

# **Covid-19 and Promoting Human Rights in Healthcare of Women, Children and Prisoners**

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## **ABSTRACT**

### **Purpose**

The purpose of this paper was to undertake a critical analysis of the human rights abuses on women, children and prisoners, and the implications on their health in this COVID-19 period, vis-à-vis the international human rights covenants on this.

### **Design/Methodology/Approach**

The authors adopted doctrinaire critical analysis approach. Data were analyzed qualitatively. The international human rights in healthcare instruments and covenants as pertains to women, children and prisoners, and reports of their healthcare human right abuses in some parts of the world were critically analyzed.

### **Findings**

Many women are suffering human right abuses all over the world, some of which with serious negative consequences on their health, in this COVID-19 pandemic period. Some children in different countries of the world are also suffering COVID-19 induced stigmatization, xenophobia, racism, sexual abuses and many more, all of which may be having devastating effect on their mental, psychological, social, emotional and physical health. Some prisoners in different parts of the world are also subjected to inhuman conditions in this COVID-19 period, with serious negative consequences on their health. All of these negate the international human rights instruments on health.

### **Research Limitation/Implications**

This report is based on a doctrinaire critical analysis of international human rights instruments as pertains to healthcare, with particular reference to women, children and prisoners, and reports of their healthcare human rights abuses in different parts of the world. It is limited to reports of international health and human rights' organizations.

### **Originality/Value**

The originality of this paper stems from the fact that it drew its data entirely from reports of credible

international organizations on health and human rights. It showcases the abuses meted on women, children and prisoners in some countries of the world in this COVID-19 period, and reflects on what the international health and human rights provisions hold on this.

**Keywords:** COVID-19, Healthcare, Human Rights Covenants, Women, Children, Prisoners.

## 1.1 Introduction

According to the United Nations Committee on Economic, Social and Cultural Rights (CESCR, 2000), health is one of the basic rights that other human rights rest upon; and that all human beings deserve the life of dignity in quality health. The World Health Organization (WHO, 2020) defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. This means that the right to health encompasses socio-economic, physical, emotional, psychological, environmental, political and all factors that promote the healthy living of all people, and the exclusion of all conditions that limit anyone’s attainment of quality health, directly or indirectly. The COVID-19 pandemic has given rise to an upsurge in human rights violations including extra-judicial killings, stigmatization, xenophobia, and many in parts of the world (Amnesty International, 2020; Odigbo, Eze & Odigbo, 2020). These human rights violations hinder, rather than facilitate, responses to public health emergencies, and reduces efficient healthcare services delivery to the people (Amnesty International, 2020). This is why the World Health Organization warns that measures initiated by governments all over the world for containing COVID-19 must respect peoples’ fundamental rights (WHO, 2020). However, this advise has been observed by many countries, more in its breaches than compliance (BBC News, 2020; Aljazeera, 2020; Human Rights Watch, 2020; WHO, 2020; Dailymail, 2020, New York Times, 2020).

For women and children, the COVID-19 pandemic has exposed them to increased cases of rapes, murder, domestic violence, abuses, and other dangers from their assailants in many countries, without much support for the victims of the abuses (Amnesty International, 2020; Human Rights Watch, 2020). For instance, in Kenya, police authorities offered “sincere condolences” for shooting to death an adolescent boy standing on a balcony in the nation’s capital, when police officers enforcing the coronavirus lockdown, were moving through the neighborhood (The Guardian, 2020).

In some nations, access to health care or other protections were either denied or limited to certain categories of people like the foreigners (A3PCON, 2020), the poor and vulnerable (Amnesty International, 2020), the elderly (UNFPA, 2020), and people with disabilities (Sigafos, 2020; Buchanan, 2020), Asians, Afro-descendants, indigenous, and other minority groups (WOLA, 2020). This amounts to a gross violation of their fundamental rights and will only serve to exacerbate the current covid-19 crisis (OHCHR, 2020, WHO, 2020). The violations are witnessed more in low- and middle-income countries (Veitch, 2020). Human Rights Watch (2020), reports that in some countries there were manifest dangers to peoples’ health from police excessive use of force, arbitrary detentions, inhuman conditions in detention and quarantine, all in the name of implementing COVID-19 protocols. In some countries, police and other law enforcement agencies totally ignored basic international health standards,

by shooting, tear-gassing, water-bombing, killing, clamping in hazardous prison detentions, and use of lethal force on the people (Human Rights Watch, 2020).

The National Human Rights Commission of Nigeria reports that they received complaints of human rights violations of diverse forms and manners, including extra-judicial killings, and discrimination in the distribution of food items (National Human Rights Commission, 2020). There were also excessive use of force, and none adherence to international and national human rights laws and best practices by law enforcement agents (Ojukwu, 2020). The stigmatization of COVID-19 patients, observes the World Health Organization (WHO, 2020), inhibits social cohesion and leads to social isolation of people. It equally contributes to the spread of the virus, rather than its prevention, because the COVID patients will try to hide their illnesses to avoid discrimination, thus, are less likely to get tested or treated (WHO, 2020; Buchanan, 2020).

It is mindful of this, that the UN Secretary-General, António Guterres, on May 6, 2020, asserted that governments all over the world must guarantee people with disabilities, access to quality healthcare during this COVID-19 pandemic (UN Department of Economic and Social Affairs Disability, 2020). The World Health Organization (WHO, 2020), also advises that health-care policies, decisions and actions must accommodate the peculiar needs of the elderly, persons with disabilities, women, children, prisoners, and vulnerable groups, and should be guided by their fundamental rights to dignity and the right to health, bearing in mind that every life is equal, and health care is a human right.

## **1.2 Theoretical Framework and formulation of research questions**

The theoretical support for this paper is founded on the fundamental human rights applicable to health and healthcare, as enshrined in the United Nations Universal Declaration of Human Rights (UDHR, 1948), the International Covenant on Economic, Social and Cultural Rights, the International Bill of Human Rights.

The human right to health is recognized in many international instruments as the father of all rights, because the realization of every other right is anchored upon it. Article 1 of the 1948 UDHR, explicitly asserts that the equality, dignity and freedom rights of all human beings. Article 3 of the UDHR (1948) made it clear that everyone has the right to life, liberty and security. While Article 5 of the UDHR (1948) Convention adds that no person shall be meted with cruel, inhuman or degrading treatment, because all these jeopardize peoples' health.

The International Bill of Human Rights (IBHR, 1996), also emphasizes the rights to education, human dignity, life, food, housing, work, non-discrimination, equality, privacy, freedom of association, assembly and movement, and the prohibition against torture, cruelty and inhuman treatment, access to information, as guarantors of quality life to all (IBHR, 1996; OHCHR, 2020). Article 25.1 of the UDHR (1948) also affirms these rights, and many more. The International Covenant on Economic, Social and Cultural Rights (ICESCR, 1976), also harps seriously on the right to health in many ways. Article 12.1 of the ICESCR (1976) Covenant, captures that everyone has right to highest obtainable quality health, physical and mental. Article 5 (e) (iv) of the International Convention on the Elimination of All Forms of Racial Discrimination of 1965, also guarantees the right to health. The right to life and health is also endorsed by Articles 11.1 (f) and 12 of the Convention on the Elimination of All Forms of

Discrimination against Women of 1979. Article 24 of the Convention on the Rights of the Child of 1989, also emphasizes children's right to quality health and life.

Other countries' and regional human rights instruments also prioritize the right to health. These include Article 16 of the African Charter on Human and Peoples' Rights of 1981, Article 11 of the European Social Charter of 1961 as revised, Article 10 of the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights of 1988, the European Convention on Human Rights of 1950, and the French Declaration of the Rights of Man and of the Citizens of 1789. The right to health is also endorsed by the Vienna Declaration and Programme of Action of 1993, and the European convention for the protection of human rights and dignity of the human being with regard to the application of biology and medicine of 1997.

Furthermore, the right to health does not only translate to the right to be healthy, but embodies both freedoms and entitlements, like the sexual and reproductive freedom, freedom from interference, freedom from torture, non-consensual medical treatment and experimentation, and the right equality of opportunity to the highest attainable level of health, among other (OHCHR, 2020). Hence, in the implementation of the Covid-19 slow-down and containment measures, the UN High Commission for Human Rights point out that countries should not hide under the cover of the measures to discriminate, stigmatize or ill-treat anyone. It should not function as a cover for repressive actions by any government, nor should it be used to suppress human rights defenders who voice out against such ills (OHCHR, 2020).

The right to health, enshrined in article 12.1 of the ICESCR (2000) is also accommodates quality health care through access to safe and potable water, adequate sanitation, adequate supply of safe food, healthy occupational, nutrition and housing, healthy environment, health-related education and information, including on sexual and reproductive health, in addition to the participation of the population in all health-related decision-making at the community, national and international levels. The people must be assured the availability of functional public health and health-care facilities, goods and services, in adequate quantities, fair and equitable access to health facilities to everyone without discrimination, and this must be within safe physical distances for everyone, especially vulnerable or marginalized people, ethnic minorities, indigenous populations, women, children, adolescents, older persons, persons with disabilities, prisoners, and persons living with HIV/AIDS (CESCR, 2000). Apart from the forgoing, health to all must be strictly based on the principle of equity to everyone, including socially and economically disadvantaged groups. Again, everyone must be given adequate access to information and ideas concerning health issues, health services deliveries must be respectful of medical ethics and the cultural sensibilities of individuals, minorities, peoples and communities, and sensitive to gender, children and the elderly. It must be designed to respect confidentiality and improve the health status of people.

More so, Article 12.2 (a) of the (CESCR, 2000), emphasizes the need to reduce infant mortality, promote quality health for infants and children, and ensure children's right to quality health and unimpeded access to it. Then, Article 10 of the International Covenant on Civil and Political Rights (ICCPR, 1976), clearly protects the human rights of prisoners, while the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, also prohibits all forms of inhuman or degrading treatment, torture, cruelty, and

many more. The ICCPR (1976), adds that all detainees and prisoners shall be treated with respect, humanity and inherent dignity required for human persons, and that the reform and social rehabilitation of prisoners should be the focus of imprisonment. Mindful of all these, we formulated the first round of research questions for this study as follows:

RQ1: Are women's human rights in healthcare significantly abused all over the world in this COVID-19 pandemic period?

RQ2: Is the fundamental human rights in healthcare of children significantly protected all over the world in this COVID-19 pandemic period?

RQ3: Are prisoners human rights in healthcare significantly assured all over the world in this COVID-19 pandemic period?

### **1.3 Literature Review**

According to the World Health Organisation (WHO, 2020), Coronaviruses (CoV) are viruses that cause mild illnesses like fever, common cold to more severe diseases like Acute Respiratory Syndrome (SARS-CoV) (Burki, 2020). COVID-19 is a new strain of Coronavirus disease discovered in December 2019. Scientists say it was not previously identified in humans (Bai, Wang & Zhou, 2020). Hence, it is a respiratory virus that spreads primarily via droplets generated from an infected person coughing or sneezing. It can also come through saliva fluids or discharges from the nose. Medical science reports assert that Coronaviruses were first transmitted from animals to man, meaning that they were zoonotic (CDC, 2019; ECDC, 2020; Chen, Guo, Pan & Zhao, 2020). Lai, Shih, Ko, Tang & Hsueh (2020), say that Coronavirus is contracted through human-to-human transmissions via droplets and direct contacts, observing that the infection has an estimated mean incubation period of 6.4 days and a basic reproduction number of 2.24-3.58.

Since the advent of the deadly COVID-19 disease, international health organizations and different governments all over the world have come up with control measures, aimed at slowing down, controlling, managing or outright eradication of the pandemic (WHO, 2020, CDC, 2020). Some of these control measures have raised human rights issues in many countries of the world (Human Rights Watch, 2020; Amnesty International, 2020, OHCHR, 2020). Those mainly affected by the human right abuses are vulnerable groups like the elderly, women, children and prisoners.

The COVID-19 pandemic also came with it an upsurge in gender-based violence in many countries of the world, as women and children experienced increased domestic violence, rapes, murders, and other abuses during the lockdown, which worsened the physical, psychological and emotional health of the ones that survived it (WHO, 2020). Governments all over the world are therefore, advised to implement appropriate measures to ensure the protection of women and children from all these abuses, by improving the healthcare support systems for them, legal protection, communication platforms for reporting abuses, and functional criminal justice processes for seeking redress (Amnesty International, 2020), in the spirit of universal health coverage (Chapman, 2016). The World Health Organization (WHO, 2012), says that universal health coverage means "all people receiving quality health services that meet their needs without being exposed to financial hardship in paying for them (Voorhoeve et al., 2016). This

is why the Committee on Economic, Social and Cultural Rights (CESCR, 2000) General Comment No. 14, says the right to health does not only translate to timely and appropriate health care, but extends 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, to everyone including the poor, elderly, infants, women, mental health patients, prisoners, among others.

Prisoners and detainees at police stations, correctional centers and military facilities in some countries are at risk of contracting COVID-19 as they are held in overcrowded and unhygienic conditions that can be even more deadly than the coronavirus itself, and this can worsen the spread of the COVID-19 in society (Amnesty International, 2020). The UN has warned that countries flouting peoples' human rights in the guise of checkmating coronavirus spread, are committing "human rights disaster" (OHCHR, 2020). The UN Secretary-General, António Guterres, while launching the policy brief on persons with disabilities and COVID-19 this year, asserted that authorities all over the world must ensure that the rights of people with disabilities to access healthcare and lifesaving procedures during the pandemic are guaranteed everywhere (UN Department of Economic and Social Affairs Disability, 2020). The World Health Organization (WHO, 2020), also advises policymakers all over the world to ensure that their health-care decisions accommodate the needs of older persons, women, children, prisoners and minority groups, and also guided by their fundamental rights to dignity and the right to health, bearing in mind that every life is equal, and health care is a human right. Hence, they must put in place health care framework, that will mitigate the health-risks of these vulnerable groups, which includes their right in accessing food, water, shelter, health care services, and other necessities of life, that enhance quality health (WHO, 2020). They should also be protected from COVID-19 induced stigmatization, discrimination, neglect, mistreatment and violence, which they face in some countries (WHO, 2020).

Hence, the United Nations High Commissioner for Human Rights, Michelle Bachelet, <sup>7</sup> advises nations to adopt human rights-based approaches in COVID-19 pandemic management and controls, so as not to flout rule of laws, human rights and attainment of healthy societies (Bachelet, 2020; OHCHR, 2020).

#### **1.4 Methodology**

The paper adopts a doctrinaire critical analysis research approach. The analysis of data was qualitatively conducted. Eleje (2009), says critical analysis is a subjective writing which expresses the writer's viewpoints or assessment of a text or texts. According to PalmGrave (2006), the rules to follow for effective result include identifying the salient points of the issues raised, stating your own point of views, constructively convincing others to your point of view, through proofs, debating it effectively, and structuring your argument. On its own part, the University of Washington Tacoma Learning Centre (2014), says for a critical analysis to be valid it must offer a solution to the problem(s) it raised and it must be plausible.

In this paper, the issue critically analyzed is the international human rights in healthcare instruments and covenants as pertains to women, children and prisoners, and reports of their

healthcare human rights abuses as documented by credible international organizations, and the antidote to the problem. The international human rights instruments and conventions examined are: the United Nations Universal Declaration of Human Rights (UDHR, 1948), the ICESCR, the International Bill of Human Rights, the International Convention on the Elimination of All Forms of Racial Discrimination of 1965, the Convention on the Elimination of All Forms of Discrimination against Women of 1979, the Convention on the Rights of the Child of 1989, the International Covenant on Civil and Political Rights (ICCPR, 1976), the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the United Nations Standard Minimum Rules for the Treatment of Prisoners of 1957, and the Universal Health Coverage (UHC) adopted by the World Health Assembly in 2005.

The human rights abuses in healthcare during COVID-19 were taken from international health and human rights authorities and organizations like: the World Health Organization (WHO), the UN High Commission on Human Rights (OHCHR), the United Nations Fund for Population Activities (UNFPA), the U.S. Center for Disease Control and Prevention, Human Rights Watch, the Amnesty International, media reports, and journal articles.

#### **1.4 Discussion of Findings Based on Research Questions**

Mindful of the international covenants and instruments on human rights in healthcare, we hereby present and analyze how these have affected women, children, prisoners and the elderly in different parts of the world.

RQ1: Are women's human rights in healthcare significantly abused all over the world in this COVID-19 pandemic period?

From different parts of the world, reports of women suffering human rights' abuses, some of which with serious negative consequences on their health, in this COVID-19 pandemic period abounds.

For instance, in Nigeria reports have it that women and children were experiencing increased domestic violence, sexual abuses and even murder during the COVID-19 lockdown (Amnesty International, 2020). From Kenya, there were cases of women being stigmatized because of the coronavirus, especially Chinese female and male immigrants, and this had psychological trauma on them, consequently leading to ill-health (BBC News, 2020). In Japan, a restaurant attendant in Ito city, on the Izu Peninsula south of Tokyo, rained verbal assaults on a foreign woman, because of the coronavirus, and refused to serve her with food. The woman went home, famished, hungry and dejected, which could affect her health negatively (The Straits Times, 2020). From Palestine, came a report that on the 1<sup>st</sup> of March 2020, a Palestinian mother with her daughter taunted and harassed two foreign women who were in Ramallah for a non-governmental aid mission (Womanscollective, 2020).

Not even the western nations were spared of these COVID-related abuses against women, as was the case in Germany, where a female foreign student living in Berlin was given a two weeks quit notice, to vacate her apartment by her landlord, who claimed she had to protect herself and her visitors against infection by a person from a virus-contaminated country (BBC News, 2020). Again, a foreign pregnant woman living in Berlin, was on the 5<sup>th</sup> of February 2020, reportedly denied medical attention by her gynecologist, saying this was to prevent her

from infecting other pregnant women in his clinic with coronavirus (BBC News, 2020). Yet in Munich, Germany, another foreign woman was physically abused by her neighbor, who even sprayed her with disinfectant, ostensibly to disinfect her from the dreaded coronavirus (The Guardian, 2020).

From the U.S.A city of New York, a foreign woman wearing a face mask was punched and kicked by a man who called her Coronavirus (NBC News, 2020). Then, an Asian woman was robbed of her cellphone and physically maltreated by a man who called her Coronavirus, on the 19th March 2020 (Daily News, 2020). Yet, another female foreigner was harassed and attacked by four teenage girls who beat her with an umbrella in a public bus on 28th March, 2020, and this landed her in hospital with 4 stitches on her head (New York Dailynews, 2020). Still in the U.S.A. city of New Jersey, a 55-year-old female foreigner was reportedly beaten up by some teenagers in Edison, on 4 April 2020, over the coronavirus, and one of the teenagers, a fellow girl punched the COVID-19-suspected woman furiously in the back of her head (Sheldon, 2020).

From Canada, several incidents of violent assaults against foreign women, due to the coronavirus, were also reported (South China Morning Post, 2020). Apart from the foregoing, the COVID-19 outbreak has negatively affected women's sexual and reproductive health and rights (Marcher, 2020), through denial of access to medical palliatives, contraception and pre- and post-natal medical services, arising from COVID-19 disruptions in the global supply chains (WHO, 2020).

All these contravene the principles of Article 3 of the International Health Regulations (IHR), which cautions against all forms of stigmatization and discrimination against persons (WHO, 2020). It is also at variance with other international instruments like Article 25.1 of the Universal Declaration of Human Rights which insists that "Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services." It is also against the spirit of Articles 11.1 (f) and 12 of the Convention on the Elimination of All Forms of Discrimination against Women of 1979.

RQ2: Is the fundamental human rights in healthcare of children significantly protected all over the world in this COVID-19 pandemic period?

Many children in different countries of the world are also at the butt of the COVID-19 related stigmatization, xenophobia, racism, sexual abuses and many, all of which may be having devastating effect on their mental, psychological, social, emotional and physical health. For instance, an adolescent foreign student in Essen with a sore throat was denied an appointment by a general practitioner over coronavirus fears, despite not having tested positive to the coronavirus (Reuters, 2020). In Italy, many pupils of foreign origins in primary schools were driven away from schools, harassed and verbally assaulted, due to the COVID-19 related attacks (The Washington Post, 2020). Others were reportedly assaulted, beaten or harassed (Aljazeera.com, 2020). This prompted the Italian President, Sergio Mattarella, to make a surprise visit to a primary school in Rome on 6 February 2020, of which nearly half of the pupils were foreigners, as a show of support and solidarity to them over COVID-19 attacks,

saying that friendship and peace are fundamental in international relations and universal peace, adding that the world needs “friendship, peace and inclusion” to win the war against COVID (Reuters, 2020).

From the U.S.A. city of Texas, a 19-year-old stabbed 2 adults and 2 children, specifically a Burmese father with a 2-year-old and 6-year-old children, claiming that he stabbed them because he thought they were spreading the coronavirus (Newswest9.com, 2020; CBS7 News, 2020). In Southern Africa, there were reports of abuses against women and girls over the COVID-19 emergency enforcement, forcing the Government to warn its police officers against such abuses (Human Rights Watch, 2020). From an Australia private school for children on Sydney's North Shore, an adolescent foreign student was asked to leave her dormitory, notwithstanding that she did not test positive to coronavirus and was medically cleared when she arrived at the school (The Sydney Morning Herald, 2020). Another foreign young foreign student in Perth was evicted from her home upon returning to Australia after visiting her home country for Lunar New Year celebration (The Sydney Morning Herald, 2020).

From Sweden came the report that on 20 May 2020, a young girl was racially harassed and assaulted for wearing masks, and this resulted in injuries, a pair of broken glasses and medical stitches for the girl (The Local, 2020). From the French city of Paris, some school children of foreign origins were either stigmatized, ostracized or mocked in their schools over the coronavirus (BBC, 2020). In Germany, the coronavirus outbreak was greeted with racism, harassment and assaults on foreign students, including younger ones in primary schools, some of who were evicted from their dormitories, schools or apartments (The Atlantic, 2020). Some hospitals were also reported to have refused to treat Muslim patients alleged to be infected with coronavirus, leading to the deaths of at least two newborn babies (The Telegraph, 2020).

All these contravene international instruments like Article 24 of the Convention on the Rights of the Child of 1989. Also, Article 12.2 (a) which stipulates measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care. It is also voided by Article 2 of the Universal Declaration of Human Rights, which sets out the basic principle of equality and non-discrimination as regards the enjoyment of human rights and fundamental freedoms, forbids discrimination based on race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. It also violates Article 15 of the UDH which guarantees the child right to participate in the cultural life of any community where he / she is located.

**RQ3: Are prisoners human rights in healthcare significantly assured all over the world in this COVID-19 pandemic period?**

Reports from different parts of the world also indicate that prisoners are not fairly treated in this COVID-19 period, with serious negative repercussions on their health. From El-Salvador, came the report that hundreds of detainees were held in overcrowded, unhygienic conditions that greatly endangered their health, while one prisoner died on 1st April, 2020, after being denied medical attention (Human Rights Watch, 2020). Some of the prisoners were compelled to sleep in inhuman conditions, at in parking lots, bare floor, and some held in police stations all day without food or water in unhygienic conditions, and medical treatment (Human Rights

Watch, 2020). This saw to the death of another 77 people in El Salvador prisons, between April 24 and 27, 2020, but which the president claimed was orchestrated by gang warfare inside prisons (Human Rights Watch, April 20, 2020).

In some Central Asia countries like Turkmenistan, Tajikistan, Kazakhstan, Kyrgyzstan and Uzbekistan, there were reports that prisoners and lockdown violators were herded into unhealthy detention cells, and some of the detainees almost completely naked and jammed together on bare floors, only a few wearing face masks. All were held without observing COVID-19 protocols like social distancing considerations, and through this, their health conditions were endangered, as they lay as easy prey for contracting and spread of Covid-19 (TheDiplomat, 2020; Human Rights Watch, 2020).

From Iran, Human Rights Watch (2020), reports that the Government refused to free wrongfully detained prisoners, in spite of pleas from Concerned families Over Coronavirus Risks in Prisons. These included some human rights defenders and many others sentenced on obscure national security reasons, even when reports say that prisoners in some Iranian prisons have tested positive for coronavirus (Amnesty International, 2020). In Philippines, the lockdown measures were also reportedly characterized by police brutality, abuses and massive prison deaths arising from overcrowding due to the coronavirus (TheDiplomat, 2020; Alindogan, 2020).

All these contravenes Article 10 of the International Covenant on Civil and Political Rights which provides that all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.

### **1.5 Recommendations**

Based on the outcome of this critical analysis review, we hereby recommend as follows:

- i. That mass public education and enlightenment campaigns involving health communications, marketing communications, and social marketing experts should be initiated globally, to let people understand the international human rights covenants, and the consequences of violating them.
- ii. That health communications' experts should be encouraged through research grants to research and publish more articles in human rights in healthcare areas, as a way of enhancing public awareness on this.
- iii. That law enforcement officers all over the world should be made to take a compulsory course on human rights and humanitarian rights, so as to minimize their infringing on peoples' rights, and reduce unnecessary frictions with members of the public
- iv. That social marketing behavior-change initiatives should be used to let the people abusing the vulnerable and at-risk people, like women, children, minority groups, the elderly, people with disabilities and the poor, to have a change of hearts and desist from such acts, so as to enhance the health and lives of these people.
- v. Social marketing campaigns should also be used to mass market the World Health Organisation's informed position regarding the provisions of the International Health Regulations (IHR).

- vi. Finally, social marketing campaigns should be used to educate all citizens of the world that to win the war against COVID-19, we must all be our brother's keepers, by avoiding stigmatization, racism, xenophobia, and every form of discrimination against anyone, regardless of gender, age, color, creed or race, which could affect peoples' health and lives negatively.

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