

HUMAN RIGHTS CONFINES DURING THE COVID-19 LOCKDOWN

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ABSTRACT:

This article provides an overview of human rights concerns during the coronavirus outbreak, the examples of government responses to date, global issues resulted from pandemic and recommendations to handle with pandemic situation. Supply chain and labor privacy issues were discussed and possible solutions were recommended.

KEYWORDS: human rights, health care, isolation, restrictions, human dignity, at-risk populations, humanitarian aid, labor privacy, refugee children, supply chain.

INTRODUCTION:

On March 11, 2020, the World Health Organization (WHO) declared that a unexpected outbreak of the viral disease COVID-19. The first infected patient was registered in December 2019 in Wuhan (China). The unknown pandemic had reached the peak level and became a global pandemic. Humanity undertook some global issues which were caused by the virus. Governments were advised to place instant and mandatory regulations to stop the further spread of the virus.

Harsh severity of the COVID-19 pandemic, obviously, climbed to the level of a common health threat that could define and justify restrictions on certain rights, for instance, resulting from the imposition of quarantine or isolation limiting freedom of movement, namely going outside or public spaces. Wearing a mask became daily and urgent gesture.

All citizens are guaranteed by international human rights the free access to the highest achievable standard of health. Governments are the bodies of law who take steps to prevent dangers to public health and to provide proper medical care to the need. In other words, all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. Human rights law also considers that in the context of serious public health threats and public emergencies keeping the life of the nation in danger, restrictions on some rights can be allowed when they have a legal basis, are strictly necessary, based on scientific evidence and some compulsory requirements needed for easing viral condition.

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."

The most vital point is here, emergency regulations, based on the COVID-19 outbreak, should not be used as a weapon to target certain groups or individuals. It should not play a role of the cover for repressive action under the act of protecting health.

Specifically, the restrictions should, at a minimum, be:

- ✓ Provided for and carried out in accordance with the existing law;
- ✓ Directed to a legal intent of general interest;

- ✓ Really necessary in a democratic society to achieve the hoped goal;
- ✓ The least interfering and restrictive available to reach the objective;
- ✓ Based on scientific evidence and of limited duration, respectful of human dignity.

HUMAN RIGHTS CONCERNS:

Protection of freedom of expression and access to critical information:

According to international human rights law, governments have a duty to protect the right to freedom of expression, including the right to search, receive, and impart information of all kinds, regardless of frontiers, even pandemic information. Permissible restrictions on freedom of expression for reasons of public health, may not put in danger the right itself.

Governments are responsible for providing information necessary for the protection and promotion of rights, including the right to health. Daily updated statistics can be the key factor for ensuring public health in stability since reliable and detailed information can be warning ``rings`` causing more conscious response from citizens.

In some countries, governments have failed to uphold the right to freedom of expression limiting the access to the Internet, blocking channels or restricting some individuals, taking actions against journalists and healthcare workers. As a result, this trend led to the limited effective communication about the commencement of the disease and some people were remained unaware of the numbers of patients and spread rate of pandemic in their region. Thus, the outcomes of these restrictions showed side-effects including acceleration of virus spread and an increase of the victim numbers.

A few countries arranged open communication and transparent reporting on the number of cases. As an example,

Taiwan took blistering steps to combat the virus effectively, including making credible information widely available to the public use. People, therefore, did not fall into panic, estimating the potential condition and understanding the requirements.

In Singapore, detailed statistics on the number and rate of infections and recoveries were published and regularly updated. Public trust in information reliance strengthened and citizens felt calm basing on the information provided, not hesitating about statistics.

South Korea's officials, also published health data related to the virus and organized a couple of daily briefings to maintenance public confidence and promote citizen attentiveness. In my point of view, some further steps should be taken into the favour of public health. The state must be the first power showing full respect the rights to freedom of expression and access to information and only restrict them in cases of international standards permit. Ensuring the accuracy of the information provided to the public regarding COVID-19 can be important step for addressing and fighting against false and misleading information.

All detailed statistics of COVID-19 should be free, accessible and available in multiple languages of the world, including for people with low or no literacy. Language interpretation for TV should be taken into the consideration, as Taiwan has done; websites and broadcasts must be accessible to people with vision, hearing, learning, and other disabilities. Very simple and plain language throughout the communication sources need to be utilized to maximize understanding.

People with low rate of earnings may suffer from lacking access to the online space. As to cope with this problem, reliable and unfettered access to the internet should be maintained and steps should be taken to assure

internet access be available to people with low incomes.

Assuring quarantines, lockdowns, and travel bans comply with rights norms:

According to the International Covenant on Civil and Political Rights (ICCPR), requires that restrictions on rights for reasons of public health or national emergency must be lawful, necessary, and proportionate. Restrictions such as mandatory quarantine or isolation of symptomatic people must be conducted in accordance with the law.

Naturally, broad quarantines and lockdowns of unknown length fail to follow these criteria and are often imposed overhasty, without any protection of those under quarantine especially for at-risk populations. As quarantines and lockdowns are difficult to impose and enforce steadily, they are often bound to be discriminatory in application.

In principle, freedom of movement under international human rights law protects the right of all citizens to leave any country, to enter their own country of nationality, and the right of everyone lawfully in a country to move freely in the whole territory of the country. When lawful, for a legitimate purpose not denying people the right to seek asylum or of violating the absolute ban on being returned to where they face persecution or torture, then restrictions on these rights can be imposed.

While governments have broad authority under international law to ban visitors and migrants from other countries, domestic and international travel bans historically have often had limited result in preventing transmission, and may contrarily, accelerate disease spread if people eagerly intend to escape from quarantine zones. In some circumstances keeping people who is the only financial bearer of family has shown its side-effects including the growing numbers of illnesses and victims of

starvation. This phenomenon has been faced by underdeveloped countries which have low rate of income. Furthermore, people who are earning money daily, really suffered from lockdown owing to closing of service and public sectors such as bars, restaurants.

Sweeping and broad restrictions have not been embraced by some countries such as South Korea, Hong Kong, Taiwan, and Singapore, but instead, they have reduced the number of travelers from other countries with significant outbreaks by stopping air communication. In South Korea, the government set ramped-up testing for COVID-19. Testing, focused on identifying infection hotspots, conducting a large number of tests on at-risk people without fee, disinfecting areas of infections, setting up movable testing centers, and promoting social distancing. Efforts to promote social distancing, handwashing, and mask-wearing were stimulated. Well-known people and celebrities encouraged people to follow the quarantine rules by showing personal examples. Singapore adopted a contact-tracing program for those confirmed to have the virus, among other measures. As it has been witnessed, mandatory rules are not sufficient for keeping stability during the lockdown, but minded and stimulating measures could give wanted results.

Pure water, enough food, proper health care remain the main needs of humanity. As quarantines or lockdowns are imposed it become clearer to estimate the importance of those needs. To keep the balance of supplying basic products and needs, governments should arrange fast and satisfactory shipment facilities to meet the growing demand of infected patients and their families. Many older people and the disabled back on unceasing home and community services and support. Stability in these services must be assured by the authorities.

Protection of people in custody and institutions:

COVID-19 creates a higher risk to populations that live in close nearness or group to each other. And it seriously affects the older and some citizens with serious illnesses such as cardiovascular disease, diabetes.

Prisons, jails, and immigration detention centres, as well as residential institutions can be spreading places of virus, where the crowd of people can be gathered and the virus can spread rapidly, especially if access to health care is already not enough. At least equivalent health care to that available to the general population must be given to the detainees, including asylum seekers or undocumented migrants. Equal rights as others have must be provided for them. There is no matter what requisites or marks of people which putting aside them standard access to the health care, even if they are in jail. In prison, you have the right to keep contact with your friends and family members. This could be during visits, on the telephone, or by letter. The prison staff can stop you from having contact with some people if they think it is in the interests of security, if it would protect other people or if it would prevent a crime.

Wherever possible prisoners should have full access to the medical facilities which are available to the public at large. In most jurisdictions this access is limited to specialist care while general medical care is provided within the individual prison or in specific prison medical facilities. Any medical treatment or nursing care provided by the prison administration should be at least comparable to what is available in the outside community. One of the main problems of human rights is that people in prisons, jails, and immigration detention centers regularly do not receive adequate health care under normal circumstances, even in economically developed countries.

Government agencies which have the power over people housed in these places should contemplate the plan of reducing their populations through appropriate supervised or early release clause of low-risk category of detainees. For example, those whose scheduled release may be coming soon, those who are in pre-trial detention for non-violent and lesser offenses, or whose continued detention is similarly unnecessary or not justified. Inevitably, the more population exists, the less sufficient health care can be provided indeed. The growth of jail prisoners may lead to the exacerbating results of COVID-19 spread in such places.

Ensuring protection of health workers:

As part of the right to health, governments should maintain conditions that assuring to all medical service and medical attention in the case of sickness of workers in all workplaces.

Governments have an obligation to minimize the risk of occupational accidents and diseases including by ensuring workers have health information and adequate protective clothing and equipment. Well-organized training and warning systems can literally be useful to keep healthy and proper working conditions. Financial support of health centers and properly planned working hours of doctors and nurses can help to curb danger of pandemic. The more effective work is done, the fewer people may become victims of virus.

Problems which aroused in shade of COVID-19 showed us health facilities such as having adequate water, sanitation, hygiene, waste management, and cleaning should be the first priorities to be taken into the account. Hospitals have closed early or are operating at a fraction of their capacity, many of them remained without regular access to electricity or water nearly in all countries. Other

issues such as corruption and lack of notice diminished public health capacity placing borders for easy access to health services. Some doctors were even unaware when they had been sent to the COVID-19 hospitals. Above mentioned course of events disrupted the health privacy of labours. Nearly in all edges of the world, the lack of gloves, masks, gowns, and other supplies necessary to deal with the coronavirus outbreak was the reality due to the financial crisis that had prevented them from importing needed goods. Measurements aiming to deter health workers from such threats should be implemented by authorities so they can quickly, adequately, and appropriately respond if attacks occur.

Fulfill the right to education:

The COVID-19 made governments close schools, disrupting the whole ongoing systems of learning and education of hundreds of millions of students. During the crisis, it is undeniable that schools must provide children with stable school routine and moral support to cope with a changing situation. Teaching about personal hygiene and proper handwashing are became common. It is obvious that, without access to schools, all parents, guardians, and caregivers must hold responsibility to keep control over their children. To ensure education systems respond more adequately, teachers already initiated to use online learning platforms such as Moodle, Zoom to keep normal contact hours in classrooms for checking homework, classroom activities, and research conduct as usual. Nevertheless, not all pupils have access to normal internet speed or technical support to be eligible for the demands of distance learning. In terms of satisfactory learning, distance education is not the same as ordinary education which is based on class trainings.

Online learning should be used to cover the place of lost normal school time. First step which need to be done is that schools deploying educational technology for online learning should make the tools protect child rights and privacy to education.

Governments should adopt acceptable measures to ease the negative effects on children who already experience barriers to education. Focusing on adopting strategies that monitoring students most at risk is crucial and ensuring students receive required materials on time, with certain attitude provided to the disabled students who need fixed material is mandatory duty of schools. By mid-March 2020, an estimated 862 million children were out of school. The suspension of school feeding programmers may also negatively affect children's food consumption and nutritional status. Confinement measures to increase social distancing separate people from their families, neighbours and other kinship and social networks. The spread of mobile phones and, for those benefiting from reliable access, the Internet may mitigate this for certain population groups but not for others.

Refugee children need to be returned to their schools. Areas in which there is a high occurrence of child labor and marriage must be on center of attention to deal with and should be focused on returning all pupils to school.

Ensure constant humanitarian aid:

The impact of the pandemic on supply chains is huge for health and humanitarian partnership companies as well as governments. Movement of food, fuel and other products is limited by border closures, import/export and port restrictions, reduced commercial aviation and shipping operations. As a result, the lack of supply came to existence. Sudden changes in supply scale put the continuation of humanitarian programmers at stake and

significantly complicate any trade and exchange deals. The main point is here, the border restrictions led the disruption of movement of items and people. Some of these issues are expected to persist for the foreseeable future as the outbreak continues to spread, and it is expected that a number of transport companies and shipping lines and airlines may not survive the downturn in business. Drastic reductions in the availability of international air travel are also impeding refugee resettlement.

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