corona-underlitar-hedersrelaterade-praktiker>

⁴⁷ https://mcusercontent.com/865a5bbea1086c57a41cc876d/files/ad60807b-a923-4a7e-ac84-559e4a5212a8/EDF_HR_Report_final_tagged_interactive_v2_accessible.pdf

⁴⁸ https://funktionsratt.se/wp-content/uploads/2020/04/Funktionsra%E2%95%A0%C3%AAtt-Sverige_Rapport_DIGITAL-VERSION_Enkelsidor_REV-2003_ORI.pdf

Special Rapporteur on the right to food

1. Individuals belonging to a risk group or persons with disabilities with reduced home care or personal assistance and are isolated, as well as older persons, have difficulty accessing food items during isolation.

For the Saami situation please refer to SR indigenous peoples.

2. 57% of undocumented migrants interviewed in 2018 were often hungry and that churches and voluntary organisations were important in providing food as well as meeting basic social needs such as clothes and items necessary to survive the day. A consequence is severe mental health problems.⁴⁹ Undocumented migrants were made further vulnerable by the crisis and no measures were put in place by states or governments to ensure their access to food. The refusal to act threatens their right to food. The national public radio has reported that migrants whose asylum applications have been denied or awaiting deportation have been released from detention due to the risk of contagion of COVID-19. Those who have applied for support for housing and food from municipalities have been denied it, risking their rights to adequate housing and food, risking their right to life⁵⁰.

During the pandemic, charities, NGOs and independent networks⁵¹ have provided food aid to migrant workers and as well as to families in low income neighbourhoods such as in Järva which was one of the neighbourhoods of Stockholm most affected by COVID-19. Such initiatives highlight the need for states to take robust measures to ensure the right to food of all people. With a growing inequality in Sweden⁵², those with a lower socio-economic status were also further affected by the pandemic. Older people who were recommended to stay at home and rely on other to buy food for them, were also dependent on family members or neighbours. The shutdown of high schools entailed that many pupils were deprived of the meal offered at school. Even though many schools offered them to fetch the meal, it clearly showed that some households live on the margin. This must be followed up after the pandemic.

Special Rapporteur on the right to adequate housing

The right to adequate housing is elaborated on throughout the document.

It has become obvious that the housing situation in Sweden is unequal, depending on over-crowdedness, social class (grounds that are not included in the Swedish Discrimination Act⁵³), disabilities, age etc..

6. There is no plan for de-institutionalisation of persons with disabilities.

Independent Expert on the enjoyment of all human rights by older persons

Since the elderly are extremely affected by all means, they are covered throughout the document.

There is increased funding for organisations for elder people in Sweden in order to prevent isolation for the elderly. There have also been increased initiatives for digital meetings.

⁴⁹ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-6294-8>

⁵⁰ <https://sverigesradio.se/sida/artikel.aspx?programid=93&artikel=7458669>

⁵¹ see for example: <https://www.stockholmdirekt.se/nyheter/7000-matlador-delas-ut-till-behovande-i-jarva/repteA4pQJOADjukvMtqFCztgGeg/>, <https://www.svd.se/krisen-slar-hart-i-jarva--radda-barnen-delar-ut-mat>

⁵² <https://www.scb.se/en/finding-statistics/statistics-by-subject-area/household-finances/income-and-income-distribution/income-and-tax-statistics/pong/tables-and-graphs/income--consumption-unit-the-entire-country/gini-coefficient/>

⁵³ <https://www.do.se/other-languages/english/discrimination-act/>

Special Rapporteur on the rights of indigenous peoples

2. The pandemic has affected the Saami reindeer herders. Usually the stock of reindeer meat is limited during springtime, because it is sold out on the market. Due to the pandemic many restaurants closed down and reindeer herders could not sell their meat. Many reindeer herders risk economic problems.⁵⁴

If reindeer slaughter is stopped, reindeer numbers will increase leading to elevated tension between reindeer owners and the majority society risking increasing hate crimes towards the Saami.

The right to access to traditional livelihood and adequate food is necessary to secure the material grounds for cultural survival, self-determination, land and natural resources. Sweden has not fully implemented the UNDROP nor ratified the ILO 169.

3. The Saami society has not received any financial support from the government nor the Saami parliament to reduce or alleviate the impact of the pandemic, which harms reindeer husbandry/herding in an acute way. There is a risk that many reindeer herders go bankrupt as it is not possible to sell reindeer meat.

Special Rapporteur on the sale and sexual exploitation of children

1. There is awareness that children, especially girls, living in honour related violence and oppression are at increased risk of e.g. child marriage during COVID-19 as a result of the limited social contact and stay at home restrictions. There are no statistic reports yet.⁵⁵ Many NGOs have increased and digitalized their outreach programs to meet the expected increase in men's violence against women and children during the corona pandemic.⁵⁶

Surrogacy is not legal in Sweden. Instead Swedish parents-to-be travel to countries with weaker legal protection for women's rights. During the pandemic several cases have been reported about children born abroad after surrogacy not able to travel to Sweden.⁵⁷

2. When children go online, so do the perpetrators. According to a recent study the users of Darknet forums have more than doubled due to lockdowns.⁵⁸

3. The Swedish government has identified that children at risk (e.g. children living with honour related violence and oppression) will spend even more time with their perpetrators, and will have difficulties seeking help from for example social services during isolation.⁵⁹ The Government has taken measures to finance civil society organisations working with violence against children, honour related violence and oppression, children in vulnerable situations and LGBTI-persons.⁶⁰

4. *For information about youth guidance centres, please refer to Impact on HR, pt. 3.*

6. The existing legal framework is relevant. Sweden has legislation prohibiting child marriages, forced marriages, FGM, violence against children etc. The main problem is the lack of knowledge in the judicial system and the lack of prioritization of resources.

7. *See point 2.*

Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

1. No assessment or evaluation was made initially.

⁵⁴https://sverigesradio.se/sida/artikel.aspx?programid=83&artikel=7456611&fbclid=IwAR3_lrTi3mB_5XCAWGVY62DY44TsNNqRA6SnuycTVw19eYKsuv2XpNK5MbU

⁵⁵ www.tris.se

⁵⁶ <https://unizon.se/aktuellt/unizon-vi-maste-forbereda-oss-pa-att-valdet-kommer-oka> ,

⁵⁷ <https://www.svt.se/nyheter/inrikes/de-kan-inte-hamta-sin-bebis-pa-grund-av-corona>

⁵⁸ <https://link.springer.com/article/10.1007/s10508-020-01750-7>

⁵⁹ <https://www.regeringen.se/debattartiklar/2020/04/debattartikel-asa/>

⁶⁰ <https://www.regeringen.se/regeringsuppdrag/2020/04/uppdrag-till-jamstalldhetensmyndigheten/>

2. Not directly related, but among the initial responses, there was an increase in the amount that LGBTI organisations in general can apply for to increase their capacity.⁶¹ There was also an increase in the amount of money available for organisations who work to support victims of gender based violence, including LGBTI people.⁶²
3. No organisation took part in the designs, but the minister in charge met with RFSL, in the beginning of April to discuss the impact of COVID-19 on LGBTI people and what measures needed to be taken.
4. We are not aware of any such available information.
5. Good practise from the state: LGBTI people explicitly in the above mentioned investments. Good practise from civil society: RFSL organised a “hackathon” discussing support needed for the LGBTI community during and after COVID-19. RFSL has also increased the visibility of the various support systems in place, increasing knowledge about the crime victim support resources, and the resources offered to get tested for STIs. The services have remained open. Egalia, normally a popular hangout spot for LGBTI youth, has offered meeting possibilities online, including movie watching evenings, etc. Transammans has offered digital support groups.

⁶¹ <https://www.regeringen.se/pressmeddelanden/2020/04/mer-pengar-till-hbtq-organisationer/>

⁶² <https://www.regeringen.se/pressmeddelanden/2020/04/satsning-for-att-mota-okad-utsatthet-i-samband-med-det-nya-coronaviruset/>

Annex 1. Temporary legislation

The Swedish covid-19 strategy has to a vast extent relied on recommendations rather than on binding decisions or even restrictions by law. People living in Sweden have not experienced lock-downs or the introduction of martial laws that limit or fully prohibit free movement of the public to combat the new virus. The fact that Sweden has remained a relatively open society throughout the current pandemic as yet, has been met with scepticism by many states, not least neighbouring countries that have closed their borders for Swedes.

Even though it may be too early to judge which strategy has worked the best, the fact that the pandemic has harvested so many lives,⁶³ is a matter of great concern. According to statistics age has been an important factor but allegedly also social, geographic and economic background. There is a need to evaluate if the loss of lives in reality also is a violation of the right to life and if the Swedish strategy has neglected or failed to protect the right to life and the right to the health for some effected individuals or groups of individuals; in particular the elderly and the socially and economically disadvantaged. But also if structural discrimination in society has directly or indirectly effected everyone's right to the enjoyment of the highest attainable standard of physical and mental health.

As the Swedish strategy is based primarily on recommendations of social distancing and on avoiding general transportation and working from home, there are of course many groups in society that are unable to protect themselves from contagion through these pieces of advice. This is in particular true for a growing group of homeless people – including poor EU-migrants, undocumented immigrants and or asylum seekers whose applications have been rejected. NGO:s involved in social voluntary work have seen an increased need of support for people most vulnerable to the virus.⁶⁴

Some decisions of a more determinate character has been taken by the government, such as restrictions on gatherings (at the moment not more than 50 people are allowed to meet). This government decree was decided through the use of the Public Order Act, which allows the government to rule by decree e.g to prevent diseases to spread.

The Public Order Act does not apply to e.g restaurants and cafés, but can be used to restrict crowds and public at football games, theatres, cinemas for the purpose of protecting individuals from the virus. Restaurateurs have instead been ordered to uphold recommendations on social distancing including scattering tables, placing fewer chairs at the tables and at a certain distance. Regulations are issued by The Public Health Agency, supported by the Communicable Diseases Act.

When the pandemic started it was considered that were very limited possibilities for the Government to, through the use of the Communicable Diseases Act, enact forceful decrees to urgently stop the virus from spreading. In early April the Government thus presented a bill to the Parliament that would give the Government expanded possibilities to unilaterally decide on measures to prevent the spreading of covid-19. The proposal would increase the powers of the government in an unprecedented manner and thus circumvent the parliament's power as

⁶³ Number of deceased 18 June 2020: 5004: <https://experience.arcgis.com/experience/09f821667ee64bf7be6f9f87457ed9aa>

⁶⁴ www.socialforum.se/wp-content/uploads/2020/04/Rapport-om-coronavirusets-konsekvenser-f%C3%B6r-civilsamh%C3%A4llet_Forum_200408.pdf

legislators. As the situation was considered to be of urgency, the bill passed the Parliament in only a matter of days. A draft bill was referred to the Council on Legislation⁶⁵ on April 6, and a view by the Council was delivered the same day. The draft bill was sent to members of Parliament late on Friday night April 3. On Tuesday April 7 the Bill with some amendments according to the comments made by the Council was put forward to the parliament for liberation. The parliament decided to restrict the time-limit for follow-up suggestions/amendments on the bill from the parliamentary parties to one day. 24 hours was also the time limit for comments from e.g. the Chancellor of Justice and the Parliamentary Ombudsman. Indeed the draft bill was only referred to a very small and restricted group, excluding both directly and indirectly comments from civil society.

The bill was then referred to the committee on social affairs that decided to get the opinion of the Standing committee on the constitution before deciding on the matter. The standing committee presented its views on April 9. On April 16 the new bill was passed. It is a temporary piece of legislation, only valid for three months and only in relation to the fight against the covid-19 virus.

The first draft of the bill was amended according to most of the views by the Council on Legislation and the Standing Committee on the Constitution. In particular were the circumstances when the government can decide on restrictions, more precisely defined. It now makes it possible for the government to decide on temporary limitations for gatherings and crowds, closing of shopping malls, of social and cultural meeting places such as bars, night clubs, restaurants, cafés, sport centres and gyms, libraries, museums and public meeting halls. Also the closing or limitations of the use of public transports, harbours and ports, airports, bus- and railway stations. The law also makes it possible for the government to reallocate medicine and protective materiel and medical equipment from private care takers or other private actors and between local and regional authorities. The list ends with a possibility to decide on “other temporary measures of similar character”. In the preparatory work it is however clear that the powers of the government cannot be used to decide on e.g. curfews or to isolate cities or villages.

As the measures taken can limit the rights and freedoms of the individual the powers of the government is restricted to measures that, according to the constitution, are possible to restrict merely by decree. Measures should also take fundamental principles as necessity, proportionality and purpose into account. The bill was further also amended to ensure that Parliament immediately is informed of any measures taken – a first draft suggested “as soon as possible”. Before the powers are used, the government should always consider if the measure indeed could not be enacted by law by the Parliament. . The bill and its preparatory work lack however references to other human rights conventions and fundamental principles such as non-discrimination or that measures should take particular consideration to and protect, those who already are in vulnerable positions.

The new law was enacted in order for the government to save lives and introduce necessary measures quickly. A need for such extended powers for the government during a pandemic and in peace time has however previously been discussed but not been acted upon. The issue was

⁶⁵ The Council on Legislation (Swedish: Lagrådet) scrutinizes draft bills which the Government intends to submit to Parliament. One important feature of the Council’s work is to consider whether the draft bill is compatible with the constitution and general legal principles. The Council on Legislation’s views are of an advisory nature, and are not binding on the Government or Parliament. www.lagradet.se

raised particularly some 10 years ago when the Constitution was amended⁶⁶. A regular legislative process when a lethal virus is not threatening society and with a possibility for the public to get informed and participate, for civil society to comment and for the members of parliament to discuss extended powers of the government more in depth, had been the better choice. The current piece of legislation is said to be temporary, but there is always a risk that this kind of legislation will be more or less automatically prolonged, thwarting further public discussions. It is also worrying that legislative powers so quickly can be transferred to the government. It opens a loophole that may be used as a precedent for future governments and parliaments but for other purposes. It should be added that the constitution does not require that laws transferring powers to the government are passed through a qualified majority vote, a simple majority suffice.

Shrinking space

Many civil society organizations find it more and more difficult to endure the economic and social consequences of the pandemic. Some are unable to perform humanitarian and hands-on human rights work due to the restrictions and recommendations. The government has introduced a number of financial measures in order to help also NGO:s to survive, however these only reach part of civil society. 50% of the members of the umbrella organization “National Forum for Voluntary Organizations” believe that they will go bankrupt or otherwise have to close down their work in a near future.⁶⁷ At the same time the need for humanitarian and human rights work has already proven to be even more demanded. In one of its early reports on the effects of the pandemic on civil society the Forum makes seven suggestions on how to avoid the present situation to become even worse, e.g: Secure emergency support for civil society organisations that do voluntary work, remember that civil society organizations also are employers, allow NGO:s to keep its funding even though projects are amended or not possible to go through with, increase support to groups that are suffering the most during the pandemic. The success of human rights and democracy are dependent upon a vibrant civil society, it will not develop progressively or survive with only a few strong NGO:s left. Surviving the covid-19 may be so overwhelming for many NGO:s that there is no strength left for ordinary human rights work, or to bring attention to or participate in discussions in coming and complicated human rights’ challenges. With less or tired watch dogs, many important decisions risk go under the radar, such as the new, but much more restricted, asylum-polices, criminalization of racist organizations, amendments of the constitution to prohibit participation in terrorist organizations etc.

⁶⁶ SOU 2008:125

⁶⁷ https://www.socialforum.se/wp-content/uploads/2020/04/Rapport-om-coronavirusets-konsekvenser-%C3%B6-civilsamh%C3%A4llet_Forum_200408.pdf