

Balancing Human Rights and Competing Priorities in the Global COVID-19 Response

May 2020



This discussion aimed to establish the status of human rights and applications of Human Rights-Based Approaches amid the global **COVID-19** response. It contained a varied and comparative discussion of the **COVID-19** pandemic across the world and the importance of the respective parts played by citizens, communities, trade unions, governments and international actors. With contributions by panelists ranging from different backgrounds and different continents of the world, it aimed to reconcile a number of priorities: the need to balance public health measures with human rights; the priority of **COVID-19** in the context of other threats to human health; empirical learning from past epidemics and mitigation techniques, including the testing of undiagnosed populations; and calls for the building of more robust and sustainable health systems as an historic opportunity.

The speakers were invited to address the following questions:

- What categories of people including the aged, the young, migrants, women, workers, and those living with illness, find their rights most threatened by the incidence of, and the response to, COVID-19?
- How can the right to health and to work – in subsistence economies – be balanced and protected?
- Can COVID-19 be a catalyst to transformative new social contracts?
- Which agents and institutional responses could deliver these changes?

Introduction

In the introduction by the Irish Global Health Network, ESTHER Alliance Coordinator *Hala Ali* thanked this webinar's co-hosts the African-European Parliamentarians' Initiative (AEPI), while Executive Director, *Nadine Ferris-France*, said that Sudan's Federal Minister of Health, *Dr. Akram Ali Eltom*, at the last-minute, was unable to take part. She said that she hoped that *Dr. Akram* could take part in a forthcoming IGHN webinar and underlined the importance of the connections between Irish and Sudanese medicine, in pediatrics and safe surgery, and the contribution of Sudanese professionals working in Ireland.

Webinar Anchor: *Prof Ruairi Brugha*, Former Head of Epidemiology and Public Health, RCSI, Ireland

Ruairi is a public health specialist. Having qualified as a medical doctor in 1980, he spent six years working in Africa in the 1980s and 90s, where he acquired first-hand, hands-on experience of the realities of delivering hospital care and public health programmes to rural populations. He currently resides in Ethiopia.

“ To build community consensus, there is a model known in Ireland as the **Citizens' Assembly** that is worth looking into. It has the potential to bring cohesion where there is the potential for conflict. I think we are going to find a breakdown of consensus happening in Ireland and in other places.

- Professor Ruairi Brugha highlighted a new report on COVID-19 by the World Health Organization's regional office for Africa, published in the **BMJ Global Health** and peer-reviewed, which he said provided more reliable modelling. While a “less bleak” blueprint for African mortality as a result of COVID-19, he highlighted the exceptional pressure on health systems projected by up to five million hospitalisations
- A **Worldometers slide** also posited the link between the worst performing nations on COVID-19 and populist or dictatorial-style leaders “bent on denying science,” from USA to Brazil
- He also provided **A WHO resource on death estimations in Africa** if Covid-19 is not controlled

Prof Brugha's other referenced links are listed below:

<http://whotogo-whoafroccmaster.newsweaver.com/JournalEnglishNewsletter/16d09hirbv7>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31089-8/fulltext#%20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31089-8/fulltext#%20)

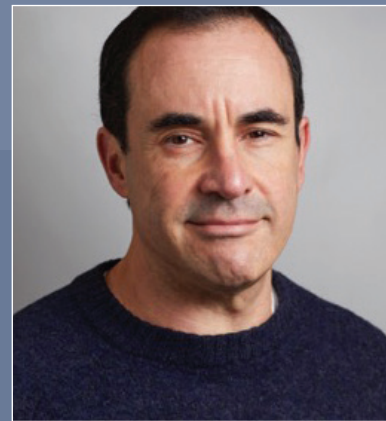
ACCESS THE WEBINAR RECORDING ON THIS PAGE:
www.globalhealth.ie/covid-19-human-rights-webinar/

For references related to information cited by speakers, and other points referenced in this document – as well as further COVID-19 resources on the human rights dimension of the pandemic, please visit the above page.



Gregg Gonsalves, Epidemiology and Global Health Advocate, Yale School of Public Health.

Gregg Gonsalves is an **Assistant Professor in Epidemiology of Microbial Diseases** as well as an **Associate (Adjunct) Professor of Law and Research Scholar in Law at Yale Law School**. For more than 30 years, he worked on HIV/AIDS and other global health issues with several organizations. He is a 2018 MacArthur Fellow.



“We know that the top down approach does not work for HIV; therefore it is not going to work for COVID. Trying to empower the community and local organisation on the ground is really important: trust is so important right now.”

- Yale epidemiologist and activist, Gregg Gonsalves, highlighted the “**luxury of social distancing**” which was simply not possible to many people in the USA and abroad.
- He urged that access to testing for COVID-19 must be available equitably, to at-risk populations, and that equality of human rights was more important than ever in fighting the pandemic.
- “**None of us is safe until all of us are safe,**” he said, adding that COVID-19 was a “**world historical public health event**” by which our generation would be judged.
- Speak out on behalf of human rights, build international solidarity and facilitate localised approaches led by communities and local organisations, he urged, in order to avoid the historic mistakes of the HIV response, for example in contact tracing.

Michael Higgins, Senior Program Officer, Pathfinders Program Lead on Inequality and Exclusion at NYU Centre on International Cooperation

Michael has extensive experience in the area of international relations, political communications, international development, and human rights. He holds master’s degrees in international law, international relations, and medieval studies. He served as an advisor and delegate for the Irish Permanent Mission to the UN on climate, development, and human rights (2017-19).

“Some of the most successful responses have taken place in rights friendly landscapes. Something not sufficiently discussed is the sense of consent and not coercion. People have appreciated the role of government and state in protecting people. Trust and support has gone up, as they see government take up the mantle as duty bearer.”



- Michael highlighted positive examples of community-led responses to COVID-19 in Sierra Leone, Indonesia, Mexico and South Korea (where learnings from MERS had taught the value of citizen-led, transparent policies with COVID-19).
- Also in Portugal and New Zealand where indigenous, foreign and at-risk populations had been prioritised and successfully protected.
- And in Ethiopia where social supports were distributed to regional communities.
- He said that the relationship between human rights and public health could be viewed as complementary, even in emergency situations. By contrast “reactive lockdowns” could inhibit the ability of societies to function. “Consent is more efficient than coercion,” he said.
- Michael emphasised the role of trade unions in connecting citizens, communities and government, as in Mexico where economic crisis had coincided with COVID19

Attiya Waris, Professor and Writer, University of Nairobi

Attiya is the current Director of Research and Enterprise and is the only Professor of Fiscal Law and Policy in Eastern Africa. She holds a PhD in Law and is a specialist in Fiscal Law, Policy and Development. She currently teaches at the Law School, University of Nairobi; the Law School, University of Rwanda; and the Center for Human Rights, University of Pretoria.

“We’re entering a new phase of social contract between state, society and corporations. Traditional social contracts have only ever been between the people and the state. The fact that people are now able to openly speak about very new ways of looking at the social contract is both concerning and has a lot of power-based influences. At the same time, it also offers the opportunity to look at a revision of the status quo.



- Attiya described the risks and opportunities inherent in renegotiating social contracts at this time in history and in the midst of the COVID-19 pandemic.
- For example, would the role of corporations as a non-traditional party to social contracts be positive or negative?
- Do new constitutions, as in Kenya, empower citizens to hold governments to account and to activate the social contract?
- In budget spending, the use of emergency funds paid dividends in reacting to epidemics, as New Zealand data had shown.
- Similarly, in fiscal terms, temporary ‘solidarity taxes’ had a more promising outlook, now being considered by the IMF for the duration of the pandemic.
- “Finance must be used to raise living standards,” she concluded, adding that this was “a fantastic opportunity” to make sure that human rights are the lens through which budgetary outcomes are viewed.

Odette Nyiramilimo, Rwandan Physician and Senator

Odette served as **Minister of State for Social Affairs** in the government of **Paul Kagame** from March 2000 to October 2003. She attended medical school in **Butare** and became a physician, later co-founding a private maternity and pediatrics practice in **Kigali** called **Le Bon Samaritan** (“**Good Samaritan**”).

“Aspects such as a reduced carbon footprint, cashless society and working from home, with more time to be spent with families, are undeniably positive aspects for many people looking to the future.”



- Odette pointed out that, in Rwanda, workers in informal sectors and small and medium enterprises had been supported by funding and credit schemes.
- Allied to the control of borders and successful testing, this was allowing people to return to work following the initial lockdown.
- Differently to other contributors, she emphasised the role of strong government support to communities, for example to enable contact-tracing within “a well-organised system.”
- No COVID-19 deaths in Rwanda had yet been registered.
- More broadly, Odette criticised the lack of global preparedness for pandemics in developing countries and called for an overhaul of global preparedness systems.
- Yet, aspects such as a reduced carbon footprint, cashless society and working from home, with more time to be spent with families, were undeniably positive aspects for many people looking to the future.

FOLLOWING DISCUSSION

Gregg raised the issue of hoarding of **COVID-19** resources by rich countries – PPE, diagnostics, vaccine patents. While **Attiya** agreed, she pointed out that trade bullying in the international ventilators market had led to new levels of resourcefulness – Kenyan ventilators had now been developed. Furthermore, where international consultants were fewer due to **COVID-19**, **Attiya** said local consultants were now employed much more successfully in the Kenyan response.

Odette attributed Rwandan successes to a strict 14-day quarantine policy for incomers to the country, while **Attiya** drew attention to the need for funding of those in quarantine, many of whom were low income workers and migrants.

Michael and Gregg drew attention to at-risk, targeted and stigmatised groups in the **COVID-19** era including Asian people, meat plant workers and health workers.

Finally, **Ruairi** drew attention to the **Citizens’ Assembly in Ireland** as a forum that had successfully balanced rights and freedoms, among divisive issues, using a citizen-led approach.