

21 April 2020

Addressing Human Rights as Key to the COVID-19 Response

Introduction

The World Health Organization (WHO) Director General's recent remarks on COVID-19 emphasized that *"All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights"*.¹ Human rights frameworks provide a crucial structure that can strengthen the effectiveness of global efforts to address the pandemic.

The current COVID-19 outbreak has been described as a pandemic.² The global and national COVID-19 responses have presented unique and rapidly-shifting challenges to the promotion and protection of health and of human rights of people around the world. As countries identify ways to address COVID-19, integrating human rights protections and guarantees into our shared responses is not only a moral imperative, it is essential to successfully addressing public health concerns.

The 'enjoyment of the highest attainable standard of health' is at the heart of the World Health Organization 1948 Constitution.³ Our commitment to health as a human right must continue to serve as a beacon for how countries respond to this and other public health emergencies.

Stigma and discrimination

COVID-19 is a public health emergency. History has shown that public health emergencies often lead to stigma and discrimination towards certain communities and groups or affected persons.⁴ Within the context of COVID-19, this has already manifested with the disease being associated with a specific population or nationality.

Stigma and discrimination have also been directed at persons diagnosed with COVID-19, at people of Asian descent or who have traveled to affected countries. Even emergency responders and healthcare professionals have been targeted. Stigma and discrimination are known to negatively influence health behaviours, and to have a range of physical and mental health consequences for stigmatized groups and the communities around

them.⁵ Protecting human rights can help address these public health concerns, by requiring, for example, that proactive measures such as ensuring accurate information is made available and that stigmatizing and discriminatory behavior and practices are identified and stopped.⁶

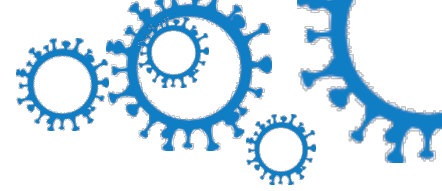
Gender equality and prevention of violence against women:

Existing gender and social inequalities are exacerbated by COVID-19 and are impacting girls and women in different ways to men and boys. Women's and girls' exposure is likely to be affected by social norms and expectations around their caregiving roles, both in terms of caring for sick in the homes as well as in the health work force, which is 70% women.⁷ Furthermore, women's and girls' access to essential health services, such as those related to sexual and reproductive health, is likely to be affected by the increased restrictions on mobility and by the economic challenges that households are facing. Such restrictions are a violation of their human rights.⁸

Reports have highlighted that the stay at home measures are placing women at risk of/or in abusive relationships at increased risk of domestic or intimate partner violence. Violence against women and girls is an abject violation of human rights. Governments need to recognize the greater public health risk of women and girls to violence. The health sector, despite being stretched, can take some steps to mitigate the harms caused by violence, including providing psychological/first-line support and facilitating access to other support services.⁹

Support for vulnerable populations

The threat and experience of COVID-19 occurs differently for different groups. According to current guidance, the health risk from COVID-19 to older adults and people with certain pre-existing conditions is considered to be greater than that of the general population.¹⁰ Yet even within these vulnerable groups there are differences that would benefit from a human rights lens. People of all ages, however may have greater vulnerabilities to



COVID-19 depending on their living arrangements, financial instability and lack of specific safeguards impacting their risk of infection, such as persons with disabilities, people who are homeless, refugees, migrants, and prisoners.¹¹ COVID-19 has revealed a unique ecology of sickness based on social determinants of health, which requires attention.¹² These groups are among the world's most marginalized and stigmatized. The Universal Declaration of Human Rights states, "All human beings are born free and equal in dignity and rights",¹³ and it is the dignity and rights of those most vulnerable that requires additional attention in COVID-19 response.

Not paying explicit attention to the needs and vulnerabilities faced by these groups subjects them to a higher risk of infection and undermines the broader COVID-19 response. Human rights guarantees and protections require special measures be put in place to ensure protection from discrimination and to ensure access to information, social services, health care, social inclusion, and education for vulnerable groups in national COVID-19 responses.¹⁴

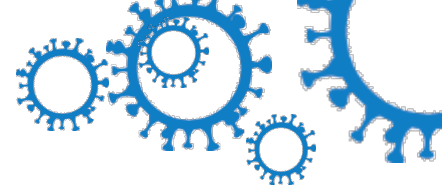
Quarantine and restrictive measures

Many countries have implemented large-scale public health and social measures in an attempt to reduce transmission and minimize the impact of COVID-19, including quarantine and the restriction of movement of individuals.¹⁵ WHO emphasizes that any such measures should be implemented only as part of a comprehensive package of public health and social measures,¹⁶ and in accordance with Article 3 of the International Health Regulations (2005), be fully respectful of the dignity, human rights and fundamental freedoms of persons.¹⁷ The human rights considerations regarding such measures are further articulated in both the UN Committee on Economic, Social and Cultural Rights General Comment 14 (2000) and the International Covenant on Civil and Political Rights (ICCPR) (1976) and further elaborated in the Siracusa Principles (1984), according to which any such restrictive measures should be: in accordance with the law; pursue a legitimate aim; proportionate; and not arbitrary or discriminatory.¹⁸

Furthermore, human rights require that countries should demonstrate that any such restrictive measures are necessary to curb the spread of infectious diseases in order to ultimately promote the health, rights and freedoms of individuals.¹⁹ If the original rationale for imposing a restriction no longer applies, the restriction should be lifted without delay. In addition, oversight and accountability mechanisms should be in place to allow individuals who are impacted to challenge the appropriateness of those restrictions.²⁰ Not conforming to these safeguards not only runs the risk of a range of human rights violations of the most vulnerable but will also ultimately undermine the larger public health objectives.²¹

Shortages of supplies and equipment

One of the key challenges facing every country, irrespective of income levels, is shortages of the supplies, goods and equipment needed in the context of COVID-19. With limited testing kits, supplies, Personal Protective Equipment (PPE), government officials and health workers are confronted with decisions on how to distribute these scarce resources and equipment amongst all those who need it.²² These are profoundly difficult ethical issues made more complex during emergencies. Shortages of equipment and supplies not only undermine infection prevention and control efforts but also directly impact health workers who are at a heightened risk of exposure and infection where PPE is not sufficient. The protection of our frontline health workers is paramount and PPE, including medical masks, respirators, gloves, gowns, and eye protection, must be prioritized for health care workers and others caring for COVID-19 patients. In view of the global PPE shortage, WHO recommends strategies that can facilitate optimal availability and appropriate use of PPE.²³ In the context of severe PPE shortages, human rights require governments to take urgent measures to mitigate critical shortages and take all measures to safeguard the rights and well-being of frontline healthcare workers. These strategies should be based on scientific evidence, the principles of safe care delivery and health care safety, workload minimization for health care workers, and avoiding a false sense of security. WHO has provided guidance on recommended strategies.²⁴



Obligations of international assistance and cooperation

COVID-19 has already had a damaging effect on many high-income economies and it is likely to have even more devastating consequences for the people and the economies of low- and middle-income countries (LMICs) as they respond to this pandemic.²⁵ LMICs will require international assistance and cooperation to fully manage the impact of COVID-19 on their populations. Under international human rights law, the obligations undertaken by State parties beyond their borders, i.e. to International Assistance and Cooperation are akin to their domestic obligations, not subsidiary or secondary in any way. COVID-19 is a reminder, not only of the global connectedness of

the pandemic, but also of its solutions.²⁶ Providing LMICs with international assistance and cooperation, both fiscal and technical, is crucial not only to individual nations' efforts to address this pandemic but also to global efforts.

Way forward

WHO plays a critical role in supporting Member States to address these challenges and developing a comprehensive approach to COVID-19. Embracing human rights as an integral part of our public health response will not only provide ethical guidance during these difficult times but set the foundation for how the world responds to public health crises going forward.

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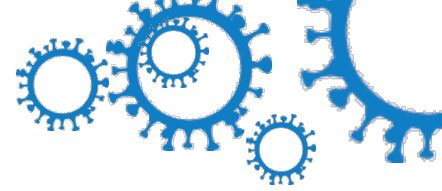
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