
The Consequences of COVID-19 on Human Rights and Freedoms

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Abstract

This qualitative desktop study relied on existing literature to gain concise knowledge of the consequences of the Coronavirus disease (COVID-19) on fundamental human rights and freedoms in Africa. Informed by the cardinal social work principles of human rights and social justice, which have their genesis in humanitarian and democratic ideals founded on such values as dignity, equality, the study highlighted the brutalities being imposed on African nationals in their countries owing to the COVID-19 pandemic. The study proposes recommendations to remedy these while advocating for a comprehensive human rights approach, among other measures, in responding to the pandemic.

Keywords

Coronavirus, dignity, freedom, human rights, social justice

Introduction

Pandemics have persisted throughout human history. Major ones include the Antonine Plague (165-180), Human Immunodeficiency Virus (HIV)/Acquired Immuno-Deficiency Syndrome (AIDS), Swine Flu, Severe Acute Respiratory Syndrome (SARS), Ebola, Middle Eastern Respiratory Syndrome and more recently COVID-19 (LePan, 2020). Over a short period, COVID-19 has transformed lives and the global landscape, thereby leaving governments, public health authorities, healthcare professionals and researchers all struggling to combat and adequately comprehend the pandemic (Weir, 2020). The pandemic has been described as ‘... the defining global health crisis of our time ... [and brought about] an unprecedented socio-economic crisis’ (United Nations Development Programme [UNDP], 2020).

Consequently, now more than ever, our world is in dire need of guidance and assistance from the consequences of the pandemic. This article interrogates the implications of the disease on the observance of fundamental human rights and freedoms in selected African countries from a qualitative perspective. Reliance was made on secondary sources of information as the collection of primary data was limited due to travel restrictions. The article, therefore, contains materials

subjectively selected and included because of their relevance to the topic under study. Finally, the article also makes a compelling case for constructive and innovative responses to the pandemic.

The human rights implications of COVID-19 in African states

Increasingly, disease outbreaks draw considerable public attention, often characterized by sensationalism in the lay press, with a rapt focus on the origins of the epidemic, rates of infection and associated mortality rates (Bausch & Clougherty, 2020). However, the discourse on ‘the human rights elements [or dimensions] that consistently underlie large outbreaks of these dangerous [diseases]’ (Bausch & Clougherty, 2015) is marginal. This study, therefore, interrogates the intersection between COVID-19 and human rights and freedoms in Africa by highlighting key debates about these humanitarian and democratic ideals. The latter section identifies and explores several remedies that may be deployed to increase respect for and protection of fundamental human rights and freedoms, consistent with the international human rights conventions and municipal laws in respective countries. As reflective social work practitioners, it is also our considered view that the suggested remedies can alleviate poverty, meet human needs, develop human potential, and promote the social inclusion of oppressed and vulnerable people (British Association of Social Workers, 2021).

Rights to Health, Education, and Life

COVID-19 poses severe health, education, and life threats due to its biomedical and public health emergency nature. It has well been reported that the pandemic has aggravated poverty, access to quality education and health services in many countries (United Nations [UN], 2020a). This state of affairs has triggered waves of concerns among interest groups and multilateral organizations given the implications for vulnerable groups, struggling economies and nation-states that cannot realize and protect the human rights of their citizenry (African Union [AU], 2020a; Lone & Ahmad, 2020; UN, 2020a). Considering the mayhem the pandemic has caused in the most developed parts of the world, Lone and Ahmad (2020) and Zambara (2020) predicted a dire situation in the Global South owing to diabetic and virtually non-existent healthcare infrastructure and equipment.

Indubitably, pandemics such as COVID-19 pose fundamental threats to public health as they strain available medical facilities (Izobo & Abiodun, 2020). COVID-19 has highlighted the severe lacunas inherent in accessing essential healthcare services in countries of the Global South, particularly in Africa. It hinders and inhibits the efficacy of healthcare professionals in fulfilling their obligations primarily due to a lack of resources precipitated by inadequate investments in health (Human Rights Watch [HRW], 2020a). To avoid doubt, insufficient investments in healthcare equipment and infrastructure have led to a massive brain drain as African nations grapple to retain healthcare professionals, provide essential medicines and drugs and reduce death rates from ever-present diseases such as malaria. Most healthcare systems throughout Africa are neglected and poorly resourced as there are fewer hospital beds, intensive care units, and healthcare professionals compared to other regions (HRW, 2020a). To illustrate this, most African nations struggle to contain the spread of COVID-19 despite budgetary cuts, inadequate

allocation of funds in healthcare services and poor planning. In North Africa, for instance, states and governments were unprepared for the pandemic, and health expenditure had been reportedly reduced for decades. Countries like Tunisia had a paltry 200 intensive care beds; Morocco had only 550 respirators; and Libya lacked resources in Tripoli and its satellite towns (Joffé, 2020). The situation was equally dire in West Africa, where nine of the 25 poorest nations in the continent were found. Health systems were poorly funded, thus rendering them ineffective in scaling up quick responses to the pandemic. In this region, many countries are said to have less than ‘five hospital beds per 10,000 of the population, and per capita health expenditures are lower than US\$50’ (Martinez-Alvarez *et al.*, 2020). As a result, as of May 5, 2021, the African continent had an estimated 123,554 COVID-19 related deaths, South Africa being the worst affected, with about 54,557 deaths or 44.2% of total deaths on the continent (Statista, 2021). Egypt and Tunisia followed with 13,655 deaths and 11,122 deaths, respectively. Statista further reported that the continent also recorded 4.63 million cases on the same day. Thus, while saving lives is imperative during pandemics, the dearth of testing kits made this virtually impossible (HRW, 2020a). Despite their swift responses to mitigate the spread of COVID-19, many countries faced immense challenges as they lacked the ‘capacity to test for COVID-19, isolate people with confirmed or suspected cases, trace contacts, and treat those with severe illness’ (HRW, 2020a).

Stigma and discrimination

The UN (2020) reported that stigmatization and discrimination hinder people with COVID-19 symptoms from accessing healthcare services, including testing. WHO (2020a) concurred with the report by asserting that stigma and discrimination are rife and rampant during public health emergencies and are often ‘directed at persons diagnosed with COVID-19, at people of Asian descent or [at those] who have travelled to affected countries ... [and] healthcare professionals’ (WHO, 2020a). There are serious fears that associating the Coronavirus with a particular country could lead to xenophobia, discrimination, racism, and attacks (Wintour, 2020). WHO (2020a) warned that stigma and discrimination have grave mental health and physical consequences for the affected populations and their communities. This was also the case with HIV and AIDS when they were first experienced. Novogrodsky (2009) wrote that early efforts to contain the effects of the HIV and AIDS pandemic were aimed at destigmatization and anti-discrimination. Similarly, noting that Ebola was ‘the deadliest and most terrifying epidemic of recent memory’ (Shu-Acquaye, 2017), its entrenchment in Africa was blamed on cultural practices exacerbated by stigmatization and weak human rights laws. Shu-Acquaye argued that these factors had made the elimination of the disease in Africa intricately complex.

Marginalized groups

In light of the dynamics above at play, it is hardly surprising, therefore, that worldwide, COVID-19 has had disproportionate and deleterious effects on highly disadvantaged populations, including the poor, sexual and gender minorities, the criminalized, the sick, the elderly, those facing perennial exclusion and discrimination, the homeless, internally displaced persons, migrants and refugees (Guterres, 2020; Sebastian, 2020; Tsai & Wilson, 2020; UN, 2020; Vearey, 2020;

WHO, 2020a). The United Nations High Commissioner for Refugees (UNHCR) (2020) reported that Coronavirus had aggravated the plight of refugees fleeing persecution, conflict, and war. The refugee agency further noted that countries are putting human rights and refugee law at risk as they seek to protect their economies and populations. As such, an estimated 167 states had partially or fully closed their borders to slow down the spread of the pandemic, while at least 57 states had made no exception for asylum seekers. Given the ongoing violence and wars in most parts of the world, border closures hinder people from seeking asylum, while forced repatriations and transfers are taking those seeking safety and shelter to countries where their lives and freedoms face substantial threats. The situation was grave as the UNHCR witnessed:

A disproportionate use of immigration detention, a rise in the risk of sexual violence, discriminatory restrictions on access to health and social services and a dramatic loss of livelihoods drive many refugees and others on the margins of society deeper into poverty and destitution (UNHCR, 2020).

Sadly, a paucity of literature exists about the homeless, the elderly and people living with disabilities (UN, 2020). There is no doubt, however, about their exposure to 'increased morbidity and mortality' (Armitage & Nellums, 2020). Wakene (2020) believed that in Ethiopia (East Africa), COVID-19 has severely affected people living with disability, most of whom are poor. He attributed this state of affairs to the disproportionate exposure of people with disabilities to COVID-19 due to their disabilities and living conditions and to what he described as 'the infinitesimal attention given to the matter in systemic responses to the pandemic' (Wakene, 2020). In Southern Africa in general and South Africa in particular, Mulibana (2020) decried the exclusion of people with disabilities in COVID-19 responses, arguing that lack of consultation had led to their neglect despite the existence of a comprehensive legal framework to advance disability rights. Significant objections were equally raised against forced evictions and the demolition of shack dwellings in informal settlements in Johannesburg. Makgale (2020), for example, vehemently argued that removals in Johannesburg were exposing the most vulnerable to increased health risks and hardship. She opined that citizens were in dire need of safety and security and could not be forced to confront the highly contagious and pernicious COVID-19 pandemic without shelter while being exposed to the ugly brutalities of homelessness. Despite the absence of information regarding homeless persons, some studies, as already discussed, have reported the calamitous socio-economic, educational, and health effects of COVID-19 on children and families. It has been observed, for instance, that homeless children cannot observe social distancing due to squalid living conditions and overcrowding (Rosenthal, Ucci, Heys, Hayward, & Lakhapaul, 2020). Without a doubt, overcrowding and squalid living conditions provide a fertile ground for COVID-19 exposure and transmission. Scholars have found the risk of contagion to be extremely high in congregate detention facilities (Dersso, 2020; Keller & Wagner, 2020; Kinner *et al.*, 2020).

There has been growth in domestic violence cases (WHO, 2020a; Wintour, 2020; Zambara, 2020). WHO (2020a) asserted that extant social and gender disparities affect women and girls differently from men and boys, and COVID-19 has aggravated these (see also Dersso, 2020; Kagumire & Ouya, 2020; Warega & Ilori, 2020). Nyamao (2020), for instance, wrote that stringent travel

policies and lockdown measures had far-reaching effects on women's rights on the continent. She argued that most women eke out a living in the informal sector, where they take up positions as street retailers, tailors, hairdressers, casual workers, and subsistence farmers. She further posited that women in non-agricultural jobs constituted 74% of people in informal employment, where they face even more challenges due to COVID-19. She wrote thus:

Working in the informal economy often leaves women without any protection of employment or labour laws, social benefits such as unemployment funds, health insurance, paid sick leave and paid leave of absence. They typically work for minimal wages and in hazardous conditions. The situation can be worse during this pandemic since women are at the front line and are the majority of caregivers (Nyamao, 2020).

Women and girls' access to sexual and reproductive healthcare services is affected by ongoing restrictions on their mobility and the dire economic challenges their households face. In Zimbabwe, for example, Amnesty International (2021) reported women being denied access to essential maternal healthcare while violence against both women and girls was widespread. In particular, the first 11 days of the lockdown in 2020 saw 764 cases of violence against Zimbabwean women and girls being recorded. These cases had risen to 2,768 by mid-June. What was concerning was the Zimbabwean government's failure to prioritize services to protect women and girls from such attacks. As a result, they were denied prompt access to justice (Amnesty International, 2021). The United States Embassy in Zimbabwe (2021) concurred with its 2020 human rights report in Zimbabwe. It identified an increase in crimes involving violence or threats against women and girls and a lack of investigation of and accountability for violence against women as some of Zimbabwe's most significant human rights issues. Without a doubt, such curtailments represent a flagrant violation of their fundamental human rights. Likewise, women and girls have further been exposed to an intimate partner or domestic violence due to the limitations above on their movements. Domestic violence also forms a gross violation of human rights. It is incandescently clear that women and girls continue to bear the brunt of the COVID-19 pandemic. Even though no specific countries were mentioned, Sebastian (2020) observed some of the challenges women faced owing to the pandemic and wrote that:

Women sick with COVID-19 symptoms are prevented from visiting a clinic because they cannot contact men other than their husbands, and they [are] not allowed to stay in hospitals alone. Police officers are detaining and fining people living with HIV, trying to secure antiretrovirals during a lockdown.

Democratic freedoms in selected states

The International Federation for Human Rights (FIDH) (2020) noted that governments across the globe had deployed a series of extraordinary measures in their response to the COVID-19 pandemic. These measures range from surveillance to closed borders and authoritarian responses (Wintour, 2020). Nonetheless, the FIDH expressed serious concerns over the scope, duration, and nature of the said measures. Much focus has been on the measures' implications on human rights and democracy itself (Kapapelo, 2020; Simiyu, 2020). For instance, Cheeseman and

Smith (2020) decried the scant regard for the repercussive effects of COVID-19 on democratic freedoms. Elections and related political activities have been postponed in several African countries in East Africa, North Africa, Southern Africa, and West Africa due to the risks and uncertainties of COVID-19. Therefore, there can be no doubt that COVID-19 is affecting normal socio-economic and political activities on the African continent, although governments have always adopted extraordinary measures in public emergencies. The ravaging effects of the 2014 outbreak of Ebola in West Africa compelled governments to enforce measures they believed would aid in containing its spread. Durojaye and Mirugi-Mukundi (2015) felt that some of the deployed steps were drastic and had ‘implications for the fundamental rights of individuals ... [and that the Ebola outbreak had highlighted] the tension between public health and human rights.’

Furthermore, concerns have been raised regarding the long-term measures that deepen and broaden the depth of human rights restrictions in several nation-states. It would appear that issues unrelated to COVID-19 are receiving too little attention. At the same time, governments have taken advantage of the pandemic to unconstitutionally expand and retain their powers, control populations, and make brazen attacks on fundamental human rights and individual liberties (FIDH, 2020). In other words, authoritarian states are taking advantage of the pandemic to violate individual liberties and repress the free flow of information, thus turning an essentially ‘public health emergency into a human rights crisis’ (Wintour, 2020). As Cheeseman and Smith (2020) observed:

In some countries, leaders responded so rapidly that critics fear they are manipulating the crisis to consolidate their political power. Most notably, governments in Malawi (Southern Africa) and Uganda (East Africa) banned public gatherings – and hence opposition rallies and civil society protests – before their countries had recorded a single case. Their counterparts in Guinea (West Africa) and Zambia (Southern Africa) are using the cover of the Coronavirus to advance their authoritarian agendas and prolong their time in office. This creates a stark problem for opposition parties and independent civil society groups because the same measures are taken to tackle the pandemic also undermine their ability to defend democracy. Pro-democracy forces across Africa are thus being kneecapped – and often violently – under the expedient guise of public health and national security.

Further compounding the abilities of civil society organizations and opposition political parties to organize and defend democracy is that their operations and funding sources have been severely curtailed by lockdown regulations, even as major donor and aid agencies are changing their priorities. Political dissent is negatively portrayed as a severe threat to public health and national security and continues to face violent reprisal from autocratic regimes and overzealous, often partisan security forces. Activists and journalists are systematically targeted on social media in Algeria while being harassed and deported from countries like Egypt (North Africa), Rwanda, and Somalia (East Africa). In Zimbabwe (Southern Africa), supporters of the opposition, Movement for Democratic Change—Alliance, have been prevented from challenging a very controversial ruling by that country’s supreme court that nullified Nelson Chamisa’s leadership of the party (Cheeseman & Smith, 2020). This situation represents an unfortunate situation, a double tragedy,

so to speak (Zambara, 2020).

Under states of emergency, countries create conducive conditions for flagrant violations of human rights. State of emergency declarations or lockdown enforcement measures imposed in various nations to contain the spread of COVID-19 has had serious negative ramifications on fundamental human rights and freedoms, particularly on those relating to life, health, education, freedom of movement, association, and expression (Green, 2020; UN, 2020a). Yet, Molloy (2020) maintained that a state of emergency declaration is necessary as it facilitates the safeguarding of national security, maintenance of law and order, protection of lives and property, keeping of essential public services running, directing of relief efforts to areas with the greatest need, and restoration of normalcy. Nonetheless, he cautioned that despite its flexibility in responding to public emergencies, a state of emergency declaration is accompanied by significant human rights risks such that '[e]mergency powers must be monitored scrupulously and on an ongoing basis' (Molloy, 2020). However, governments, especially those in Africa, are notorious for abusing power by resorting to suppression of dissent to entrench autocracy (Zambara, 2020). Abrogation of fundamental human rights in Africa is pervasive during even the most peaceful times, and it is worse now given the COVID-19 pandemic. Green (2020) reported that freedom of movement had been curtailed in more than half of Africa's 54 nations in a bid to contain the spread of the Coronavirus pandemic. Adegalu (2020) also contended that 'alongside the right to freedom of movement, the right to assembly...has been severely limited, restricted or prohibited by most African states as part of measures adopted to address the spread of COVID-19' (para. 8). For instance, some countries imposed partial lockdowns while others opted for absolute ones. This has been the case in Ethiopia, Kenya, and Rwanda in East Africa, Nigeria in West Africa, and Seychelles, South Africa, and Zimbabwe in Southern Africa (Adegalu, 2020; Dube, 2020; Green, 2020; Izobo & Abiodun, 2020; New Zimbabwe, 2020; UN, 2020; Wakene, 2020; Zambara, 2020). These restrictions on movement raise serious concerns regarding the observation and protection of human rights as some security forces resort to outright violence and brutality. Mudau (2020) wrote that constitutional rights relating to freedoms of assembly, movement, association, the right to privacy, access to information, and the right to bodily and psychological integrity had been severely curtailed in South Africa in a manner inconsistent with the country's constitution and its cardinal founding values of equality, freedom, and dignity. This created an alarm that South Africa might be slowly becoming a surveillance state. Mudau (2020) writes:

This broadly-phrased power raised the spectre of state surveillance using digital location and interception of communications, which were reminiscent of apartheid-era spying and movement control, as well as of more recent political abuses of state security capacity. The state's will to prevent the increase in COVID-19 infections and deaths is not proportionate to the cruel and degrading retributions meted out by enforcement officers who preside over pervasive physical violence on citizens (Mudau, 2020).

Security forces reportedly killed seven civilians in Kenya, eight in South Africa, while a police officer beat a taxi driver in the Democratic Republic of Congo (Southern Africa). In Burundi

(East Africa), thousands of civilians were forcibly detained in wretched and squalid conditions in camps where they had severely restricted access to food, water, and sanitation (Green, 2020; Wintour, 2020). The Ugandan government took advantage of the pandemic to crack down on sexual minorities. At the same time, a private television station had its licence revoked by the government in Zambia when it refused to air free COVID-19 awareness adverts (Green, 2020).

The situation in Zimbabwe reminded people of the Rhodesian and Gukurahundi atrocities (New Zimbabwe, 2020). Although the late Zimbabwean President, Robert Mugabe, was heavily criticized for severe human rights abuses during his time, it would appear that his successor, Emmerson Mnangagwa, has taken the country in a very retrogressive, oppressive, and anfractuous direction that threatens not only the people's fundamental freedoms but also their very lives. Many Zimbabweans and international observers had hoped that Zimbabwe would swiftly move from an oppressive dictatorship to a constitutional democracy when Mugabe was removed from power in a military coup in November 2017. However, the reality is that it is becoming increasingly evident that the post-Mugabe situation in Zimbabwe has worsened. Feldstein (2018) contended that 'Mnangagwa and his allies did not force the ailing Robert Mugabe out of office to transform Zimbabwe's political system. Rather, they sought to ensure their continued control over the nation'. For instance, Mnangagwa has retained the legal, security, and administrative architecture Mugabe used to consolidate his militaristic rule. As such, authoritarian tendencies and repression have worsened as Mnangagwa uses the Maintenance of Peace and Order Act to place heavy restrictions on freedom of assembly (Freedom House, 2021). HRW (2021) also noted the continued decline of the human rights situation in Zimbabwe in 2020. The rights organization reported that:

Unidentified assailants, suspected to be state security agents, abducted and tortured more than 70 critics of the government in 2020. Security forces also continued to commit arbitrary arrests, violent assaults, abductions, torture and other abuses against opposition politicians, dissidents and activists. In July, the police violently dispersed protests, wherein 16 protesters were injured, and a further 60 were arrested (HRW, 2021).

The AU (2020a) was overly concerned about political developments in Zimbabwe especially given the country's socio-political and economic hardships. The African Union Commission (AUC) Chairperson, Moussa Faki Mahamat, released a statement urging the Zimbabwean government to fulfil its obligations under the African Charter on Human and Peoples' Rights and the African Charter on Democracy, Elections and Governance. Mahamat called for restraint from the security forces whenever they responded to peaceful protests during these times of the COVID-19 pandemic and reaffirmed the AU's support for the people of Zimbabwe as they endeavoured to deepen democracy in their country. So serious was the situation in Zimbabwe that Harding (2020) observed:

The impoverished nation seemed to be turning a corner three years ago when the military forced President Robert Mugabe out of power. His successor, Emmerson Mnangagwa, promised tough economic reforms and a new era of transparency and

accountability. But today, half the country's population is struggling to feed itself, high inflation rates have returned, and [the ruling party] has stopped telling the world that Zimbabwe is *open for business* and has reverted to its old habit of accusing unnamed Western nations of fomenting unrest and of conspiring with local critics to undermine the government and the economy.

Zambara (2020) described the situation in some African states as follows:

In South Africa, numerous human rights complaints have been made since the first day of lockdown, including one suspected case of murder. In Rwanda, five soldiers were arrested allegedly for raping women. In Kenya, President Uhuru Kenyatta apologized for *police excesses* that included the murder of a 13-year old boy. In Nigeria's Delta State, a person was killed for allegedly flouting lockdown rules. In Uganda and Zimbabwe, several videos circulated of security forces beating and torturing people in broad daylight. In many countries, we have trigger-happy, truncheon and teargas-enthusiastic police officers whose appetite to apply pressure before logic is insatiable...they instil more fear among the people they should protect than what Coronavirus would do.

Recommendations

Given the primary challenges associated with the COVID-19 pandemic, especially concerning its detrimental effects on the protection of human rights in Africa, this desktop study has identified several remedies that may be deployed to increase respect for and protection of fundamental human rights and freedoms as is consistent with international human rights conventions and municipal laws in respective countries. In the African context, the measures employed will have to be consonant with the African Charter on Human and Peoples' Rights for them to effectively mitigate the pernicious effects of COVID-19 on socio-economic rights and political freedoms. This study believes that such remedies and strategies are needed now, and in the future when dealing with other pandemics that may befall the African continent. The AU has since shown its commitment in this regard, as exemplified by its advertised webinar whose objectives intended to:

provoke a reflection on the role of the AU Organs in supporting AU Member States to realize their human rights obligations during the pandemic crisis, to identify lessons learned and best practices in prevention and response to COVID-19 and to inform a more enhanced and comprehensive response during the present and future health emergencies (AU, 2020b).

Given Africa's experience with other pandemics, it must diligently understand the present, considering its past experiences with pandemics such as Ebola, HIV and AIDS, identifying opportunities and challenges as a form of best practice modelled by the UNDP (UNDP, 2020).

The need for a comprehensive human rights approach

There is a broad agreement that the COVID-19 pandemic has a devastating effect on the human rights situation in many African countries today. Most non-government organizations are renowned for their inherent focus on civil and political rights. Although desirable, a more compendious human rights approach will pay more significant dividends for the affected countries (Sebastian, 2020; UN, 2020). Integrating human rights in responses to the pandemic is imperative and essential in setting 'the foundation for how the world responds to public health crises going forward' (WHO, 2020a). As mentioned earlier, the AUC Chairperson addressed the Zimbabwean situation promptly, amid growing concerns, by issuing a statement in which he reminded the Zimbabwean authorities of their obligations and how they ought to deal with protests in the context of the pandemic. The implication of this is obvious. Human rights organizations need more support to tackle COVID-19 related issues and strengthen their response against authoritarianism and gross human rights violations (FIDH, 2020). Also, instead of only focusing on civil and political rights, national human rights institutions must pay sufficient attention to socio-cultural and economic rights. The African Commission on Human and Peoples' Rights released a statement on February 28, 2020, in which it called on African states to prioritize preventive public health initiatives such as the provision of water and sanitation, and facilitation of access to information and public participation, in accordance with human rights obligations (Dersso, 2020). Tunisia sought and received funding from the International Monetary Fund, estimated at \$745 million, and distributed an estimated 30 million face masks. In comparison, Morocco came up with a \$3-3.4 billion special fund to respond to the pandemic (Joffé, 2020). The South African government urged municipal authorities 'to stop shutting off water for non-payment and is distributing water by tanker to informal settlements and other communities in need' (HRW, 2020b).

Pandemics are known to threaten the very existence not only of the global order but also of states that have limited guarantees of socio-economic rights and weak healthcare systems (Abe, 2020). As Sebastian (2020) wrote:

Socio-economic equality, issues of food security, adequate shelter, privacy protections, protection against discrimination—these concerns cannot be ignored to address the COVID-19 pandemic, as that would lead to a worsened global response, poorer health outcomes, and increasingly fractured and disadvantaged communities in the future.

In pari materia, UNAIDS (2020) also weighed in on the inherent need for a comprehensive human rights approach in containing the COVID-19 pandemic. The response to COVID-19 needs to consider people's lived experiences and prevent the obstacles they face in their attempt to protect themselves and their communities. Considering the above, the Zimbabwean President recognized the importance of housing during these trying times by granting a moratorium on residential evictions owing to failure by tenants to meet rental obligations for the entire lockdown period, beginning from April 2020 (Shava, 2020). Further, in an attempt to keep the public informed and to mitigate obstacles to testing, treatment, and care, the Ethiopian government 'lifted a blanket ban on telephone and internet service in the western Oromia region, ending a three-month-long shutdown, giving those communities access to life-saving information' (HRW,

2020b). Nation-states should ensure that lockdown restrictions are time-bound and proportionate, 'with a specific focus and duration' (Wintour, 2020). Targeted quarantine measures and effective testing can reduce unnecessary limitations on mobility, and restrictions on movement should be lifted whenever the initial reason for their imposition no longer exists. In other words:

Empowerment and guidance, rather than restrictions, can ensure that people can act without fear of losing their livelihood, sufficient food being on the table and the respect of their community. Ultimately it will give us a more effective, humane and sustainable response to the epidemic (UNAIDS, 2020).

There are fundamental lessons to be learnt from how the HIV-AIDS pandemic was tackled over the years. Human rights defenders turned to life-saving treatment and persuaded courts and legislatures to compel nation-states to pay for it. This approach 'transformed the rights to discourse and strengthened all human rights' conceptual interdependence and indivisibility (Novogrodsky, 2009). UNHCR (2020) believes that asylum claims can be 'processed remotely where health restrictions prohibit face-to-face interviews in the case of refugees and asylum seekers. Other protection measures such as automatically extending registration cards or residency permits to enable refugees and asylum seekers to access health and other services, can also be adopted.'

Meaningful and comprehensive investments in healthcare facilities

The COVID-19 pandemic struck when most healthcare systems across Africa were ill-equipped to handle its accompanying adverse effects. Although there have been high recovery rates in some instances, it cannot be denied that some preventable deaths have also been recorded. This calls for proper planning and increased investments in healthcare infrastructure and equipment such as hospital beds, isolation wards, personal protective equipment and intensive care units (HRW, 2020a; WHO, 2020a). Shortages of equipment and supplies undermine infection prevention and control efforts and affect healthcare professionals directly due to their heightened risk of exposure and infection (WHO, 2020a). In Zimbabwe, for example, nurses and doctors staged protests as they made loud cries about the lack of personal protective equipment at a time when the ruling elite abdicate their responsibility to invest in health services amidst their penchant for luxury cars, private jets, and lunatic sumptuousness (Zambara, 2020). More is also needed to boost staff morale by paying healthcare professionals reasonable salaries commensurate with their qualifications and experience. There is just no way demotivated personnel can be suitable for any healthcare system. Poorly equipped healthcare systems will continue to lose their personnel unless otherwise this is halted. Adequate investments in these systems will bring about the desired results in containing the spread of pandemics, both in the short and long run. As discussed earlier, public health services are underfunded in most states. Initiatives were taken in countries such as Tunisia and Morocco inspire hope and confidence in the ability of African states to respond effectively to the ravaging effects of COVID-19. It is also equally encouraging to note that the UN Secretary-General came up with the Africa Policy Brief on the effects of COVID-19. It not only called for an additional \$200 billion in financial support from the international community but also reiterated the need to realize more inclusive, equal, and sustainable societies and economies (Dersso, 2020).

International cooperation and solidarity

Tackling pandemics such as COVID-19 from a human rights lens also calls for trust, solidarity and kindness. That the pandemic already has serious negative ramifications on high-income countries in the Global North is beyond argument. Thus, the situation can only be bleaker for low- and mid-income countries in the Global South, including Africa. Zambara (2020), for instance, observed that countries such as France, England, Italy, Spain, and the United States had failed to provide proper sanitization and adequate healthcare for the most vulnerable of their populations, especially the elderly and many more who succumbed to the pandemic in huge numbers, and yet these were fundamental human rights. International cooperation and solidarity are, *ipso facto*, morally imperative as the emerging countries will require both fiscal and technical assistance (WHO, 2020a). The May 2020 joint statement, initiated by the AU Assembly Bureau, is perhaps a quintessence of a call for global solidarity in mitigating human rights violations. The statement underscored the importance of human rights in any economic measures undertaken to reduce the effects of COVID-19 on the people. Thus, the emphasis was on meaningful investments in water, sanitation, health, social protection, sustainable infrastructures, and employment to leave no one behind (Dersso, 2020).

Psychosocial support for victims of domestic and sexual violence

The impact of COVID-19 in all spheres of human existence is undeniable. The UN (2020b) noted that the pandemic was a physical health crisis and one that bore the potential to create a mental health crisis if appropriate and timely action were not taken. Nations have seen the psychological distress the pandemic has created in their people as they confront loss due to death, anxiety and fear of contracting the virus or infecting someone else with it and loss of income and independence required to care for self and family. Vulnerable groups, including frontline workers, women, children, adolescents, the elderly, and persons with pre-existing conditions, show signs of COVID-19-related psychological distress. Despite the severity and urgency of the situation, the provision and inclusion of psychosocial support in preventing, responding to and recovering from the pandemic is a cause for concern. Concerning this, the UN (2020b) has the following to say.

Because of the size of the problem, [most] mental health needs remain unaddressed. The response is hampered by the lack of investment in mental health promotion, prevention and care before the pandemic. This historic underinvestment in mental health needs to be redressed without delay to reduce immense suffering among hundreds of millions of people and mitigate long-term social and economic costs to society.

For instance, there has been a surge in sexual and domestic violence in African states since the COVID-19 pandemic struck. This has raised serious questions and concerns about safety at home and in the community in various localities. The provision of psychosocial support is often lacking in public emergencies as the focus is usually on saving lives. Nonetheless, the effects of the pandemic on women and girls have underscored the significance of providing psychological support and facilitating access to other support services during the pandemic (WHO, 2020a).

There must be considerable investment in state-funded shelters to create safe spaces for victims of sexual and gender-based violence (Kagumire & Ouya, 2020). The arrest of soldiers implicated in raping women in Rwanda, as discussed earlier, is commendable as it demonstrates that women are cared for and will be protected from their abusers. In addition, in minimizing and mitigating the impact of COVID-19 on mental health, three key actions have been recommended by the UN (2020b): (1) apply a whole-of-society approach to promote, protect and care for mental health; (2) ensure widespread availability of emergency mental health and psychosocial support; and (3) support recovery from COVID-19 by building mental health services for the future (UN, 2020b)

Further research

Finally, given that there is limited information on some of the socially disadvantaged groups during pandemics, it is recommended that there be knowledge generation and dissemination of inclusive data sets (UN, 2020a). Such research also needs to tackle the heightening inequalities and inequities brought to the fore by the pandemic. Many countries are renegeing on their obligations to realize equity, equality, and sustainability. Instead, they are devoting their energies to pursuing retrogressive and oppressive policies, further disadvantaging vulnerable populations and exacerbating social and health outcomes (Sebastian, 2020).

Conclusion

Considering the preceding discussion, the study arrived at two significant conclusions. First, COVID-19 presents opportunities and challenges for realizing and protecting and continuing critical discourse on human rights that nations must pay attention to, including those in Africa. As seen in Africa, COVID-19 has formed a cover under which multiple human rights violations flourish (Green, 2020; Sebastian, 2020; WHO, 2020a). There is a need for nation-states in Africa to activate and reform their morale and accountability mechanisms to combat COVID-19 through the creation, implementation and enforcement of socially relevant policies and legislations that address human rights infractions and respond to the effects of COVID-19 on the people. The pandemic will undoubtedly require these states to embrace innovation and practice fiscal prudence while fostering and sustaining multilateral partnerships in allies as the fight against COVID-19 extends beyond the African continent. With more discourse on human rights, awareness is created about responsibilities and moral obligations of nation-states, in partnership with civil society interest groups, the private sector and government while seeking to transform the structural inadequacies that promote and sustain human rights violations in an era such as this. Second, Africa must reflect on its previous responses to pandemics, become a leader in its own right, and develop evidence-based and culturally appropriate responses to the pandemic while fostering partnerships with allies in the Global North.

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