



Original Article

Challenges to Human Rights during COVID-19

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Abstract

The COVID-19 pandemic emerged as an unprecedented global crisis that extended far beyond public health, profoundly affecting political governance, economic systems, and the realization of human rights. Governments across the world adopted extraordinary emergency measures, including lockdowns, restrictions on movement and assembly, digital surveillance, border closures, and suspension of normal democratic procedures. While many of these measures were justified as necessary to protect public health and save lives, they also resulted in widespread limitations and violations of civil, political, economic, social, and cultural rights. This paper offers a framework aimed at safeguarding public health and preserving lives, which consequently led to extensive restrictions and infringements on civil, political, economic, social, and cultural rights. This paper presents a thorough and analytical assessment of the obstacles to human rights encountered during the COVID-19 pandemic. Using international human-rights law comprehensive and analytical examination of the challenges to human rights during the COVID-19 pandemic. Using international human-rights law as a normative framework and drawing upon global statistics, country examples, and reports from international organizations, the study argues that the pandemic exposed and intensified pre-existing inequalities and structural injustices. Vulnerable groups such as women, migrants, minorities, informal workers, prisoners, and persons with disabilities were disproportionately affected. The paper concludes that public health and human rights are not in opposition but rather support each other, highlighting the necessity for a rights-based strategy in future pandemic readiness and global governance.

Keywords: COVID-19, Human Rights, Emergency Powers, Public Health, Inequality, Governance

Introduction

The outbreak of the novel coronavirus (COVID-19) in late 2019 rapidly transformed into one of the most significant global crises of the twenty-first century. Declared a pandemic by the World Health Organization on 11 March 2020, COVID-19 compelled governments worldwide to adopt extraordinary measures to contain its spread and prevent the collapse of healthcare systems. These measures included nationwide lockdowns, travel bans, quarantine regulations, closure of educational institutions, suspension of economic activities, and extensive use of digital surveillance technologies. While such interventions were largely driven by the imperative to protect life and public health, they simultaneously generated profound human-rights implications. The pandemic thus unfolded not merely as a health emergency but as a complex human-rights crisis, revealing deep structural inequalities and governance failures across societies. The United Nations High Commissioner for Human Rights noted that COVID-19 served as a "magnifying glass," revealing persistent injustices and vulnerabilities that had been overlooked for many years.

This study explores the impact of the COVID-19 pandemic on the enjoyment of essential human rights at both the global and national scales. It provides a critical analysis of the conflict between emergency public health measures and the safeguarding of civil liberties, democratic principles, and socio-economic rights. By placing the pandemic response within the wider context of international human rights law and political theory, this study aims to enhance academic discussions regarding crisis governance, state authority, and human dignity.

Objectives of the Study

1. To evaluate the effects of the emergency measures implemented due to COVID-19 on civil, political, economic, social, and cultural rights.
2. To investigate the alignment of policies related to the pandemic with international human rights standards.

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3. To analyze the unequal effects of COVID-19 on vulnerable and marginalized populations.
4. To pinpoint the structural and institutional elements that exacerbated human rights issues during the pandemic.
5. To assess global and national responses through a rights-based lens.

Research Methodology

The present research adopts a qualitative, descriptive, and analytical methodology. It is based entirely on secondary sources, including international human-rights treaties, reports published by the United Nations, World Health Organization, International Labour Organization, World Bank, Human Rights Watch, and Amnesty International. Peer-reviewed academic journals, policy briefs, and official government documents are also consulted. The method of analysis is thematic and comparative. Human-rights challenges are categorized into civil-political and economic-social dimensions, and comparative examples are drawn from different regions to highlight global patterns and variations. Although the study does not include primary fieldwork, the extensive use of authoritative global data and reports ensures analytical depth and credibility.

Human Rights and Public Health Emergencies: Conceptual Framework

International human rights law acknowledges that states may impose specific limitations on rights in times of public emergencies. Article 4 of the International Covenant on Civil and Political Rights permits temporary derogation from certain obligations during a public emergency that threatens the nation's existence. However, such derogations must adhere to stringent criteria of legality, necessity, proportionality, and non-discrimination, with certain rights, including the right to life and freedom from torture, being non-derogable. The COVID-19 pandemic challenged the robustness of this framework. While some governments sought to strike a balance between public health and human rights, others took advantage of emergency powers to enhance executive authority, stifle dissent, and undermine democratic institutions. Consequently, the crisis prompted essential inquiries regarding the boundaries of state power and the safeguarding of human dignity in emergency situations.

Civil and Political Rights during COVID-19

Freedom of movement was one of the most severely restricted rights during the pandemic. Lockdowns and curfews affected nearly half of the world's population at their peak. Although movement restrictions were epidemiologically justified, their enforcement often ignored socio-economic realities, particularly in developing countries where large sections of the population depend on daily wages. For millions of informal workers, staying at home meant loss of livelihood and hunger, effectively transforming public-health measures into instruments of social exclusion. In many countries, enforcement of lockdown measures involved excessive use of force by law-enforcement agencies. Reports from Africa, South Asia, and Latin America documented incidents of police brutality, arbitrary detention, and deaths linked to curfew enforcement. Such practices violated international human-rights norms and undermined public trust in state institutions. Freedom of expression and access to information were also curtailed during the pandemic. Governments introduced laws to combat "fake news" and misinformation related to COVID-19. While addressing misinformation was essential, vague legal provisions were frequently misused to silence journalists, whistleblowers, and critics. Arrests of journalists and medical professionals for reporting shortages of medical supplies highlighted the erosion of transparency and accountability during the crisis.

Surveillance, Privacy, and Digital Rights

The pandemic accelerated the use of digital surveillance technologies, including contact-tracing apps, mobile-phone tracking, and facial recognition systems. While such tools contributed to public-health objectives in certain contexts, they also raised serious concerns regarding privacy and data protection. In many countries, surveillance measures were introduced without adequate legal safeguards, oversight mechanisms, or sunset clauses. Human-rights experts warned that emergency surveillance risked becoming permanent, normalizing intrusive state monitoring beyond the pandemic. The absence of robust data-protection frameworks particularly affected marginalized populations, discouraging migrants and undocumented workers from accessing healthcare due to fear of surveillance and deportation.

Right to Health and Healthcare Inequalities

The right to health, as guaranteed under international law, was severely tested during COVID-19. Health systems worldwide struggled with shortages of hospital beds, oxygen, medicines, and trained personnel. According to the World Health Organization, over 90 percent of countries reported disruptions to essential health services during the pandemic. Healthcare workers faced unsafe working conditions, inadequate protective equipment, and extreme psychological stress. Thousands lost their lives while serving on the frontlines. These failures reflected long-standing underinvestment in public healthcare and constituted violations of the right to safe and healthy working conditions.

Vaccine Inequality and Global Justice

Vaccine development represented a major scientific achievement, yet vaccine distribution revealed profound global inequalities. Wealthy nations secured large quantities of doses through advance purchase agreements, while low-income countries faced severe shortages. By mid-2021, a majority of people in high-income countries had received at least one dose, whereas vaccination rates in many African countries remained below ten percent. This disparity violated principles of equality, solidarity, and the right to benefit from scientific progress. Vaccine nationalism prolonged the pandemic, facilitated the emergence of new variants, and resulted in preventable deaths. The failure of global governance mechanisms to ensure equitable access highlighted the need for reform in international health cooperation.

Economic and Social Rights Crisis

The economic impact of COVID-19 was devastating. The International Labour Organization estimated that global working-hour losses in 2020 were equivalent to 255 million full-time jobs. Informal workers were particularly affected due to lack of social protection. The World Bank estimated that the pandemic pushed over 150 million people into extreme poverty. Food insecurity increased dramatically, undermining the rights to food, work, and an adequate standard of living. Although some governments introduced relief measures, many failed to reach the most vulnerable populations, exposing weaknesses in existing welfare systems.

Right to Education

School closures affected approximately 1.6 billion learners worldwide. While online education was introduced as an alternative, millions of students lacked access to digital resources. Learning losses were particularly severe among children from marginalized communities, increasing dropout rates and child labor. From a human-rights perspective, the pandemic undermined the right to education and threatened long-term social mobility and intergenerational justice.

Impact on Vulnerable Groups

Women experienced increased unpaid care burdens and a global surge in domestic violence during lockdowns. Migrants, refugees, and prisoners faced heightened health risks due to overcrowded living conditions and limited access to healthcare. Persons with disabilities encountered barriers to information and essential services. These outcomes demonstrated how structural inequalities magnified the human-rights impact of the pandemic.

Conclusion

The COVID-19 pandemic revealed the fragility of human-rights protections during global crises. While emergency measures were necessary to protect public health, their implementation often failed to uphold principles of dignity, equality, and justice. The crisis demonstrated that human rights and public health are mutually reinforcing rather than contradictory. Future pandemic preparedness must adopt a rights-based approach that strengthens healthcare systems, ensures equitable access to resources, protects civil liberties, and addresses structural inequalities. Only through such an approach can societies build resilience against future global emergencies.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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