

THE REPERCUSSIONS OF COVID-19 ON HUMAN RIGHTS: RESPONSE AND CHALLENGES IN PAKISTAN

Naeem Ullah Khan

Associate Professor in Law, University of Punjab, Lahore
Email: Naeemullahkhan786@gmail.com

Farah Deeba

Assistant Professor in Law, University of Sahiwal, Sahiwal
farahadvocate@gmail.com

Muhammad Asghar Khan

Lecturer in Sociology, Department of Social and Gender Studies University of Swat
Asgharsocio@hotmail.com

Abstract

This paper elucidates the relevance of health care system and human rights challenges with reference to Covid-19 Pandemic. It spotlights the therapeutic development and significance of joint co-operation among the comity of Nations and there is a dire need to adopt human rights based approach to curb the crisis, because the COVID-19 does not discriminate between developed and underdeveloped states, rich and the poor, but its impacts do. This paper reflects that Covid-19 has caused serious damage to rule of law and human rights in the globalized world, Resultantly, the people in developing world slipped down under the poverty line during the Pandemic, and the world economy collapsed. In this context, Pakistan has promulgated lockdown, smart lockdown and micro lockdowns in order to save the lives of people and has announced the economic relief package of one billion US dollar(\$), and introduced a strategic Action Plan to cope with the challenge of COVID-19. Moreover, the Honorable Supreme Court of Pakistan in a suo-moto case (2020) directed the Government to alleviate the miseries of masses through effective governance, financial support, quarantine facilities, restrictive measures and necessary supply of health safety equipments on priority basis.

Keywords: COVID-19, Human Rights, Rule of Law, Therapeutic Development, Suo-Moto

INTRODUCTION

Human Rights are the rights inherent to all human beings, whatever nationality, place of resident, sex, and nationals are ethnic origin, language or any other status. Everyone is equally entitled to the protection of human rights without discrimination. Human rights are all inter-related, inter-dependent and indivisible in nature. These rights are often expressed and guaranteed through instrument of law, constitutions and in the forms of treaties [1]. Human rights law lays down obligations of governments to act in certain ways or to refrain from doing certain acts, in order to protect and promote human rights and fundamental freedoms of individuals or groups. The principle of universality of human right is corner stone of international human rights law. This principle is envisaged in the Universal Declaration on human rights (UDHR), 1948, has been incorporated in number international human right Conventions, Core treaties declarations and resolutions, inter alia, regional human right treaties.

Now the world is facing unprecedented crisis at its core, is a global public health emergency on a scale, not seen for a century requiring a global strategic action plan far reaching consequences for our political, economic and social lives [2]. The COVID-19 caused impact on human rights in real sense and increased unemployment, food insecurity, broad spread closure of educational institutions, decrease of care and protection services for children and women. These are the great challenges for human rights; therefore, the preference is to safeguard the lives of the people [3]. In this regard 194 countries around the globe have agreed upon to implement the International Health

Regulations (IHR) 2005, in form of their national legislation. The core purpose of IHR is to prevent the wide spread of disease around the globe and to minimize the public health risks. The EU states have implemented the IHR 2005 through their national Legislation to cope with the challenge of COVID-19, as the IHR is one of the strongest instruments to prevent and control pandemic [4].

COVID-19 does not discriminate between developed and underdeveloped states, rich and the poor, but, its impacts do [5]. In this scenario, there is no option to protect the health and life of the human beings except to take coercive measures in the form of lock-downs in order to slow down the transmission and growth of virus. Therefore, in this connection, the freedoms of movement, business, and education and to enjoy many other human rights have to be compromised during the pandemic of Covid-19. In the light of Epidemic Disease Act, 1958, the health emergency was imposed across the country and this emergency caused the adverse effect on the human rights in Pakistan and rule of law.

The UN has a powerful instrumental force in the form of human rights enforcement mechanism and the states are under international obligation to protect and save the human rights of people within its jurisdiction without discrimination. However, during the Covid-19 it is a great challenge for every state around the world at a different degree level to protect and safeguard the human rights. The Covid-19 has hit the old persons men, women, children, youth, migrants, refugees and the people with disabilities on the largest scale across the globe. On account of inadequate health care and social protection system and moreover, there exist an inequalities in economic and social status. Therefore, on the UN platform has made a strong effort to unite all the states on one item agenda that is called "to save people". In this context, the Human Right system of UN has the capacity to meet the challenges, opportunities and needs of the 21st century [6].

1. THERAPEUTIC DEVELOPMENT

COVID 19 is a new health crisis spreading rapidly throughout the world with 1.6 million confirmed cases and 0.1 million deaths worldwide so far (<http://covid.gov.pk/stats/global>). This infection is transmitted by breathing or in contact with infected droplets and 2 to 14 days are incubation period of the virus. The symptoms are generally cough, sore throat, fever, fatigue, breathlessness, malaise amongst others. In most people disease is in mild form; in some (generally the elderly and people with co morbidities), it may lead to multi organ dysfunction, pneumonia, and acute respiratory distress syndrome (ARDS) [7].

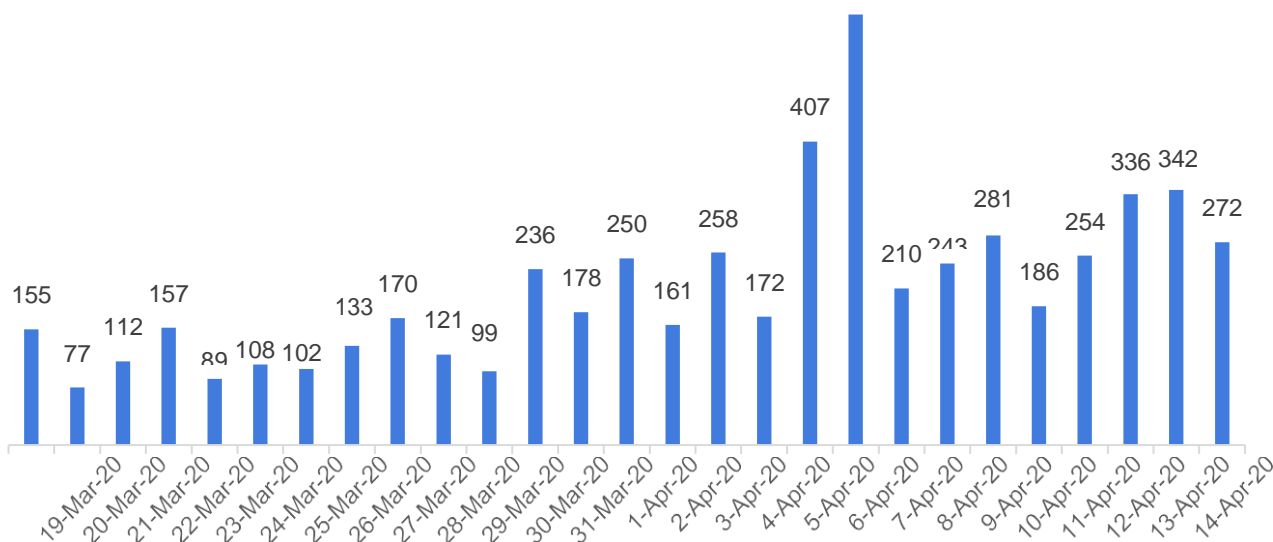
Corona viruses are RNA (positive-strand), enveloped, viruses having four genera: alpha, beta, delta, and gamma. Alpha and beta corona viruses infect humans. Four (HKU1, HCoV, NL63, 229E, OC43) are prevalent globally, Corona viruses are diverse with the utmost variety in bats, which are the reservoirs for many of these viruses. The intermediate hosts can be Peridomestic, which facilitates mutation and recombination events with extension of genetic diversity. The surface spike glycoprotein is a key molecule to determine host range restraint due to its critical binding with host cell receptors [8]. The spike protein of corona virus facilitates its entry into host cells which initially binds to the receptor on the surface of host cell by its S1 subunit followed by viral and host membranes fusion by S2 subunit. The presence of two domains in S1 in diverse corona viruses results in attachment of virus with a variety of host receptors, which leads to attachment of virus [9]. To control the CoV-2 continuous spread and the global COVID-19 pandemic, researchers are discovering various medical interventions, including neutralizing antibodies because of no treatments or vaccines on the horizon [10]. Individuals who endured an infection like COVID-19 have secrets of an effective immune response in their bodies, because their immune systems reckoned how to fight and defeat the invading CoV-2 virus. One of the front-line immunological respondents is neutralizing antibodies. B lymphocytes secrete these antibodies whenever they encounter an invader. e virus [11]. Antibodies distinguish and bind proteins on the surface of virus specks. Immune system prepares antibodies for the infections that are highly specific for the certain invading pathogen. For the development of vaccine or therapeutics, there is a need to understand the behavior of key proteins in COVID-19. This virus is covered by unique spike glycoprotein (S protein) on surface which interacts with the human cell surface receptor angiotensin converting enzyme (ACE2). By this

binding a cascade of events initiates which leads to the fusion of viral particle to the cell subsequently entry into the cell. Antibodies makes almost impossible to break in to human cells by targeting these spike glycoprotein [12]. For Covid-19 novel treatment neutralizing antibodies are proved beneficial, conversely the isolation of sufficient antibodies for effective treatment is challenging. Lately, Scientists working in Shenyang, china published a report, recommended that survivors of COVID-19 plasma which contains antibodies helped in treating five critically ill patients. FDA approved the use of plasma for treatment of severely sick individuals in United States [13]. Additionally, to determine either this passive immunization is viable or not clinically trails already started [14]. Earlier, a study reported nabs assessment from a recovered patient antibody targeting the MERS-CoV spike protein. The assessment of biological functions (in vitro) through replication pseudo type particle and MERS-CoV showed the greater activity of neutralization. The mutagenesis of antibody IgG region which is variable enhances the recognition sites in Glycoprotein(S) [15]. Presently, from recovered COVID-19 infected patients polyclonal antibodies have been used to treat Corona virus infection, but no CoV2 specific neutralizing mAbs have been reported [16]. The production of mAbs or their functional fragments may potentially used to neutralize or treat COVID-19. The potential anti-COVID antibodies can be tested in animal models to assess their protective or neutralizing efficacy against COVID-19, clinical trials to test the safety and efficacy before they are approved for clinical application. Plasma that is collected from recovered patient of Covid-19 having anti-Covid-19 antibodies may potentially used to treat critically ill Covid-19 patients [17]. The Use of recovered patient plasma has been studied and used in other epidemics such as SARS-CoV-1 2003 epidemic, H1N1 influenza virus 2009-2010 pandemic, and the MERS-CoV 2012 epidemic. At present, the efforts to avoid the spread of COVID-19 are inadequate. Immunotherapy can be used with IgG for neutralization of virus causing COVID-19. The efficiency of IgG depends on the specificity if IgG antibodies will be collected from recovered patients of COVID-19 from the same city, or neighborhood area, as these donors have been naturally confronted with the virus. Immunotherapy by IgG Abs with the combination of antiviral drugs could offer alternate cure against COVID-19. These IgG Abs obtained from the recovered patients will be specific against Corona virus because it will boost the immune response in anew infected patients. Even though there is an unavailability of vaccine for COVID-19 but the treatment of patient with IgG antibodies with the combination of antiviral drugs can provide short-term solutions against COVID-19 [18, 19]. Since FDA has not approved COVID-19 plasma it is regulated as a trial product, so it is a must to explore alternatives to COVID-19 plasma with minimum side effects when applied to human. From April 2020, many 115 COVID-19 vaccine candidates appeared globally who are preparing vaccine for COVID-19. The progressive candidates have been moved into clinical development, including mRNA-1273 from Moderna (That is novel lipid nano particle encapsulated mRNA vaccine which encodes S protein), Ad5-nCoV from CanSinoBiologicals (S protein expressing Adenovirus vector type 5), INO-4800 from Inovio (Electroporation mediated delivery of DNA plasmid encoding S protein), and LV-SMENP-DC (DCs modified with lenti viral vector expressing synthetic minigene established on different domains of particular viral proteins; directed with antigen-specific CTLs) and pathogen-specific a APC from Shenzhen Geno-Immune Medical Institute (aAPCs modified with lenti viral vector expressing selected viral proteins). Various other companies are in different phases of vaccine development and plans to pledge human testing in 2020 [20]. Moderna manufactured the mRNA-1273 vaccine that encodes the antigen (S-2P), containing CoV-2 glycoprotein that has transmembrane anchor and a cleavage site (S1-S2). S-2P is stabilized, on the upper area of central helix in the S2 subunit using two proline substitutions at amino acid position (986 and 987) respectively. The LNP composed of four lipids formulated in a fixed ratio of mRNA and lipids [21]. The trial vaccine aims the body cells to express the S protein to provoke extensive immune response. The clinical trial of phase one found aspirant vaccine to be safe, mostly well tolerated and it is able to induce abs with great activity of virus-neutralizing. On July 27, Moderna announced it started the 3rd phase clinical trials of its vaccine, at the same time as it will continue to screen results of phase two. Earliest results from phase 1 showed that healthy subjects—including elderly patients—produced antibodies of corona virus and T cells reaction as well, According to Moderna Phase 3 will test the vaccine in 30,000 participants from United States; and it is also on course to supply at least 500M doses per year in the beginning of 2021 [22].

2. GLOBAL POLICY AND STRATEGIC ACTION PLAN

Human rights are instrumental force to cope with challenges and response of Covid-19, both for public health emergency and the larger impact on the people lives, rule of law and livelihood. This is not a time to ignore human rights, it is a high time when, and more than ever, human rights are needed attention and strategic action plan on the part of international community to build a consensus and cooperation to achieve equitable, sustainable development and sustaining peace. Human rights law supports that national emergencies may require restrictions to be placed on the exercise of certain human rights. Therefore, the scale and severity of Covid-19 reached a level where limitations on the exercise of human rights were justified on the public health grounds. At WHO platform, strategic action plan was adopted to response to the crisis and to purposed valuable suggestions through which attention to human rights can shape better responses. The mission is threefold: a) to strengthen the effectiveness of the response to immediate global health crisis. b) Mitigate the larger impact of Covid-19 on people health. c) To avoid creating new or exaggerate the existing problems. In this global scenario our human rights values and conditions must be a source of cooperation, support and unity [23]. Therefore, the world must develop an optimistic approach and vision to live free and without fear. In this connection the human rights system helps state to meet the challenges opportunities and needs of 21st century and it is important to highlight that it is a need of a time to rebuild the relationship between leaders and people for the purpose to achieve unity, solidarity, pluralism and a global peace. Therefore, through this holistic approach, states would be able to transform hopes into concrete actions with real impact on human lives across the world [24].

The emergence of Covid-19 in Pakistan was notified in February, 2020. To stop the transmission and spread of pandemic, the government of Pakistan launched a National Action Plan in coordination with “Ministries of Foreign Affairs and Health, National Disaster Management Authority and Provincial Departments of Health and PDMAs. The response and strategic action plan was launched in the guidance of WHO to cope with the challenge of pandemic [25]. Figure 1 shows the daily incidence of COVID-19 in Pakistan from 19 March to 14 April.



* source: report on Pakistan preparedness & response plan COVID- 19

3. IMPACT OF COVID-19

The covid-19 crisis has caused negative impacts on human rights such as right to life, health, movement and socio-economic rights of the individuals across the world. The virus did not discriminate, but its impacts do on collective human lives and health. The international bill of Rights [26] placed international and national obligations of the state to combat with Covid-19 to protect the lives of all human beings. The Courts of diverse jurisdiction have observed that ‘to claim the right to life reminds us that *“all states have a duty to protect human life, including by addressing the general conditions in a society that give rise to direct threats to life.”*’ It has been examined that States have been doing extra measures to protect the lives and health of the people. It has been argued that the pandemic has caused adverse effects on human rights, the details have been discussed below:

ACCESS TO JUSTICE

With reference to rule of law, apparently, the states had to face serious challenges to ensure it. Firstly, the very foundation of rule of law namely justice has been undermined. Due to courts limited working timing for lesser public engagement, the justice providence became decreased as well. In other words, no one could reach the court for seeking justice if state or fellow citizen violated his rights. In Pakistan, timing of the courts had also been reduced from 9-5 to 10-3. Moreover, the litigants would not be able to attend the suits filed prior to the pandemic. Access to justice has faced the repercussions of Covid-19 as courts were less functional. People violated laws, and the process for redressal of grievances was very slow. There is no doubt that we are facing unprecedented crisis and the basic concern amidst this is to save as many lives as possible. The strange nature of the catastrophe did not spare the judiciary. The anticipatory measures imposed by the government to mitigate the peril associated to the existing crisis have led courts to either closer to become partly operational by suspending the majority of hearings. Courts need to hold virtual trials to deal with the crisis. The administration of justice must continue to be functional despite the constrictions imposed by the crisis. States must guarantee that law enforcement is sustained. Any type of violence will be punishable during this crucial time. At this time, we need to push back against those who seek opportunistically to use the crisis to further their position or steal through corruption resources intended for the pandemic response

GOVERNANCE

corruption and fraud has surged massively as in such emergency situations the demand of utilities and medicines increased so much and state had been unable to control it due to its presence on such as large scale. Of course, along with traders, some government officials would also take the advantage of the imbalance of demand and supply. Discrimination in application of laws and policies had been witnessed around the globe. George Floyd murder case is a classic example of such discrimination on racial basis though Article 1 of UN Charter explicitly says that there would be no discrimination on the basis of as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status [27]. Moreover, Article 1 of the UN Charter says that there would be equality among citizens [28]. So is the protection is available against discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status in Article 26 of the International Covenant on Civil and Political Rights, 1966. Article 26 also speaks of equal application of laws for very citizens [29]. In the Pakistan, government was unable to apply the law equally rather it applied it in discriminatory way because it allowed the mosques to be opened due to the pressure from clergy but shut downed almost everything else including all businesses and educational institutions [30]. Iran applied the law discriminatory as well by opening the mosques while shutting everything else allowing the pandemic to kill scores of people and undermining the rule of law.

HEALTHCARE STRUCTURE

Pakistan is at the 6th number in the list of most populated countries having a low per capita income i.e. around US\$ 1300. Economy of Pakistan is based on small to medium level businesses. The Pakistan is at the 152 out of 189 countries in the list of Human Development Index 2019, consequently, in higher percentage of health inequality as compare to the average of South Asian nations [31].

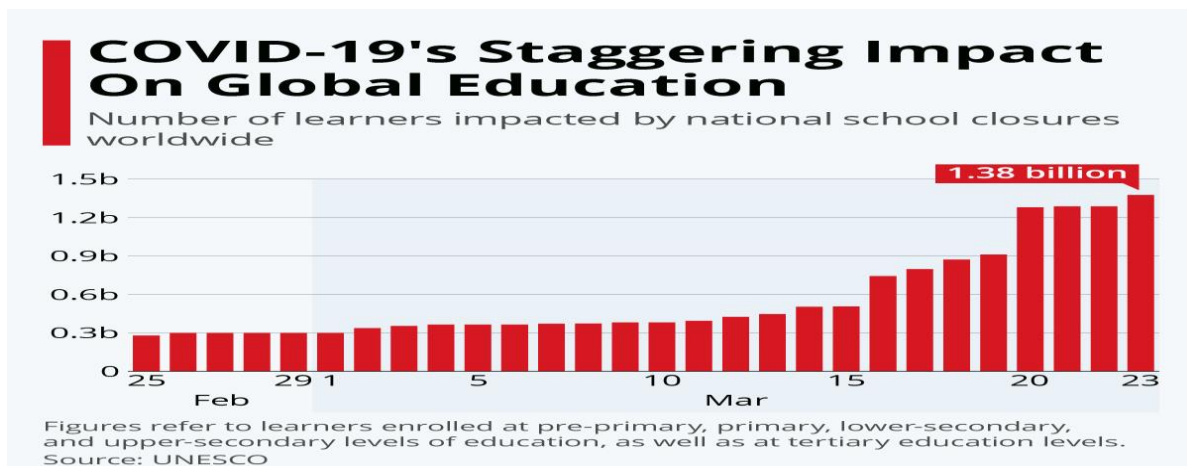
The most importantly, the very legitimacy of government, which is law making and implementing body, has been challenged during health crisis by the various extremist groups on the basis of poor health care system which was exposed during pandemic [32]. This means the government undermined the idea of rule of law and the pressure groups begun to ask the government and rule of law which could have led to anarchy if pursued and propagated. The ongoing crisis has taken millions of lives and has not discriminated among the children, young or old. This is not the time to ignore human rights rather we must focus on achieving sustainable development equitably. The pandemic has led to countries imposing emergency and security measures [33]. A type of uncertainty created by this public health emergency necessitates stability and peace to be maintained. Fair play and justice for the rule of law are desirable to support and strengthen the national effort on the public health front. The pandemic has unleashed the restrictions and has exposed institutional weaknesses within the criminal justice system. The police who is deemed to be the first responders to any crime are facing a lot of difficulties in the protection of their staff while imposing lockdowns. Prison healthcare system seemed to collapse as several prisoners are locked up in one prison and the outbreak of Covid-19 in prisons serves as a preliminary death sentence for all of them. A surge was seen in the cases of domestic violence against women, not only in Pakistan but across the world, has exposed the grisly face of the pandemic.

POLITICAL RIGHTS

Most affected right of citizens during lockdown was freedom to assembly, association and to move freely. Right to freedom of movement was affected as people were not allowed to leave their houses to avoid any surge in Covid-19 cases. People who needed medical assistance and treatments for other diseases like Cancer, Typhoid, TB, meningitis etc. were deprived of any treatment as all the public and private hospitals were busy catering Covid-19 cases. COVID-19 pandemic is the most critical global health disaster and the greatest challenge of the century that our human race has faced since the 2nd World War [34]. COVID-19 is thickening the hunger crisis in the world's hunger hotspots and generating new epicenters of hunger across the globe. By the end of the year 12,000 people per day could die from hunger linked to COVID-19 [35]. Around 25% of Pakistan's population lives below poverty line, people who have believed to suffer the most due to unprecedented lockdown are daily wage vendors and laborers. Though, it was done to protect the national health. Yet, as per *THE SIRACUSA PRINCIPLES*, it should be in accordance with the law, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, not against the human dignity and subject to review [36]. States seemed to undermine or ignore one of these principles as in Pakistan the movement of certain groups were not restricted such as opening of mosques during Ramzan while rest of the population was forced to limit their movement by Paramilitary forces. Such practice is a clear violation of UN Charter and Article 15 (Right to Movement) read along Article 25 (Equality of all citizens). If restriction is to be applied in accordance with the law, then it must be on the principle of equality and non-discrimination. Moreover, dignity of the person under Article 14 of the Constitution had been violated as people who violated the state restriction were given Murga punishment and their videos had been circulated on social media and mainstream media.

RIGHT TO EDUCATION

One of the most undermined right of citizens was right of education due to closure of all the educational institutions amidst virus hit countries. Millions of educational institutions were closed for several months and many have not opened yet. Students have been deprived of education, exams have been suspended and in some parts of the world students have been promoted to next class without any exam. Article 26 of Universal Declaration of Human Rights clearly states that, "everyone has a right to education." In Pakistan, Article 25A of the Constitution also ensures the right of education as a fundamental right. But, state has seemed to be paralyzed to protect these fundamental rights. Though, it started virtual classes for facilitating the students but there are areas in Pakistan where there is no quality internet or none at all. This also reflects the discriminatory application of fundamental rights as some students were able to attend the classes but some were not in a facilitated environment to attend the classes. If government had started the virtual classes, then it is its duty to provide the equipment such broadband device and connectivity. This must be across the board at any cost, otherwise some would be privileged and other would feel themselves as second class citizens. A large number of students have deprived off to attend educational institutions during the pandemic; UNESCO has produced a data (figure-2) which reflect a true scenario of impact of COVID-19 on education.



BUSINESS AND TRADE

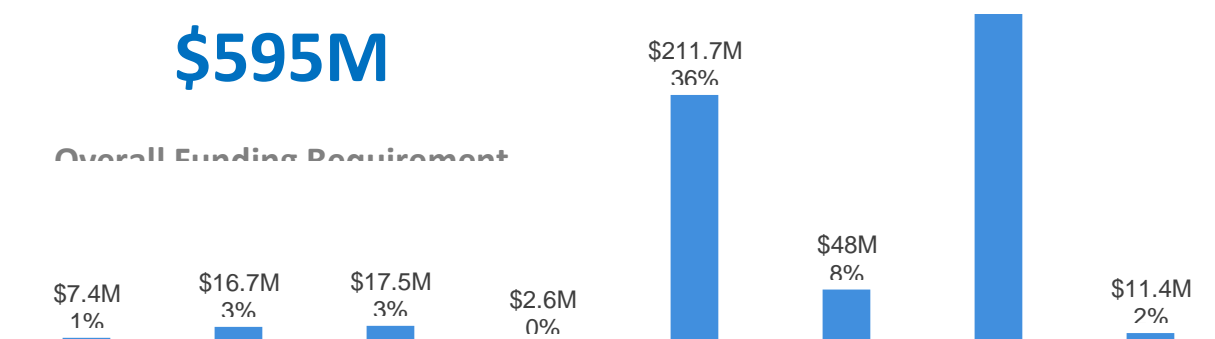
Right to trade was affected to the extent that it ruined several businesses and many employers had to either retrench their employees or they altogether fired them. Moreover, many companies have gone bankrupt and were forced to dissolve their companies. Alone in the U.S. 220 companies went bankrupt. Loss of jobs and salary cut offs during the pandemic has pushed many people into financial distress [37]. As assessed by the Asian development Bank the initial economic losses suffered so far have been estimated around 5 billion rupees. Pakistan's GDP expected loss is 10 %, which are amounts to 1.1 trillion rupees. Our country's major financial hub is expected to face a major revenue loss of 380 billion rupees due to novel COVID 19 [38].

4. RESPONSES AND CHALLENGES IN PAKISTAN

Pakistan has adopted following mechanisms in order to prevent the spread of Pandemic in the country and has successfully achieved its goals.

Financial Assistance: Pakistan has arranged preparedness and response plan (PPRP) with the support from partner states to cope with the challenge of COVID-19 through national coordination

mechanism, case investigation and surveillance mechanism etc to prevent and limits the spread of COVID-19 and reduced the related morbidity and mortality rates, for this purpose PPRP seek US\$ 595 million financial assistance for a term of 9 months. The breakup of fund utilization is given in Figure.3



*source: report on report on Pakistan preparedness & response plan COVID- 19

National Level Coordination Mechanism- to control and prevent the spread of pandemic and reduce the related mortality and morbidity in Pakistan a united and political consensus based approach was adopted and a civil-military coordination committee (NCOC) was established to prevent, control and to examine the spread of pandemic. Therefore, a strong coordination mechanism was built among the Federation and Federating units. So, NCOC engaged with the relevant authorities to device and develop an operational plan within the available resources and human rights based approach was adopted through analyzing the socio-economic conditions, capacity assessment and risk analysis techniques. It is pertinent to mention here that highly professional trained management team was deployed to cope with the emerging challenges of Pandemic and effective evaluation system was introduced to re-visit the effectiveness and impact of planned strategies. Therefore, in this connection to assess implementation success, epidemiological circumstances and adjust operational plans as compulsory required have been adopted and applied.

Case investigation and Reporting to WHO- Pakistan has adopted the WHO guidelines and activated case investigation and event based surveillance mechanism regarding influenza and acute respiratory infection. In the compliance of WHO guidelines direction were given to health care workers to observe the SOPs. Therefore, Pakistan has enhanced the existing surveillance capacity in order to make it possible the effective monitoring of pandemic transmission and adapt techniques, processes and SOPs for contact tracing and monitoring of COVID-19. Government of Pakistan has been in coordination and consultation with the WHO. In this regard a strong national case based reporting mechanism has developed with the WHO to report the cases within 24 hours. Moreover, Pakistan provided robust and timely epidemiological and social science data analysis to constantly inform risk analysis and for support operational decision making for quick response.

SOPs for Entrance and Travelling- during the pandemic Pakistan has developed and implemented the entrance and travelling public health emergency arrangements, with this reference a quick health assessment initiatives and for isolation quarantine facilities were provided to manage ill passenger(s) and to safely transport them to designate health caring and quarantine centers, food and necessary medicine facilities were provided to the Corona patients. It is worthwhile to note that a strong monitoring and evaluation system was installed in order to examine the effectiveness of these measures. Therefore, at the point of entrance and travelling effective surveillance and control measures were ensured, in this connection wearing a mask was mandatory at all the religious places, business places and vulnerable places.

Diagnostic and Prevention System- in order to control and prevent the Pandemic in Pakistan, designated laboratories were notified both in public and private hospitals and easy access was made for the people at low cost, and to mitigate the threat of infection, suitable protection measures were taken. Moreover, a quality assurance system was developed for the purpose of care testing, monitoring, and evaluation of performance of staff. The existing guidelines for prevention of Pandemic were reviewed and modernized accordingly.

Apex Court's Response- the Honorable Supreme Court of Pakistan took suo-moto action regarding combating the challenge of COVID-19, and observed in a case that "the Government of Pakistan took all necessary initiatives to cope with the challenge of COVID-19 in order to prevent the People of the country from this menace. The Court further elaborated that the clauses (1) and (4) of Article 149 of the Constitution of Islamic Republic of Pakistan, 1973, empowered the Federation to give the directions to the federating units to prevent the menace, which is hazardous to the economic life, peace, and tranquility of Pakistan [39].

5.2 CHALLENGES

Coordination and Information structure: Recognized Coordination Structure was built by the Government with a view to make available at synchronization between the Central, Provincial and Local level. In spite of having it, there was a need to reorganize and outline it. Provincial mechanism although being acknowledged constitutionally was not reinforced accurately as designed. There was a gap between Commands and enforcement at both ends. Lack of knowledge regarding social distancing, wearing mask and changing lifestyle to bring hygiene at home and Quarantine was common. It added to the spread of Covid-19 especially at Taftan Border Quarantine Camp where Doctors raise alert over personal protection equipment shortage. Balochistan remained open allowing people to enter from Iran and Afghanistan in large number putting population at high risk of being infected from Covid-19. There was a need to seal the borders and have proper Quarantine centers fully equipped. Lack of Quarantine facility especially number of beds was insufficient as per available data. Government faced challenges on lack of training of staff, availability of staff, basic medicines and medical supplies [40].

Surveillance and Case Confirmation mechanism: Unfortunately Covid-19 surveillance system was not efficient as it should be according to International standards. This system was found weak and disjointed and the sentinel event based surveillance was inoperative and Pakistan has not enough laboratories with insufficient facility to detect and confirm Covid-19 patients. Only 18 Laboratories are in proper functioning with ability to conduct PCR tests [41]. Covid-19 affected patients are approximately 45 to 50 thousand whereas in both Private and Government hospitals capacity is maximum 3000 tests on daily basis. Viral RNA extraction kits & automated extraction kits are not available to meet the requirement for PCR tests. Laboratories are situated in big cities whereas major part of population is resident of rural areas [42].

Quarantine Facilities and Health Issues for vulnerable groups: Basic need to cater Covid-19 is isolation for which Quarantine Centers are built all over the country. It was seen that Quarantine Centers were not enough in number to accommodate Covid-19 patients and suspects separately. Both isolation and Quarantine infrastructures were inadequate lacking supplies such as masks, sanitizers etc., doctors, technical support, medical tools and efficient management. SOPs were violated by both Medical and people living across the country [43]. This pandemic outburst could turn around the reproductive health gains acquired till now by worsening the current weaknesses. Women were hindered due to Lockdown which resulted in movement restrictions to approach for proper maternal health services. Ordinarily 66% female gets proper medical facilities during child birth but due to Covid-19 Lockdown it hit the health concern for pregnant women [44].

Awareness through Social Media, Print and Electronic Media

As governments around the globe endeavor to flatten the curve of covid-19 cases, establishments appear to be looking towards technology for support. Chatbots, online dashboards, and mobile caller tunes are just some of the digital policies put on display by officials to raise awareness about testing, precautionary measures, and the influence of Covid-19, the infection caused by the novel covid-19. However, social app mobilization and sensitization undertakings were weak and creating confusion regarding proper awareness [45].

5. CONCLUSION

To round off the brief discussion, it may be concluded that, the world has been facing a global recession on account of COVID-19, and this menace has caused irreparable loss worldwide. The people were deprived of basic Human Rights due to this Pandemic. WHO has been playing a remarkable role in order to cope with the challenges of this Global threat, and introduced three-fold policy to strengthen the prevention and infection control system to protect the lives of the people and global economy. This Pandemic was also spread all over in Pakistan, and in response Pakistan made a Preparedness and Response plan (PPRP) to stop the transmission of the pandemic across the Country, in this context, NCOC was established for surveillance and control of COVID-19, a financial relief package was also started by the Government for poor families. In this regard, the superior Court of Pakistan also played its role by taking suo-moto action in a case and appreciated the initiatives taken by the Government and also gave directions to the Federal Government of Pakistan to take further necessary actions to save the lives of the people by providing them basic health facilities and to protect fundamental rights.

REFERENCES

1. Ten core human rights treaties i.e. ICERD, ICCPR, CEDAW, ICESCR, CAT, CRC, CED, ICRMW, CRPD, Convention Relating to the Status of Refugees
2. https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf [Accessed 27 August 2020].
3. Ibid
4. Who.int. 2020. *WHO | International Health Regulations (2005)*. [online] Available at: <https://www.who.int/ihr/9789241596664/en/> [Accessed 14 October 2020].
5. See supra note, 2
6. See supra note, 2
7. Singhal, T. (2020). A review of coronavirus disease-2019 (COVID-19). *The Indian Journal of Pediatrics*, 1-6.
8. Paules CI, Marston HD, Fauci AS. 2020. Coronavirus Infections—More Than Just the Common Cold. *JAMA*.323(8):707-708.
9. Li, F. (2016). Structure, function, and evolution of coronavirus spike proteins. *Annual review of virology*, 3,237-261.
10. Jiang, S., L. Du, and Z. Shi, An emerging coronavirus causing pneumonia outbreak in Wuhan, China: calling for developing therapeutic and prophylactic strategies. *Emerging Microbes & Infections*, 2020. 9(1): p. 275-277.
11. Niu, P., et al., Ultrapotent human neutralizing antibody repertoires against Middle East respiratory syndrome coronavirus from a recovered patient. *The Journal of infectious diseases*, 2018. 218(8): p. 1249-1260.
12. Yuan, M., et al., A highly conserved cryptic epitope in the receptor-binding domains of SARS-CoV-2 and SARS-CoV. *bioRxiv*, 2020: p. 2020.03.13.991570.

13. Shen, C., et al., Treatment of 5 critically ill patients with COVID-19 with convalescent plasma. *Jama*, 2020.
14. Tanne, J.H., Covid-19: FDA approves use of convalescent plasma to treat critically ill patients. 2020, British Medical Journal Publishing Group.
15. Zhang, B., et al., Treatment with convalescent plasma for critically ill patients with SARS-CoV-2 infection. *Chest*, 2020.
16. Jiang, S., C. Hillyer, and L. Du, Neutralizing Antibodies against SARS-CoV-2 and Other Human Coronaviruses. *Trends in Immunology*, 2020.
17. Roback, J.D. and J. Guarner, Convalescent Plasma to Treat COVID-19: Possibilities and Challenges. *Jama*, 2020.
18. Tanne, J. H. (2020). Covid-19: FDA approves use of convalescent plasma to treat critically ill patients. *Bmj*, 368, m1256.
19. Krause, I., Wu, R., Sherer, Y., Patanik, M., Peter, J. B., & Shoenfeld, Y. (2002). In vitro antiviral and antibacterial activity of commercial intravenous immunoglobulin preparations—a potential role for adjuvant intravenous immunoglobulin therapy in infectious diseases. *Transfusion medicine*, 12(2), 133-139.
20. Le, T. T., Andreadakis, Z., Kumar, A., Roman, R. G., Tollefsen, S., Saville, M., & Mayhew, S. (2020). The COVID-19 vaccine development landscape. *Nat Rev Drug Discov*, 19(5), 305-306.
21. Jackson, L. A., Anderson, E. J., Roupheal, N. G., Roberts, P. C., Makhene, M., Coler, R. N., & Pruijssers, A. J. (2020). An mRNA vaccine against SARS-CoV-2 preliminary report. *New England Journal of Medicine*.
22. Philippidis, A. (Ed.). (2020). Moderna's COVID-19 Vaccine Speeds to Phase III Trial after More Positive Data. 7(4), 10-11.
23. See supra note, 2, at p.3
24. See supra note 2, at p.3
25. Reliefweb.int. 2020. [online] Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/EXECUTIVE-SUMMARY_PPRP_COVID-19-23-April2020.pdf> [Accessed 14 July 2020].
26. UDHR, ICCPR, ICESCR are collectively known as international bill of rights
27. "Everyone is entitled to all the rights and freedoms set forth in this Declaration without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status
28. Article 1 of UN Charter
29. Article 26 of Article 26 of the *International Covenant on Civil and Political Rights*, 1966
30. Press, A., 2020. *Mosques Stay Open In Pakistan Even As Virus Death Toll Rises*. [online] *The Diplomat.com*. Available at: <<https://thediplomat.com/2020/04/mosques-stay-open-in-pakistan-even-as-virus-death-toll-rises/>> [Accessed 14 July 2020].
31. Hdr.undp.org. 2020. [online] Available at: <<http://hdr.undp.org/sites/default/files/hdr2019.pdf>> [Accessed 14 September 2020].
32. Nations, U., 2020. *COVID And The Rule Of Law: A Dangerous Balancing Act | United Nations*. [online] United Nations. Available at: <<https://www.un.org/en/coronavirus/covid-and-rule-law-dangerous-balancing-act>> [Accessed 7 September 2020].
33. Unsdg.un.org. 2020. [online] Available at: <<https://unsdg.un.org/sites/default/files/2020-04/COVID-19-and-Human-Rights.pdf>> [Accessed 14 September 2020]
34. <https://www.sciencedirect.com/science/article/pii/S0048969720323998>

35. Oxfam International. 2020. *The Hunger Virus: How COVID-19 Is Fuelling Hunger In A Hungry World* | Oxfam International. [online] Available at: <<https://www.oxfam.org/en/research/hunger-virus-how-covid-19-fuelling-hunger-hungry-world>> [Accessed 14 July 2020].
36. The siracusa principles on the limitation and derogation provisions in the international covenant on civil and political rights - <https://undocs.org/pdf?symbol=en/E/CN.4/1985/4>
37. The Hindu. 2020. *Jobless, Daily Wager Takes To Lifting COVID-19 Victims' Bodies*. [online] Available at: <<https://www.thehindu.com/news/cities/Hyderabad/jobless-daily-wager-takes-to-lifting-covid-19-victims-bodies/article32006923.ece>> [Accessed 14 August 2020].
38. <https://jglobalbiosecurity.com/articles/10.31646/gbio.63/>
39. Supreme Court of Pakistan (Original Jurisdiction), *Suo-Moto Case No.01,2020*
40. Ibid
41. Ibid
42. Ibid
43. Ibid
44. Ibid at p.11
45. Ibid