



Impact of COVID-19 on Public Health Legislation and Immediate Actions MPs Can Take to Support the Coronavirus Response

01 Background

The World Health Organization declared COVID-19 a global pandemic on 11 March, 2020. Since then, countries have been acting to control the spread of the new virus, to prevent the overload of hospitals, to support and protect health care workers, and to ensure the safety to their citizens, including through rapid testing and the provision of available treatments.

In addition to decisive leadership from the Executive branch, Parliamentarians must play a central role in the COVID-19 response. Legislatures should act quickly to support the Executive in designing and enacting targeted, evidence-based legislation and to ensure robust oversight and accountability for all aspects of the response. However, as history has shown, there are serious risks associated with legislating during emergencies. Legislation passed during the COVID-19 pandemic will have long-lasting impacts on public health and human rights around the world.

O2 Purpose

The purpose of this briefing is to provide MPs with enough information to ensure that legislation developed to address COVID-19 is targeted, evidence-based and effective and does not unintentionally harm the response to other infectious diseases, such as tuberculosis (TB) and HIV.

03 Context

The famous expression 'Desperate times calls for desperate measures' might be well seen in times of the COVID-19 pandemic.





Moreover, this expression was likely first used by Greek physician Hippocrates, who wrote: 'For extreme diseases, extreme methods of cure, as to restriction, are most suitable'. But desperate measures often have unintended consequences. In the context of the COVID-19 pandemic, hastily enacted legislation, despite its good intentions, may impede the disease response while negatively affecting the most vulnerable in our communities, including people affected by TB.

Case in point: During the Ebola crisis in 2014, some Parliaments rushed to enact legislation in order to stop the spread of the deadly disease and to prevent future outbreaks. However, in some cases these laws were unfocused and counterproductive to their own purpose. Rather than targeting the unique Ebola virus, they were written overly broad to apply to all infectious diseases, including diseases as different as HIV, TB, yellow fever and even the flu. On the one hand, this meant that the laws failed to effectively target the Ebola virus disease and, on the other hand, it meant they set counterproductive and dangerous precedents for the response to HIV, TB and other disease.

In response to the coronavirus outbreak, many national and sub-national governments have declared states of emergency or states of exception. Parliaments are quickly developing and imposing restrictions on the movement of people within their countries. While social distancing and quarantine are acceptable and effective tools of the COVID-19 response, they must be targeted, proportional and non-discriminatory. Emergency laws such as these and others may be effective and justifiable during the pandemic stage of the coronavirus outbreak, but they may be harmful to public health in the long term if they sweep too broadly to include other infectious diseases and negatively impact the health and human rights of vulnerable populations.

The evidence is clear: we know from global, national and local responses to HIV that targeted, rights-based laws and policies, grounded in scientific evidence, promote a more effective, sustainable disease response.

Respect for human rights promotes better individual and public health outcomes, in encouraging people to seek testing, to start and complete treatment, and to support contact tracing and other efforts to prevent the





spread of disease. In other words: **respect for human rights protects public** health.

What MPs Can Do to Support the COVID-19 Response

Targeted, evidence-based interventions are needed to combat the coronavirus outbreak and to find and treat people with COVID-19:

- Most importantly, all laws, policies, executive directives and other interventions should be targeted to specifically address the coronavirus, based on the available science and evidence to stop the spread of the virus and to find and treat people with the illness;
- Laws, policies or directives should not use broad language like
 "infectious disease" or "non-communicable disease". All emergency
 interventions should explicitly refer to the coronavirus and COVID-19 as
 their targets, to make it clear and unambiguous.

Sunset provisions and Congressional oversight authority should be central to all COVID-19 legislation:

- 3. Sunset provisions establish a date or specific circumstances by which the law, policy or directive expires and ceases to be in effect. If a date is not advisable given the uncertainty of the situation, you may consider sunset provisions based on epidemiological data about the spread and control of the virus, such as the number of new cases, number of deaths etc. The means, for example, the law or policy explicitly states that it will no longer be in effect when the number of new cases or deaths reaches a certain point;
- 4. Oversight authority should be granted to an appropriate body composed, at least in part, of democratically elected Members of the Parliament to monitor and evaluate the effectiveness of the intervention, to consider its effect on the constitutional rights of the affected people, to watch for unintended consequences, including its impact on other public health programs for TB and HIV, and to make their reports public;





5. Oversight authority should be in the form of a series of periodic reviews to be completed by the oversight body, possibly every 2 week during the critical stage of the response.

What the Caucus Secretariat Can Help with:

- Set up regional calls with legal scholars to assess the problem
- Draft and share relevant materials such as legal assessments and other tools developed by partners
- Share messaging to support interventions, and best practises from other countries