



Impact Analysis of COVID-19 on Health and Human Rights

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Abstract

The COVID-19 prevention was a challenge for most of the countries with extended lockdown straining socioeconomic activities. Health systems are under severe strain, resulting in alarming numbers of deaths and serious illness. This pandemic causes adverse effects such as human rights violation, abuses which lead to psychological distress. This paper focuses on mental distress and disturbances that have emanated due to human rights restrictions and violations amidst the pandemic, how mental health both directly and indirectly is impacted by the force of pandemic and by prevention and mitigation structures put in place to combat the disease.

Keywords: COVID-19, human rights, mental health

Introduction

On March 11, 2020, the World Health Organization (WHO) declared that an outbreak of the viral disease COVID-19 – first recognized in December 2019 in Wuhan, China – had touched the level of a global pandemic. COVID-19 is an infectious disease from a family of viruses known to cause respiratory infections. Citing worries with “the alarming levels of spread and severity,” the WHO called for governments to take serious and forceful action to stop the spread of the virus. To control the outbreak, governments all over the world have introduced emergency measures that constrain individual freedoms, social and economic rights and global harmony. These measures include stay at home orders and the closure of schools which have led people to reorganize their lives and necessitated changes in livelihood and health services. Health systems are under severe strain, resulting in alarming numbers of deaths and serious illness.[1]

Under the International Covenant on Economic, Social and Cultural Rights, which most countries have adopted, everyone has the right to “the highest attainable standard of

physical and mental health.” Governments are obligated to take effective steps for the “prevention, treatment and control of epidemic, endemic, occupational and other diseases.”[2]

The right to health is an internationally recognised human right. As early as 1946, the World Health Organization declared the enjoyment of the highest attainable standard of health as a fundamental right. The International Covenant on Economic, Social, and Cultural Rights, which 170 nations have ratified, includes the right to health as an international legal obligation that should be realised progressively. As the UN Committee on Economic, Social and Cultural Rights has stressed, the right to health is an “inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.”[3]

Restricting Rights under Emergency Laws

All governments bear the chief accountability to respect, protect, and fulfil human rights. International human rights law permits governments to suspend certain rights while ensuring realisation of other rights, provided the suspension follows certain specific norms. To be sure, governments must use all the resources at their command to invest in public health, infrastructure and protect lives. Governments announcing lockdowns will also have an obligation to ensure that the lockdowns are humane and not worsen the conditions of the vulnerable, in particular migrant labour. Governments will have to plan for worst-case scenarios so that they are not under-prepared.

Quarantines, Lockdowns, and Restrictions

To stop the spread of virus, many countries implemented laws that restrict rights by limiting travel, banning public gatherings and widening powers of detention and force on people failing to self-isolate. Countries like India, France, Italy, New Zealand, South Africa and Poland, have imposed nationwide lockdowns, save for ‘essential workers’ such as

doctors, nurses, pharmacists, grocery cashiers, government workers and food delivery services. According to the international human rights law, restrictions of mobility including lockdown or mandatory quarantine due to public health emergency must be carried out for a legitimate purpose, based on scientific evidence, of limited duration, and respectful of human dignity[4]. Quarantined people should have access to basic necessities of life, including food, water, shelter, and healthcare. Quarantines are successful at limiting the spread of infectious diseases, but they introduce the side effects of increasing people's risk for psychological impact including suicide and other behavioural symptoms. Studies reported rise in suicide incidence in several countries due to mobility restriction and lockdown. Similar findings were reported in India where suicide cases increased as COVID cases increased, especially among individuals with pre-existing mental illness and those in poor socio-economic conditions.

Limitations on Privacy Through Public Health Surveillance

Technology can provide valuable clues to governments trying to trace the spread of the virus by watching telecom traffic, and telecom companies can provide valuable insights that can help in categorizing areas and individuals that require special attention. Companies have provided governments with 'heat maps' that can help determine movements of people during the spread of the disease.

Increased surveillance in a health emergency may be useful to support social distancing efforts as well as to inform epidemiological research to trace contacts of infected persons in responding to outbreaks. Yet, the spread of surveillance technologies beyond traditional public health mechanisms increase tensions between individual rights and collective interests.

Without adequate safeguards to minimise the impact on individual rights (such as privacy and freedom of movement), there is an increase risk on human rights due to developing surveillance technologies. In April, the Indian government launched the mobile app AarogyaSetu, purportedly to speed up contact tracing and ensure timely access to essential health services and public health information. No information was provided on which government bodies would have access to the data collected through the app. AarogyaSetu's code was not open to the public, in violation of the government's own policy. Although the

Ministry of Electronics and Information Technology maintained that downloading the app was not obligatory, many government departments and private companies, including the Airport Authority of India, made it mandatory for their staff to install it.

Women

The impact of COVID-19 on women is important. It is not easy for a woman to work from home, as in many societies it is expected from a woman to bear the responsibilities of a home which is very large in itself. This includes caring for children and the elderly, cooking, and performing other household chores, which their male partners may be unwilling to perform.

The risk of staying at home for longer hours, with abusive, violent, or manipulative partners or within their families [6] heightened their vulnerability. There has been an alarming increase in domestic violence against women during the current COVID-19 outbreak [7]. Difficulties were reported by pregnant women in accessing basic prenatal services during the pandemic due to closure and movement restrictions [8]. There was a rise noted in gender based domestic violence, due to economic and psychosocial challenges [9].

Child Rights

According to the Declaration of the Rights of the Child [10], children's rights include protection, education, health care, shelter, and good nutrition. The pandemic has laid negative impact on children's behavioural health, development and growth, physical health, and educational outcomes. The closing of schools and educational institutions during lockdown interrupted in the learning and educational process. This led to depressive and anxiety symptoms among children, especially among those preparing for entrance and competitive exams. Specific facets of children's rights, such as health care, shelter, and nutrition, were also affected. Specifically, families that deal with lockdown and COVID-19 related financial stressors, struggle to provide basic needs and daily supplies, resulting in adverse mental health outcomes for family members such as stress, anxiety, and depression.

Rights of Elderly Individuals

During COVID-19, elderly individuals were found to have less access to free movement including in open and public spaces which restricted their ability to exercise and engage in

leisurely or other essential activities—worsening their mental health and well-being.[11]. A study found that enforced lockdowns, curfews, and social isolation had more significant adverse psychological effects and aggravated sleeping problems for elderly living. In many cases it was found that elderly people who were suffering from any major diseases like cancer, cardiovascular diseases, faced many complications as immediate medical attention was not made available to them due to shortage of medical supplies, lockdown and hospitals being full of COVID patients.

International Obligations: Improving Care for All

To meet this global threat, the world will require a formidable shift towards global solidarity and shared responsibility. International assistance and collaboration to ensure access to food, essential supplies, and testing and medical support is a human rights imperative that will be crucial in overcoming this pandemic. Human rights law has long recognised an obligation of wealthy countries to assist low-income countries: since the adoption of the Universal Declaration of Human Rights, states have acknowledged that international cooperation is necessary to realise human rights[12]. COVID-19 has illustrated that all countries are equally vulnerable to the spread of infectious diseases. Recognising this, some wealthy countries have directly supported low-income countries to address COVID-19. Countries working together would help to reduce the mental health risk connected with violations of human rights during health emergencies and provide the policy makers useful directions as to how to address discrimination and human right violations in guidance, policies, and practices.

Conclusion and Suggestions

COVID-19 is an unprecedented global threat, and the countries have legal binding obligations to take care of mental health of all individuals safeguarding their human rights as well. Where human rights are inseparably linked to public health outcomes and interconnected in the COVID-19 response, governments should adopt laws that are proportionate, necessary and non-discriminatory towards society's most vulnerable members. The laws should be made so as to remove the negative and worst impacts of the crisis on vulnerable groups. Governments must be open and transparent and ensure participation so that people can assure accountability in decision-making. Global solidarity

is essential and must integrate human rights: cross-border financing must be increased and any vaccine must be globally accessible without discrimination.

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