THE NEGATIVE IMPACT OF COVID-19 ON THE ENJOYMENT OF LEGAL FREEDOMS

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Abstract: Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The disease was discovered in December 2019. On 31st December 2019, a series of pneumonia cases of unknown cause was detected in the People's Republic of China (PRC). COVID-19 has caused States to restrict movements, closed down schools, major markets and churches and thus the virus has serious impact on the enjoyment of legal freedoms. Covid-19 has very devastating effects on economic activities generally and thus the urgent need to reduce the spread but the situation in Cameroon is difficult to handle as the negative impacts of the virus are further compounded by lack of support from the government to boost economic activities like supporting small businesses with funding and reducing taxes for big enterprises so as to reduce costs and encourage production. The general objective of this paper is to critically examine the negative impact of COVID-19 on the enjoyment of legal freedoms. One of the main findings of the paper is that Cameroon as a State committed to the protection of its citizens' rights has ratified treaties protecting human rights of people including legal freedoms and thus to eradicate the impact COVID-19 has on these legal freedoms, the work strongly recommends that as disease outbreaks are not likely to disappear in the near future, proactive international actions are required to not only save lives but also protect economic prosperity.

Keywords: Negative, Impact, COVID-19, Enjoyment, Legal Freedoms.

1. INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness². The disease was discovered in December 2019. On 31st December 2019, a series of pneumonia cases of unknown cause was detected in the People's Republic of China (PRC). On the 30th of January 2020, the World Health Organization (WHO) declared the coronavirus outbreak a "public health emergency of international concern" with 7,736 confirmed cases in the PRC and 83 confirmed cases in 18 economies outside the PRC³. On 11 February, the disease caused by the coronavirus was officially named COVID-19⁴. The next day, that is the 12th of February 2020, COVID-19 cases began to spike in the Republic of Korea. By 21 February, its presence in Italy signaled the rapid spread of the virus to Europe. By 9th March, Italy placed 60 million people under lockdown. And 2 days later, WHO declared COVID-19 a global pandemic. By 29th March, the US became the most infected country. On 4th April, the level of infection breached the million mark and several days after Spain

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²WHO, Coronavirus, available at Coronavirus (who.int). Accessed on the 9th of March 2021.

³Bill Chappell, "COVID-19: COVID-19 Is Now Officially a Pandemic, WHO Says," National Public Radio, March 11, 2020. Available at https://www.npr.org/sections/goatsandsoda/2020/03/11/814474930/COVID-19-COVID-19-is-now-officially-a-pandemic-who-says. Accessed on the 9th of March 2021.

⁴WHO, Coronavirus, available at Coronavirus (who.int). Accessed on the 9th of March 2021.

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overtook Italy. In 2 weeks' time, the level of infection breached 2 million, and 2 weeks later it breached 3 million. By 12th of May 2020, the virus had spread to 213 countries and territories worldwide, infecting more than 4 million people and causing more than 280,000 deaths⁵.

To suppress the spread of COVID-19, many countries partially or fully closed their borders and restricted the movement of people. The People Republic of China was first to impose restrictions, placing Wuhan; a population of 11 million people under lockdown, and restricting movement across Hubei Province a population of 57 million people. Italy followed suit, imposing a quarantined "red zone" covering 11 towns and villages in the Lombardy and Veneto regions. The lockdown was later extended across the entire country made up of about 60 million people.

And so it was the World Health Organization (WHO) who first declared COVID-19 a world health emergency in January 2020 and on March 11 it announced the viral outbreak was officially a pandemic, the highest level of health emergency⁶ and since then, the emergency evolved into a global public health and economic crisis that affected the \$90 trillion global economy beyond anything experienced in nearly a century.

The COVID-19 pandemic and associated social distancing measures are expected to cause wide-ranging damage to economies around the world. Demand has been reduced by movement restrictions, supply shocks due to the restricted labour supply and difficulties in sourcing material inputs have also occurred⁷.

A second wave of the pandemic will be driven by intense feelings of anxiety and despair in a world that is no longer predictable and safe due to high rates of unemployment and homelessness coupled with traumatic memories of surviving one's own brush with COVID-19 or the death of a partner, parent, or loved one⁸. The personal, social, and economic burden of human suffering, treatment costs, disability compensation, and productivity losses related to mental health problems in normal times have been major public health issues worldwide.

2. THE EXTENSION OF THE VIRUS TO CAMEROON

The virus extended to Africa and the virus was confirmed to have reached Cameroon on 6th of March 2020 with its first confirmed case; the infected person is a French national who arrived in the capital Yaoundé on the 24th of February 20209. The second case in the country was announced the same 6th March 2020. The case was a Cameroonian citizen who was in close contact with the first case, but officials did not release any further information on the case 10. On the 18th of March 2020, Cameroonian Prime Minister Joseph Dion Ngute closed its land, air and sea borders and on 30th March, the Minister of Health announced the imminent launch of a coronavirus test campaign in the city of Douala. Dedicated teams were to go door-to-door in the economic capital from April 2nd to 6th 2020. The first death occurred on 24th March 2020 and the deceased was the famous saxophonist Manu Dibango. By the end of March 2020 six persons had died from COVID-19 and by April 2020 there were 56 deaths¹¹.

As of February 2021, in Cameroon, there were 6,097 new cases taking the total number of confirmed cases to 35,714 and there were 89 reported deaths, taking the death toll to 551¹². This Covid-19 has negatively affected the enjoyment of legal freedoms in the world including Cameroon. COVID-19 is not only a global pandemic and public health crisis; it has also

⁵World Health Organization. WHO Coronavirus Disease (COVID-19) Dashboard. Available at https://covid19.who.int/. Accessed 9th of March 2021.

⁶Bill Chappell, "COVID-19: COVID-19 Is Now Officially a Pandemic, WHO Says," National Public Radio, March 11, 2020. Available at https://www.npr.org/sections/goatsandsoda/2020/03/11/814474930/COVID-19-COVID-19-is-nowofficially-a-pandemic-who-says. Accessed on the 9th of March 2021.

World Bank Group, The Economic and Social Impact of COVID-19, Western Balkans Regular Economic Report No.17, Spring 2020, p.1. ⁸*Ibid*.

⁹Lukong, Pius and Woussou, Kossi, "Cameroon, Togo Report First Confirmed Cases of Coronavirus", Bloomberg, 6th March 2020. Retrieved 9th March 2021.

¹⁰Ndi, Ndi Eugene, "Cameroon confirms second case of coronavirus" The East African, 6th March 2020. Retrieved 9th March 2021.

¹¹World Health Organization, Coronavirus disease 2019 (COVID-19) Situation Report 72, 2020. Available at 20200401sitrep-72-covid-19.pdf (who.int). Accessed on the 11th of March 2021.

¹²Africa CDC, "Outbreak brief 59: Coronavirus disease 2019 (COVID-19) pandemic", 2 March 2021. p.2. Accessed on the 11th of March 2021.

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severely affected the global economy and financial markets and has also caused States to restrict movements, closed down schools, major markets and churches. This therefore means the virus has impacted the enjoyment of legal freedoms. The aim of this paper is therefore to analyze the negative impact of this virus on the enjoyment of legal freedoms.

3. THE IMPACT ON FREEDOMS

i. Restriction of movement

The most common public health measure taken by States including Cameroon against COVID-19 has been restricting freedom of movement: the lockdown or stay-at-home instruction. This measure is a practical and necessary method to stop virus transmission, prevent health-care services becoming overwhelmed, and thus save lives. On the 18th of March 2020, Cameroonian Prime Minister Joseph Dion Ngute closed its land, air and sea borders and on 30th March, the Minister of Health announced the imminent launch of a coronavirus test campaign in the city of Douala. Dedicated teams were to go door-to-door in the economic capital from April 2nd to 6th 2020. The first death occurred on 24th March 2020 and the deceased was the famous saxophonist Manu Dibango. By the end of March 2020 six persons had died from COVID-19 and by April 2020 there were 56 deaths¹³. The impact of lockdowns on jobs, livelihoods, access to services, including health care, food, water, education and social services, safety at home, adequate standards of living and family life can be very severe; freedom of movement is a crucial right that facilitates the enjoyment of many other rights.

ii. Restriction on freedom of expression

The Constitutions of most countries protect freedom of expression; however, as soon as these countries introduced emergency regimes to fight the Covid-19 pandemic, media rights were restricted by their governments. Claiming the need to protect the public from panic and keep people informed with correct data, some countries adopted new laws or added provisions to their criminal statutes penalizing the distribution of false news¹⁴.

iii. Restriction on freedom of worship

The COVID-19 pandemic has impacted religion and faith in different ways. Numerous restrictions have been implemented worldwide. Believers are in conflict with authorities' warnings that gatherings must be limited to combat the spread of the virus. Religion has always played a role of the balm for the soul, and the regular religious participation is associated with better emotional health outcomes¹⁵. Religion featured prominently in the early reporting on the coronavirus pandemic, often in a negative light. In South Korea, for example, it became clear by late March that gatherings at the *Shincheonji* Church of Jesus in the city of Daegu accounted for 5,080 confirmed cases of COVID-19, more than half the country's total¹⁶. A gathering of the Muslim missionary group *Tablighi Jamaat*, which hosts hundreds of preachers at its headquarters in New Delhi, was linked to nearly 30 percent of known cases in India¹⁷. Other *Tablighi* gatherings were tied to outbreaks in Malaysia and Pakistan. Clusters of infection elsewhere in the world have also been linked to specific religious communities¹⁸.

The COVID-19 pandemic has impacted religion in various ways, including the cancellation of the worship services of various faiths and the closure of Sunday schools, as well as the cancellation of pilgrimages, ceremonies and festivals ¹⁹. Many churches, synagogues, mosques, and temples have offered worship through livestream amidst the pandemic. Religious events are traditionally characterized by mass of people meeting in specific environments to pray or meditate.

¹³World Health Organization, Coronavirus disease 2019 (COVID-19) Situation Report 72, 2020. Available at 20200401-sitrep-72-covid-19.pdf (who.int). Accessed on the 11th of June 2021.

¹⁴Peter Roudik, *Freedom of Expression during COVID-19*, Europe, The Law Library of Congress, Global Legal Research Directorate, 2020.

¹⁵Oliwia Kowalczyk et al., Religion and Faith Perception in a Pandemic of COVID-19, UK, National Library of Medicine 2020

¹⁶ Katherine Marshal, "What Religion Can Offer in the Response to COVID-19", Bangladesh, the Daily Star, 2020.

¹⁶Burke, Daniel, "What churches, mosques and temples are doing to fight the spread of coronavirus", CNN. Accessed on the 11th of June 2021.

¹⁷Ibid.

¹⁸Katherine Marshal, "What Religion Can Offer in the Response to COVID-19", Bangladesh, the Daily Star, 2020.

¹⁹Burke, Daniel, "What churches, mosques and temples are doing to fight the spread of coronavirus", CNN. Accessed on the 11th of June 2021.

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Frequently, these events are long lasting and held in closed spaces. Some rituals include also a physical contact such as the hand sharing in "sign of peace" in Catholic churches. Therefore, theoretically, such events bear a substantial risk of SARS-CoV-2 spread within the community. Previous outbreaks showed us that this risk is possible. During the 2009 H1N1 influenza A and Middle East respiratory syndrome coronavirus (MERS-CoV) outbreaks, face mask use was low among pilgrims and, interestingly, the outbreaks coincided with the Hajj²⁰.

iv. Restriction on Freedom of Education

The right to education is equally a very important right; Article 26 of the Universal Declaration of Human Rights²¹ states that "Everyone has the right to education." In the same sense, Article 17 (1) of the African Charter on Human and People's Rights²² states that "Every individual shall have the right to education". The preamble of the constitution of 18th January 1996 which is part and parcel of that Constitution as guaranteed by Article 65 of the same constitution states that "The State shall guarantee the child's right to education". Widespread closure of schools has interrupted the education of more than 1 billion children. Reduction of care and protection services for children, including abrupt closure of care institutions and health services serving children has increased children's vulnerability to violence, exploitation and abuse.

4. CONCLUSION

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The disease was discovered in December 2019. On 31st December 2019, a series of pneumonia cases of unknown cause was detected in the People's Republic of China (PRC). The virus extended to Africa and the virus was confirmed to have reached Cameroon on 6th of March 2020 with its first confirmed case. On the 18th of March 2020, Cameroonian Prime Minister Joseph Dion Ngute closed its land, air and sea borders and on 30th March 2020, the Minister of Health announced the imminent launch of a coronavirus test campaign in the city of Douala. The virus has impacted negatively on the enjoyment of legal freedoms in the world.

5. RECOMMENDATIONS

It has become clear that most governments in the world underestimated the risks of rapid COVID-19 spread especially African countries and were mostly reactive in their crisis response. As disease outbreaks are not likely to disappear in the near future, this work recommends that proactive international actions are required to not only save lives but also protect economic prosperity. It is also important that all actors especially governments, ensure that international human rights, humanitarian and refugee law and standards are at the centre of all COVID-19 responses.

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²⁰Danilo Buonsenso, *COVID-19 and religion: risks and opportunities*, Global Health Research and Studies, New York, 2020

²¹Centre for Human Rights United Nations Office at Geneva 8-14 Avenue de la Paix, 211 Geneva l0, Switzerland ²²Adopted by the eighteenth Conference of Heads of State and Government of the Organization of Africa Unity, June 1981-Nairobi, Kenya, Universal Declaration of Human Rights and African Charter on human and Peoples' Rights.

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