

Guest editorial

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It is not just about health: the human rights implications of COVID-19

Welcome to a new Special Issue of the *International Journal of Human Rights in Healthcare* (IJHRH). We are now in a position to look back and reflect on our governments' responses during the world pandemic. At the time of writing, across the world, there have been 556,524,032 COVID-19 cases out of which 6,364,661 resulted in death. These numbers can only be compared to the deaths that followed the First World War (20 million) and the Second World War (40 million). But as the title of this Special Issue indicates, the consequences of COVID-19 did not just involve our health and lives. In fact, its human rights implications were not only prominent during the pandemic but also are expected to continue for many years to come.

This Special Issue brings together seven original papers that are based on new research that was conducted across different geographical locations to expose and understand the human rights implications of COVID-19. Human rights law and policy are not static concepts and it is only through new evidences, experiences, mistakes and good case studies that we can strengthen them for the future. I have always argued that human rights are first for those who cannot speak for themselves, the oppressed and the less fortunate. They are, of course, for everyone and are by default standards that are simply attached to our humanity. However, this Special Issue points out that groups who are faced with socio-economic challenges, or who may belong to vulnerable groups have suffered the most during and after the pandemic. This is a global fact and a failure of existing human rights international law. Our journal aims to expose failures in human rights in health care, but also propose evidence-based solutions for governments and practitioners. I am therefore very pleased that we can publish this timely and much needed Special Issue.

Starting with "Human rights violations during the COVID-19 pandemic", it analyses international human rights law in the context of managing the COVID-19 crisis. The authors identify several human rights violations during the COVID-19 outbreak. They claim that the pandemic has shown the ugly fractures in health-care systems across the world including health inequities, racism and discrimination. The paper argues that governments need to be more prepared to face new health and reflect on current social reality.

Moving onto "COVID-19 pandemic and future global catastrophic risks as a challenge for health-care ethics", it looks at the challenges on medical resources allocation and the duty to treat. This paper suggests that there are good reasons to rethink our health-care ethics for future global catastrophic risks. The authors argue that human enhancement should be studied in the context of discrimination and access to health care. Furthermore, it claims that the scientific community should study the concept of assisted dying which could be applied for those survivors who have no chance of obtaining medical care. Such criteria and concepts as cost-benefit analysis, the ethics of quality of life, autonomy of patients and duty of medical personnel should be considered. Amongst other things, the authors show that any future existential bigger catastrophe may require new guidelines for the allocation of medical resources. The idea of assisted dying is considered as a hypothetical scenario. This is analysed as an official protocol for health-care ethics and resources allocation policy in the case of emergency situations. Possibly more controversial idea discussed in this paper is an idea of assisted dying for those who cannot receive required medical help. This controversial

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paper argues that such procedure could be applied in a mass scale during a global catastrophic event.

“Human rights dimensions of COVID-19 responses in Bangladesh: challenges and recommendations” analyses four different parameters impacted by the pandemic: freedom of opinion and expression; access to information; protection of health-care workers; and marginalized populations’ access to health care. The findings show that the responses of Bangladesh are not aligned with international human rights law obligations and that a number of government measures undermined the human right of dignity of the Bangladesh people. It concludes with some policy recommendations for the future.

Moving onto “COVID-19 and health inequality: the nexus of race, income and mortality in New York City” the paper aims to understand the connections between socio-economic variables, including race and income and the disease with the impact of the virus on communities. The authors used the method of multivariable negative binomial regression, looking at the association between health and mortality disparities related to COVID-19 and socio-economic conditions. The authors obtained ZIP code-level data from the New York City Department of Health and Mental Hygiene and the U.S. Census Bureau to conclude that the mortality rate rises in areas with a higher proportion of Hispanic and Black residents, whereas areas with higher income rates had lower mortality associated with COVID-19, among over 18,000 confirmed deaths in NYC. We have all speculated that COVID-19 impacted mostly the lives of those who were less affluent and this paper brings much needed evidence to this initial assumption. Furthermore, the paper highlights the importance of targeted policies regarding these disparities to alleviate health inequality among marginalized communities and to reduce disease mortality in the future.

“The Palestinian health-care providers’ perceptions, challenges and human rights-related concerns during the COVID-19 pandemic” investigates on the most affected groups during the world pandemic. Looking at Palestinian health-care providers in particular, the paper argues that they were exposed to several challenges relating to their work environment. In fact, the paper argues that the working conditions for these professionals were war-like. These conclusions were reached through a qualitative study that included 30 health-care providers between 26 and 35 years. They were purposively selected from among health-care providers in two Palestinian cities, Nablus and Tulkarm, located in the north of the West Bank. Thematic content analysis was applied to transcripts of interviews with the practitioners to identify key themes. Some of the issues that were identified included the impact of the working conditions on their mental health, the lack of sufficient infrastructure and medical equipment including protective gear. Furthermore, the military occupation and the shortage of health-care providers made things worse for them, especially those who practice in speciality fields such as neurology, oncology, paediatric surgery and clinical psychology. This paper recommends conducting studies targeting Palestinian health-care providers’ training and supervision services to improve their skills and resiliency in dealing with future crises. This is one of the first studies that examine health-care providers’ perceptions, perspectives, challenges and human rights concerns during the COVID-19 pandemic in Palestine. This novel sample resides in a political and social environment characterized by high environmental stressors due to decades of military and political violence.

Subsequently, “Implications of the COVID-19 mitigation model on people’s right to health in Uganda”, looks at the Government’s efforts to implement the COVID-19 mitigation model to establish whether it protected and respected citizens’ right to health during the first four months of the COVID-19 crisis. The results are based on a qualitative study focusing on a population of households of vulnerable and chronically ill patients in Mukono and Wakiso districts of Uganda. The sample was identified through purposive and snowball sampling techniques. The paper reveals that disadvantaged and vulnerable citizens of Uganda experienced severe and increased shortages of food, increased cases of ill-health, compromised ability and mobility to access health services as a result of the government’s

COVID-19 mitigation model. The authors argue that public health models and policies work more effectively if they are contextualized to work for both the high and low classes of people across the whole spectrum.

The final paper, "COVID-19 responses, human rights and the cultural context of Global South" argues that various restrictive measures, mainly lockdown, home quarantine, travel restrictions and social distancing have been taken in both Global North and South to control COVID-19. The paper presents evidence that people faced with socio-economic challenges have suffered from these restrictive measures the most. The results are based on qualitative research that includes relevant scholarly articles, news reports and various reports from different national and international organizations. For example, international human rights principles in the case of public health were reviewed and discussed to identify the links between human rights laws in public health perspectives. Contents analysis was carried out to identify the relevant themes on the issues of human rights in response to the COVID-19 pandemic. In short, this paper shows that the human rights of the vulnerable people in the Global South were undermined which is a finding that can be useful for other countries in the region.

I hope that you find this Issue useful in your practice and research. Your feedback is always welcome; you can submit your views via our website as well as your work for peer review and publication at www.emeraldgroupublishing.com/journal/ijhrh?id=IJHRH#author-guidelines. We review papers on an ongoing basis and have a target of returning them to the author within 5–8 weeks of receipt. Warm wishes from everyone at the IJHRH and stay safe!