

#humanrights

HUMAN RIGHTS COMMUNIQUE

Your Quarterly Dose of Human Rights

CENTER FOR ADVANCED STUDIES IN HUMAN RIGHTS

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INTRODUCTION

The corona virus came under scrutiny on 31st December, 2019, when China notified the World Health Organization about a number of incidents of pneumonia due to an unexplained and undetected origin in Wuhan City. This infection eventually spread to different parts of the world. Later, it was declared a pandemic by the WHO and was called Covid-19 crisis. The Covid-19 catastrophe affects virtually everyone across the world, irrespective of age, income or region. Labor, however, is likely to be hit exceptionally hard by the crisis's economic effects. Crises fall heavily on the most vulnerable. One such community is the labor class, especially with regard to the socio-economic effect of lockdown, a measure taken by the countries to counter the effect of Covid-19.

PLIGHT OF THE LABOUR MARKET

The industrial and economical activities in India have been severely affected and slowed down due to the outbreak of Covid-19. Businesses and economic activities have slowed down due to which labour welfare has also been affected. This is because businesses and economic activities came to a halt more or less due to the national lockdown. On the days when they are absent, domestic workers who are unable to go to their place of work are not being paid salaries. With most of them relying on their minuscule monthly earnings, they are worried as they have the burden to feed their families without their earnings. Earning is not the only problem, several such households witness lack of ration and other daily commodities and without money it is impossible to afford these items as the prices have hiked miserably. The only groups of people who can still travel openly to do their job are contractual sweepers, recognizing their centrality for the hygiene and healthcare of the region.

But the elevated-risk environment in which they function and carry out their fast-held demand back to the forefront are not paid well and have no raise in their salaries.¹ Another problem is most of the labor class of the unorganized sector operates without employment contracts or any contractual terms of employment, hence the employer has free hold and his misdeeds are not caught by the eyes of law. Furthermore, these workers are mostly illiterate and unaware of their rights and hence their rights aren't recognised by the employers. They are not aware of the legal as well as social remedies available to them and don't even know the guidelines issued by International Labour Organization ('ILO') for their upliftment in these tough times.

Apart from that, lockdown has forced migrant workers and other labourers to return home for their survival. The daily wage labourers settled in different parts of the country were seen leaving the cities of their workplace and travelling back to their homeland on foot, some along with family members and children, soon after the lockdown was announced. They knew it would be difficult to survive if they didn't receive their daily earnings and might starve to death. They had no food and government wasn't of any help to them either. Several workers were stuck due to complete lockdown and lack of transport facilities and had no food or shelter for more than a month.

¹ S. Mohanakumar & Surjit Singh, *Impact of the Economic Crisis on Workers in the Unorganised Sector in Rajasthan*, 46 (22) ECONOMIC AND POLITICAL WEEKLY, 2018, <https://www.epw.in/journal/2011/22/review-labour-review-issues-specials/impact-economic-crisis-workers-unorganised>.

The reason that forced such labourers to migrate to other areas and leave their native lands was only to earn fast by working overtime and get paid better; so as to be able to pay off debts occurred due to extreme poverty. However, today they return home with large amount of debts outstanding on their heads and lack of wages. Anxious to return home after over a month of rough, jobless existence, these labors were finally provided buses and other transportation facilities by the central as well as state government. This lockdown has had a catastrophic impact on the working class and had humungous impact on their mental health as well.²

It was noticed that income loss and its impacts on consumption of these workers have been incremental but the increase has been gradual and not exponential. While the immediate aftermath of the pandemic saw a reduction in workers' social spending, it is the successor phases and the increasing lockdown that has worsened their already unstable socio-economic conditions. Furthermore, as the lockdown continues, most households from both sectors, organised as well unorganized sectors of labour market are left with no option but to spend negligibly on vital goods, such as food, accommodation (rent of their households) and clothes. Economic suffering has been exacerbated more by rising domestic conflict, violent acts and anxiety, the hardship that women and children have felt hugely and in a disproportionate manner.

During the downturn, workers in this country are trying hard to adapt to the loss of jobs and the consequent decline in income by spending less on both their physical and social lives and are trying to discover alternatives for the lost jobs. If the pandemic and the lockdown continue, the workers will have no choice but to slash back on even the utter necessities. Most of them are unaware of the government relief schemes and employment guidelines, hence they are not able to get their wages from their employers and this harsh gap between the society and legislature is widening every day.³ As the turmoil persists, they will be forced to slash down the amount of food intake too in the near future. The lower income stratum is going through another epidemic simultaneously, leading to excessive mental health issues.

This also means that, given the prevalence of precarious and informal employment for almost two decades, trade unions have been able to make changes scarcely and no major gains in terms of working conditions, lack contractual employment and labour mobilization has been received, which could have led to another shift to improve

the employment conditions and labor rights. Ability of the government to impede trade union development, following the 2008–09 economic crisis as they did not propose a statute for the recognition of trade unions, profited its neo-liberal agenda in these times of Covid-19. Hence, it is a completely different system that concurrently undermines the importance of working class and is also against the expansion of trade unions, labor rights and recognition of trade unions, this call for a development policy focused entirely on labor market stability.

THE SOMBER STATE OF CONTEMPORARY LABOR WAGES

The Labor Code on Wages Act (or Wage Code) passed in August 2019, while celebrated as a groundbreaking act enshrining India's four wage-related laws into single legislation, remains a toothless tiger to be studied more closely. The new edition of the Wage Code has in turn removed or weakened more essential aspects of existing legislations. What is even more troublesome about the Wage Code is that it has been debatable about its ability to defend workers' wages even in the framework of the previous wage crisis that had characterized India's failed economy. That is, according to the Economic Survey 2018–19, due to defective compliance structures one in three wage jobs is not covered by the minimum wage laws.⁴

The Wage Code simply states that the government can set a lower limit of wages either at state or national level, and states can set lower circuit wages at state level. The hazard of using vague language to determine minimum wages has been exposed in a mere statement regarding Rs. 178/- in the recent announcement by the government, which set the national floor for the minimum wage under the Wage Code. The amount was called the 'starvation wage,' and it is only Rs. 2/- higher than the previous national minimum wage set two years ago.⁵ While it's not obvious if that would somehow become the legal minimum wage nationally, this particular case underlines how absence of procedural clarification may lead to minimum wage figures that are less than optimal, this has impacted the labor class immensely during Covid-19.

On 23rd March, 2020, ILO released a note on the ILO Standards relevant to the evolving Covid-19 outbreak.⁶ In this note, ILO lays primary importance on stabilization of livelihoods through immediate social protection and employment measures, promotion of social dialogue and aim

² Vikhar Ahmed Sayeed, *Report highlights Workers' Suffering during Lockdown*, FRONTLINE, <https://frontline.thehindu.com/dispatches/article31183768.ece>.

³ *India's Poorest Fear Hunger may Kill us before Coronavirus*, BBC NEWS, <https://www.bbc.com/news/world-asia-india-52002734>.

⁴ Nivedita Jayaram, *Protection of Workers' Wages in India: An Analysis of the Labour Code on Wages, 2019*, ECONOMIC AND POLITICAL WEEKLY,

<https://www.epw.in/engage/article/protection-workers-wages-india-labour-wage-code>.

⁵ *Craftily Written Labour Codes Exclude Millions, Pay Little Heed to Equality*, THE WIRE, <https://thewire.in/labour/cabinet-passes-labour-codes-wages-occupational-safety>.

⁶ *ILO Standards and Covid-19*, ILO, 2020, https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_739937.pdf.

at socio-economic reintegration of persons affected by the crisis. It provides that an employee cannot be terminated for

of Covid-19, termination happens, then such employee should be given unemployment benefit/ compensation for loss of earnings under the Employment Promotion and Protection against Unemployment Convention, 1988.

It also imposes on the employers the responsibility of providing protective clothing and equipment at workplaces without attributing its cost to the worker. Additionally, it recommends that workers affected by the virus should be entitled to sick leave and the sickness benefits as per the Medical Care and Sickness Benefits Recommendation, 1969. For domestic workers, it puts an obligation on the Members for making information available regarding the virus, testing mechanisms and imparting good health and hygiene practices among them in line with the Domestic Workers Recommendation, 2011. Recently, even the Employee's Provident Fund Scheme, 1952 was amended so as to provide non-refundable advance to the employees not exceeding the basic wages and dearness allowance for a period of 3 months.⁷

The UNICEF had also highlighted the secondary impacts of Covid-19 on the workers which relate to the loss of wages and the consequent impact on the families of the workers, and deteriorating mental health. This highlights why great protection needs to be given to the laborers so that several small family groups are not affected and children are safe too. Low incomes become the most crucial cause of this whole problem on account of loss of jobs and reduced/deferred wages at the minimum.

The important question is whether Universal Basic Income ('UBI') could have solved the problem? Several countries are discussing the prospect of implementing a UBI. Spain has been the first to take a decision of implementing UBI for persons who fall under a certain bracket and roughly an amount of USD 475 is considered, though the details are not out. Even in United States of America, the Democratic Presidential Candidate Andrew Yang proposed for USD 1200 package for certain group of individuals. Should India consider implantation of a UBI?

Though USA has not yet provided a firm mechanism for UBI, it has enacted Families First Coronavirus Response Act, 2020 and it has limited applicability only to 31st December, 2020. It covers employers which have less than 500

temporary absence from work due to illness or family responsibilities in this crisis. If, due to the economic impact

employees working under them in the private sector and certain public sector employees. The legislation provides for a two-week of paid sick leave for reasons related to Covid-19 quarantine measures or has been affected with the virus. Such legislations are welcome given the circumstances and India as already done through amendment of EPFO mechanism should encourage more such changes and introduction of relief measures for laborers.

CONCLUSION

If immediate, focused and adaptable measures are taken in time to support workers and companies, especially smaller companies, particularly MSMEs, and all those in lying under the domain of informal economy as well as others who are susceptible. If the economic reactivation steps adopt a job-rich strategy, supplemented by improved employment policies and structures, well-resourced and robust welfare systems would be the result. Global cooperation on stimulus programs and debt reduction initiatives would also be crucial to the successful and stable recovery process after Covid-19 subsidies. ILO and other international institutions may provide a structure for international labor standards.

As the pandemic grows, there is an ever more critical need to help the less fortunate. No revenue involves no food, no protection and no future for thousands of employees. Across the globe, millions of companies will barely be alive until the end of this pandemic. They don't have the savings or credit access to breathe without any income resources. These are the real problems and challenges working-world is facing that requires urgent call for action. If we couldn't support them now, such businesses actually will perish, and with them the labor market will lose its existence substantially.

Contributions are invited for the next issue of the CASIHR Newsletter. The last day is 15th July' 20 which can be mailed on casihr@rgnul.ac.in

⁷ R.K. Gupta, *Notification - G.S.R. 225(E)*, MINISTRY OF LABOR AND EMPLOYMENT, March 2020,

https://www.epfindia.gov.in/site_docs/PDFs/Circulars/Y2019-2020/Gazette_notification_pandemic.pdf



RIGHTS AND RESPONSIBILITIES OF DOCTORS IN INDIA

INTRODUCTION

Doctors and healthcare workers in India have long been subjected to physical and verbal violence by ignorant and entitled communities and families, but the issue of their safety has come to the fore during the ongoing corona virus pandemic. At a time when they are the most important as well as the most vulnerable part of the community, working on the front lines, risking exposure to the virus to keep the casualties to a minimum, one can only imagine how discouraging it must be to be threatened with physical violence and social exclusion by the very people they seek to protect.

PROTECTION OF DOCTORS

Even before this unprecedented lockdown, the medical fraternity has dealt with its fair share of abuse. Over 75% of doctors have faced some kind of violence in hospitals according to a study by the Indian Medical Association (‘IMA’).⁸ In a 2015 survey by the IMA which polled 1,781 doctors, only 37.7% of the doctors stated that they were happy in their profession. A staggering 61.6% feared violence by patients, 56.5% considered hiring security at their place of practice, while 45.4% reported that fear of violence was the major cause of their stress.⁹ Needless to say, such a condition isn’t ideal, neither for the doctors nor their patients.

Most of the violence, healthcare workers face is in the form of verbal abuse or hostile gestures, and usually, by relatives of the patients. Emergency and Intensive Care Units are the venues of most incidents of violence while visiting hours is the most violent time.¹⁰ Though it is not unnatural to be left frustrated and distraught by long waiting times, unhygienic and crowded hospitals, lacking medical facilities, and even unsuccessful attempts to save a life, any form of violence against doctors and other workers can never be condoned for the simple reason that it sets a bad precedent, which would normalize such actions based on grief and disappointment. On the other hand, it is equally important to have better grievance redressal systems and better security at hospitals.

⁸ Sushmi Dey, *Over 75% of Doctors have faced Violence at Work, Study Finds*, TIMES OF INDIA, <https://timesofindia.indiatimes.com/india/Over-75-of-doctors-have-faced-violence-at-work-study-finds/article show/47143806.cms>.

⁹ Dr. K.K. Agarwal, *Doctor's Dilemma*, INDIA LEGAL LIVE, <https://www.indialegallive.com/did-you-know-facts -about- news/perspective-news/attack-on-doctors-doctors-dilemma-67480>.

¹⁰ Kanjaksha Ghosh, *Violence against Doctors: A Wake-Up Call*, INDIAN JOURNAL OF MEDICAL RESEARCH, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6206759/>.

Entitled and unreasonable perpetrators have created an atmosphere of general fear among doctors, leading to many protests and major strikes. In 2019, the IMA declared a nationwide strike after the relatives, along with a 200 strong mob, stormed into a hospital in West Bengal and severely assaulted a doctor, alleging medical negligence.¹¹ Every state in India has the right to make laws regarding health care, and at the time of this attack, at least 19 states had already enacted the Protection of Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act ('MPA'). According to this Act, any act of violence against medi-care service persons or damage to property in a medi-care service institution was made a cognizable and non-bailable offence. Offenders found assaulting or harassing doctors - both independent practitioners and those affiliated to institutions - or damaging hospital property can be fined Rs. 50,000/- and be awarded a jail sentence of up to three years.

However, such strict punishments were also unable to protect healthcare workers from incidents of verbal and physical abuse, prompting the Union Health Ministry to introduce even stricter legislation, the Health Services Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019. This Bill in its Section 5(2), proposed imprisonment for up to ten years and a maximum fine of Rs. 10 lakhs/- was ultimately rejected on the grounds that separate legislation is not needed to prevent violence against a particular profession as the Indian Penal Code, 1860 and Code of Criminal Procedure, 1973 already have adequate provisions. The IMA has been asking for a central law for a long time, but it is argued that other professionals, such as lawyers and policemen, would also demand a separate law to protect their interests if there is one for doctors.

Doctors and other medical professionals can register an FIR under Section 154 of the Code of Criminal Procedure, 1973 against cognizable offences, whereas for non-cognizable offences, they can file a complaint before a magistrate under Section 190 of the Code of Criminal Procedure, 1973. However, an FIR can be directly registered against any form of violence, intimidation, damage to property, or defamation in states which have passed the MPA. The IMA had to call for another protest declaring April 23, 2020 as a 'Black Day' after numerous incidents of abuse against healthcare professionals, including those of spitting, stone-pelting, and denial of entry to societies and residential accommodation.¹² The planned protest was withdrawn after assurances by the government, and a new ordinance has promptly been introduced.

The Epidemic Diseases (Amendment) Ordinance, 2020 amends the Epidemic Diseases Act, 1897, and has made attacks on doctors and other medical professionals a cognisable and non-bailable offence. Its Section 6(2) states that any person who commits or abets the commitment of acts of violence shall be punished with imprisonment of three months to five years and a fine of Rs. 50,000 to Rs. 2 lakhs. In cases of grievous hurt, the imprisonment may range from a minimum of six months to seven years, with a fine of Rs. 1 lakh to Rs. 5 lakhs. The ordinance also states that the court proceedings must be decided in one year, with the courts presuming that the person committed such an offence unless proven otherwise. Furthermore, according to Section 7 the offender will have to pay twice the fair market value of the property damaged along with compensation to the victim.

RESPONSIBILITIES OF DOCTORS

While discussing the rights and protections accorded by law to doctors, we must also discuss the flipside, i.e. the responsibilities of doctors. By virtue of the service they provide, doctors are often in a position to save patients' lives. Thus, it is crucial that they perform their duties in a proper manner. For this, the Medical Council of India has promulgated the Code of Medical Ethics Regulations, 2002 which lists the obligations of doctors in general as well as *vis-à-vis* their patients, the public and other doctors. The key obligations are as follows:

1. To render service to humanity with full respect for the dignity of profession and man.
2. To observe the laws of the country relating to the medical profession, such as the Pre-natal Sex Determination Test Act, 1994; Medical Termination of Pregnancy Act, 1971; Transplantation of Human Organ Act, 1994.
3. To not arbitrarily refuse treatment to a patient.
4. To respond to any request for his assistance in an emergency.
5. To not aid or abet torture nor be a party to a clear violation of human rights.
6. To not practice euthanasia

¹¹ *Indian Medical Association declares Nationwide Strike*, THE ECONOMIC TIMES, <https://economictimes.indiatimes.com/news/politics-and-nation/indian-medical-association-declares-nationwide-strike-on-june-17/articleshow/69789014.cms>.

¹² *Attack on Doctors: IMA declares April 23 as Black Day, asks Medics to Light Candles Tomorrow*, INDIA TODAY, <https://www.indiatoday.in/india/story/attack-on-doctors-ima-declares-april-23-as-black-day-asks-medics-to-light-candles-tomorrow-1669292-2020-04-21>.

Another key document enumerating the rights of a patient is the Charter of Patient Rights, prepared by the National Human Rights Commission. It consolidates rights of patients into a single document, with the aim to protect the human rights of ordinary patients and citizens seeking healthcare across India. It is understandable that the rights of patients shall be the duties of the doctors and the medical staff. A few important rights are:

1. Right to Information about the Nature, Cause of Illness.
2. Right to Emergency Medical Care.
3. Right to Informed Consent.
4. Right to Non-Discrimination.
5. Right to be Heard and Seek Redressal.

Patients rarely have any kind of say with respect to their treatment, especially ones who belong to socially and economically vulnerable communities. It is hence, essential that awareness be spread regarding the rights of the patient as well as the duties of a doctor.

CONCLUSION

Keeping in mind that the healthcare system in India is overburdened, underfunded, and the doctors overworked, it is vital to repair the relationship between the medical fraternity and the patient community. India's spending on public health is one of the lowest in the world, a mere 1.3% of the GDP. There is one doctor for every 1,453 patients in the country,¹³ considerably behind the World Health Organization's recommended ratio of 1:1000. Now, at this time of crisis, doctors and all healthcare workers are risking their lives and even working without adequate protective health gear. Doctors in some parts of the country have even been forced to make use of raincoats and helmets to fight Covid-19.¹⁴ The least the rest of us can do is rally behind them. Once we have beaten the virus, rather than relying on harsh punishments that haven't proved to be very effective deterrents, we must strive to change the attitudes of healthcare workers and patients towards each other. The entire community - doctors, police, media, and politicians - must work together to overcome the shortcomings of our healthcare system and serve the patients better, and at the same time, protect our healthcare providers.

¹³ Samyak Pandey & Abhishek Mishra, *Doctor's Day: Understaffed, Overworked and Target of Anger, India's Failing its Physicians*, THE PRINT, <https://theprint.in/health/doctors-day-understaffed-overworked-and-target-of-anger-indias-failing-its-physicians/256689/>.

INTERNATIONAL NEWS

U.S. Says Hong Kong's Autonomy Is Gone

The US no longer considers Hong Kong autonomous from China, a decision that threatens to end the special trade status Washington has granted the territory and risks raising tensions with China.

Costa Rica celebrates first same-sex weddings

Costa Rica becomes the sixth country in Latin America and first in Central America to legalize same-sex marriage. The nation's constitutional court ruled in August 2018 that a ban on same-sex marriage was unconstitutional.

South Korea raises age of consent

South Korea has raised the age of consent for sex to 16 from 13 as it seeks to strengthen protection for minors following accusations the existing law on sex crimes was too weak.

Sudan criminalises female genital mutilation

In a Victory for Women in Sudan, Female Genital Mutilation Is Outlawed. A new law criminalizes genital cutting which involves the partial or total removal of external female genitalia and leads to health and sexual problems that can be fatal.

¹⁴ Devjyot Ghoshal & Aditya Kalra, *Indian Doctors Fight Coronavirus with Raincoats, Helmets amid Lack of Equipment*, REUTERS, <https://www.reuters.com/article/us-health-coronavirus-india-doctors/indian-doctors-fight-coronavirus-with-raincoats-helmets-amid-lack-of-equipment-idUSKBN21I0X0>.



IMPACT OF COVID-19 ON THE RIGHT TO PRIVACY

INTRODUCTION

The right to privacy has been recognised as a fundamental right under Article 21 of the Constitution by the Supreme Court in the landmark case of *K.S. Puttaswamy (Retd.) v. Union of India* by which every individual is entitled to control over their private affairs. However, this right seems to be one among the many things under threat during this time of the Covid-19 pandemic, either through measures taken by various governments to prevent the spread of the disease, or through ancillary consequences of the worldwide lockdown such as the use of various software for online communication that seem to pose privacy issues. As the world grapples with uncertainty and struggles to find appropriate response strategies, it is important to remember that these response tactics need to be weighed not just in terms of their viability and effectiveness but also in terms of their invasion on the people's rights, such as the right to privacy.

RELEASE OF PERSONAL DATA OF THE INFECTED

During a pandemic, it becomes more imperative than ever for the government to preserve public health and undertake strict action to prevent further spread of the disease. In furtherance of this aim, certain state governments in Karnataka, Rajasthan, etc. published the list of personal details of all persons infected with coronavirus, including their phone numbers, home addresses and travel history. While this was done to make known the exact locations of the people quarantined as well as find others who had come in contact with them and might have thus contracted the virus, the measure has come under scrutiny as a gross violation of the right to privacy of those individuals. The Supreme Court in its judgement in *KS Puttaswamy* clearly stated that the right to privacy includes the right to informational self-determination, i.e. every person has the right to control the dissemination of their personal information to others and hence such disclosure of their personal for the general public to view at any time is perceived in bad taste.

However, the right to privacy can be restricted on certain grounds, and Justice Chandrachud in *K.S. Puttaswamy* even recognised public health as a valid ground to formulate such restrictions, at the same time stating, that they must be necessary and proportionate. Further, in *Modern Dental College and Research Centre v. State of Madhya Pradesh*, the Supreme Court held that a restrictive measure must satisfy a four-pronged test - (1) that the measure is designated for a proper purpose; (2) that the measure is rationally connected to the fulfilment of that purpose; (3) that there are no alternative and less intrusive measures available to achieve that purpose with lesser limitation; (4) that there is a proper relation between the importance of achieving that aim and the social importance of preventing the limitation of the constitutional right.

With regards to the first condition, neither the Epidemic Diseases Act, 1897 nor the National Disaster Management Act, 2005 provide for public disclosure of personal information of people infected with a disease. Therefore, it is illegitimate as such, though one might argue that this measure can fall under the residuary powers that both statutes provide to the governments to undertake other measures considered necessary to battle a threatening situation. It is also difficult to see how the disclosure is rationally connected to the fulfilment of the aim of maintaining public health per the second condition, since public knowledge of an infected person's residence or phone number will contribute little to preventing the spread of corona virus.

There seem to be better methods available for achieving the same, like giving information about the broad local areas and the number of infected people residing there, which would lead to lesser limitation of the right to privacy while still preventing movement in high-risk areas. Thus, at least three of the prongs seem to be not to fulfilled, making such disclosure measures

disproportionate even in relation to the urgent needs of the environment today.

Contact Tracing Apps – Boon or Bane?

Another phenomenon ushered in by the pandemic is digital surveillance. Countries around the world are using technology to track and monitor individual movements, to find possible coronavirus victims and who they could have come in contact with. From South Korea and China, to Israel and further to the UK, and back to our own country, both the State and private entities have entered the sphere of contact tracing apps.

In India, the Central Government launched the *Aarogya Setu* mobile app on 2nd April, which alerts users when they come into contact with a coronavirus patient and gives instructions for the measures to be followed in that situation. It asks the users to provide their name, age, gender, profession, travel history, and known contact with a coronavirus patient upon installation. Though the app seems to be a good initiative, it raises concerns regarding the violation of the users' privacy regarding such personal data.

The privacy agreement in the app is vague, retaining the government's power to use the data for its other agencies. It also suggests that the personal information may be held by the government beyond this crisis and may be used for other purposes under any other law in force. It asks users to provide both Bluetooth and location services access and, further, doesn't specify exactly what information is shared when one's phone comes in proximity to that of a patient. Essentially, it collects considerable sensitive information from the people but the use and degree of safety of the same remains unclear.

Despite these concerns that create threat to the right to privacy, the Ministry of Health Affairs mandated the usage of app by the employees in private and public arena by an order that extended the lockdown period in the country with effect from 4th May, 2020. This is an executive order under NDMA whereas the precondition to restrict the fundamental right to privacy is the existence of legislation. One may take the defence of NDMA as the existing legislature, however, the enabling clause in the act is generic enough and does not authorise the government to restrict the right to privacy.

Other countries are diving even deeper into the system of public surveillance. Russia's Social Monitoring app, for example, requests citizens who have tested positive for coronavirus to provide access to their calls, location, camera, storage, network information and other data to check they do not leave their home while contagious. In a similar vein, Israeli spyware firm NSO Group's software envisages mobile

phone operators handing over all their data on the movements of every subscriber to the government.

Video-Conferencing and Privacy Issues

Since social-distancing seems to be the best way to prevent the spread of a pandemic with no known antidotes yet, the different forms of quarantine are being practiced in various parts of the world, that have forced people to rely on video conferencing apps for communication – whether for commercial or educational purposes, or simply for social meet-ups. However, concern has been raised about the security and privacy of some of these apps - more specifically, Zoom and Houseparty. Houseparty has been criticised over the fact that video chats aren't encrypted, and Houseparty's privacy terms state that it can pick and use material from personal chats for marketing or advertising purposes. Moreover, some users complained that their accounts were allegedly hacked and their PayPal's and email ids compromised. Zoom too has presented its share of concerns. Some countries, including Germany, Singapore, and Taiwan have already banned the application over security issues.

In India too, the Ministry of Home Affairs has warned users against safety issues after the Computer Emergency Response Team of India (CERT-in) pointed out that the app has significant weaknesses which can make users vulnerable to cyber-attacks, including leakage of sensitive information to criminals. Many users have also complained about instances of leaked passwords and hackers hijacking video calls midway through conferences. Further, a report by *VICE* has shown that Zoom's iOS app allegedly sent user data to Facebook. In light of such problems, the responsibility often falls on the consumer to be extra careful with their information during usage of such platforms.

Conclusion

Though the right to privacy is not an absolute right, waiving civil liberties or even compromising on them beyond a certain point in the perceived interest of public health can lead to dangerous results. It is in difficult times like these when the true dedication of governments and state authorities towards respecting our rights is reflected. Therefore, it is crucial that before implementation of any preventive or warning measure, the question that must be asked is if it infringes upon the right to privacy of individuals, and if yes, whether that infringement is legitimate and constitutionally justifiable, given the circumstances. Clearly, there is a need for deliberations, on the international and national level, on balancing people's privacy with preventive measures for the disease, and the lines that need to be drawn regarding the same.



STIGMATIZING COVID-19 WITH XENOPHOBIA: AN IGNOMINY

INTRODUCTION

The corona virus or Covid-19, as it is scientifically termed is not just a virus raising a global health issue resulting in a pandemic. It is the fundamental root cause for not only increasing xenophobia, hate crimes and social exclusion of minorities but is culpable for scapegoating and scaremongering these groups under the weight of the ongoing health crisis. There are people across the world that are being denied medical treatment and economic assistance on the basis of their ethnicity. The acts of aggression and prejudice are rising day by day against the people of South Asian origin, especially the people belonging to China. Xenophobia is being used as an instrument by political leaders to avoid any accountability for the rising death tolls to point the baton of rhetoric blame.

The term ‘xenophobia’ is derived from Greek words ‘*xenos*’ meaning ‘foreigners’ and ‘*phobos*’ meaning ‘fear’. As a societal manifestation it refers to attitudes, prejudices and behaviour that reject, exclude and often vilify people, based on the perception that they are outsiders or foreigners to the community, society or national identity¹⁵ of the majority population based on their descent, nationality, ethnicity, race, colour, religion, gender, sexual orientation or other grounds.¹⁶ In this health catastrophe, xenophobia and racial discrimination has created a parallel cataclysmic upheaval which includes stigmatizing harassment, hate speech, proliferation of discriminatory stereotypes, and conspiracy theories.

THE INDIAN CRISIS

A diversely ethnic and multi-religious country like India has become the playground for rapidly augmenting racist and xenophobic actions. Many students belonging to the north eastern states of the country had to face violent acts of harassment, aggression and prejudicial vocalizations. People of the north eastern origin are targeted and attacked by being addressed as ‘corona’ or the ‘Chinese virus’ or the ‘Asian virus’. There have been situations where administrative authorities had to interfere to protect its students as racial slurs had turned into bodily assault and invasion of privacy. The most common misconception is the stereotype that the food consumed by them includes bats, insects, dogs and reptiles which is the originating source of corona virus, as it is a zoonotic disease. Misinformation and lack of information is instilling a sense of fear and dread amongst the people which is culminating into a stereotyped racial paranoia. This ignorance laced with panic has led to apparent acts of discrimination where people resembling any Chinese individual are being denied medical treatment, basic amenities and shelter.

The situation turned worse when around 13th March, 2020 the followers of the *Tablighi Jamaat*, a multinational Muslim missionary movement met in large numbers for a congregation in New Delhi, while the social distancing rules were in place. There were around 3000 people in the mosque, which were evacuated by the police forces within a span of two days. These people included foreign missionaries that arrived from countries heavily infected by the corona virus, without any screening or warning. This contagion of corona virus resulted in the widespread infection of the disease across the country, among which at least 25,000 people contracted the disease due to this gathering. This incident instigated an anti-Muslim propaganda by the government which further sparked communal disharmony and *Islamophobia*.

¹⁵ *Declaration on Racism, Discrimination, Xenophobia and related Intolerance against Migrants and Trafficked Persons*, WORLD CONFERENCE AGAINST RACISM, RACIAL DISCRIMINATION, XENOPHOBIA AND RELATED INTOLERANCE, Teheran, Iran, 2001.

¹⁶ *Xenophobia*, UNITED NATIONS OFFICE OF HIGH COMMISSIONER FOR HUMAN RIGHTS, 2013, <https://nhri.ohchr.org/EN/Themes/Racial/Documents/Xenophobia.pdf>.

The term 'Islamophobia' means a contemporary form of racism and xenophobia motivated by unfounded fear, mistrust and hatred of Muslims and Islam. It is manifested through intolerance, discrimination and adverse public discourse against Muslims and Islam. The *Tablighi Jamaat* incident further enhanced Islamophobia among the citizens who started treating this act as a new form of '*corona jihad*'. Even the media platforms and government agencies further cemented the anti-Muslim sentiments, while downright ignoring the gathering of various Hindu religious groups. Further, mob lynching, social ostracization and communal harassment were faced by the Muslim community. The Hindu-Muslim discord became a viral riot over all social media platforms. This intensified the pre-existing communal dissonance and disturbance between both the religious communities.

There are many reasons prevalent for the swiftly escalating ideological bias against the minorities, which have stretched due to blatant ignorance and prejudicial stand of the government. The existence of irresponsible journalism is another cause for the xenophobic behaviour rising in the community which does not address the scientific facts regarding the disease but feeds on fake news, fabrications, misleading facts and deceiving rumours. At the time of a national health emergency, it is significant to reach solidarity and harmony among the people of India, in the name of their constitutional values and international obligations like the International Convention on the Elimination of All Forms of Racial Discrimination, 1969.

GLOBAL PATTERNS OF XENOPHOBIA

With the spread of coronavirus, an unfortunate increase in xenophobia is being witnessed which extends beyond domestic borders. Patterns of prejudice, violence and racism are observed against Southeast Asian communities, as an extension of *Sinophobia*. Many incidents, including the use of racial slurs and discrimination by addressing these people as 'corona' is noticed across international borders. It has been observed that Asian people have been denied service, as observed in Egypt,¹⁷ because of sharing features with the people of Chinese ethnicity, who are being blamed for the spread of the virus.

Further, acts of physical aggression and threats have also been reported.¹⁸ Recently, Nigeria faced a serious wave of

spread of Sinophobia when videos and photos of Asian people consuming bats and exotic animals surfaced on social media, causing suspicion and systematic racism in the country.¹⁹ One of the most controversial incidents was of President of the United States of America, Donald Trump continuously referring to the coronavirus as the 'Chinese virus', with the intention to point out its origin, but it only resulted in sparking debates on its racist connotations, especially in a tense time of xenophobia spreading like wildfire.²⁰ With people deriving political and racist underlings of such a label, suspicion towards South Asian communities has seemed to deepen in USA, with records of discrimination running up in thousands.²¹

However, while racial attacks are plaguing the world, regionalist attacks have also been witnessed in China itself. People from Wuhan and Hubei have been under attack after their identities have been leaked in the various regions. The government has also given impetus in the rise in suspicion by announcing awards to people for revealing others' travel histories. Moreover, they have been denied services like in the hospitality and food sectors. China has also faced a smearing of relations with African states because of expulsion of and racism against African communities in China, because they were being labelled as vectors of the virus.²²

CONCLUSION

What we have witnessed in this global health tragedy is a margin for the intensification of xenophobia and racism. These parallel problems are constantly posing a threat to safety and public order in many countries. Further, the resources and attention of the public authorities and the government are constantly diverted while tackling all these issues. In response to this, global leaders should take the lead in arresting the increase of these xenophobic sentiments which might have paralysing effects on the society by raising awareness and enforcing an enhanced system of law and order. It is rather pertinent to understand that while the pandemic will hopefully end and the virus eradicated in the coming times, xenophobia might instil deep rooted hatred in the global community, which might cripple social and political relations for decades to come.

¹⁷ *Coronavirus Outbreak Stokes Anti-Asian Bigotry Worldwide*, THE JAPAN TIMES (Feb. 18, 2020), <https://www.japantimes.co.jp/news/2020/02/18/national/coronavirus-outbreak-anti-asian-bigotry/#.XsEbmGgzbcc>.

¹⁸ Salem Solomon, *Coronavirus brings 'Sinophobia' to Africa*, VOA (Mar. 04, 2020), <https://www.voanews.com/science-health/coronavirus-outbreak/coronavirus-brings-sinophobia-africa>.

¹⁹ Ovigwe Eguegu, *Why are so Many Nigerian Doctors and Journalists Upset about a Chinese Medical Team Coming to Advise on COVID-19?* THE CHINA AFRICA PROJECT (Apr. 12, 2020), <https://chinaafricaproject.com/analysis/why-nigerian-doctors-journalists-are-so-upset-about-a-chinese-medical-team-coming-to-advise-on-covid-19/>.

²⁰ Katie Rogers, Lara Jakes, & Anna Swanson, *Trump Defends Using 'Chinese Virus' Label, Ignoring Growing Criticism*, NEW YORK TIMES (Mar. 12, 2020), <https://www.nytimes.com/2020/03/18/us/politics/china-virus.html>.

²¹ Russell Jeung & Kai Nham, *Incidents of Coronavirus-Related Discrimination- A Report for A3PCON and CAA*, SAN FRANCISCO STATE UNIVERSITY ASIAN AMERICAN STUDIES (Apr. 23, 2020), http://www.asianpacificpolicyandplanningcouncil.org/wpcontent/uploads/STOP_AAAP_HATE_MONTHLY_REPORT_4_23_20.pdf.

²² *China denies City Discriminating against 'African Brothers'*, REUTERS (Apr. 13, 2020), <https://www.reuters.com/article/us-health-coronavirus-china-africa-idUSKCN21V0HV>.



CHINA'S ACCOUNTABILITY FOR COVID-19

INTRODUCTION

The corona virus outbreak has resulted in unprecedented devastation. Globally, 3.5 million infections have been confirmed, with 251,000 deaths across 187 countries of the world. The economic downturn anticipated in the aftermath of this pandemic is even more concerning. Preliminary assessments by the International Labour Organization, in its report titled '*Covid-19 and World of Work: Impacts and Responses*' suggests that nearly 25 million jobs could be lost worldwide, which could result in income losses for workers to the tune of between USD 860 billion and USD 3.4 trillion by the end of 2020 itself. Economists anticipate a global recession, worse than the 2008/09 financial crisis because the lockdown of economies across the world has resulted in the disruption of both demand and supply chains.

Ban on religious congregations and a prevailing or looming human rights crisis only exacerbate these issues. All aspects of routine life, whether social, economic, political, cultural or recreational have come to a standstill. In order to manage the crisis, governments have responded with strict national lockdowns, economic bailout packages, and resort to multilateral institutions such as the International Monetary Fund etc. As the world grapples with the consequences of the outbreak, calls for fixing accountability are growing louder.

CHINA'S LIABILITY

As soon as the world emerges victorious in the fight against Covid-19, questions will be raised regarding China's accountability for this pandemic. In that case, it is pertinent to discuss some plausible legal frameworks which will be implemented to assess China's liability when the need arises. It is to be noted that the domestic courts do not have the power to adjudicate upon the acts of foreign governments as those acts are protected under the 'doctrine of sovereignty'. This principle aims to provide immunity to foreign states from the jurisdiction of courts in other sovereign states. Therefore, in order to make China liable, supra-national frameworks such as World Health Organisation's ('WHO') International Health Regulations ('IHR') need to be relied upon. The IHR was adopted by the WHO in the year 2005 with an objective to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and that avoid unnecessary interference with international traffic and trade.²³

The Article 6 of the IHR requires every party to notify the WHO within 24 hours of any event that poses the risk of an international public health emergency.²⁴ Article 7 further obligates such parties to share all data concerning the crisis with the WHO on a continuing basis.²⁵ Article 11, in turn, requires the WHO to share such data, once verified, with other countries so that they can enact precautionary measures.²⁶ It is apparent that in order to save its political face, China has flouted all the aforementioned rules thereby, impairing the international response to Covid-19. China has constantly suppressed, misrepresented and even censored the data about the corona-strain instead of sharing information transparently with the international community in the earlier days of outbreak. This negligence on the part of China has disabled the world in combating the medical emergency as there the countries were left with no time to adequately prepare themselves against the highly contagious novel corona virus. For this, China must be held to account.

²³ Article 2, INTERNATIONAL HEALTH REGULATIONS, 2005.

²⁴ Article 6, INTERNATIONAL HEALTH REGULATIONS, 2005.

²⁵ Article 7, INTERNATIONAL HEALTH REGULATIONS, 2005.

²⁶ Article 11, INTERNATIONAL HEALTH REGULATIONS, 2005.

A more alarming issue arises from China's inability to regulate its domestic wet markets, thereby allowing the global transmission of this deadly disease, and consequently causing 'transboundary harm'. The SARS outbreak of 2003, which resulted in the deaths of over 800 people, was attributed to China's wet markets and wildlife trade industry. Experts repeatedly predicted similar outbreaks, unless such industries were restricted. The Chinese Government, far from noting and acting on these warnings, designated wildlife as an economic resource thereby protecting the country's exotic meat industry. While some provisional measures to address these concerns were taken, these remained poorly implemented. This unwillingness of China to regulate its animal industry enabled the triggering of this pandemic from a wet market in Wuhan.

The principle of transboundary harm, as applied in the case of *Gabcikovo-Nagymaros*, and reaffirmed in the case of *Nuclear Weapons* by the International Court of Justice (ICJ), posits a positive obligation on governments to prevent the use of their territory contrary to the rights of other states. This principle has acquired the status of customary international law. Accordingly, if an international tribunal was to find jurisdictional basis for claims against China, it would be empowered to award compensation for the economic harm caused by China.

ISSUE OF JURISDICTION

One of the important questions that arise while deciding upon China's accountability for the outbreak of virus is - what are the jurisdictional mechanisms through which China can be brought before international court or tribunal? The answer lies in the WHO's Constitution ('Constitution') itself. Article 75 of the statute empowers the organisation to refer any dispute or question concerning the interpretation or application of this Constitution which is not settled by negotiation or by the Health Assembly to the ICJ.²⁷ China's failure to disclose information could plausibly fall within the ambit of Articles 22 and 64 of the Constitution, which mandate enforcement of the International Health Regulations and require member states to disseminate data in the form of statistical and epidemiological reports.²⁸

Furthermore, Article 18 of Vienna Convention on Laws of Treaties ('VCLT'), which is also reflective of customary international law, obliges all the states to not to defeat the object and purpose of treaty of which they are party to. China being the member of WHO has violated Article 18 of the VCLT as its wilful negligence in regulating illegal trading in wet and wildlife market stands violative of objects and purpose of WHO which aims to provide highest possible level of health to all people.²⁹ With the help of the abovementioned legal provisions, China can be brought

NATIONAL NEWS

Internet services in Jammu & Kashmir

On May 11th 2020, a three-judge bench of the Supreme Court refused to order the restoration of 5G mobile internet in J&K, instead setting up a special committee led by the Union Home Secretary to take a call on the issue after analysing the security situation in the territory. Since then 2G services have been restored in 8 of Kashmir's 10 districts but 4G remains suspended on the claim that high-speed internet can be used to coordinate terror attacks or circulate propaganda material.

Gas leak in Vishakhapatnam

The NHRC has taken suo motu cognisance of the 12 deaths due to a styrene leakage at an LG Polymers unit Vishakhapatnam and recognised it as a gross violation of the victims' right to life.

Right to a decent burial

The Bombay High Court held that the right to a decent burial is commensurate with the dignity of an individual and is recognised as a facet of the right to life guarantee by Article 21 of the Constitution. It further observed that this right cannot be taken away even in a crisis like COVID-19 due to a suspected/confirmed infection in the diseased.

Non-inclusion of Jammu & Kashmir in the electoral college

A lacuna has been found in the Jammu & Kashmir Reorganisation Act, 2019 which, if not remedied, will result in the non-inclusion of the proposed legislature of the newly-formed UT of J&K in the electoral college for the Presidential elections, thereby leading to the exclusion of representation of its millions of habitants.

World Press Freedom Index 2020

India has dropped 2 places and now ranks 142nd out of 180 countries in the World Press Freedom Index 2020.

²⁷ Article 75, WHO CONSTITUTION, 1948.

²⁸ Articles 22 and 64, WHO CONSTITUTION, 1948.

²⁹ Article 1, WHO CONSTITUTION, 1948.

before ICJ in order to deliver justice to the international community as a whole.


CONCLUSION

If the ICJ finds China liable for the current pandemic through the route argued above, national governments would be empowered to employ 'countermeasures' to bring China to account – including the seizure of its international assets, a strategy used effectively against Russia and Argentina to compel their compliance with international awards. This might well prove sufficient to deter future negligence in the face of public health crises. However, it must be noted that by no means is either alternative simple: each requires significant international cooperation and willpower to implement, particularly considering China's towering economic influence. But they are ultimately the only legal options available to deter another global pandemic; the stakes

have, truly, never been higher. Moreover, no Security Council enforcement appears plausible, for China exercises a veto and has already opposed any discussion on the matter.

Research by various scholars suggests that if China had taken proactive measures to contain and suppress Covid-19 earlier in December 2019, the number of cases could have been mitigated by up to 95%, thereby preventing significant loss of life and livelihood. While it is true, that no quantum of damages can truly compensate for this outbreak and the loss of lives. Nevertheless, the world must hold the perpetrators of such negligence to account. The jurisdictional basis and claims suggested in this article can go a long way in bringing a suit against the Chinese State in an international tribunal, conceded that several practical difficulties arise in doing so. However, even if the legal challenge is unsuccessful, pursuing such a case before a public forum such as the ICJ can lead to major political victories.





ROLE OF WHO AND INTERNATIONAL COOPERATION IN THE TIMES OF CORONA VIRUS

INTRODUCTION

Covid-19 was declared as a pandemic by the World Health Organization ('WHO') on March 11, 2020. The pandemic has raised significant questions on the role and efficacy of WHO and international cooperation in dealing with pandemic. This article analyses these issues and envisage the future of WHO and international cooperation in the post-pandemic times.

THE WORLD HEALTH ORGANIZATION

WHO, as agency of United Nations was established in 1946, and is responsible for dealing with global health issues. WHO is actively helping countries to deal with the Covid-19 pandemic through its six regional offices and 150 country offices. It has released Covid-19 Strategic Preparedness and Response Plan detailing the course of action the states needs to take in response to the crisis. It has tied up with various technology and social media giants to curb the parallel spread of fake news or '*infodemic*'. It has also set up Covid-19 Solidarity Response Fund to ensure uninterrupted quality care of corona patients and continuous supply of essential health apparatus to frontline workers, and to fast-track research and development of vaccine. WHO's reach to best of medical and scientific experts from across the world gives it a unique ability and credibility to forge best solutions to deal the global health emergency. During these testing times, WHO is under the scanner for its alleged incompetency and complicity with China in containing the outbreak of corona virus. The Organization is being discredited by countries like USA who has gone to the extent of cutting its funding to WHO.

In 2002, then WHO director Dr. Gro Harlem Brundtland was very active and fearlessly called out China for not sharing information on a novel respiratory disease. She exercised powers which had hitherto never existed. Under her able leadership, WHO applied non-pharmaceutical interventions like travel advisory, contact tracing, testing and isolating cases. In 2005, WHO revised International Health Regulations (IHR) to give itself more authority but that still fall far short of enabling it to enforce its directions. These revised regulations are still in force and bind all WHO members. These regulations allow the WHO to declare a public health emergency of international concern (or PHEIC). However, the problem remained the same: as WHO has little power to bind countries to follow its guidelines or order sanctions against them. Its meagre budget also limits its ability to resource supplies for poor countries.

In case of H1N1, or swine flu, the WHO was accused of hyping the situation and causing false alarm. Whereas, in case of the Ebola outbreak in Africa, WHO failed miserably. It was over cautious of responding to the situation and had crippling budget issues. To the embarrassment of WHO, ultimately, an ad-hoc U.N. Committee was created to take over responsibilities from the WHO.

WHO has been struggling to balance between too little and too much response to the situation. Its current director-general, Tedros, has to deal with the biggest pandemic in the history. He has failed to get China to disclose the ground reality of the spread of the coronavirus in a timely and transparent manner. His closed door meeting with Chinese President naturally raised eyebrows of international community and drove them to question his and consequently WHO's credibility.

INTERNATIONAL COOPERATION

The Covid-19 pandemic is constantly testing the current era of globalisation and post-cold war cooperative international community. Countries around the world are grappling with the tough choice of either fulfilling international obligations by sharing vital domestic resources or monopolising said resources for domestic purposes. This dilemma is even more difficult for countries who possess vital resources to fight against this pandemic. For instance, some recent research suggests that hydroxychloroquine, an anti-malaria drug, could help in fighting Covid-19. This has led to an exponential increase in the demand for the drug. India which is the world's largest producer of hydroxychloroquine banned the export of that drug to preserve its domestic stocks. However, it soon relaxed the restrictions on the export of hydroxychloroquine, possibly in an attempt to fulfil its obligations as a member of the International community and contribute to the fight against the Covid-19 pandemic.

On the other hand, why should a country not monopolise strategic and valuable resources in the current state of world affairs? As of 4th May, 2020, the death toll of the Covid-19 pandemic was 249,125 and the number of cases was 3,593,933. These numbers are on a meteoric rise and no healthcare infrastructure around the world can soften the pandemic's impact. At such a strenuous time, monopolising strategic and valuable resources would do more harm than good owing to many reasons. Firstly, globalisation has made countries and their respective economies interdependent. Hence, it is economically unfeasible to monopolise strategic and valuable resources and sever oneself from global economic repercussions. Secondly, international obligations or maintenance of international relations would compel a country to share its strategic and valuable resources unless it is in a politically superior position to the countries it is dealing with. In early February this year, the United States announced a USD 274 million foreign aid package for sixty-four at-risk countries. The United States can do so without fear of repercussions or expectations because it is a politically and economically superior country.

Lastly, taking into consideration the nature of the pandemic and its virulent nature, even a country which has monopolised strategic and valuable resources for itself would

not be able to tackle the pandemic on its own. For instance, New York, one of the US's richest states, has over 20,000 cases (as of 27th March, 2020) and it still has not been able to tackle the pandemic with all the world's resources at hand. Similarly, Maharashtra, the financial capital of India is the epicentre of the Indian Covid-19 outbreak with cases and death toll meteorically rising. Despite the resources available, it is reeling under the pressure of the Covid-19 pandemic.

Hence, we can observe that monopolising strategic and valuable resources is not the best-case scenario in the current war against the Covid-19 pandemic. Taking into consideration the current political, social and economic context, international cooperation is perhaps the most efficient and logical way to tackle the Covid-19 pandemic. Cooperation on such a massive scale could prove to be mutually beneficial in terms of sharing resources as well as policy models and strategies used to counter this pandemic. The United States gives foreign aid and India sharing potentially important medicine with other countries are just a few of the examples of international cooperation that we are seeing around the world today. Therefore, such an effort towards cooperation could help the worst-hit countries battle the pandemic and the better of countries prepare themselves against any such contingency and build valuable social and political capital.

CONCLUSION

The post-pandemic times would present a unique challenge to the international order. Further, there is no doubt that a post-Covid-19, the world would be considerably different in terms of the economic and political scenario as well. After the pandemic, the role, independence, credibility and capacity of WHO needs to be revisited. WHO needs to be suitably equipped with powers to enforce measures to contain pandemic. Its technical ability and finance shall also be revamped. WHO's response to any outbreak of disease should be measured, but without fear of criticism for being over-cautious. Similarly, the fragmentation of a globalised world remains speculation in light of the ongoing battle against the pandemic. Therefore, the most logical and plausible alternative would be to focus on international cooperation and contribute towards a united fight against the pandemic than indulge in frivolous speculation.

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