

The Role of International Human Rights Law in Addressing Global Health Emergencies

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Abstract

This review paper examines the pivotal role of human rights frameworks during health crises, synthesizing findings from eight relevant papers. Human rights principles guide ethical and effective responses to crises by emphasizing transparency, accountability, and the protection of individual liberties alongside public health imperatives. Case studies, historical analyses, and policy evaluations illustrate how integrating human rights into crisis responses enhances equity, fosters community trust, and upholds essential freedoms.

The review underscores the ongoing relevance and critical importance of human rights in shaping equitable health systems worldwide. The integration of human rights into health crisis responses is vital for safeguarding vulnerable populations and promoting inclusive health outcomes. As evidenced by historical and contemporary examples, prioritizing human rights fosters effective public health strategies that respect dignity, uphold justice, and enhance overall societal resilience. Critically analyzing the effects of responses to such crises, on marginal communities, is the only way to hold those in power responsible.

INTRODUCTION

During national health emergencies, significant challenges arise in the realm of human rights, often stemming from the necessary public health responses. These emergencies can lead to violations such as restrictions on freedom of movement through quarantines or lockdowns, limitations on the right to privacy through contact tracing and surveillance, and sometimes disproportionate impacts on vulnerable populations. For instance, marginalized communities may face barriers to accessing healthcare or essential information, exacerbating existing inequalities. There may be unique challenges faced by those part of the disabled community, which are enforced by these restrictions on mobility, for example. These violations are complex, requiring governments to strike a delicate balance between safeguarding public health and upholding human rights.

Addressing these challenges necessitates proactive measures. Governments and health authorities should ensure that emergency responses are grounded in human rights principles. This includes conducting assessments to anticipate and mitigate potential rights infringements, ensuring transparency in decision-making processes, and actively engaging with affected communities to understand their needs and concerns. By integrating human rights considerations into emergency planning and response strategies, authorities can better navigate these crises while upholding the rights of all individuals. Moving into a better tomorrow, it's necessary for decisions to be made keeping the entire population in mind.

OPERATIONALIZING HUMAN RIGHTS IN PUBLIC HEALTH

The importance of a human rights-based approach to public health is perhaps most clearly illustrated thro-

gh the global response to the AIDS crisis in the 1980s. After the AIDS crisis, the global approach shifted significantly from the Cold War-era neglect of human rights to a recognition of their critical role in the public health sphere, particularly in HIV prevention, care, and support. Traditional public health measures like compulsory testing and isolation were challenged by human rights advocates who argued against intrusive infringements on individual liberties. This activism underscored the need for a response that respected the dignity of people living with HIV and addressed the societal and structural factors driving transmission [8].

The intersection of health and human rights became further central to shaping policies and advocacy efforts with the introduction of antiretroviral treatment in the 1990s. Access to these life-saving medicines became a focal point of the movement, leading to global efforts to challenge patent laws and secure access to affordable generic medications in the Global South. This advocacy significantly reduced the cost of HIV treatments, making them more accessible and establishing the socio-economic right to health as a normative principle in many jurisdictions [8].

Beyond HIV/AIDS, this human rights framework has continued to evolve and expand, influencing broader health issues and advocating for agency, dignity, and equitable access to healthcare worldwide. The movement's success in addressing HIV/AIDS serves as a powerful example of how integrating human rights into public health strategies can lead to transformative change on a global scale.

MAINSTREAMING HUMAN RIGHTS ACROSS PUBLIC HEALTH PRACTICE

For over 70 years, the American Public Health Association (APHA) has played a pivotal role in promoting the integration of human rights principles into public health practice. Since its inception, APHA has advocated for the inclusion of human rights in global public health agendas, starting with its 1944 Annual Meeting where the groundwork for the World Health Organization (WHO) was laid under the banner of human rights.

Since 1973, APHA's Governing Council has adopted 84 policies directly addressing human rights violations or explicitly referencing human rights principles. In 1983, recognizing the emerging health and human rights movement, the APHA Executive Board established the International Human Rights Committee (IHRC). Over three decades, the IHRC has provided a platform to examine, discuss, and take action on human rights issues impacting public health, contributing significantly to mainstreaming human rights in public health discourse and practice.

APHA's commitment to integrating human rights into public health education is evident through initiatives such as the 2002 working group on teaching human rights and the publication of the report "Health and Human Rights: The Educational Challenge." The IHRC further bolstered these efforts with the development of the textbook "Rights-Based Approaches to Public Health" in 2010, which advances human rights analysis across various public health domains.

Through themed Annual Meetings like "Public Health and Human Rights" in 2006 and "Creating the Healthiest Generation: The Right to Health" in 2016, APHA continues to foster dialogues and initiatives that underscore the critical intersection of health and human rights. These efforts not only educate and empower public health professionals but also reinforce the imperative of human rights in achieving equitable health outcomes globally [8].

LITERATURE REVIEW

Migita D'cruz (2020). This review article examines the multitude of risks that older adults faced during

the COVID-19 pandemic. It also argues that these risks, both direct and indirect, are linked by a common thread: marginalization stemming from ageism. The authors highlight that older adults experience a heightened risk of infection, serious illness, and death from COVID-19 due to age-related physiological changes. However, the review extends beyond these direct risks to explore the broader social, cultural, and systemic factors that amplified the pandemic's impact on this population. The authors discuss concerns regarding the isolation of older adults, noting letters published in *The Lancet* and the *Journal of the American Geriatrics Society* that raised this issue and the problem of elder abuse. They underscore the importance of an integrated biopsychosocial care model, as advocated by Banerjee et al. (2020), to address the multifaceted vulnerabilities of older adults during crises. Drawing upon the WHO Global Strategy on Ageing and Health and the UN Sustainable Development Goals, the authors argue for integrating these interventions into existing services to maximize their effectiveness and sustainability. They highlight the need for research and advocacy efforts to ensure the rights and well-being of older adults are prioritized, particularly in the context of future public health emergencies [1].

Sharifah Sekalala (2020). This article critically examines the human rights implications of utilizing digital surveillance tools for public health purposes, focusing on the COVID-19 pandemic. The authors argue that while these tools offer potential benefits for disease control, their deployment often infringes upon fundamental human rights, disproportionately impacting vulnerable groups. One primary concern is the right to privacy, a core part of international human rights law, including the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights. The authors point out that the mass collection, storage, and potential sharing of personal health data through these technologies pose significant threats to individual privacy. They cite examples like the UK, where private companies involved in the digital surveillance system will have access to user data for 20 years, raising doubts about data security and potential misuse. The authors put forward the concern of involvement of third-party actors, particularly private companies, in these surveillance programs which complicates accountability issues. They point out that these entities may not be subject to the same level of human rights obligations as states, potentially leading to unchecked data exploitation. Beyond privacy, they express concerns that these technologies could be used to limit other rights, such as freedom of movement, particularly if individuals are subjected to unwarranted quarantine or isolation measures based on inaccurate data or algorithmic bias. The authors also highlight the potential for discriminatory application of these tools, citing examples of how contact tracing apps and other surveillance measures have been used to target and stigmatize marginalized groups, such as LGBTQ populations and migrant workers. They propose several recommendations such as Sunset Clauses, Human Rights Impact Assessments, etc. They conclude by calling for further empirical research into the long-term impacts of these technologies on human rights, particularly regarding the potential for data commercialisation and de-anonymisation [2].

Monica Malta (2018). This article examines how the political and economic turmoil in Brazil has affected public health and human rights, particularly for vulnerable populations. The author argues that the ongoing crises threaten to undermine the progress made by the Brazilian Unified Health System (SUS) in expanding access to healthcare and promoting social determinants of health. Malta explains that Brazil has faced a series of interlinked crises, including political instability because of the impeachment of President Rousseff in 2016, economic recession, and social unrest. This turbulent environment has had profound consequences for public health, eroding trust in institutions, weakening social safety nets, and diverting resources from essential services. The author points out that the Brazilian government implemented austerity measures in response to the economic downturn, significantly impacting public

spending, including funding for healthcare and social programs. She cites concerns raised by scientists and public health experts regarding the long-term consequences of these budget cuts, particularly for research and development. The article underscores the unequal impact of these crises on different segments of Brazilian society, exacerbating existing health disparities. Marginalized groups, such as those living in poverty, racial and ethnic minorities, and LGBTQ individuals, face greater barriers to accessing quality healthcare and are disproportionately affected by violence and discrimination. The article concludes by emphasizing the importance of a human rights framework for addressing Brazil's public health challenges. Malta calls for increased investment in public health infrastructure, strengthened social safety nets, and a renewed commitment to social justice and equity. She acknowledges the need for international collaboration and support to address the cross-border implications of the crisis, particularly regarding disease outbreaks and migration. Malta's analysis underscores the profound ways in which political and economic decisions can affect the health and well-being of populations, particularly the most vulnerable [3].

Edvin Cameroon (2017). This article offers a critical examination of the intersection between public health and human rights in the context of the escalating HIV/AIDS crisis in South Africa. It analyzes the existing legal framework and public health policies, highlighting the ways in which they fail to adequately address the epidemic and, in some cases, infringe upon the rights of those infected with HIV. The authors meticulously examine its provisions for notification of diseases, isolation of infected individuals, and contact tracing. They argue that these laws, drafted with a primary focus on controlling the spread of infectious diseases, lack adequate safeguards to protect the fundamental rights of individuals, particularly their rights to privacy, dignity, and non-discrimination. Cameron and Swanson express particular concern about the potential for mandatory HIV testing and the disclosure of HIV status without informed consent, arguing that such practices violate individuals' autonomy and privacy rights and can lead to further stigmatization and discrimination. They contend that public health measures should prioritize voluntary testing, counseling, and support services that empower individuals to make informed decisions about their health. The authors also address the social and economic factors exacerbating the AIDS epidemic in South Africa, including poverty, inequality, and limited access to healthcare. They argue that addressing these broader determinants of health is crucial for effectively combating the spread of HIV and mitigating its devastating impact on individuals and communities. They stress the importance of education campaigns to dispel myths about HIV/AIDS, combat discrimination, and promote prevention and safe sex practices. This article, published during the early years of the AIDS crisis, provided a crucial framework for understanding the complex interplay between public health and human rights in the context of a devastating epidemic. The authors' arguments remain relevant today as societies grapple with infectious disease outbreaks and the ethical challenges of public health interventions while underscoring the importance of a rights-based approach to public health that respects human dignity, promotes equity, and protects the rights of the most vulnerable [4].

Natalie Drew (2011). This article, published in *The Lancet* in 2011, addresses the pressing issue of human rights violations experienced by people with mental and psychosocial disabilities in low-income and middle-income countries. The authors provide a comprehensive overview of the types of violations, drawing upon a combination of existing literature and consultations with individuals directly affected by these issues. They highlight that while human rights violations occur across all countries, they are often amplified in low-income and middle-income countries due to factors like poverty, limited resources, stigma, and inadequate legal protections. The article sheds light on the various forms of human rights

violations encountered by people with mental and psychosocial disabilities such as Physical Abuse, Neglect, Exploitation, Denial of Legal Capacity, etc. To combat these violations and promote the human rights of people with mental and psychosocial disabilities, the authors propose several key strategies including Legal Reform, Community-Based Mental Health Services, Accountability Mechanisms, etc. The article concludes by urging a paradigm shift in how mental health is approached, moving away from a purely medical model towards a rights-based approach that recognises the inherent dignity and autonomy of all individuals. The authors' work serves as a call to action for governments, healthcare providers, and civil society organizations to work collaboratively to end human rights violations and create a more just and equitable world for people with mental and psychosocial disabilities [5].

Marwan Diab (2018). This article, published in 2018, explores the intersection of public health, human rights, and mental health within the specific context of the Gaza Strip. The authors argue that the ongoing political violence, trauma, and human rights violations in Gaza have significant mental health implications for individuals, families, and communities. They provide a stark picture of the challenging conditions in Gaza, highlighting its high population density, limited resources, and the devastating impact of recurrent conflicts. They argue that the constant threat of violence, displacement, and loss of loved ones creates a pervasive sense of uncertainty and insecurity, undermining individual and community well-being. The article underscores the need for a holistic approach to mental health in Gaza that integrates both public health and human rights perspectives. The article presents two case studies of families who survived the 2009 war in Gaza to illustrate the intertwined nature of mental health and human rights. In the first case study, the family is displaced from their home and has lost a family member, experiencing significant trauma and grief. The authors describe how their mental health intervention focused on providing emotional support, coping strategies, and rebuilding a sense of normalcy amidst ongoing uncertainty. The second case study highlights the long-term impact of trauma on a young boy who witnessed the bombing of his school. The intervention involved addressing his post-traumatic stress disorder symptoms, promoting resilience, and helping him process his experiences in a safe and supportive environment. They highlight the importance of addressing the broader human rights violations that contribute to mental health issues, emphasizing that interventions focused solely on individual psychological well-being are insufficient in such settings. The article concludes by advocating for a community-based approach to mental health in Gaza that empowers individuals, families, and communities to become agents of change. The authors stress the need for ongoing research to better understand the mental health consequences of political violence and to develop effective interventions that promote both psychological well-being and social justice. This article provides a valuable contribution to the literature on mental health in conflict settings, demonstrating the critical importance of integrating human rights principles into public health interventions. Their work highlights the need for a shift from a solely individualistic approach to mental health towards a more holistic perspective that addresses the broader social, political, and economic determinants of well-being [6].

Kathleen Page (2019). This article provides a sobering account of the dire public health situation in Venezuela, precipitated by a profound economic crisis. The authors present a comprehensive analysis of the health system's collapse and the resurgence of preventable diseases, arguing that the situation constitutes a regional emergency demanding immediate international attention. The authors trace the roots of the crisis to Venezuela's economic decline, characterized by hyperinflation, food shortages, and a decline in oil revenue. This economic collapse, they argue, has had catastrophic consequences for the healthcare system, leading to severe shortages of essential medications, medical supplies, and a mass

exodus of healthcare professionals. The article highlights key aspects of the public health crisis such as Data Opacity, Maternal and Infant Mortality, Vaccine-Preventable Disease Outbreaks, Malaria Resurgence, etc. The article underscores that the public health crisis in Venezuela extends beyond its borders, as millions of Venezuelans have migrated to neighboring countries, further straining regional healthcare systems and increasing the risk of cross-border disease transmission. They conclude by calling for a coordinated international response to address this humanitarian crisis, advocating for Humanitarian Aid, Healthcare System Strengthening, Immunization Campaigns and International Funding. The authors stress that the Venezuelan public health crisis demands urgent action, warning that inaction will have devastating consequences for the country's population and the broader region. Their work serves as a stark reminder of the importance of a functioning healthcare system and the interconnectedness of health, human rights, and economic stability [7].

Benjamin Mason Meier (2018). This perspective piece offers a concise overview of the evolving relationship between public health and human rights. The authors trace the growing recognition of human rights within the field of public health, highlighting key milestones and advocating for continued integration of these principles into public health practice. They begin by acknowledging the historical foundation of the right to health, enshrined in the Universal Declaration of Human Rights in 1948. They trace the evolution of this right through subsequent international agreements, culminating in the International Covenant on Economic, Social and Cultural Rights, which explicitly recognises the right to the highest attainable standard of physical and mental health. Meier et al. highlight the crucial role of the World Health Organization (WHO) in promoting a human rights-based approach to health, citing the organization's constitution, which emphasizes that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being". The article highlights how several significant developments such as Human Rights Impact Assessments, HIVS/AIDS Activism, Litigation, Academic Scholarship, etc have shaped the relationship between public health and human rights. Despite this progress, the authors acknowledge the ongoing challenges in fully realizing the right to health globally. They point to persistent health inequities, inadequate funding for public health, and the rise of populism, which often undermines human rights norms, as significant obstacles. The article concludes by advocating for continued efforts to mainstream human rights across all areas of public health practice. By integrating a human rights lens into all aspects of public health practice, the authors argue that we can create a more just, equitable, and healthy world for everyone [8].

INTERPRETATION OF RESULTS

This analysis underscores the critical role that international human rights law plays in shaping effective public health responses during national health emergencies. The synthesis of eight key studies demonstrates that the integration of human rights into crisis responses enhances equity, fosters trust between the public and authorities, and upholds essential freedoms, even in the face of significant public health challenges.

One of the most striking results is the understanding that human rights frameworks are indispensable in safeguarding vulnerable populations during crises. The case studies on HIV/AIDS [4], the COVID-19 pandemic [1], and austerity measures in Brazil [3] illustrate how marginalized groups—including the elderly, the socioeconomically disadvantaged, and individuals with psychosocial disabilities [5]—are disproportionately affected by health emergencies. These populations often face barriers to accessing healthcare, information, and social services, exacerbating existing inequalities. The research emphasizes

that by prioritizing human rights, governments can implement more inclusive public health strategies that better address the needs of these vulnerable groups, ensuring equitable access to essential services and reducing disparities in health outcomes .

Moreover, the review highlights that transparency and accountability, central tenets of human rights law, are essential for the success of public health interventions. As seen in the American Public Health Association’s (APHA) longstanding commitment to integrating human rights into public health practices, the inclusion of these principles helps establish trust between health authorities and the public. This trust is crucial, particularly during emergencies, as compliance with public health measures—such as lockdowns, vaccination campaigns, or contact tracing efforts—is more likely when individuals feel that their rights are being respected and protected. The emphasis on transparency also promotes accountability, ensuring that emergency powers are not misused and that measures remain proportionate to the threat.

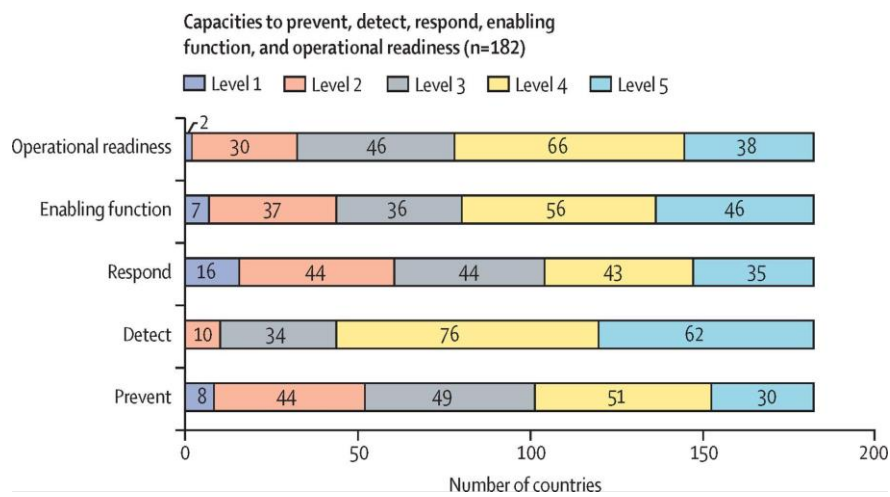


Figure 1. Number of countries according to capacities to prevent, detect, respond, enabling function, and operational readiness

The findings also point to the challenges posed by digital surveillance technologies, especially during the COVID-19 pandemic. While these technologies have been instrumental in controlling the spread of infectious diseases, they raise important concerns regarding privacy and data protection. The review highlights the need for surveillance tools to be aligned with international human rights standards, particularly the principles of proportionality and necessity. Without such safeguards, there is a risk of undermining public trust and eroding fundamental rights. Striking a balance between public health and individual privacy remains a pressing issue, and the research underscores the importance of establishing clear guidelines to protect citizens’ rights in the context of digital health interventions [2].

The proactive integration of human rights into public health planning and crisis management is another key outcome of this review. Governments and health authorities are encouraged to conduct human rights assessments to anticipate potential rights infringements during emergencies. This proactive approach ensures that emergency measures are both effective and respectful of individual freedoms. Furthermore, engaging with affected communities and incorporating their perspectives into decision-making processes helps to ensure that responses are grounded in the real needs and experiences of those most impacted by the crisis.

In conclusion, the results of this review reaffirm that human rights are not only a legal and moral obligation but also a practical tool for enhancing the effectiveness and equity of public health responses. Historical

and contemporary examples demonstrate that health systems that prioritize human rights tend to be more resilient, transparent, and capable of addressing the needs of all citizens, particularly the most vulnerable. By embedding human rights principles into public health strategies, governments can better navigate the complex trade-offs between safeguarding individual freedoms and protecting public health, ultimately fostering more inclusive and just health outcomes during national emergencies.

IMPLICATIONS

The results of this research highlight several important implications for policymakers, public health officials, and international organizations when addressing national health emergencies.

Human Rights as a Foundational Principle:

This review reaffirms the importance of integrating human rights into public health strategies. Governments and public health institutions must recognize that the protection of human rights is not an obstacle to effective crisis management but a core component that enhances the equity, transparency, and legitimacy of public health responses. Prioritizing human rights allows for the creation of policies that are more inclusive, particularly for marginalized populations who are disproportionately affected by health emergencies.

Increased Accountability and Trust in Public Health Measures:

By embedding transparency and accountability into public health decisions, governments can foster greater trust between themselves and the communities they serve. This is crucial in ensuring public compliance with health measures such as quarantines, vaccinations, and digital surveillance tools. The research shows that when the public perceives their rights as being respected, they are more likely to support and adhere to emergency health measures. Hence, integrating human rights can enhance the effectiveness of public health responses by improving societal trust and cooperation.

Balancing Public Health and Privacy in the Digital Age:

The growing use of digital technologies during health crises, particularly in the wake of COVID-19, underscores the need for policymakers to balance public health goals with the right to privacy. The results suggest that while digital surveillance tools are invaluable for controlling the spread of diseases, they must be regulated in accordance with international human rights principles, particularly regarding the proportionality and necessity of their use. Policymakers should therefore develop clear frameworks that safeguard individual privacy while allowing for effective public health surveillance.

Proactive Human Rights-Based Planning:

The research emphasizes the need for proactive human rights assessments during health emergency planning. Anticipating and mitigating potential rights violations in advance of a crisis can prevent conflicts between public health measures and individual freedoms. This approach not only protects citizens' rights but also ensures that emergency measures are implemented in ways that are both legally and ethically sound. Policymakers should institutionalize human rights assessments as a standard part of emergency preparedness protocols to better safeguard the dignity and freedoms of individuals during health crises.

Focus on Vulnerable Populations:

The disproportionate impact of health emergencies on marginalized populations—such as the elderly, low-income communities, and those with psychosocial disabilities—calls for targeted public health strategies that address their specific needs. Governments should strengthen healthcare systems and social safety nets to reduce health disparities and ensure that these populations have access to necessary resources, information, and care during crises. This can help mitigate the social and economic inequities

that exacerbate health outcomes in vulnerable groups.

Global Health Cooperation and Legal Frameworks:

Finally, the research underscores the importance of international cooperation in addressing national health emergencies. Since health crises often transcend borders, the integration of human rights into global public health efforts—such as those led by organizations like the World Health Organization (WHO) and the United Nations—can harmonize responses and promote shared ethical standards across nations. Governments should actively engage in global dialogues to ensure that their domestic policies align with international human rights frameworks, thereby enhancing collective resilience to future health emergencies.

The implications of this research extend beyond immediate crisis management, offering a roadmap for building more resilient, equitable, and rights-based public health systems. By embedding human rights into the core of health emergency responses, governments and international bodies can not only improve health outcomes but also promote justice, dignity, and societal trust during times of crisis.

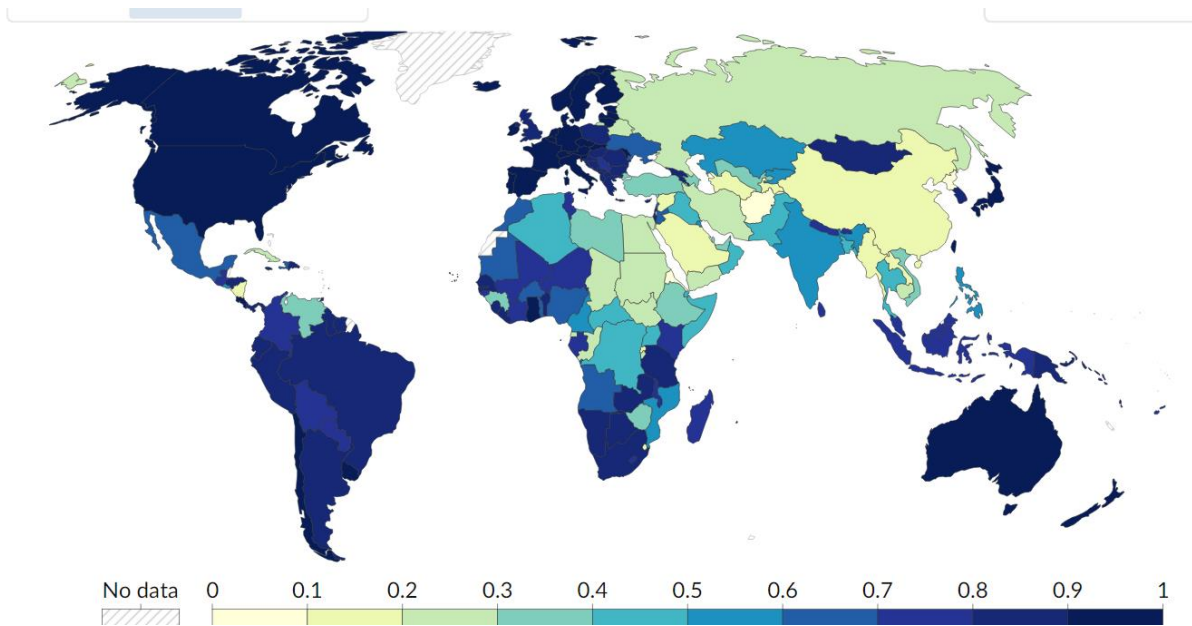


Figure 2 . Human Rights index of countries. Range from 0 to 1 (most rights)

NEW INSIGHTS

Based on the above discussions, we can infer several new insights into the evolving relationship between international human rights law and public health, particularly in the context of national health emergencies. These insights contribute to the ongoing discourse on the role of human rights in shaping effective, equitable, and ethical public health responses.

Human Rights as a Catalyst for Public Health Innovation:

The integration of human rights into public health strategies has the potential to drive innovation in crisis response. By emphasizing dignity, equity, and accountability, human rights frameworks can inspire the development of more inclusive and community-centered health interventions. For example, the HIV/AIDS crisis demonstrated that when public health policies are shaped by human rights concerns,

they become more creative and responsive to the needs of marginalized populations. This suggests that prioritizing human rights in public health emergencies may not only protect vulnerable groups but also lead to more innovative approaches that can be scaled globally.

Human Rights as a Trust-Building Mechanism:

A significant insight emerging from the review is that human rights frameworks can serve as essential tools for building public trust during crises. In many cases, trust between citizens and public authorities is eroded during emergencies due to perceived overreach, lack of transparency, or disregard for individual rights. The research indicates that human rights principles—particularly those related to transparency, proportionality, and public engagement—are critical in fostering trust and cooperation. This insight highlights the need for governments to actively incorporate human rights-based approaches not only to protect liberties but also to gain public support for necessary health measures.

The Role of Human Rights in Digital Health Governance:

The rise of digital technologies during the COVID-19 pandemic offers a new frontier where human rights frameworks are urgently needed. Digital surveillance, while effective in managing public health risks, presents significant ethical dilemmas. This review brings new attention to how human rights law can provide necessary guardrails for digital health governance. The balance between public safety and privacy is becoming increasingly complex, and human rights law can offer a structured way to navigate this balance, ensuring that digital tools are deployed responsibly. This insight encourages policymakers to establish clear, rights-based regulatory frameworks for digital health innovations, especially as they become more widespread in future health crises.

Resilience Through Rights-Based Health Systems:

The review introduces the idea that human rights-based health systems are inherently more resilient. Countries that have integrated human rights into their health infrastructure are better equipped to respond to crises with fairness, equity, and transparency. This insight underscores that building resilience is not solely a technical or medical challenge but also a legal and ethical one. Rights-based systems are more adaptable because they are grounded in principles of justice and fairness, ensuring that even in the most challenging circumstances, the dignity of all individuals is preserved.

Intersectionality in Health Crisis Responses:

The findings also shed new light on the importance of intersectionality in human rights-based public health responses. Vulnerable populations are often disproportionately affected by health emergencies due to overlapping social determinants such as age, gender, race, economic status, and disability. By applying an intersectional lens, this review highlights the need for more nuanced and targeted public health interventions that address the specific vulnerabilities of different groups. Human rights frameworks can help identify and mitigate these intersecting forms of marginalization, offering a path toward more equitable health outcomes during crises.

Global Solidarity Through a Rights-Based Approach:

Finally, this review provides a new perspective on the role of global solidarity in health crises. The interconnected nature of modern health emergencies, as demonstrated by the global spread of COVID-19, requires an international response that transcends national boundaries. Human rights law offers a universal framework that can unite countries in their efforts to tackle health emergencies collaboratively. This insight emphasizes that a global rights-based approach to public health not only enhances national responses but also strengthens international cooperation, leading to more coordinated and effective global health governance.

These new insights demonstrate the transformative potential of human rights law in shaping public health responses, offering fresh perspectives on how rights-based approaches can lead to more resilient, innovative, and equitable health systems. These insights underscore the need for further research and policy development at the intersection of human rights and public health, especially in the face of future global health challenges.

CONSIDERATION OF ALTERNATIVE EXPLANATIONS

While the review presents a strong case for the central role of human rights in shaping effective and equitable public health responses during national health emergencies, it is essential to consider alternative explanations and perspectives that may challenge or complement these findings.

Public Health Effectiveness Over Rights-Based Approaches:

One alternative explanation could argue that during national health emergencies, the priority should be public health effectiveness over the protection of human rights. Proponents of this view may suggest that in times of crisis, swift and decisive action—such as enforcing lockdowns, mandating vaccinations, and implementing widespread digital surveillance—may be necessary to contain the spread of disease, even if these actions limit individual rights temporarily. According to this view, the collective good takes precedence over individual liberties in extreme circumstances. Historical examples, such as the containment of Ebola in West Africa, highlight situations where strict public health measures were essential to curbing the epidemic, despite concerns over rights violations.

Economic Considerations as the Primary Driver

Another perspective could assert that economic factors, rather than human rights, play the primary role in shaping public health responses. Governments may be more motivated by the need to protect economic stability than by upholding human rights, especially during prolonged health emergencies that strain national economies. Economic pressures often drive public health policies aimed at minimizing disruptions to trade, business, and employment. The urgency to restore economic normalcy may lead governments to adopt measures that prioritize economic recovery over the protection of rights, such as reopening sectors prematurely or lifting restrictions without adequate regard for health outcomes. This perspective may explain why some countries have deprioritized human rights in favor of economic considerations during the COVID-19 pandemic.

Cultural and Political Contexts:

A third alternative explanation suggests that the relationship between human rights and public health responses varies significantly depending on cultural and political contexts. In some countries, the social contract between governments and citizens may differ, with citizens more willing to accept restrictions on their rights in exchange for safety and security. For instance, in countries with collectivist cultures, individuals may prioritize the well-being of the community over their personal freedoms during health emergencies. In more authoritarian regimes, public health responses might be more centralized and less concerned with rights, with citizens accustomed to top-down decision-making. This suggests that the degree to which human rights frameworks are integrated into public health policies may depend on the political structure and cultural values of a given country, rather than being universally applicable.

Resource Constraints in Low- and Middle-Income Countries (LMIC's):

An alternative explanation for the challenges faced by LMICs during health emergencies may lie in resource constraints rather than the absence of human rights frameworks. In resource-limited settings, governments may lack the financial, logistical, and technical capacity to provide equitable health services

or enforce rights-based public health strategies. Even if human rights are formally recognized, the lack of healthcare infrastructure, medical supplies, and trained personnel may hinder the ability to protect vulnerable populations effectively. This explanation suggests that while human rights are important, addressing resource shortages through international support and investment may be more critical to improving public health outcomes in LMICs.

Human Rights as a Post-Crisis Consideration:

Some may argue that human rights frameworks should be considered post-crisis, rather than during the emergency itself. According to this view, health emergencies require immediate and often drastic measures, and human rights considerations can be revisited once the crisis subsides. This would allow governments to focus on controlling the spread of disease without being constrained by rights-based concerns. The post-crisis period could then involve accountability measures, reparations for those whose rights were violated, and reforms to ensure a better balance between rights and public health in future emergencies.

Behavioral and Psychological Factors in Compliance:

Another explanation could focus on behavioral and psychological factors that influence public compliance with health measures, independent of human rights considerations. Public health responses may be shaped by citizens' perceptions of risk, social norms, and trust in government institutions. For instance, fear and uncertainty during a pandemic may drive compliance with restrictive measures even if these measures are perceived as infringing on rights. In such cases, public behavior may be motivated more by psychological factors, such as self-preservation or peer pressure, than by a belief in the legitimacy of rights-based approaches. This suggests that compliance can be achieved through other mechanisms, even in the absence of a strong human rights framework.

While this review strongly advocates for the integration of human rights into public health responses, alternative explanations provide valuable insights into the complexities of managing national health emergencies. These perspectives highlight the need for a more nuanced understanding of how human rights, public health priorities, economic pressures, political contexts, resource limitations, and behavioral factors intersect during crises. By considering these alternative explanations, policymakers can adopt a more holistic approach to public health emergencies, balancing human rights with other critical factors to ensure effective, equitable, and contextually appropriate responses.

CHALLENGES AND LIMITATIONS

Several challenges and limitations are inherent in the application of international human rights law to national health emergencies, which warrant careful consideration to ensure balanced conclusions and practical policy recommendations.

Data Availability and Reliability:

One of the foremost challenges in assessing the intersection of human rights and health emergencies is the availability and reliability of data, particularly from low- and middle-income countries. Many nations with underdeveloped public health infrastructures often lack robust data collection mechanisms, making it difficult to accurately track human rights violations or health outcomes during crises. For instance, during the COVID-19 pandemic, several countries delayed or restricted the release of public health data, which skewed global understanding of the pandemic's true impact on marginalized populations. This presents a limitation in the review, as the analysis is often reliant on data from wealthier nations, thus potentially limiting the global applicability of the findings (Sekalala et al., 2020).

Variation in National Legal Frameworks:

International human rights laws are interpreted and implemented differently across national legal systems. These variations lead to disparate responses to health crises, where some nations may prioritize public health at the expense of individual liberties, while others strive to maintain a balance. Such variations pose a challenge when attempting to develop universal recommendations or generalize findings across different geopolitical landscapes (D’Cruz, 2020). The lack of a standardized approach complicates the ability to offer one-size-fits-all solutions in balancing public health and human rights.

Ethical Trade-offs Between Public Health and Civil Liberties:

Public health emergencies necessitate measures that may infringe upon certain rights, such as the right to movement or privacy, as seen in lockdowns, quarantines, and contact tracing. Balancing these measures with the preservation of civil liberties presents a significant ethical dilemma. In practice, governments must often weigh public health imperatives against individual rights, creating tension that is difficult to resolve universally. This is particularly challenging when public opinion or political pressure leans toward prioritizing safety over personal freedoms. Thus, the review may not be able to definitively address how to maintain this balance in all contexts, highlighting a key limitation (Malta, 2018).

Technological and Socioeconomic Disparities:

Technological and socioeconomic disparities further complicate the human rights dimension of public health responses. Wealthier nations are better equipped to implement digital health tools (e.g., contact tracing apps), distribute vaccines, and provide access to healthcare. In contrast, countries with fewer resources struggle to meet the same standards, exacerbating inequalities during health crises. As a result, some of the technological solutions or policy recommendations discussed in the review may not be feasible for low-income settings, presenting a limitation to their broader applicability (Sekalala, 2020).

Evolving Nature of Health Crises:

Health emergencies are inherently dynamic, with new diseases, variants, or strains emerging over time, as seen with the ongoing mutations of the COVID-19 virus. The unpredictability of these crises makes it difficult to establish long-term human rights frameworks that can adapt to changing circumstances. This review may not fully account for the rapidly evolving nature of public health emergencies, limiting the longevity and adaptability of its recommendations (D’Cruz, 2020).

Political and Cultural Differences:

Political ideologies and cultural attitudes toward public health and human rights vary significantly across the globe. Measures that might be viewed as necessary public health interventions in one country may be seen as draconian violations of individual liberties in another. For example, strict lockdowns may be culturally accepted in some nations but lead to civil unrest in others. These cultural and political differences make it difficult to offer universally applicable guidelines, limiting the scope of this review (Page, 2019).

Resource Constraints:

Many of the recommendations made within the review, such as equitable access to healthcare or comprehensive public health campaigns, require substantial financial and human resources. In low-resource settings, where health systems are already overburdened, implementing these suggestions may be particularly challenging. This presents a practical limitation, as the feasibility of enacting these recommendations globally remains constrained by significant resource disparities (Cameroon, 2017).

FUTURE IMPLICATIONS

Practical Applications

The findings of this review can be applied in various practical ways to improve public health responses during national and global health emergencies. These applications highlight how integrating human rights frameworks into public health strategies can lead to more ethical, effective, and equitable outcomes.

Human Rights-Based Policy Formulation:

Governments and public health authorities can use this review to develop rights-based policies for health emergencies. Practical steps include ensuring that public health measures—such as quarantines, lockdowns, and digital surveillance—comply with international human rights standards, particularly regarding necessity, proportionality, and non-discrimination. For example, clear criteria for imposing and lifting restrictions should be established and made transparent to the public, fostering both trust and compliance.

Guidelines for Digital Health Technologies:

The review provides a framework for the ethical use of digital health tools, such as contact tracing apps and surveillance technologies. By incorporating human rights safeguards—especially in terms of data privacy, consent, and transparency—governments can deploy digital technologies without violating individuals' privacy or other rights. Policymakers can use these guidelines to draft regulations that ensure surveillance is time-bound, targeted, and respectful of citizens' privacy while balancing public health needs.

Strengthening Health Equity for Vulnerable Populations:

Public health programs can prioritize addressing the needs of marginalized and vulnerable populations during health crises. Practical actions include targeted interventions for groups disproportionately affected by pandemics—such as the elderly, individuals with disabilities, refugees, and those in low-income communities. For instance, prioritizing access to healthcare services and essential information for these populations can prevent the exacerbation of existing inequalities, as discussed in the review. Governments could also improve social protection schemes during emergencies to ensure the health and well-being of vulnerable groups.

Training for Public Health Professionals:

Educational institutions and public health organizations can integrate human rights education into the training of healthcare professionals and policymakers. This review's insights into how human rights contribute to effective public health responses can serve as the foundation for creating curricula that equip professionals with the knowledge to balance individual rights with public health imperatives. Training programs should emphasize rights-based approaches to emergency response, including how to engage with communities and handle ethical dilemmas during crises.

Global Health Governance Reforms:

International organizations such as the World Health Organization (WHO) and the United Nations can use this review to reform global health governance structures. By embedding human rights frameworks into global emergency preparedness and response strategies, these organizations can ensure that international health responses prioritize equity, transparency, and justice. Practical reforms may include the creation of international guidelines that outline best practices for rights-based emergency responses and provide technical assistance to low- and middle-income countries (LMICs) in implementing these strategies.

Community Engagement and Public Trust:

Governments can apply the review's findings to enhance community engagement and transparency during health emergencies. By involving communities in decision-making processes, particularly through consultation with vulnerable groups, public health authorities can build trust and cooperation. Practical applications include regular public updates, engagement with civil society, and the formation of community advisory boards to ensure that health measures are responsive to the specific needs and concerns of different populations.

Legal Accountability Mechanisms:

The review emphasizes the importance of accountability mechanisms for protecting human rights during emergencies. Governments and international bodies can establish or strengthen legal frameworks that allow for monitoring and addressing rights violations during health crises. For instance, human rights commissions or independent bodies can oversee the implementation of emergency measures, ensuring that governments remain accountable for any rights infringements. This could also involve setting up legal recourse for individuals whose rights have been violated due to disproportionate public health measures.

Resilience Planning in Health Systems:

Health systems can integrate human rights into their resilience planning to better prepare for future crises. By prioritizing equitable access to healthcare and creating frameworks that ensure inclusive decision-making, health systems can become more adaptable and capable of responding effectively to emergencies. Practical applications include improving healthcare infrastructure in underserved areas, ensuring universal healthcare coverage, and reinforcing social support networks that protect vulnerable populations in times of crisis.

Improving International Cooperation and Assistance:

The review's findings can support international cooperation in handling global health emergencies. Practical applications include strengthening cross-border agreements that allow for the sharing of resources, knowledge, and technology to protect human rights in health emergencies. Countries can work together to ensure that humanitarian aid and healthcare services are delivered effectively to regions facing health crises, emphasizing a global rights-based approach.

Incorporation of Intersectionality in Health Responses:

Public health authorities can use the review to implement intersectional approaches in their health responses. Practical applications include creating tailored public health interventions that address the unique vulnerabilities of individuals based on their overlapping social identities, such as gender, race, age, and disability. By ensuring that health policies recognize these intersecting factors, authorities can provide more nuanced and equitable healthcare services during emergencies.

The practical applications of this review are extensive and offer actionable insights for policymakers, public health professionals, international organizations, and communities. By operationalizing human rights principles in public health strategies, societies can create more resilient, equitable, and ethical responses to national and global health emergencies.

FURTHER RESEARCH

The findings of this review can be applied in various practical ways to improve public health responses during national and global health emergencies. These applications highlight how integrating human rights frameworks into public health strategies can lead to more ethical, effective, and equitable outcomes.

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RECOMMENDATIONS

Based on the findings of this review, several key recommendations are offered to enhance the integration of human rights principles into public health responses during national health emergencies:

Strengthen Legal Frameworks to Safeguard Human Rights in Health Emergencies:

Governments should develop or amend legal frameworks that explicitly recognize and protect human rights during public health emergencies. This includes ensuring that public health measures such as quarantines, lockdowns, and digital surveillance are proportionate, necessary, and time-limited, with regular oversight to prevent abuses. National legislation should align with international human rights treaties, such as the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), to ensure that public health policies respect

individual liberties and uphold socioeconomic rights.

Incorporate Human Rights into Public Health Preparedness Plans:

Human rights considerations must be a core component of emergency preparedness and response plans at the national and international levels. Governments and public health agencies should conduct human rights impact assessments prior to implementing crisis measures to anticipate and address potential rights violations. Plans should also include protocols for protecting vulnerable populations, such as marginalized communities, people with disabilities, and the elderly, ensuring they have equitable access to healthcare and other essential services.

Enhance Transparency and Accountability in Decision-Making:

Transparency is critical for maintaining public trust during health crises. Governments and health authorities should ensure that decision-making processes are transparent, with clear communication channels to keep the public informed about public health measures and their implications for human rights. Establishing independent oversight bodies to monitor the implementation of emergency measures can help prevent rights violations and provide mechanisms for holding authorities accountable.

Strengthen International Collaboration and Support:

The global nature of health emergencies, such as pandemics, necessitates strong international cooperation. International organizations like the World Health Organization (WHO) and the United Nations should work closely with national governments to provide technical support and resources for the implementation of human rights-based responses. High-income countries and global health funds should prioritize financial and logistical aid to low- and middle-income countries, ensuring that they have the capacity to safeguard human rights while managing health crises.

Promote Equitable Access to Healthcare and Resources:

To mitigate the disproportionate impact of health emergencies on vulnerable populations, governments must ensure universal access to healthcare and essential services. This requires investing in healthcare infrastructure, especially in underserved regions, and ensuring fair distribution of medical supplies, treatments, and vaccines during crises. Governments should also address structural inequalities that exacerbate vulnerability, including poverty, discrimination, and unequal access to information.

Implement Ethical Digital Health Surveillance:

As digital tools become integral to managing health emergencies, it is crucial that privacy rights are protected. Governments should ensure that digital contact tracing, health surveillance, and data collection methods are voluntary, transparent, and limited to the scope of the health emergency. Clear data protection laws should be in place to prevent misuse of personal information, and public health authorities must communicate openly with citizens about how their data will be used, stored, and protected.

Engage Communities in Crisis Response Planning:

Community engagement is essential for building trust and fostering cooperation during health crises. Governments and health agencies should actively involve local communities and civil society organizations in the design and implementation of public health measures, particularly in vulnerable and marginalized communities. Tailoring responses to the needs and concerns of affected populations can increase compliance, enhance health equity, and reduce the social stigma often associated with emergency interventions.

Develop Training and Education Programs on Human Rights in Public Health:

Public health professionals and policymakers should receive training on human rights principles as part of their education and professional development. Human rights-based approaches to health should be

incorporated into public health curricula, and ongoing professional education should focus on how to balance public health needs with ethical and legal obligations to protect individual rights. This will ensure that public health officials are equipped to navigate the ethical dilemmas that arise during health crises.

Monitor and Document Human Rights Violations During Crises:

It is essential to establish mechanisms for monitoring and documenting human rights violations that occur during health emergencies. National human rights institutions (NHRIs), civil society organizations, and international bodies should work together to collect data on rights infringements, such as excessive use of force, inequitable access to healthcare, or infringements on privacy. This documentation can be used to hold governments accountable, inform policy reforms, and prevent future abuses.

Build Resilient Health Systems to Prevent Future Crises:

Ultimately, building resilient health systems that prioritize equity and access to care will reduce the need for drastic emergency measures that risk infringing on human rights. Governments should invest in healthcare infrastructure, public health education, and preventive measures that enhance society's ability to withstand health crises. Ensuring strong social safety nets will protect vulnerable populations and reduce the long-term social and economic impacts of emergencies.

By implementing these recommendations, governments and health authorities can ensure that their responses to national health emergencies not only protect public health but also uphold the human rights and dignity of all individuals. These steps are crucial for promoting equitable, just, and effective public health strategies that are sustainable in the long term.

CONCLUSION

The role of human rights during health crises is indispensable for shaping effective and ethical responses that prioritize both public health imperatives and individual rights. Throughout history, from the early advocacy at the American Public Health Association's Annual Meeting in 1944 to contemporary global movements, human rights have been integral in challenging discriminatory practices, advocating for equitable access to healthcare, and ensuring dignity and respect for all individuals affected by health emergencies.

Human rights frameworks provide crucial guidance for governments and health organizations, emphasizing the importance of transparency, accountability, and non-discrimination in crisis response. They underscore the need to protect vulnerable populations, uphold informed consent, and ensure that interventions are proportionate and respectful of individual freedoms. Moreover, human rights principles encourage community engagement, fostering trust and collaboration essential for effective public health outcomes.

As demonstrated in responses to HIV/AIDS and other global health challenges, integrating human rights into public health policies and practices not only enhances the effectiveness of interventions but also reinforces the moral and legal obligations of states and organizations. Looking ahead, maintaining a robust commitment to human rights during health crises will be essential for navigating future challenges while advancing health equity and social justice on a global scale.

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