The COVID-19 Infodemic and its Impact on Religious Communities in South Asia

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Introduction

As described by UN Secretary General António Guterres, a “pandemic of misinformation” occurring alongside the COVID-19 health crisis has sparked a “dangerous outbreak of misinformation, from harmful health advice and hate speech to wild conspiracy theories.” The World Health Organization (WHO) has coined the term “infodemic” to describe the spread of “rumors, gossip and unreliable information” that accompanies a pandemic.

This factsheet highlights three ways this pandemic of misinformation has impacted religious communities: (1) COVID-19 hate speech directed at religious communities, (2) the reliance on inaccurate public health information to justify impermissible restrictions on the freedom of religion or belief, and (3) the use of internet shutdowns to block the access of religious communities to health information. The factsheet provides an overview of the international human rights standards related to these issues with examples from South Asia and explores opportunities to protect religious groups from the harm caused by hate speech and other public health inaccuracies targeting them. From COVID-19 hate speech to unjustifiable restrictions on religious practice, the coronavirus infodemic has negatively impacted the rights of certain religious communities. While this factsheet focuses on presenting examples of the impact of COVID-19’s infodemic in South Asia, misinformation and hate speech related to the coronavirus has targeted religious communities across the globe.

Specific Issues Related to the Infodemic’s Impact on Religious Communities

(1) COVID-19 Hate Speech Directed at Religious Communities

Relevant international standards: The freedom of expression or opinion is enshrined in Articles 18 of the Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR). Free speech includes the freedom to “seek, receive and impart information and ideas of all kinds, regardless of frontiers.”
Under Article 19(3), limited restrictions are permitted on the freedom of expression by law when proportionate and necessary to protect certain legitimate state interests, which include public health. Further, Article 20(2) of the ICCPR provides that any advocacy of national, racial, or religious hatred that constitutes incitement to discrimination, hostility, or violence must be prohibited by law. While restrictions on free expression may be narrowly allowed, criminal penalties should be a last resort. The robust marketplace of ideas is often the most effective means of countering false narratives. As noted in UN Human Rights Council Resolution 16/18, the open public debate of ideas can be among the best protections against religious intolerance, and “a continuing dialogue on these issues can help overcome existing misperceptions.”

Building on the UN Strategy and Plan of Action on Hate Speech, the UN Secretary General has issued guidance on addressing and countering COVID-19 related hate speech. This guidance defines “COVID-19 hate speech” as “encompassing a broad range of disparaging expressions against certain individuals and groups that has emerged or been exacerbated as a result of the new coronavirus disease outbreak,” including scapegoating, stereotyping, stigmatization, and the use of derogatory language. This new form of hate speech has been directed at religious communities, with the UN Special Rapporteur on freedom of religion or belief raising alarm at the “upsurge in incitement to hatred, scapegoating religious or belief communities … for the spread of virus.”

States have a responsibility to combat COVID-19 hate speech, including when it targets religious communities. The UN Special Rapporteur on freedom of religion or belief has stressed that to combat the disinformation fueling false accusations and conspiracy theories targeting religious communities, “it is critical that States establish effective strategies and channels of communication to provide accurate and reliable information to the public.” The UN’s guidance similarly recommends states ensure that accurate and verified information on the pandemic is disseminated and included with public messaging against COVID-19 related hate speech, disinformation, misinformation, and conspiracy theories. The UN also calls on states to ensure that all public communications by state officials do not attribute blame or responsibility for the emergence or spread of the virus on any particular community or group.

Examples in South Asia: Rising COVID-19 cases and the resulting lockdowns have brought increased scapegoating of already marginalized minority communities for the spread of the disease, a trend that is evident in several South Asian countries. Across South Asia, reports of hate speech directed at religious communities in relation to coronavirus have surged. This hate speech is often fueled by misinformation related to the coronavirus and government action targeting specific communities.

In India, for example, the Muslim community has been increasingly stigmatized and blamed for the spread of coronavirus. In early March 2020, an Islamic missionary group, Tablighi Jamaat, was criticized for holding a conference in New Delhi in violation of social distancing rules set by the Indian government. Many of the attendees subsequently returned home to various parts of India, helping to spread the disease. The government subsequently charged the head of the organization with culpable homicide. The Home Ministry also directed states to trace members of the Rohingyas Muslim community over fears that they had attended Tablighi Jamaat events and were spreading the disease. The government, however, did not take equivalent action against other religious groups who flouted social distancing rules, with government officials even participating in such events. This helped to contribute to a rise in hate speech against the Muslim community, especially on social media where hashtags like “corona jihad” went viral. The spread of such hate speech led to economic and social boycotts of Muslims, doctors and hospitals refusing to treat Muslim patients over fear of COVID-19, and even physical attacks against Muslims.

In Pakistan’s southwestern province of Balochistan as well, government officials have targeted the already marginalized Hazara Shi’a community—who extremist groups have increasingly targeted in recent years—over fears that Shi’a pilgrims returning from Iran are spreading the coronavirus, with many on social media referring to it as the “Shi’a virus.” In the provincial capital Quetta in late March, the provincial government completely sealed the majority Hazara neighborhoods of Hazara Town and Marriabad as part of a lockdown in the city. The Water and Sanitation Authority had also forbidden its employees from moving into or out of Hazara areas of the city. Earlier in March, the Inspector General of the Police ordered all Hazara members of the police force to go home under suspicion that they were spreading the virus. With the Balochistan government physically isolating and marginalizing the Hazara community, the resulting stigma
could limit Hazara’s ability to access medical facilities and discourage healthcare workers from entering their neighborhoods. There also have been reports of Christian families being turned away at several aid distribution points due to their religious identity.

(2) Inaccurate Public Health Information Used to Justify Impermissible Restrictions on the Freedom of Religion or Belief

Relevant International Standards: The Human Rights Committee’s General Comment Number 34 has emphasized that the freedom of expression or opinion extends to the right to access information held by public authorities. To ensure the realization of this right, the Human Rights Committee urges states to proactively provide information of public interest. This means that under international human rights law, governments are required to disseminate truthful information about public health threats, including coronavirus.

With the coronavirus pandemic jeopardizing the fundamental right to life, which is protected in Article 3 of the UDHR and Article 6 of the ICCPR, governments are also obligated to ensure the protection of this non-derogable right. As articulated by the monitors of freedom of expression or opinion for various international and regional human rights bodies, “[h]uman health depends not only on readily accessible health care. It also depends on access to accurate information about the nature of the threats and the means to protect oneself, one’s family, and one’s community.” The monitors emphasized the need for states to provide truthful information about coronavirus in formats accessible by all, including those without access to the internet. Further, this responsibility to provide accurate information extends to countering COVID-19 hate speech directed at religious communities, as just discussed.

In the face of the COVID-19 public health threat, accurate public health information is necessary to ensure that religious practices are not impermissibly limited. The freedom of religion or belief is enshrined in Articles 18 of the UDHR and ICCPR. Like the freedom of expression or opinion, manifestations of one’s religion or belief can be limited by law when proportionate and necessary to protect specified legitimate state interests, including public health. To ensure the accommodation of religious practices that do not endanger public health, it is essential that any such limitation be based on accurate public health information.

Example in South Asia: As coronavirus cases and resulting deaths increased in Sri Lanka, the Sri Lankan Ministry of Health issued new guidelines on March 31, 2020, stating cremation is compulsory for those who died of COVID-19, reversing previous guidance from the Sri Lankan government and contrary to WHO guidance. WHO interim guidance released on March 24, 2020 states that there is no evidence of transmission of the disease by bodies of individuals who died from the virus and they “can be buried or cremated.” The guidelines added, “The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout.” Despite these guidelines, the Sri Lankan government forcibly cremated two Muslim men who died from coronavirus, without notifying their families. The Muslim community expressed its outrage, declaring this government guidance violates Islamic burial tradition which forbids cremation. Civil society groups and activists in Sri Lanka also argued that such misinformation and policies from the government helped to contribute to hate speech and stigmatization against Muslims.

(3) The use of internet shutdowns to block the access of religious communities to health information

International standards: According to the Special Rapporteur on the freedom of expression or opinion, “an open and secure Internet should be counted among the leading prerequisites for the enjoyment of the right to expression or opinion today.” As access to public information is particularly crucial during the coronavirus pandemic, the right of access to the internet is essential to safeguarding this right and even the right to life.

Despite the internet being an essential tool to realize the freedom of expression, some governments have implemented internet shutdowns to prevent or disrupt access to information. Internet shutdowns are in violation of international human rights law as they fail to meet the standard of necessity and are typically disproportionate.

In the context of the coronavirus pandemic, internet shutdowns can be particularly dangerous in that they limit access to public health information and online services. The Special Rapporteur on freedom of expression or opinion stressed that “[t]here is no room for limitation of Internet access at the time of a health emergency that affects everyone from the most local to the global level.” The right to life of those denied access to the internet is threatened by their inability to access accurate health information. Internet shutdowns that target religious communities are particularly concerning, because they
may limit the ability of entire religious groups to access the public health information needed to ensure the community’s health.

**Examples in South Asia:** In Burma’s Rakhine and Chin States, where military operations in recent years have targeted civilian populations, the government has **continued** an internet blackout in nine townships despite reports of COVID-19 cases in the region. The internet blackout severely limits the ability for local communities to access vital public health information. In neighboring Bangladesh, Rohingya in refugee camps have also **faced** internet restrictions under the pretext of government efforts to fight crime, hampering their ability to receive public health information and humanitarian assistance.

In early June 2020, the first **death** from COVID-19 was reported in the camps. Non-governmental organizations (NGOs) and public health experts have warned of the vulnerability of the Rohingya refugees to the disease given the unsanitary and crowded conditions in the camps. Similarly in Jammu and Kashmir in India, continued internet blackouts since the abrogation of Article 370 in August 2019, which removed the former state’s political autonomy, have **limited** Kashmiris’ access to information, communications with family members, and ability to receive medical treatment.

*Former USCIRF Policy Analyst Harrison Akins contributed to this factsheet.*

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