



Universitätsverlag Potsdam

Yael Hajos

A Critical Overview of the Public Health Emergency of International Concern Mechanism

The Case of Covid-19

Yael Hajos

A Critical Overview of the Public Health Emergency of International Concern Mechanism

The Case of Covid-19

Bibliographic information published by the Deutsche Nationalbibliothek

The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available in the Internet at <http://dnb.d-nb.de>.

Information about the author

Yael Hajos is a facilitator, mediator and researcher. She holds degrees in Cognitive Neuropsychology (MSc), Psychology and Special Education (BA) and is a student of Intercultural Conflict Management. She is a practitioner of Nonviolent Communication which she integrates into all spaces she interacts with, such as civic participation work. Her research interests are conflict and peace, the interaction between them and their underlying processes.

Universitätsverlag Potsdam 2023

<http://verlag.ub.uni-potsdam.de/>

Am Neuen Palais 10, 14469 Potsdam

Tel.: +49 (0)331 977 2533 / Fax: 2292

E-mail: verlag@uni-potsdam.de

The monograph series **Staat, Recht und Politik – Forschungs- und Diskussionspapiere = State, Law, and Politics – Research and Discussion Papers** is edited by apl. Prof. Dr. iur. Norman Weiß, Universität Potsdam.

ISSN (online) 2509-6974

Contact: weiss@uni-potsdam.de

This work is licensed under a Creative Commons License:
Attribution 4.0 International.

This does not apply to quoted content from other authors. To view a copy of this license visit <https://creativecommons.org/licenses/by/4.0/>

Published online on the Publication Server of the University of Potsdam:
<https://doi.org/10.25932/publishup-58523>

A Critical Overview of the Public Health Emergency of International Concern Mechanism – The Case of Covid-19

Yael Hajos

Contents

I Covid-19 – Public Health Emergency of International Concern

II Legal Framework

- 1 States of Emergency
- 2 Restrictions and Suspensions of Human Rights
- 3 Restrictions and Suspensions of Human Rights during PHEICs

III Practice during Covid-19

- 1 Protection of Human Rights during Covid-19
- 2 States and Human Rights during Covid-19

IV Conclusions and Recommendations

- 1 Improving the Protection of Human Rights During Future PHEICs
- 2 Reforming the Donation-based Mechanism
- 3 Creating a Time-bound Reporting and Monitoring Procedure for States' Limitations and Derogations on Freedoms
- 4 Standardized Criteria to Declare and to End a PHEIC
- 5 Adopting a Pragmatic Yet Nuanced Approach to the PHEIC Mechanism

Bibliography

Abstract

The last years have been affected by Covid-19 and the international emergency mechanism to deal with health-related threats. The effects of this period manifested differently worldwide, depending on matters such as international relations, national policies, power dynamics etc. Additionally, the impact of this time will likely have long-term effects which are yet to be known. This paper gives a critical overview of the Public Health Emergency of International Concern (PHEIC) mechanism in the context of Covid-19. It does so by explaining the legal framework for states of emergency, specifically in the context of a PHEIC, while considering its restrictions and limitations on human rights. It further outlines issues in the manifestation of global protections and limitations on human rights during Covid-19. Lastly, considering the likelihood of future PHEICs and the known systemic obstructions, this paper offers ways to improve this mechanism from a holistic, non-zero-sum perspective.

Zusammenfassung

Die letzten Jahre waren geprägt von Covid-19 und dem internationalen Notfallmechanismus zur Bewältigung gesundheitsbezogener Bedrohungen. Die Auswirkungen dieser Zeit zeigten sich weltweit unterschiedlich, abhängig von den internationalen Beziehungen, der nationalen Politik, der Machtdynamik usw. Außerdem werden die Auswirkungen dieser Zeit wahrscheinlich langfristige, heute noch unbekannte Folgen haben. Diese Studie gibt einen kritischen Überblick über den Mechanismus für internationale gesundheitliche Notfälle (Public Health Emergency of International Concern – PHEIC) im Kontext von Covid-19. Zu diesem Zweck wird der rechtliche Rahmen für Notfälle, insbesondere im Zusammenhang mit PHEIC, erläutert, und es werden die damit verbundenen Einschränkungen und Begrenzungen der Menschenrechte betrachtet. In Anbetracht der Wahrscheinlichkeit künftiger PHEICs und der bekannten systemischen Hindernisse bietet dieses Papier schließlich Möglichkeiten zur Verbesserung dieses Mechanismus aus einer ganzheitlichen Perspektive.

I Covid-19 – Public Health Emergency of International Concern

In December 2019, the World Health Organization (WHO) was informed of cases of pneumonia of an unknown cause in Wuhan, China. Today this cause is better known as Covid-19, a then newly discovered strain of the large Coronaviruses family that can cause disease. Most people infected with it would experience mild to moderate symptoms and could recover without special treatment. Some people may experience severe symptoms and might even die. This is especially true for older people and those with underlying medical conditions like chronic respiratory disease (World Health Organization, 2020; World Health Organization/Europe, 2020).

A month later at the end of January 2020, WHO's Director-General Dr. Ghebreyesus declared Covid-19 as a public health emergency of international concern (PHEIC) - an officially binding situation describing WHO's highest level of alarm (TIME, 2020). A PHEIC is an event which was defined in the International Health Regulations (IHR) of 2005. The IHR involves 196 countries, including all WHO's member States. The aim of the IHR is to help prevent, protect, control and provide a public health response to acute health risks that have a potential for a global spread of a disease. It should do so in ways that are proportionate and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade (World Health Organization, 2019; World Health Organization, 2020).

A PHEIC is a serious extraordinary event that poses threat to public health to other States via global transmission of disease and that potentially requires a coordinated global response. It may have implications beyond national borders and could require immediate international action (World Health Organization, 2019).

In order to discuss whether Covid-19 could be defined as PHEIC, the WHO organized its Emergency Committee (EC) of 15 members composed of international experts. The EC convenes at least every three months for assessment and to consider changes. Its recommendations expire after this time period. Declaring a PHEIC can be done following collecting enough data implying the situation is acute (and this precedes a similar procedure on a national level) (Jee, 2020; Pavone, 2021; World Health Organization, 2019).

Then, on March 11th, 2020, the WHO used an unofficial term to describe Covid-19: pandemic - meaning a global spread of a new disease (World Health Organization, 2020). In hindsight, some law and health researchers and experts claim that the use of the word "pandemic" was to invoke changes in the actions of most States. This was most probably done since many member States did not act immediately after the legally binding PHEIC was declared (Maxmen, 2021).

As it seemed that governments around the world have started grasping the gravity of the situation after the statement of March 2020, discourse and implementation of a state of emergency became relevant on a national level across countries (Grogan, 2020; Maxmen, 2021).

II Legal Framework

1 States of Emergency

A state of emergency comes from a governmental declaration due to a crisis, or an extraordinary situation which poses a fundamental threat to the State or the nation. This state of emergency can alter governmental operations, suspend civil, political and social life, and order citizens for behavioral changes. This situation enables governments to act in ways they could not act in under an ordinary legal framework. It could be essential and crucial for quick, efficient responses during danger. Such dangers can vary and can include wars, natural disasters, civil unrest or epidemics (Cornell Law School: Legal Information Institute, n.d.; DCAF – Geneva Centre for Security Sector Governance, 2005; Diakow & Hefern, 2022; Meyer-Resende & Prillwitz, 2020).

The use of the state of emergency is not rare, yet usually more common in dictatorial regimes. Regarding the state of emergency, two aspects are apparent: 1) a legal framework based on constitution and legislation; 2) an operational framework that involves organizational structures and strategic plans. The legal framework must pay regard to the operational needs, and the operational framework must do the same for the legal framework, including international law. A state of emergency can be based in a dedicated law or in the constitution. In some cases, a de-facto state of emergency could occur when States advance measures equivalent to those of such a state, without a declaration. Emergency laws can differ between countries, as well as from one state of emergency (e.g. war) to another (e.g. natural disaster) (DCAF – Geneva Centre for Security Sector Governance, 2005; Meyer-Resende & Prillwitz, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

International human rights law also addresses and defines a state of emergency: according to International Covenant on Civil and Political Rights (ICCPR) (Article 4.1) - “time(s) of public emergency”; the European Convention on Human Rights (ECHR) (Article 15.1) and the European Social Charter (ESC) (Article F.1) add “war”; the American Convention on Human Rights' (ACHR) (Article 27.1) addition of “public danger”. There are some differences such as the ACHR describing a threat against “the independence of security of a State”; and the ICCPR, the ECHR and the ESC suggesting this threat is to “the life of the nation”. At the end, deciding whether a situation is acute or not, is up to national governments’ understanding of the emergency and the needs relating to it. (Emmons, 2020; International Justice Resource Center, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

Due to the necessity to act quickly and efficiently to the threat, implementing emergency laws can lead to a shift of power to the executive, or to the central government in the context of a federal system. Administering emergency laws can then result in restricting and even in suspending human rights. The suspension and restriction of human rights must be in accordance with international human rights law. And though international human rights law gives

definitions and means for States to work with and under, during states of emergency, these are limited. A claim I would like to better explain in the following sections (DCAF – Geneva Centre for Security Sector Governance, 2005; International Justice Resource Center, 2020; Meyer-Resende & Prillwitz, 2020).

2 Restrictions and Suspensions of Human Rights

Decisions on when and whether certain rights can be restricted are a result of experts' debates in the context of various treaties concerning protection and promotion of human rights. Overall, there are more than a dozen universal and regional treaties for the legal protection of human rights. Each instrument has a monitoring body composed of a committee of experts which is responsible to observe and check the States parties. These legal means are based in and inspired by the Universal Declaration of Human Rights signed post WWII. Among these treaties: the ICCPR; the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the ECHR; the ACHR; the ESC etc. (Diakow & Hefern, 2022; Emmons, 2020; International Justice Resource Center, 2020; United Nations Office of the High Commissioner for Human Rights, n.d; United Nations Office of the High Commissioner for Human Rights, 2003; UNFPA, 2004).

It is worth holding in mind that limitations on human rights can be seen through a lens of a legal continuum. It is possible to use limitations in times of emergency, but these must not eliminate the core of the rights intrinsic to the human person. Thus, States cannot derogate from their obligation to respect human dignity. Some limitations to human rights are referred to as "ordinary", such as a limitation on freedom of assembly, since these limitations can be imposed permanently during routine or normal times. At the other side of this spectrum are derogations which are meant for times of emergency and are considered "extraordinary limitations". These require unusual means and for some human rights, suspension is never applicable, like in the case of the right to life (International Justice Resource Center, 2020; Meyer-Resende & Prillwitz, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

Four treaties have derogation clauses that legally allow to temporarily suspend protected rights during national states of emergency. These share some similarities but also differences. These treaties include the global ICCPR (Article 4.2) and the three regional treaties: the ACHR (Article 27.2), the ECHR (Article 15.2), and the ESC (Article F). In the case of the ICCPR, the ACHR and the ECHR - some protected rights can be suspended in states of emergency, while in the case of the ESC - all protected rights can be suspended during states of emergency. The ICCPR, the ACHR and the ECHR all agree on the non-derogability of the following rights under any circumstances: the right to life; prohibition of slavery and torture; the right to freedom from retroactive legislation. The ICCPR as well as the ACHR also include the right to legal personality; and the right to freedom of thought and religion (Diakow & Hefern, 2022;

II Legal Framework

Emmons, 2020; International Justice Resource Center, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

Concerning the non-derogability of other rights, some differences exist between these bodies: the ICCPR states the prohibition on imprisonment for inability to fulfill a contractual obligation (Article 11); the ECHR mentions the prohibition of the use of death penalty in times of emergency (Protocol 13, Article 2) and the protection from double jeopardy (Protocol 7, Article 4.3). The ACHR includes the longest list of non-derogable rights and covers also: continued observance of humane treatment while in custody; the right to freedom from forced labor; rights of the child and the family; rights of name and nationality; and the right to participate in government (Diakow & Hefern, 2022; Emmons, 2020; International Justice Resource Center, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

Nonetheless, the mentioned treaties entail provisions with some criteria that must be met for the use of suspension of rights. These include: derogations must be proportionate to the crisis; be necessary for protecting the nation and responding to the threat; must not discriminate on the basis of race, color, sex, language, religion, or social origin; must remain compatible with the State's other international law obligations; and must last only as long as necessary (the ICCPR Article 4.1; the ACHR Article 27.1; the ECHR Article 15.1; the ESC Article F.1). Other than that, as in the case of interpreting the definition of the state of emergency, national governments can interpret the extent and the character of a suspension (Diakow & Hefern, 2022; Emmons, 2020; International Justice Resource Center, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

In addition to all of the above, each signatory state that wants to derogate from rights during a crisis is obliged to inform the relevant body (ICCPR Article 4.3, ACHR Article 27.3, ECHR Article 15.3, ESC Article F.2). This must include the reason and the rights that have been suspended. Again, some differences exist between the bodies also when it comes to this matter: the ACHR requires governments to provide in their notice the date in which the suspension will end; the ECHR, the ESC and the ICCPR do not require this estimation but require a later notice once the situation is no longer threatening as well as of the restoration of rights. None of these bodies require a precise timeframe to announce any of these mentioned statements. In addition, there are no clear negative implications for States who do not inform the relevant bodies on a state of emergency, nor is there a settled legally binding timeframe within which rights should be restored. Hence, states of emergency may serve as a convenient framework for continuous and unjustified violations of human rights, if and when leaders of national governments wish to do so (Diakow & Hefern, 2022; Emmons, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

However, one regional body that has not been stated so far as it does not include provisions allowing rights to be suspended during states of emergency is the African Charter on Human and Peoples' Rights (ACHPR). The African Commission on Human and Peoples' Rights declared that a state of emergency cannot be called on and used to justify and allow violations of

II Legal Framework

the ACHPR. Even so, the ACHPR does require protecting people's health (Article 16.21). Also, when looking at the constitutions of the ACHPR's State parties it seems as they have not taken the adequate legal means to ensure compatibility with the charter. Consequently, many constitutions of African States actually hold derogation clauses (e.g. constitution of Ethiopia 1995 (Article 93.4); constitution of Angola 1992 (Article 52); constitution of Cape Verde 1992 (Article 26); constitution of Uganda 1995 (Article 44) etc.) (Ali, 2013; United Nations, 2018; African Commission on Human and Peoples' Rights, 2020).

3 Restrictions and Suspensions of Human Rights during PHEICs

For the case of human rights and a PHEIC, additional limitations are present and are not explicitly time restricted. Even if States have not officially declared an emergency, they can still limit individual rights under international human rights law. The ESC allows for restrictions on all rights (Article G.1). In some treaties, States should take extra steps to protect public health in a PHEIC: the ACHPR (Article 16.21); the ICESCR (Article 12.2.c), the ESC (Article 11.3). Additionally, the ACHPR, The ICCPR, ACHR, ACHR differently allow restrictions on the following rights: freedom of assembly (ICCPR Article 21, ACHR Article 15, ECHR Article 11.2, ACHPR Article 11); freedom of movement (ICCPR Article 12.3, ACHR Article 22.3, ECHR Protocol 4, Article 2.2, ACHPR Article 12.2); the right to practice religion (ICCPR Article 18.3, ACHR Article 12.3, ECHR Article 9.2); freedom of expression (ICCPR Article 19.3b, ACHR Article 13.2b, ECHR Article 10.2); freedom of association (ICCPR Article 22.2, ACHR Article 16.2, ECHR Article 11.2; and the right to private and family life (ECHR Article 8.2) (Diakow & Hefern, 2022; Emmons, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

All of the above imply that despite procedures, criteria and limitations on States under a PHEIC, States are actually able to suspend some human rights for an indefinite period of time, and in some cases, even without official declaration. In other words, this creates more conditions for rights' violations and abuse of power under the claim of public health (Diakow & Hefern, 2022; Emmons, 2020; United Nations Office of the High Commissioner for Human Rights, 2003).

Surely there are ways to monitor and enforce States' restrictions and proportionality of actions on an international level. This can be done through international courts and active regular monitoring procedures. Putting aside Covid-19 social distancing limitations for a moment, individual claims on abuse under the ICCPR and the ACHR can be examined under the relevant bodies. This can be done assuming the individual lives in a State that has ratified the treaty, and only after they have exhausted all domestic legal means- a slow and long process. For the Americas only hearings are possible brought via the IACHR. As for monitoring, such bodies exist on an international and on a regional level. While it can be efficient for raising red flags regarding violations of human rights, it lacks meaningful actions that can actually stop such abuses from continuing to occur. It is thus hard to imagine how emergency state related abuses

III Practice during Covid-19

could be addressed at the time of the emergency and affect it while it is happening (Emmons, 2020; United Nations Office of the High Commissioner for Human Rights, 2003; United Nations Office of the High Commissioner for Human Rights, 2005).

III Practice during Covid-19

1 Protection of Human Rights during Covid-19

Despite the mentioned struggles, and to counteract dangers of abuse, various regional and global bodies released statements or guidelines for States to deal with the crisis while respecting human rights and observing the law. Among these bodies are the Office of the High Commissioner for Human Rights (OHCHR); the Council of Europe (CoE); the ACHPR; the Inter-American Commission on Human Rights (IACHR); the Inter-American Court of Human Rights (IACtHR); ASEAN Intergovernmental Commission on Human Rights (AICHR); Organization of American States (OAS); the UN human rights treaty bodies and the Secretary-General of the UN (African Commission on Human and Peoples' Rights, 2020; International Justice Resource Center, 2020; International Justice Resource Center, 2021; Just Security, 2020).¹

These bodies covered relevant issues concerning human rights. Of course, due to the declaration of a PHEIC, priority is given to protection of health and specifically issues directly relating to the Covid-19 virus. Nevertheless, States were called to respect international human rights law; and pre-existing health conditions and access to treatment for people suffering from various health conditions, while setting a certain priority for access to treatment (D'Aeth, et al., 2021; International Justice Resource Center, 2021).

Other than that, among the rights and issues that were given more focus by UN bodies and the three main regional bodies (Inter-American, African and European) we can find for instance states of emergency and limitations and suspensions on rights; the right to protection of health; access to information and media freedom; systemic racial discrimination and hate speech; rights of children; rights of migrants, asylum seekers, refugees and IDPs; rights of LGBTQIA+ persons; women's rights and gender-based violence etc. Of course, these various bodies emphasized different matters according to the understanding of the previous and current situation, and in relation to the context of the region/State it was addressing. To name only a few examples: the UN special procedure warning of Uganda from using emergency power to violate human rights of LGBTQIA+ persons; the call on Bulgaria to stop hate speech and discrimination against Roma; and warnings of unsafe conditions for detainees (prisons, migrants and others) in the Americas, Belarus, Egypt, El Salvador, Eritrea, Iran, Israel, Kyrgyzstan, Peru, Syria, and the United States (African Commission on Human and Peoples'

¹ For a compilation as of 2021, cf. https://ijrcenter.org/covid-19-guidance-from-supranational-human-rights-bodies/#Inter-American_Human_Rights_System

Rights, 2020; International Justice Resource Center, 2020; International Justice Resource Center, 2021; Just Security, 2020).

It is worth noting that due to reasons like diverse contexts of different places in the world; the multiple human rights bodies that were (and were not) mentioned so far; and the current structure of States and their way for collaboration- guidelines and interpretations may differ, overlap, compete and clash. This can cause confusion and can also complicate the implementation and monitoring of the guidelines. There can also be confusion for governments in regard to which guidelines they should prioritize in a novel state of emergency, in case these are not legally binding. Perhaps despite and in part due to the amounts of relevant information States received from human rights bodies, an overall sense of overwhelm has been present- to individuals as well as to States' officials and employees. There seems to be an issue when it comes to dealing with the situation in a coherent and manageable way simultaneously, due to the complexity of managing a PHEIC or perhaps a global state of emergency of any sort (International Justice Resource Center, 2021; Just Security, 2020). Covid-19 is the 6th time a PHEIC has been declared, and as noted in Dr. Ghebreyesus statement of March 2020 - the WHO have never seen before a pandemic that can be controlled at the same time (World Health Organization, 2020).

In addition, regional and global human rights bodies themselves had to quickly adapt and change according to this new situation, sometimes without sufficient knowledge of how to do their own work in light of the new virus. At times, work had to be done even without the necessary infrastructure for doing it virtually, when that option was possible and not limited by e.g. physical visits or lack of access to internet (of persons in the world). This is in reference to Covid-19's social distancing recommendations and the lack of necessary biological, epidemiological and medical knowledge, due to the virus' novelty. All of this caused postponement of sessions, hearings and visits. Thus, work on protecting and promoting human rights has suffered limitations, especially, but not only, in the beginning of the pandemic. Meaning, persons around the world were also more exposed to violations of their rights by States' governments. For human rights bodies, adapting the work environment and style to Covid-19's limitations were an opportunity to create new methods and combine them with the old ones. In a somewhat digitally connected world, they could prioritize transparency; access to information in as many languages as possible; security and privacy, while remembering the areas and persons that are not connected in this way to ensure their inclusion (Ward, 2020; Ochoa & Reinsberg, 2020).

2 States and Human Rights during Covid-19

As for States' compliance with the mentioned guidelines and laws during Covid-19, I would like to suggest an overall albeit non-exhaustive perspective. Firstly, it is worth noting that the WHO still considers Covid-19 as a PHEIC also today in the beginning of 2023 (World Health Organization, 2023). As for States' behavior, the International Institute for Democracy and

III Practice during Covid-19

Electoral Assistance (International IDEA) report (International IDEA, 2021) on the state of democracy in the world, considered the Covid-19 crisis as well as other aspects, e.g., the level of democracy prior to the crisis, the impact of the crisis on democracy. The report was published at the end of 2021 and is based on data gathered in the preceding four years as well. According to the report, the crisis has exacerbated the trend of authoritarianism worldwide. As per their democracy scale, seven countries moved towards democracy while 20 countries have moved towards autocracy. IDEA states this has become a serious issue since those include some of the world's largest countries: Brazil, India and the US which represent more than 30% of the world's population. Actually, only 9% of the world's population is living in high-performing democracies.

The report (International IDEA, 2021) notes that while attempting to take necessary measures to protect public health (by stopping the spread of misinformation as well), as States are legally obliged to do, at least 64% of national governments worldwide took disproportionate action to do so. These include for instance limitations on freedom of movement; freedom of speech; children's right to education. Unicef mentions that more than 27 million Filipino students did not have any in-person classes (as in four other countries), and more than 29% of primary students worldwide do not have access to remote learning (UNICEF, 2021). Moreover, backsliding democracies (like Hungary, Poland, Slovenia but not only) have weakened the rule of law and the civic space during Covid-19 while significantly weakening checks on government and civil liberties, e.g. freedom of expression, freedom of association and assembly (International IDEA, 2021).

In IDEA's report of 2022 (IDEA International, 2022), focus is not on Covid-19 yet its impact is still mentioned. For instance, it is stated that Covid-19 crisis enabled highlighting the inequality within and between States worldwide, which contributes to the public's frustration. Additionally, Covid-19 has had a negative impact on economy, especially in countries that score low on their democracy scale. An analysis of the state of human rights during Covid-19 by Gostin et al. (2022) overall aligns with and strengthens IDEA's reports' findings: States' performance during Covid-19 generally contributed to inequality and inequity (e.g., health, education, food) and failed to protect the public's health. Many populist leaders and authoritarian leaders have ignored scientific recommendations, as well as legal guidelines, and imposed severe restrictions on people's freedoms (e.g., movement, expression).

Another research (Lenton, Boulton, & Schefer, 2022) observed more than 150 countries and examined their resilience to Covid-19 (by considering the nation's decay rate of daily cases or deaths from peak levels). The researchers found correlative evidence that trust within society promotes resilience to an epidemic. The more people trusted that most people in their society are trustworthy, and the more their governments adopted adaptively strict Covid-19 policies, the more resilient these countries were to the pandemic. In such a society, vaccines were seen as a sign of a social contract. The researchers mention that with time, resilience tended to

IV Conclusions and Recommendations

decline. They state that all of these findings are congruent with past studies in the context of epidemics.

And while protecting health is of the greatest importance at times of a PHEIC, worrying limitations on the right to health have been a share of States' performance as well. Vaccination inequality is one matter I would like to address as it has an effect on a global scale. The WHO raised this issue and warned of the risk of prolonging the health crisis, thus continuing violation of rights and normalizing restrictions on basic freedoms (World Health Organization, 2021). The discourse has included the need for a Covid-19 vaccination patent waiver. Despite many national leaders speaking of the right to health, a patent waiver is a matter of controversy, as this can have an effect on higher-income States' economies (Ekström, et al., 2021; Human Rights Watch, 2021). In November 2021, the International Commission of Jurists published a statement (signed by 140 experts globally) arguing that member States of the World Trade Organization (WTO) who are also part of either the ICCPR or the ICESCR have to at least not oppose such a waiver (icj- International Commission of Jurists, 2021). Since when opposing or blocking it, they are not obeying their legally binding obligations.

This is despite the new donor-funded COVAX mechanism that was initiated to speed up development, production and access to vaccines worldwide. It is led by WHO, Gavi- the Vaccine Alliance (Gavi) and the Coalition for Epidemic Preparedness Innovations. COVAX is part of the Access to COVID-19 Tools (ACT) accelerator and 190 countries are part of it (92 are eligible for vaccine donations). Though, sufficient tools are only part of the issue since collaboration is needed as well to solve it. And despite all the different legally binding means that exist to tackle this issue, States have not been fully compliant. Thus, serious concerns and questions arise in regards to what can be done next, both in regards to ending the current pandemic and for plausible future situations (World Health Organization, n.d.).

IV Conclusions and Recommendations

Experts worldwide repeatedly warn of such future situations and mention the dangerous role climate change plays in them (Gupta, Rouse, & Sarangi, 2021). The WHO warned of optimal conditions for new variants and with the January 2023 prolonging of the PHEIC the emergency of Covid-19 is still here (United Nations, 2022; World Health Organization, 2023). It seems we are left with an extremely challenging task for the future. With so many restrictions on human rights in the past years, their future implications on people's lives in various aspects such as financial well-being, overall health, and well-being- concerns are valid. It is then crucial to ask if and how to switch from emergency to routine, while ensuring reflection and learning from the past. It is necessary to look back at the last years, while integrating experience and knowledge from previous PHEICs and other health events that did not meet criteria for this definition, and start defining and implementing conclusions, so to better our future.

1 Improving the Protection of Human Rights During Future PHEICs

Indeed, many others have been asking similar questions and it seems as if one possible solution for the situation will be a new so-called pandemic treaty, or a new WHO convention that will address prevention, preparedness and response in times of PHEICs, and is supposed to be prepared by 2024 (World Health Organization, n.d.). It is too soon to draw any conclusions regarding the work of this future body or instrument, yet doubts have already risen, perhaps due to the fact that the support for the treaty is voiced by some higher-income States who have been exhibiting a behavior that is impeding the global efforts to end Covid-19, specifically in regards to vaccination equity (Wenham, Eccleston-Turner, & Voss, 2022).

It is my opinion that considering at least some suggestions different scholars and practitioners from various disciplines have proposed so far is of great value. That is if we, as individuals as well as a collective of the human species, would like to learn from the past and bring change and hope to our possible futures. This is of course relevant if we would like to coherently address the struggle of crises management and aim to prevent States' unnecessary disproportionate actions towards people, which actively induce suffering and infringe on their freedoms.

Before I elaborate on a few issues I find importance and interest in, I would also like to name some recommendations experts made: create a clear set of priorities for times of PHEIC that consider context holistically and look beyond cost-effectiveness; create clear health prioritization for PHEICs (Williams, et al., 2021); update mechanisms to prioritize marginalized groups; involve individuals from disproportionately affected communities as equal partners in all the PHEIC aspects (Zweig, Zapf, Beyrer, Guha-Sapir, & Haar, 2021); increase communication between relevant global legal bodies; subject public health limitations to the same procedure as derogation clauses; establish time-specific reporting for governments during PHEICs (Emmons, *Limiting Human Rights during Pandemics: Recommendations for Closing Reporting Gaps and Increasing International Oversight*, 2021).

In regard to the issues I wish to address in more detail, they can be divided into two: the donation-based treatment mechanism and the mechanism of a PHEIC.

2 Reforming the Donation-based Mechanism

As for the first issue, we have witnessed in the last years many efforts around vaccination equity, some of which took place in the legal arena as mentioned above, since the COVAX mechanism did not sufficiently address the issue of vaccinations, as well as other treatments and diagnostics. In December 2022, the 164 WTO member States were to agree whether a patent waiver will include all relevant means for addressing Covid-19 (all treatments and diagnostics) or simply vaccinations, as has been reached in June 2022 as a compromise (Gostin, et al., 2022). As the WTO agreed to postpone this decision (WTO - World Trade Organization, 2022), it seems that this path will take time and will possibly not address all the means and

topics necessary for successfully ending Covid-19 soon. Therefore, I would like to emphasize past suggestions (Ecleston-Turner & Upton, 2021) to reform the donor-based mechanism design in such a way that would invest more funds in building the proper infrastructure that can enable lower-income States in mitigating the next pandemic, as well as the current one. These States often do not have the proper facilities and infrastructure to administer the e.g. donated vaccinations, and such an investment could actually support these States' 'means', or the ability to deal with the PHEIC, in a more relevant way for them. It could also potentially break their dependence on higher-income States' willingness to share and not hoard the treatments, or the 'ends'.

3 Creating a Time-bound Reporting and Monitoring Procedure for States' Limitations and Derogations on Freedoms

Regarding the second issue, as others have raised (Pavone, 2021; World Health Organization, 2021), there seem to be issues with different aspects of the PHEIC mechanisms. One aspect of importance recommended by Emmons (2021) is to create a clear reporting procedure for limiting and derogating freedoms during PHEICs. States currently must notify their respective continental or international bodies immediately on derogations, yet in practice, Emmons states, this is not the case. In the new scenario, States should indeed immediately report to treaties or any relevant international bodies regarding the rights they impose limitations on, while including the expected duration of such limitations or derogations. Additionally, as limitations and derogations may be extended in case the PHEIC continues, the new procedure should require for any extension to be timebound with a clear explanation on the decision to prolong it.

Though, creating a reporting procedure alone will probably not suffice and should be accompanied by a mechanism of monitoring and evaluation. This could also be under the responsibility of relevant treaties and bodies, so to ensure limitations on freedoms are both justified and proportional, and to assure States' responsibility to their citizens. A monitoring, evaluation and accountability mechanism was also offered by the WHO (2021) in the context of reviewing the IHR during Covid-19, since it currently does not include a tool that examines States' (or WHO's) compliance with all their obligations. In my view, such a mechanism can pay attention to issues related to limitations and derogations of freedoms and recommend, order, or instruct other relevant bodies, that were previously mentioned in this article, to monitor and evaluate States' behavior on this matter. This change could increase the credibility of the IHR, the WHO, States and any other formal relevant entity in the eyes of the public, and in return may improve compliance with the PHEIC guidelines, among others.

4 Standardized Criteria to Declare and to End a PHEIC

Another aspect to address is the procedure around the decision to declare and end a PHEIC. The procedure of declaring a PHEIC was explained earlier, yet I have yet to mention in which way does a PHEIC end. A short explanation for this is that the criteria for meeting a PHEIC

should not be present (Ravelo, 2022b). Though this may seem simple, it is apparent that even the declaration of a PHEIC could be a matter of controversy (Ravelo, 2022a) as comes up for instance from the analysis of Mullen et al. (2020). The latter examined the rationale behind the ECs decisions to declare a PHEIC in the past nine events that were indeed declared as such. Among their findings, the authors mention the inconsistency and application of the three criteria of the IHR for a PHEIC. Meaning, comparing the decision-making processes behind the nine PHEIC declarations, the researchers observed different interpretations and evidence to justify the ECs' decisions in the different events. The authors list several steps the WHO and the EC specifically can take so to improve standardization of the process: e.g., create clear guidelines for interpreting the IHR; include global health law experts in the EC; provide clear standardized statements that include evidence and reviews of the ECs' discussions.

It is my understanding that creating a transparent, systematic procedure for the declaration of a PHEIC will consequently affect the decision-making process regarding its termination. A continuation of a vague non-standardized decision-making procedure can be vulnerable to e.g., biases and unrelated interests in affecting a PHEIC. This can be extremely dangerous in a more unstable political context or a back-sliding democracy for example (but not only). When considering human rights and the limitations on them we have witnessed in the past years, it seems vital for me to update the mechanism and ensure clear criteria for the matter. I envision this to be a long complex procedure that must be discussed in an interdisciplinary manner, e.g., law, health, epidemiology, but not limited to these arenas solely.

5 Adopting a Pragmatic Yet Nuanced Approach to the PHEIC Mechanism

The final aspect I would like to address regarding the PHEIC mechanism is its modification from a dichotomous one into a graded one. Obviously, for this recommendation and all of the above-mentioned recommendations, the process of categorizing and quantifying in objective measures will most likely not be an easy process, yet in my opinion, it is a necessary one. It is also important to remember definitions are not absolute and if future challenges require changes, it is of importance to reconsider past understandings.

As for the graded mechanism, different suggestions have been made in the past (e.g. (Wilder-Smith & Osman, 2020; Berlin Institut für Globale Gesundheit, n.d.)) and while they vary in their approaches they do share in common the idea of changing the PHEIC's binary character as it entails hindrances for successfully dealing with a PHEIC and even the attempts to mitigate it before it becomes an international concern. Specifically, by the time the EC declares the PHEIC, the situation is sufficiently acute, thus the health concern has already spread internationally. Adopting a more nuanced alarm system can allow States to notify the relevant body in earlier stages, so to prepare other States and try to minimize effects on a global or continental level. Surely, as with any international matter that requires States' collaboration and honesty, concerns around a graded approach have been raised in the past (Wenham, C. et al., 2021).

IV Conclusions and Recommendations

Indeed, the question arises- what if some or all States hesitate and refrain from collaborating due to possible implications such as economic ones, thus impeding dealing with a PHEIC, perhaps even more compared with the binary approach. This can be especially true for States that have less of an economic or political leverage over others, and that could suffer severe consequences for collaborating in the current understanding of power dynamics. I would like to suggest this matter to be addressed and discussed in different settings (nation-based, sector-based, etc.) via the WHO's platform for instance, by different representatives from States and other entities dealing with trade, travels, finances, law, human rights, health, development etc., while being led and shaped by experts who hold both theoretical and practical experience on Game Theory with a special focus on non-zero-sum games (psychologists, mathematicians, mediators etc.). I believe this approach can help ensure efforts are made towards fair and sustainable solutions for all stakeholders involved (those of whom I have mentioned and did not mention), as well as support us in finding solutions that do not necessarily result in win-lose situations. Win-lose solutions are at least part of the motivation for States to not comply with a graded PHEIC mechanism, as well as with other global mechanisms. A part of the solution for some stakeholders' fears can be motivation by incentives. Meaning, if a State is reluctant to share data due to economic loss, it should be offered an appealing economic incentive in return, or one that has economic implications. Such a process of course requires monitoring as well, as to ensure reliability and validity of data.

Overall, when the collaboration's outcome is perceived as a punishment or as a loss, stakeholders are far less likely to engage in such a process out of their own choice. Other stakeholders may try to force them to engage, as is usually the case in the narrow understanding of power relations as power-over, thus also eliminating the possibility for collaborative work which is more sustainable. Another way is to engage all relevant stakeholders in an authentic dialogue, facilitated by the actors I mentioned above, with the aim of a transformational process, such as the one I proposed or others.

As a last note, it may be worth remembering that even during the times of Covid-19, the provision of universal health care remained a priority for WHO (Nature, 2021). Perhaps that is since it is at the core of so many hardships occurring (before and) during the pandemic. Struggles that would probably continue and affect our transitioning and recovery post this state of emergency. Maybe we can embrace this crisis for transformation and grasp the meaning of interconnectedness- that no one is safe until everyone is safe.

Bibliography

African Commission on Human and Peoples' Rights. (2020). *African Commission on Human and Peoples' Rights Sessions*. Retrieved February 21, 2022, from African Commission on Human and Peoples' Rights: <https://www.achpr.org/sessions/resolutions?id=478>

African Commission on Human and Peoples' Rights. (2020). *Press Statement on human rights based effective response to the novel COVID-19 virus in Africa*. Retrieved February 26, 2022, from African Commission on Human and Peoples' Rights: <https://www.achpr.org/pressrelease/detail?id=483>

Ali, A. J. (2013). Derogation from constitutional rights and its implication under the African Charter on Human and Peoples' Rights. *Law, Democracy & Development*, 17. Available at SSRN: <https://ssrn.com/abstract=2399789>

Berlin Institut für Globale Gesundheit. (n.d.). *Proposal for a Scorecard for a Public Health Emergency of International Concern*. Retrieved November 20, 2022, from Institut für Globale Gesundheit Berlin: https://institut-fuer-globale-gesundheit.de/wp-content/uploads/2020/01/Final_Proposal_Scorecard_IGGB_310120.pdf

Cornell Law School: Legal Information Institute. (n.d.). *LII/Wex/State of emergency*. Retrieved February 8, 2022, from Cornell Law School: Legal Information Institute: https://www.law.cornell.edu/wex/state_of_emergency

D'Aeth, J. C., Ghosal, S., Grimm, F., Haw, D., Koca, E., Lau, K., . . . Miraldo, M. (2021). Optimal national prioritization policies for hospital care during the SARS-CoV-2 pandemic. *Nature Computational Science*, 1, 521-531. doi:10.1038/s43588-021-00111-1

DCAF – Geneva Centre for Security Sector Governance. (2005). *States of Emergency*. Retrieved February 8, 2022, from Security Sector Governance and Reform: https://www.files.ethz.ch/isn/14131/backgrounder_02_states_emergency.pdf

Diakow, H., & Hefern, J. (2022). *International Law and Pandemics- A PRIMER*. Retrieved February 08, 2023, from Center for International Law & Governance, The Fletcher School, Tufts University: <https://sites.tufts.edu/cilg/files/2021/09/Pandemics-and-International-Law-A-Primer.pdf>

Ecleston-Turner, M., & Upton, H. (2021). *International Collaboration to Ensure Equitable Access to Vaccines for COVID-19: The ACT-Accelerator and the COVAX Facility*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8014072/>

Ekström, A. M., Berggren, C., Tomson, G., Gostin, L. O., Friberg, P., & Ottersen, O. P. (2021). The battle for COVID-19 vaccines highlights the need for a new global governance mechanism. *Nature Medicine*, 27, 739-740.

Emmons, C. (2020). *International Human Rights Law and COVID-19 States of Emergency*. doi:10.17176/20200425-164920-0.

Bibliography

- Emmons, C. (2021). *Limiting Human Rights during Pandemics: Recommendations for Closing Reporting Gaps and Increasing International Oversight*. doi:10.17176/20211001-004847-0
- Gostin, L., Friedman, E., Hossain, S., Mukherjee, J., Zia-Zarifi, S., Clinton, C., . . . Dhali, A. (2022). Human rights and the COVID-19 pandemic: a retrospective and prospective analysis. *Health Policy*, 401(10371), 154-168. doi:10.1016/S0140-6736(22)01278-8
- Grogan, J. (2020). *States of Emergency*. doi:10.17176/20200526-133657-0
- Gupta, S., Rouse, B. T., & Sarangi, P. P. (2021). Did Climate Change Influence the Emergence, Transmission, and Expression of the COVID-19 Pandemic? *frontiers in Medicine*, 8(769208). <https://www.frontiersin.org/articles/10.3389/fmed.2021.769208/full>
- Human Rights Watch. (2021). *Rich Countries Must Stop Blocking the Covid Vaccine Patent Waiver*. Retrieved February 6, 2022, from Human Rights Watch: <https://www.hrw.org/news/2021/12/02/rich-countries-must-stop-blocking-covid-vaccine-patent-waiver>
- icj- International Commission of Jurists. (2021). *Human Rights Obligations of States to not impede the Proposed COVID-19 TRIPS Waiver*. Retrieved February 8, 2022, from <https://www.icj.org/wp-content/uploads/2021/11/Human-Rights-Obligations-States-Proposed-COVID-19-TRIPS-Waiver.pdf>
- IDEA International. (2022). *The Global State of Democracy 2022 - Forging Social Contracts in a Time of Discontent*. Retrieved February 08, 2023, from International Institute for Democracy and Electoral Assistance: <https://idea.int/democracytracker/sites/default/files/2022-11/the-global-state-of-democracy-2022.pdf>
- International IDEA. (2021). *The Global State of Democracy 2021 - Building Resilience in a Pandemic Era*. Retrieved February 27, 2022, from International Institute for Democracy and Electoral Assistance: https://www.idea.int/gsod/sites/default/files/2021-11/the-global-state-of-democracy-2021_1.pdf
- International Justice Resource Center. (2020). *OHCHR & Human Rights Committee Address Derogations During Covid-19*. Retrieved February 10, 2022, from International Justice Resource Center: <https://ijrcenter.org/2020/04/29/ohchr-human-rights-committee-address-derogations-during-covid-19/>
- International Justice Resource Center. (2021). *COVID-19 Guidance from Supranational Human Rights Bodies*. Retrieved February 26, 2022, from International Justice Resource Center: https://ijrcenter.org/covid-19-guidance-from-supranational-human-rights-bodies/#Inter-American_Human_Rights_System
- Jee, Y. (2020). WHO International Health Regulations Emergency Committee for the COVID-19 outbreak. *Epidemiol Health*, 42(e2020013). doi:10.4178/epih.e2020013

Bibliography

- Just Security. (2020). *Mapping the Proliferation of Human Rights Bodies' Guidance on COVID-19 Mitigation*. Retrieved February 25, 2022, from Just Security: <https://www.justsecurity.org/70170/mapping-the-proliferation-of-human-rights-bodies-guidance-on-covid-19-mitigation/>
- Lenton, T. M., Boulton, C. A., & Schefer, M. (2022). Resilience of countries to COVID-19. *Scientific Reports - Nature*, 12(75). doi:10.1038/s41598-021-03358-w
- Maxmen, A. (2021). *Why did the world's pandemic warning system fail when COVID hit?* doi:10.1038/d41586-021-00162-4
- Meyer-Resende, M., & Prillwitz, H.-J. (2020). *States of Emergency and the Rule of Law: A Primer*. Retrieved February 8, 2022, from Democracy Reporting International - re:constitution: https://www.reconstitution.eu/fileadmin/bilder/re_constitution/Analyse/Primer_SoE_FINAL_web.pdf
- Mullen, L., Potter, C., Gostin, L., Cicero, A., & Nuzzo, J. (2020). An analysis of International Health Regulations Emergency Committees and Public Health Emergency of International Concern Designations. *BMJ Global Health*, 5(6). <https://gh.bmj.com/content/5/6/e002502>
- Nature. (2021). *Universal health care must be a priority – even amid COVID*. doi:10.1038/d41586-021-01313-3
- Ochoa, C., & Reinsberg, L. (2020). *Cancelled, postponed, virtual: COVID-19's impact on human rights oversight*. Retrieved February 27, 2022, from Open Global Rights: <https://www.openglobalrights.org/cancelled-postponed-virtual-covid-19-impact-on-human-rights-oversight/>
- Pavone, I. (2021). *The Covid-19 Pandemic, the Failure of the Binary PHEIC Declaration System, and the Need for Reform*. doi:10.17176/20211102-173001-0
- Ravelo, J. (2022a). *What is a public health emergency? Monkeypox outbreak raises questions*. Retrieved February 08, 2023, from devex: <https://www.devex.com/news/what-is-a-public-health-emergency-monkeypox-outbreak-raises-questions-103529>
- Ravelo, J. (2022b). *DevExplains: How will the COVID-19 health emergency end?* Retrieved February 08, 2023, from devex: <https://www.devex.com/news/devexplains-how-will-the-covid-19-health-emergency-end-104123>
- TIME. (2020). *World Health Organization Declares COVID-19 a 'Pandemic.' Here's What That Means*. Retrieved February 7, 2022, from TIME: <https://time.com/5791661/who-coronavirus-pandemic-declaration/>
- UNFPA. (2004). *Core International Human Rights Instruments*. Retrieved February 10, 2022, from United Nations Population Fund: <https://www.unfpa.org/resources/core-international-human-rights-instruments>

Bibliography

- UNICEF. (2021). *Filipino children continue missing education opportunities in another year of school closure*. Retrieved February 27, 2022, from UNICEF: <https://www.unicef.org/philippines/press-releases/filipino-children-continue-missing-education-opportunities-another-year-school>
- United Nations. (2018). *Derogation in times of public emergency*. Retrieved February 21, 2022, from United Nations Office on Drugs and Crime: <https://www.unodc.org/e4j/en/terrorism/module-7/key-issues/derogation-during-public-emergency.html>
- United Nations. (2022). *'No free ride' for COVID, it's here 'for the foreseeable future': Tedros*. Retrieved February 7, 2022, from United Nations News: <https://news.un.org/en/story/2022/01/1110412>
- United Nations Office of the High Commissioner for Human Rights. (2003). *The Administration of Justice During States of Emergency*. Retrieved February 9, 2022, from OHCHR: <https://www.ohchr.org/sites/default/files/Documents/Publications/training9add1.pdf>
- United Nations Office of the High Commissioner for Human Rights. (2005). *Basic Principles and Guidelines on the Right to a Remedy and Reparation*. Retrieved February 22, 2022, from United Nations Office of the High Commissioner for Human Rights: <https://www.ohchr.org/en/professionalinterest/pages/remedyandreparation.aspx>
- United Nations Office of the High Commissioner for Human Rights. (n.d). *The Core International Human Rights Instruments and their monitoring bodies*. Retrieved February 10, 2022, from OHCHR: <https://www.ohchr.org/en/professionalinterest/pages/coreinstruments.aspx>
- Ward, J. K. (2020). *Human Rights Cannot Be Put on Hold*. Retrieved February 27, 2022, from Just Security: <https://www.justsecurity.org/70380/human-rights-cannot-be-put-on-hold/>
- Wenham, C. et al. (2021). *Problems with traffic light approaches to public health emergencies of international concern*. Retrieved November 20, 2022, from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00474-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00474-8/fulltext)
- Wenham, C., Eccleston-Turner, M., & Voss, M. (2022). *The futility of the pandemic treaty: caught between globalism and statism*. Retrieved November 20, 2022, from <https://academic.oup.com/ia/article/98/3/837/6549855#353134429>
- Wilder-Smith, A., & Osman, S. (2020). Public health emergencies of international concern: a historic overview. *Journal of travel medicine*, 27(8), taaa227. doi:10.1093/jtm/taaa227
- Williams, I., Essue, B., Nouvet, E., Sandman, L., Razavi, D., Noorulhuda, M., . . . Kaporiri, L. (2021). Priority setting during the COVID-19 pandemic: going beyond vaccines. *BMJ Global Health*, 6(e004686). doi:10.1136/bmjgh-2020-004686

Bibliography

World Health Organization. (2019). *Emergencies: International health regulations and emergency committees*. Retrieved February 7, 2022, from World Health Organization:

<https://www.who.int/news-room/questions-and-answers/item/emergencies-international-health-regulations-and-emergency-committees>

World Health Organization. (2020). *Coronavirus disease (COVID-19)*. Retrieved February 7, 2022, from World Health Organization: https://www.who.int/health-topics/coronavirus#tab=tab_1

World Health Organization. (2020). *Listings of WHO's response to COVID-19*. Retrieved February 7, 2022, from World Health Organization: <https://www.who.int/news/item/29-06-2020-covid-timeline>

World Health Organization. (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. Retrieved February 7, 2022, from World Health Organization: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

World Health Organization. (2021). *Interim progress report of the Review Committee on the functioning of the IHR (2005) during the COVID-19 response*. Retrieved from WHO: <https://www.who.int/publications/m/item/interim-progress-report-on-the-functioning-of-the-ih-2005-during-the-covid-19-response>

World Health Organization. (2021). *Waive Covid vaccine patents to put world on war footing*. Retrieved February 22, 2022, from World Health Organization: <https://www.who.int/news-room/commentaries/detail/waive-covid-vaccine-patents-to-put-world-on-war-footing>

World Health Organization. (2023). *Statement on the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic*. Retrieved February 08, 2023, from WHO: [https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

World Health Organization. (n.d.). *Intergovernmental Negotiating Body*. Retrieved November 20, 2022, from WHO: <https://inb.who.int/>

World Health Organization. (n.d.). *Vaccine Equity*. Retrieved February 27, 2022, from World Health Organization: <https://www.who.int/campaigns/vaccine-equity>

World Health Organization/Europe. (2020). *Coronavirus disease (COVID-19) outbreak*. Retrieved February 7, 2022, from World Health Organization: <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov>

Bibliography

WTO - World Trade Organization. (2022). *Members to stretch deadline on extending TRIPS Decision to COVID diagnostics, therapeutics*. Retrieved February 08, 2023, from World Trade Organization:

https://www.wto.org/english/news_e/news22_e/trip_15dec22_e.htm?utm_source=dlvr.it&utm_medium=twitter

Zweig, S. A., Zapf, A. J., Beyrer, C., Guha-Sapir, D., & Haar, R. J. (2021). Ensuring Rights while Protecting Health: The Importance of Using a Human Rights Approach in Implementing Public Health Responses to COVID-19. *Health and Human Rights Journal*, 23(2), 173-186.

Staat, Recht und Politik – Forschungs- und Diskussionspapiere
State, Law, and Politics – Research and Discussion Papers

ISSN (online) 1867-9528

<https://nbn-resolving.org/urn:nbn:de:kobv:517-series-914>

Edited by apl. Prof. Dr. iur. Norman Weiß, Universität Potsdam.

Recent published issues:

- No. 14** Elias Dehnen
Juridifying Bolsonaro's mass deforestation policies in Brazil through the International Criminal Court
2023 | <https://doi.org/10.25932/publishup-58174>
- No. 13** Melissa Baganz, Aurelia Gómez de Teresa, Rosana T. Lingg, Yuriditzi Pascacio Montijo
A critical assessment on National Action Plans: Challenges and benefits for the promotion and protection of Human Rights
2023 | <https://doi.org/10.25932/publishup-57679>
- No. 12** Valentin Protze
Zur völkerstrafrechtlichen Bewertung rein störender Cyberoperationen
2022 | <https://doi.org/10.25932/publishup-54331>
- No. 11** Wogene Berhanu Mena
Civilizational Hexagon as a pathway to Conflict Management : Examining its application in Sub-Saharan Africa in the Post-Cold War Era
2021 | <https://doi.org/10.25932/publishup-51669>
- No. 10** Itzik Aharon, Antonia Brill, Philip Fonseca, Azin Alizadeh Vandchali, Nina Wendel
The Protection of Women Human Rights Defenders and their Collective Actions
2020 | <https://doi.org/10.25932/publishup-44427>
- No. 9** Alina-Camille Berdefy
Auftrag und Möglichkeiten der Kommission für Friedenskonsolidierung im System der Vereinten Nationen
2019 | <https://doi.org/10.25932/publishup-43947>