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Protecting Human Rights During A Pandemic



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Introduction

The COVID-19 outbreak was declared as a pandemic on 11th March 2020 by the World Health Organisation (WHO). It was first discovered in China, before it started spreading to other countries. It soon spread to more nations and the number of cases reported globally rose drastically, by the 3rd of September, a total of 188 nations had reported cases of COVID-19.

Despite the many attempts to contain the virus, it spread very fast. Once the virus reached a country, it began affecting the population. Most countries put in place containment measures such as a lockdown or partial confinement to prevent further spreading of the virus. These measures are implemented to protect civilians' right to life, but other rights are being violated.

The outbreak of COVID-19 has highlighted inequalities in society. Everyone has the same human rights, and leaders of nations have the obligation to protect these rights. The aim should be to effectively respond to the global health crisis, while avoiding the creation of new human rights issues or the exacerbation of already existing ones.

Definition of Key Terms

Pandemic

When a new disease spreads across a wide geographic area, and affects a big part of the population there, it is considered a pandemic.

COVID-19

COVID-19 is the virus that broke out across the entire world in the beginning of 2020. The name of the virus stands for corona (CO) virus (VI) disease (D). The virus was first

discovered in Wuhan, China in December 2019. As of July 2020 there are over 500.000 deaths caused by COVID-19 and over 11 million known cases worldwide.

Stay-at-home

In order to limit the spread of COVID-19, many countries have given stay-at-home orders. This means that citizens are only allowed to go outside for grocery shopping, medical care and work for essential workers. Going outside for exercise is often allowed as well if physical distancing is maintained.

Disinformation campaigns

During the pandemic, disinformation caused a big problem. It caused a lot of confusion about important facts regarding COVID-19, like how harmful it is and what we can do to protect ourselves. Fake news and propaganda was spread easily through social media and reached many people.

General Overview

A virus does not discriminate. It will affect everyone equally if everyone has access to equal protection from it. This would be an ideal situation in which we can provide healthcare, food security, job security, proper sanitation, etc. for everyone. However, it is impossible to achieve this, and many people are affected by a lack of those fundamental necessities.

The main focus during a pandemic is to protect human life. All states have the duty to protect their citizens in order to protect their right to life and should be doing everything they can to ensure their safety. In the first half of 2020 over 489.000 lives were lost due to COVID-19.

Censorship

During a pandemic, it is very important that the entire world population is well-informed about everything that is going on. Many states kept their citizens informed as well as possible throughout the outbreak, but some states controlled their media through censorship to withhold information from the public. Doctors were fired because they were trying to spread information about the virus, and media posts were deleted for causing fear or panic according to officials. Turkmenistan even banned the use of the word 'coronavirus'.

The right to health and access to healthcare

In the middle of a pandemic it is very important that everyone has access to healthcare. This is hard to achieve due to imperfect healthcare systems and as we'll discuss in more detail below, discrimination. An example of this is the recent change in the Health Care Rights law in the USA. On June the 12th, 2020 the Trump administration announced that they will be eliminating the rule that protected people from discrimination based on their gender identity in healthcare.

It is also important that healthcare is available to everyone, regardless of their wealth. Everyone needs to have access to treatment if they are infected by the virus. And when a vaccine is developed, it should be available to everyone.

The challenge to freedom of movement

In order to contain the virus and protect the right of life, measures have been taken. Many nations have taken action that restrict the freedom of movement, such as lockdowns, stay-at-home orders and quarantine at arrival in certain countries. This is to slow down the spread of the virus enough that the medical capacity can handle the amount of patients due to COVID-19. It has had a significant impact on job-security, access to education, health care, food. In addition to that, it also puts people in an unsafe home situation at an even higher risk. This shows us that freedom of movement is crucial to ensure other human rights are not violated, but at the same time we cannot go without a lockdown or any other kind of restriction of movement.

Different societies have taken different approaches to the implementation of these sort of lockdowns. These vary from suggestions and advice to keep distance, through laws and fines, to complete militarily enforced curfews. All of these have had a significant effect, and have been adopted to local culture and circumstances.

Domestic abuse rates have gone up significantly since the beginning of the COVID-19 outbreak. Especially women and LGBTQ+ youth have been exposed to more violence at home. They are in a more vulnerable situation as they are now being forced to lockdown with their abusers while support services are less accessible during the pandemic. The lack of freedom of movement is putting people in an even more dangerous situation than before.

The right to education

Article 26 of the Universal Declaration of Human Rights (UDHR) states that education is a fundamental right. It is stated that primary education should be available to everyone for free. During the COVID-19 outbreak it was not safe to provide education to students all over the world.

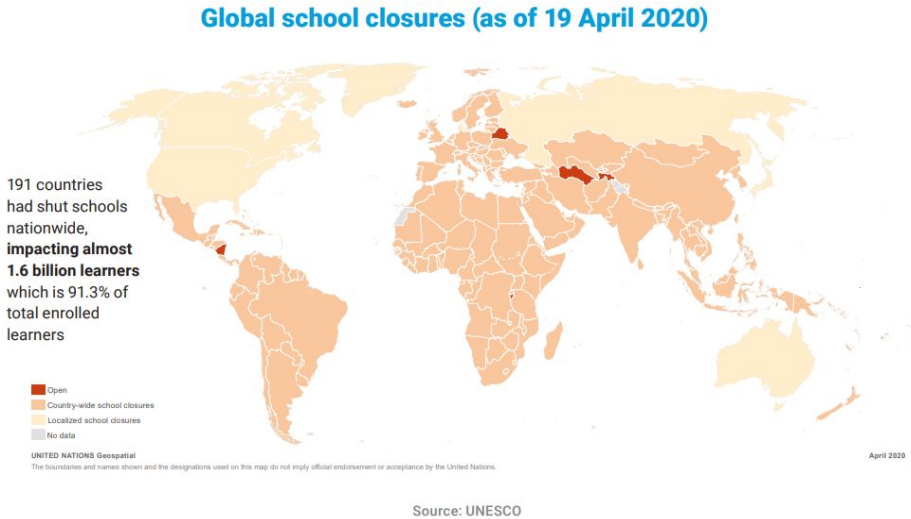
As can be seen in this image, nearly every country in the world closed schools either locally or country-wide in the height of the pandemic. Many schools moved their classes to an online platform and tried to provide the same level of education as before they closed, but there has still

been a significant impact on education worldwide. For some countries and/or schools it was not possible to adapt to the situation because of financial issues or the lack of electronic devices and internet access among students.

Schools closing also had an impact on physical and mental health. It has caused disruption of access to food and nutrition and led to loss of physical activity. Without school meals, children at risk of hunger might lose a source of vitamins and nutrients which can have negative impacts on their ability to learn. High-quality meals are also very important to stay healthy, especially during a pandemic. The lack of physical activity, along with increased levels of stress, lack of social interaction, fear of infection and others, has caused an increase in anxiety and mental health issues.

The most vulnerable in society

Everyone’s life has been affected by COVID-19, but some lives have been impacted even more than others. At the time this report was written, over 2.2 billion people worldwide do not have access to proper sanitation. 1.8 billion people do not have access to proper housing because of homelessness or over-crowded living spaces. This makes it impossible to physically distance or quarantine and puts these people at a higher risk.



This is also the case in correctional and detention facilities. Persons deprived of their liberty often live at a high concentration in confined spaces. They have restricted access to hygiene. This means that if COVID-19 breaks out in one of these facilities, it will spread very fast.

Not only are the poor and vulnerable at a greater risk of the virus, they are also more severely affected by the measures taken by the government to combat it. They are more affected by unemployment and other negative impacts from measures to control the virus.

In terms of health conditions, immune-impaired are much more likely to die or have serious consequences of being infected. This skewed risk consideration is a necessary part of the reaction to the pandemic. A core part of the strategy is to try to protect those that are more susceptible to the illness. At the same time, as the world continues to prepare for a second wave, a likely scenario is lockdown and health and financial risks for those with impaired health, while the healthy, and younger, parts of society can use their more robust health to their advantage.

Widespread antibody testing was initially thought to be an important weapon in the protection against this sort of isolation, with people testing as resistant to a virus being able to get back into a more normal mode of society. This would still have given this split between those that are protected, and those that are not, and perhaps would only have increased that disparity. It seems from recent research that the immunity after infection is not as strong as expected, and true protection will only come with a fully deployed vaccine. That approach has the advantage that the more susceptible can be vaccinated first, as it becomes available, and so rebalance society for them.

Covid-19 tracing apps and privacy

Many countries have introduced a COVID-19 app. These are intended to help tracking the spread of the virus and informing people about possible contact with a person infected by the virus. It is generally considered to be a crucial part of a more targeted response to a so called 'second wave' to be able to use Infection Tests combined with contact tracing to quickly identify and isolate anyone exposed to a virus.

Though some of the solutions in this area have been conceived with privacy as a core requirement, there are others that endanger or violate rights to privacy. Even the more carefully considered options have brought privacy discussions to the fore in many countries.

The less privacy sensitive apps can provide complete tracking of the population, of location, but also health status, public temperature measurement, contacts with others, etc. The nature of the emergency provides a convincing, and perhaps valid, excuse to the introduction of measures like that. Whether governments will be able and willing to give up this sort of extensive surveillance information when the immediate danger has passed is something that human rights organisations will need to stay alert on.

Discrimination, xenophobia and racism

Since the beginning of the COVID-19 outbreak there has been an increase in discrimination, xenophobia and racism. Many people, including some world leaders, have called the virus ‘the Chinese virus’, even though obviously, a virus does not have a nationality. This is one clear example of politicisation of the virus, and has caused increases in racism and discrimination. That sort of discrimination has put minorities at a higher risk as they get blamed for things they had no hand in, or influence on.

The pressure of the virus on societies also serves to exacerbate existing inequality, including that caused by structural discrimination in societies. Unequal access to medical care is one of those. A higher economic impact on those less fortunate is another, with ‘work-from-home’ not being an option for the lesser paying functions in a society.

Sexism has also been a problem in the ongoing pandemic. Healthcare workers, predominantly women, have been risking their own health to help others in often terrible working conditions. They are being underpaid and are facing gender-based abuse and sexism in their workspaces. This problem does not only exist in the healthcare sector. Women everywhere are being economically affected by the pandemic. Women and girls generally earn less money and hold more insecure jobs than men.

All these human rights violations are caused by the measures taken by states such as lockdowns and stay-at-home orders, but it is crucial that these measures are taken. Therefore it is of utmost importance that action is taken to prevent human rights violations.

Major Parties Involved and Their Views

China

China was the first country with COVID-19 cases. They were hit very hard by the COVID-19 outbreak. This caused local healthcare systems to get overwhelmed, with hospitals being forced to turn people away due to lack of space and equipment. During the outbreak, the Chinese app WeChat, along with other social media platforms, was being censored. Neutral information was being deleted for 'spreading rumours' along with other reasons. This is not the only form of censorship that was seen in China. In the first weeks of the outbreak authorities tried to silence medical experts and doctors for talking about their concerns regarding the virus. This left the Chinese population more vulnerable and unable to protect themselves from COVID-19.

The Chinese government did a very good job at slowing down the virus once they took action. Through short-term measures they managed to contain the spread of the virus. Schools, public transport and workplaces closed down in order to prevent transmission of COVID-19. China's location-specific response is something that could be very useful to other countries, and should definitely be used as an example as it can limit human rights violations to only specific regions of the country.

World Health Organisation (WHO)

One of the situations that has received much attention worldwide, by both media and governments, is the alleged Chinese interference in the WHO reporting on virus: both on the expected infectiousness, as well as some of the characteristics and symptoms. Accusations of disinformation campaigns against China followed, calling into question much of the reputable information being shared by the WHO, and different governments.

The WHO has been very focused on human rights issues related to the COVID-19 response. WHO Director General, Dr Tedros Adhanom Ghebreyesus, stated: "All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights". They have also released a document named "Addressing Human Rights as Key to the COVID-19 Response", which can be found in the appendix.

United States of America (USA)

Where the interaction between China and the WHO gave rise to initial discussion about disinformation campaigns around COVID-19, the topic became much more to the foreground in the USA and, to a lesser extent, the UK. Both from their respective governments, as well as from various unidentified international parties, disinformation

campaigns capitalised on existing fear and lack of knowledge, and a divisive political situation, to exacerbate the already dire situation in the country.

The prominent position of the USA on the international stage also meant that the lack of clarity on the virus and the necessary measures against it didn't stay within the countries border walls, but also had significant impact in states such as Brazil.

UN involvement, Relevant Resolutions, Treaties and Events

- 30 april 2020; The Human Rights council held a virtual informal conversation about protecting human rights in the COVID-19 crisis. [Human Rights Council discusses human rights implications of the COVID-19 crisis with its special procedures mandate holders - World](#)
- The United Nations released this document regarding human rights issues during the COVID-19 outbreak. It also includes links to other documents with more detail on certain human rights violations and solutions. https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf

It can also be downloaded in EPUB format: [Download EPUB file](#)

Evaluation of Previous Attempts to Resolve the Issue

In 2003 there was an outbreak of a virus similar to COVID-19; severe acute respiratory syndrome (SARS). It is also a coronavirus, but it was only declared an epidemic rather than a pandemic like COVID-19. To prevent this virus from spreading, measures were used that are also being used now; Isolation of patients, quarantining all contacts of these patients, and syndromic surveillance. This effectively stopped the virus from spreading and brought it under control in only eight months. This virus caused 774 deaths, which is very little compared to the COVID-19 outbreak, while the same measures (and more) have been implemented to contain COVID-19. This is possibly because of the differences between the viruses, or because the virus had already spread too far when any real action was taken.

Due to the lack of outbreaks on a similar scale in the past decades, there are no good examples to refer to. SARS was on a much smaller scale, and sadly doesn't provide much insight to this issue.

Possible Solutions

During a pandemic, transparency is very important. Citizens need to be informed about the situation and what is being done in reaction to an outbreak. They need to know that the measures being taken are effective and reasonable. It would be ideal to involve the people that these sorts of decisions are being made about, in the decision making process. This would hopefully also encourage better compliance to the measures proposed. An example would be asking for input from students and schools about how to continue education during the lockdown, or how to take the impact on educational progress into account when planning the continued education process.

During the COVID-19 pandemic we have already seen that some measures have the intended impact, while others do not work, and sometimes even what can be done about that. This knowledge could be used to construct a plan for future pandemics or situations like the COVID-19 outbreak.

One important aspect of this is that plans as well as the speed of reaction have varied considerably across different countries, even while the closely interwoven societies of those same countries are impacted by the measure taken by their counterparts. Having a coordinated response plan that rises above the national level could very well be a deciding factor in the response to the next pandemic, which could possibly prevent human rights violations.

A pandemic response team should be appointed to construct such plans for different signatures of infectious outbreaks that can be expected over the next decades. The focus of the response team should be in formulating a variety of plans, the decision structures to select appropriate plans according to circumstances, and the coordination across borders necessary to ensure an effective response to any outbreak.

As a consequence of the above, in the response to a pandemic, it should be clear that global solidarity is essential. If one country fails to contain the virus, all other countries are at risk. Therefore, it is of the utmost importance that all nations are equally effective in their response. For less economically developed countries (LEDC's) it is considerably more difficult to effectively battle the COVID-19 outbreak. However, with the assistance of more economically developed countries (MEDC's) it should be possible. This will require

cooperation in both the medical response, as well as economic measures in the response to any outbreak.

In the medical response, flexible medical response units should be deployable to wherever they will have the most impact, across borders. Some of this international aid has been visible in the response to COVID-19, in an ad-hoc, though humanitarian inspired manner. Having clear reserves in medical capabilities and being ready to protect all countries by focusing on containment in some, could have a significant impact.

In the economical response, trade of base necessities should be protected, but also protection of income for those populations affected needs to be a part of a holistic response. It is a gratifying sign of the interdependencies between our economies that so clearly all economies suffered when the virus struck only some countries. We can allow that to exist as a vulnerability, or we can take steps to increase our common strengths by introducing mutual assurances in these sorts of situations. Crises require decisive leadership, and markets can sometimes only follow.

In another area of cooperation, we can coordinate the production and distribution of vaccines. As soon as a vaccine is available, it should be available to everyone, regardless of their status, wealth, skin color, religion, sexual orientation and gender identity. This could be achieved with the assistance from MEDC's. With economic assistance the healthcare and education system could be improved, to ensure the population is capable of understanding the measures needed, and act upon them.

As has been discussed in the general overview, lockdown measures are sometimes dangerous to citizens. When such measures are implemented, they should also provide protection for people suffering domestic abuse. Even in the state of emergency, or maybe especially so, everyone has equal rights. There should be safe and accessible shelters, and support services need to be assisted as much as possible to ensure that they can continue working effectively.

Finally, as the designated organisation that has been instrumental in demilitarisation over the last half century, we should put our efforts in the containment of disinformation in the context of such common threats as a pandemic. We have treaties on the application of different types of weapons between countries, and the containment of those weapons that can result in disproportionate civilian casualties. As the death-toll of COVID-19 has passed, at the time of writing, half a million souls, perhaps we should take a clear stand against the

application of disinformation and covert electronic warfare that has been instrumental in impairing our response to this calamity, and increasing the casualties substantially.

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Appendix or Appendices

I

http://www.un.org/en/home/epub/un_policy_brief_on_human_rights_and_covid_23_april_2020.epub

II

http://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

III <https://apps.who.int/iris/handle/10665/331811>

IV <https://en.unesco.org/covid19/educationresponse>

