TAKING STOCK AFTER TWO YEARS OF COVID-19

EXECUTIVE SUMMARY

When it became known in early 2020 that Covid-19 was becoming a global pandemic, it also became clear that governmental responses to the pandemic would have significant effects on democracy and human rights. At that time, International IDEA (supported by the European Union) began a programme to track what governments did and how that affected democracy and human rights. Now, with two years of data from International IDEA's Global Monitor of Covid-19's Impact on Democracy and Human Rights (Global Monitor), we can take stock of what has happened, and in which areas the events align with or differ from our expectations about how a pandemic might affect these vital areas of public life.

This report uses data from the Global Monitor to specifically examine the effects of the pandemic responses in six broad areas: (1) emergency legal responses and civil liberties, (2) freedom of movement, association, and assembly, (3) freedom of expression and media integrity, (4) privacy rights and contact tracing applications, (5) women's rights and minority rights, and (6) vaccination and fundamental rights. In each of the sections, the report describes the global trends in each of these areas, highlights cases that illustrate both positive and negative examples, and considers what the upcoming challenges will be.

The Global Monitor data show that 59 per cent of the 166 countries covered invoked some form of state of legal exception during the pandemic. While allowing for expansive governmental powers, such states of emergency were in some cases important to maintaining democratic processes during the pandemic, and among the countries where the protection of civil liberties declined the most, the majority had not invoked a state of emergency.

The rights that were most often affected by pandemic responses were those that relate to the physical aspects of public life, namely the freedoms of...
movement, association, and assembly. Almost every country in the world employed measures that limited the rights to association and assembly. The impacts of lockdowns varied significantly, and workers in the informal sector in many countries were severely impacted when restrictions on these rights prevented them from engaging in commerce.

Pandemic responses in some countries included laws and regulations that ostensibly sought to slow the spread of disinformation. However, there has been a longer-term trend of decreasing freedom of expression and media integrity, and some governments took advantage of the pandemic to pass laws against disinformation that appear designed to make it impossible for independent media outlets to hold the government accountable.

Seeking an unintrusive but effective method of tracking the potential spread of the virus, many governments developed and deployed contact tracing apps. While there are significant potential advantages to early warning about possible infection, best practices in terms of democracy and human rights in this area require both effective data privacy laws and a high level of public trust in the government.

Even the best pandemic responses had unintended negative consequences, and these fell disproportionately on the most vulnerable, including women and minorities. Lockdowns were associated with increased unpaid care work for women, and with heightened levels of domestic violence. It will take a concerted effort to reverse this significant setback in the effort to achieve gender equality. As vaccination programmes continue, the relatively lower level of vaccination acceptance among minorities or otherwise marginalized groups has the potential to prolong the pandemic in vulnerable communities.

Finally, the rate at which vaccines for this novel virus were developed, tested, approved, and distributed has been remarkable. However, the ongoing inequality in the distribution of vaccines is a glaring reminder of the broader economic inequality between countries. Ending the pandemic (and the protection of the right to health) requires significant progress towards vaccinating the majority of the population of every country.

During the pandemic, the advances in scientific knowledge of the virus and the communication of that knowledge to public health professionals and the public at large have been incredible. This has in turn enabled many countries to revise their approach to pandemic management over time, in many cases gradually developing regulations that infringe on fundamental rights and democratic processes to a lesser degree.

In this third year of the pandemic, it is more clear than ever which regulations can be understood to be necessary and proportionate, and which carry with them significant threats to democracy and human rights. We hope that this report will strengthen the work of all those who strive to keep governments accountable for the effects of their pandemic responses.
INTRODUCTION

The emergence and rapid, global spread of the SARS CoV-2 virus came as a shock to many people around the globe, but it is surprising that the world was not more prepared for it. In fact, scientists had been warning about such scenarios for at least three decades prior to the Covid-19 pandemic. Indeed, relatively recent but more localized disease outbreaks, including other variations of SARS, as well as Ebola, H1N1 (‘swine flu’) and MERS, had already provided lethal warnings of what was possible, not just in terms of public health and the state of the economy but with regard to democratic norms, rights and political legitimacy.

Yet, in the early months of the pandemic, governments everywhere were caught largely unprepared, struggling to respond effectively and efficiently. Even the strongest democracies with vibrant economies found themselves lacking the material, organization and capacity to confront the virus. Two years in, some countries are turning a corner, with high rates of vaccination allowing for the lifting of restrictions. In other places, however, the pandemic is still causing devastation.

In this analysis, International IDEA’s Global Monitor of Covid-19’s Impact on Democracy and Human Rights (hereinafter Global Monitor) provides an overview of the changing picture of governments’ responses to Covid-19 over the course of the last two years. Specifically, this report details trends in the use of emergency laws, restrictions on a range of freedoms, the impact on personal security and integrity, effects of the pandemic on women and minorities, and access to vaccines. It also offers guidance on what to watch going forwards, pointing to model responses and concerning patterns as the world adjusts to a new reality.

International IDEA’s data show an impressive amount of learning over the course of the pandemic. Even as borders closed and people stayed inside, electoral management bodies and legislatures quickly learned how to make innovative adaptations that allowed people to vote safely and government business to proceed. Individuals and civil society groups could continue to participate and make their voices heard as more diverse channels and modalities of communication opened.

At the same time, other lessons were harder to learn. For example, even as the scientific evidence revealed that border closures had limited effects, countries continued to impose them, sometimes in ways that appeared to be driven by racial bias and geopolitical considerations rather than public health. It also quickly became clear that governments would struggle to find the right balance between public safety and respect for individual rights. Data show that the most vulnerable rights were the freedoms of movement and assembly, followed by the freedom of expression.

Finally, it is clear that regimes and individuals with pre-existing conditions and vulnerabilities have been the most severely affected by the pandemic. Regimes
that were already struggling to respect democratic rights took advantage of the pandemic to increase restrictions and consolidate more power. Individuals and communities that were already marginalized tended to suffer disproportionately from the effects of the pandemic. Progress towards gender equality, for example, was significantly stalled.

New variants of Covid-19 are already looming, and it is clear that this virus will continue to affect life for the foreseeable future. As countries increasingly learn to live with this new reality, critical reflection on lessons learned will help prepare for the future.

1. EMERGENCY LEGAL RESPONSES TO THE PANDEMIC

We might have expected that national governments would be quick to institute some kind of emergency legal response to deal with the pandemic. The restrictions on fundamental rights and democratic processes that were unavoidable parts of the lockdowns and other public health decisions could not have been legally sustained in many jurisdictions without some form of state of legal exception. Our expectations of what this would involve are shaped by previous moments of national and international crisis. But what has the response to the Covid-19 pandemic looked like thus far, and how might it evolve going forwards? Has it followed suit from the shorter states of emergency (SoEs) introduced during past pandemics, such as the H1N1 ‘swine flu’ pandemic in the United States from 2009 to 2010 and subsequently the Ebola outbreaks in Western Africa in 2014, or has it been more like the rule of an almost permanent (yet undeclared) emergency seen in the wake of the 2001 terrorist attacks? As the second full year of the pandemic comes to an end, there is a great deal of variation between countries in terms of their approach to emergency powers. Some emergency legal responses are now entering their third year, some countries have started and ended three or more SoEs, and others dispensed with any emergency legal response after the first wave.

1.1 Global trends

In broad terms, the Global Monitor’s tracking of SoEs during the pandemic shows that 59 per cent of the countries covered invoked a state of legal exception of some kind during the pandemic (Figure 1). This broad category

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includes both constitutional states of emergency and other types of emergencies under administrative law, such as a ‘state of pandemic’ or ‘public health emergency’. This variation is important to consider, as each type of legal mechanism includes different powers of government. Under a constitutional state of emergency, both domestic and international law may allow for derogation of some fundamental rights, subject to necessity, proportionality and time-boundedness. However, even under a more specific form of emergency (such as a public health emergency), there may be provision for redirection of funds and increased discretionary power for executive agencies—but not derogation of fundamental rights. These are envisioned to be more limited and direct emergency provisions, not rising to the same level of exception as a constitutional state of emergency.

The variation in the use of SoEs across levels of democratic performance is noteworthy (Figure 2). While we might have expected high-performing democracies to make the most use of SoE provisions to fully justify infringements of human rights and maintain the rule of law during an emergency, it was actually mid-range and weak democracies, along with

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Figure 1. States of emergency and civil liberties

![Diagram showing different scenarios involving the declaration of an emergency and violations of civil liberties](https://www.idea.int/gsod-indices/covid19globalmonitor)


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7 Variation in the vertical distribution of powers is also notable here, as some countries saw emergencies declared at a subnational level (e.g. in provinces), while others did so at the national level.
hybrid regimes, that most often invoked an SoE. In these contexts, democratic procedures have a level of institutionalization sufficient to require that when the government claims new powers it must follow a legal procedure, but not such a high level of democratic consolidation that these kinds of moves face strong opposition (as they would in high-performing democracies). High-performing democracies appear to have had the capacity to legislate their way through the crisis, while in authoritarian regimes declarations of emergency were not needed for the government to take extreme steps.

Our data also show some important temporal variation (Figure 3). While in retrospect the number of cases of Covid-19 was quite low in the first wave of the pandemic (first quarter of 2020), the number of emergencies declared during the pandemic was highest at that point. As the pandemic seemed to recede later in the second quarter of 2020, many emergencies were allowed to expire (in cases where they were time-bound by statute) or affirmatively ended. However, as the number of cases (and attendant pressure on health infrastructure) rose during and following the third quarter of 2020, many countries reintroduced an SoE for a second, third or even fourth time. By the time of the Omicron wave in late 2021 and early 2022, it was clear that the use of SoEs was delinked from case counts. As of March 2022, 20 per cent of countries have kept the first SoE in force and another 44 per cent have reintroduced an SoE.8

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1.2 Noteworthy cases

Given both the large number of countries that invoked an emergency law, and the variation in the specific forms that those emergencies have taken, there are many cases that deserve some discussion. In the interests of brevity, this report highlights three—Botswana, Republic of Korea and Turkey. These three cases encapsulate successes and failures in a process of domestic and international learning regarding the appropriate legal responses to a public health emergency. Moreover, the selection of the three cases illuminates how different regime types (i.e. democracies such as Botswana and the Republic of Korea versus hybrid democracies such as Turkey) have responded to the pandemic—while taking into consideration those choosing to adopt SoEs (Botswana) and those that have not (the Republic of Korea and Turkey).

For only the second time since it gained independence in 1966, Botswana invoked a constitutional SoE at the end of March 2020. Following the constitutional procedure, the President declared an SoE for an initial 21 days and convened a special session of parliament to approve an SoE to last six months.\(^9\) Taking note of the national historical significance of the moment and the objections of opposition parties, the deliberations in parliament were broadcast live on national television.\(^10\) The SoE was renewed by the parliament

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at six-month intervals until being allowed to expire in September 2021. While on the face of it the long duration of the SoE is concerning, the conformity with constitutional requirements and care with which the process was initially treated both set a good example. A few months after the SoE ended, Botswana’s Auditor General found the measures taken to be justified and recommended legislative changes that could lead to better legal arrangements in future crises.\(^{11}\)

The Republic of Korea is a notable success in the development and utilization of a legal framework that specifically considers the potential impacts of a pandemic. The government opted to enact public health measures under the powers outlined in the Infectious Disease Control and Prevention Act (IDCPA), arguing that the pandemic did not meet the conditions necessary to declare an emergency.\(^{12}\) This legislation had been updated in the wake of the MERS outbreak in 2015. More broadly, the Republic of Korea has 37 specific pieces of legislation in place to deal with many kinds of emergencies.\(^{13}\) Problems with the Republic of Korea’s response to the spread of the MERS virus had informed a number of revisions to the IDCPA that helped the government track the spread of viruses, but also created new concerns about privacy and data protection. Most notably, the contact tracing system (among other things) includes publishing the movements of persons later identified as infected.\(^{14}\) While the data are anonymized, it can be enough to identify some individuals.

Similarly, Turkey managed the first two years of the pandemic without any form of emergency, relying instead on an existing law on public health. However, unlike the Republic of Korea’s relatively new legislation, the law that was used in Turkey was already 90 years old.\(^{15}\) During the pandemic, the government introduced many measures whose legal basis was at least questionable, and that did not benefit from oversight and scrutiny from the legislature or the courts.\(^{16}\) Moreover, the government used the pandemic as an excuse for further actions to repress political opponents, journalists and civil society organizations not aligned with the governing party.\(^{17}\) The combination of a lack of formal invocation of constitutional emergency powers (and their attendant

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\(^{16}\) Ibid.

serious scrutiny) and the use of the pandemic as an excuse for further repression make Turkey stand out as a cautionary example.

1.3 What to watch
In countries with high levels of vaccination, and where public health officials have made recommendations to return to some semblance of normality in public life, it is important to watch for any unnecessary extensions to any state of legal exception. Any extraordinary powers that have been granted to the executive branch should be rescinded. At the same time, legislative committees must carefully account for how such powers were used (or abused).

The pandemic remains an ongoing concern in many countries of the Global South where vaccination rates are relatively low. Here, there may be some justification to continue states of legal exception through 2022 and into 2023. However, what we know about the virus in 2022 is very different from what we knew in 2020. The kinds of extraordinary steps born of uncertainty in the face of a dangerous virus may no longer be justified given our current understanding of the transmissibility and virality of the Covid-19 virus. Moreover, countries around the world have demonstrated the possibility of holding elections, court hearings and legislative assemblies despite the virus, so any further delays in such necessary parts of democratic government must be scrutinized carefully.

2. FREEDOM OF MOVEMENT, FREEDOM OF ASSOCIATION AND ASSEMBLY, AND LOCKDOWNS
The Covid-19 pandemic is the latest in a line of global virus outbreaks that have disrupted national healthcare systems, but the novel coronavirus has posed unprecedented challenges and caused unique societal and economic disruption. The global response to the Covid-19 pandemic has included severe curtailments of civil liberties in the interests of protecting public health. Governments across the world have imposed strict curfews and lockdowns, and public gatherings have often been limited (or even banned completely) in efforts to mitigate the spread of the virus. Many of the containment measures implemented were observed in the past to counter other viruses—for example, SARS, H1N1 and Ebola. However, lessons from those experiences have largely been overlooked.

In the absence of vaccines and antiviral drugs, measures constraining public behaviour have been enforced by governments in all health crises over the centuries. When the Covid-19 outbreak began in late 2019, most nations followed the script and lockdown measures were implemented simultaneously and successfully around the world. While limitations on civil liberties have been necessary and shown to be effective in some cases, they have had significant negative externalities—potentially far beyond what was anticipated at the time that these measures were introduced. Governments most likely expected the economic repercussions, but perhaps took too little notice of how
these measures would have second- and third-order effects on public safety, xenophobia and hate crimes. The Covid-19 pandemic has brought structural and social issues to light and, just as we have seen in previous epidemics and pandemics, disproportionately affected the most disadvantaged groups in society.¹⁸ Many policies implemented to curb the virus have amplified the vulnerabilities of the poor, those in low-paid or unstable employment, people with underlying health issues and people for whom healthcare is less affordable or accessible.¹⁹

2.1 Global trends
Freedom of movement and freedom of association and assembly are the rights that have been affected the most by government responses to the pandemic.²⁰ Common policies such as border and school closures, closures of non-essential establishments, restrictions on social gatherings and household confinement all limited the exercise of these rights. But the effectiveness of measures across regions differs and has been threatened by structural challenges and vulnerabilities across countries, including, but not limited to, weak health systems and informal economies.

Restrictions on freedom of association and assembly were implemented by almost all countries in the world (98 per cent), with Turkey and Yemen as the only exceptions since the start of the pandemic. These restrictions included school and business closures, bans on public events and limitations on the size of private gatherings. At least 89 per cent of countries introduced a lockdown during the pandemic, and 52 per cent reinstated lockdown measures during later waves of infections. In Asia and the Pacific, 91 per cent of countries introduced lockdowns. This was followed by Africa (90 per cent) and Europe (86 per cent). Measures of concern from a democracy and human rights perspective, which refer to actions that violate human rights or democratic benchmarks because they are considered either disproportionate, unnecessary, illegal or indefinite, have occurred in 22 countries, of which 6 (Bahrain, Cuba, Iraq, Israel, Libya and Russia) also had concerning developments regarding Freedom of Movement.

Education and schooling have been severely affected by these restrictions. At least 97 per cent of governments enforced the closing of schools and learning centres during the pandemic. This has created disruptions, particularly in Africa and Latin America, where almost all countries closed schools at some point. At the end of January 2022, schools remained closed in 15 African countries (30 per cent) and 40 per cent of countries in Latin America.

Many countries have relied heavily on the military to enforce lockdowns and curfews, predominantly across Latin America (40 per cent), but also in Asia and the Pacific (29 per cent) and Africa (22 per cent) (Figure 4). All countries in Latin America have restricted freedoms of movement and assembly; 78 per cent of countries in the region implemented lockdowns and 78 per cent have also experienced excessive use of police force.

Restrictions have been stricter in non-democratic regimes; an example is China during the Covid-19 pandemic as well as the SARS outbreak in 2003. More broadly, the Global Monitor data show how strict lockdown policies have been linked to excessive use of force by the police and the use of militaries for maintaining public order. In some cases, this has taken place in countries where the military has a history of illegitimately intervening in the political system, such as Brazil, Ethiopia and Thailand. The potential repercussions that these domestic uses of military resources may have for democracy must be considered.

All countries in the world have placed some form of restriction on freedom of movement during the pandemic (Figure 5). A variety of border closure policies have been almost universally implemented since the early stages of the pandemic, ranging from restrictions on travel from specific countries

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**Figure 4. Restrictions on freedom of association and assembly and enforcement**


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to complete bans on entry. ‘Concerning’ developments with regard to the Freedom of Movement measure have been identified in 26 countries.

The Global Monitor indicates at least 86 per cent of countries have introduced border closures, yet their effectiveness in reducing transmissions is disputed. Research in public health prior to the Covid-19 pandemic had suggested that travel bans could be effective in delaying the spread of Covid-19, but that such measures were unlikely to completely stop it. In the case of Ebola, travel bans set in place in the Western African region were effective to some degree in reducing the number of imported cases and delaying further international transmission, albeit by a few weeks. Evidence from the first year of the Covid-19 pandemic also suggested that travel restrictions had some limited effects early in the pandemic, but became ineffective as soon as the virus had established itself. Despite this, some of the travel bans lasted several months after local transmission of the virus was much more prevalent than the arrival of new cases from abroad. These type of unjustified restrictions of travel and trade during outbreaks can have a massive economic impact on affected countries, as was observed in past responses.

Potential linkages between the rise in hate crimes (particularly against people of East Asian descent) and unjustified restrictions on freedom of movement deserve further research, but it is possible that such restrictions provoke hostility towards those who have ancestry in the countries affected.

Although immigration proceedings were often halted due to border closures, some countries implemented policies specifically restricting travel for refugees and asylum seekers. For example, the government in Guatemala banned entry of migrants who had been deported back to the country. In Hungary, the admission of asylum seekers was suspended and the government announced the closure of transit zones at its southern border, citing the pandemic as a pretext. This measure was investigated and declared unlawful by the Court of Justice of the European Union.

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23 Ibid.
2.2 Noteworthy cases

Reference to a few concrete cases can help illustrate the widely diverging approaches to the application of restrictions on these particular liberties to control the spread of the virus. New Zealand is in many ways a singular country, and its high level of economic development in concert with its geographic isolation allowed it to experiment with reliance on restrictions on movement to control the pandemic. Countries that did not enjoy those advantages had to make difficult decisions about the extent to which the economic realities of their population could support restrictions on association and movement. Mexico provides an example of a country that has tried several different approaches—first prioritizing controlling the spread of the virus, and then adapting to the economic needs of workers in the informal sector. Finally, this report turns to the USA, as an illustration of how travel restrictions have been applied without considering change over time and the probabilities of local infection compared with infection via travel.

The case of New Zealand provides a positive example, where lockdown measures proved to be necessary, justified and highly successful (for a time). New Zealand introduced strict lockdown and border measures early in the pandemic, including the first border closure in the country’s history (in effect from 19 March 2020 until 27 February 2022).31 These measures were initially successful in preventing community transmission, and New Zealand was

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declared Covid-free by June 2020—thereafter enjoying openness domestically at the expense of a closed border. The restrictions imposed by the government in response to the pandemic were reviewed by the New Zealand High Court and unanimously found to be justified under human rights law. However, the country was unable to avoid the outbreak of the Delta variant of the virus and, as the Omicron variant became a concern, announced that it would not respond with further lockdowns.

Lockdowns and other pandemic control responses have been applied by upper-middle and high-income countries such as China and the USA and across Europe. However, the implementation of such ‘blanket policies’ has failed to consider the structural challenges and vulnerabilities of developing countries. Where there are high unemployment rates and most of the economy is informal, the effectiveness and impact of such measures may not be the same, exacerbating inequalities as governments fail to address economic grievances. For example, in Latin America 80 per cent of individuals in the bottom quintile of the population work in the informal sector. Similarly, the informal sector accounts for 81 per cent of jobs in Africa, and is the main source of employment.

An illustrative example is the case of Mexico, where the informal economy accounts for about 55 per cent of the labour force and 30 per cent of the country’s gross domestic product (GDP). Street vending has been an important part of Mexican culture, especially in Mexico City, where 1.2 million people are part of this informal sector and rely on their ability to work in public spaces. Covid-19 confinement measures and restrictions on economic activity have been devastating for many informal workers, who have faced greater economic uncertainty and been deprived of adequate social protection mechanisms. When a national lockdown was introduced in March 2020, Mexico City’s informal commerce was banned and established businesses were closed. This created widespread discontent among vendors, who in desperation took to the streets in July that same year to demand they be allowed to sell again. After lockdown measures were prolonged in December 2020, hundreds of formal and informal food establishments across Mexico City reopened in a show of defiance in January 2021. This was a response to the government’s ban on non-essential activities, petitioning for restaurants to be considered an essential activity, which would allow them to open during the city’s ‘code red alert’. In mid-January 2021, the local government of Mexico City

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reconsidered the inclusion of restaurants in the list of essential activities after several protests related to the economic crisis and unemployment.37 There were similar—(mostly) unintended—negative consequences to restrictions of freedom of movement. For example, travel bans in the USA specifically targeted and disproportionately affected various migrant populations. One of the clearest examples is the long-lasting ban on travel from China to the USA (in force from January 2020 to September 2021)—even after the USA became the leading location of Covid-19 cases in the world and China had almost stamped the virus out.38 The US Government also authorized the expulsion of undocumented people who had entered the country without being offered the opportunity to claim asylum under a public health order aimed at limiting the spread of the virus.39

2.3 What to watch

While the justifiability of restrictions on the rights to freedom of assembly and association will vary with the national context, our current understanding of the virus makes many restrictions much harder to justify in 2022 than they were in 2020. We now know that the virus is unlikely to spread in outdoor settings (and even less likely when masks are in use).40 This makes any outright ban on outdoor gatherings exceedingly difficult to justify. Groups in many countries have shown that it is possible to organize protests and other gatherings outdoors and maintain reasonable public health precautions while doing so. While (as in other areas of public life) the overall vaccination rate in the population is an important factor in determining the risk level of these events, our understanding of how the virus spreads outdoors suggests that masked and spaced protestors or crowds present very low risk for virus transmission. Therefore, continued restrictions on freedom of association and assembly outdoors should be viewed with suspicion.

New variants of the virus that causes Covid-19 will continue to emerge in the near future.41 Therefore, it is likely that some governments will choose to bring in new restrictions on freedom of movement when that happens. However, we have clearly seen that such restrictions can at best delay the inevitable community spread of such viral variants. New Zealand’s experience is instructive here. Therefore, restrictions on freedom of movement that last beyond the point of community transmission must be viewed as problematic at the very least. Such restrictions must also take into account differential

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37 Infobae, ‘CDMX: estas son las restricciones y medidas que deben cumplir los restaurantes para reabrir hoy 18 de enero’ [CDMX: These are the restrictions and measures that restaurants must comply with to reopen on 18 January], 18 January 2021, <https://www.infobae.com/america/mexico/2021/01/18/cdmx-estas-son-las-restricciones-y-medidas-que-deben-cumplir-los-restaurantes-para-reabrir-hoy-18-de-enero/>, accessed 6 April 2022.


effects on immigrants and emigrants. Citizens must not be prevented from returning home, and immigrants should not face undue burdens in following legal processes for border crossing. The differentiated regional impact calls for territorialized economic, health and social policy responses.

3. FREEDOM OF EXPRESSION AND MEDIA INTEGRITY

3.1 Global trends
When the pandemic arrived in the early days of 2020, media integrity and freedom of expression were already in crisis in most of the world (Figure 6). This crisis was rooted in two separate but interconnected phenomena—a business model that did not allow traditional media to compete with the rise of digital access to media, and unregulated social media, which allows for the rapid spread of propaganda and misinformation and disinformation. In several countries, the responses to the pandemic have exacerbated and deepened this crisis, with corresponding declines in the measures of Freedom of Expression and Media Integrity. Before the pandemic, only 34 countries were classified as high performing in Freedom of Expression and Media Integrity at the same time, with only two of those in Africa and three in Asia and the Pacific. The virus presented a perfect window of opportunity to accelerate the erosion in freedom of expression that, according to the data, has been leveraged by many governments.

From the beginning of the pandemic to February 2022, a total of 93 countries have registered 'concerning developments' related to Freedom of Expression and/or Media Integrity. Regionally, Asia and the Pacific is the most affected region with 75 per cent of countries registering 'concerning developments'. Yet, in all regions except Europe, more than 50 per cent of countries have taken actions or passed laws that were labelled as 'concerning' by the Global Monitor.

Parallel to the media crisis, government attempts to regulate online activities have often resulted in reduced space for freedom of expression. Indeed, as a result of the expansion of online services and the ongoing digitalization of society, many governments have come to see online content as a threat to their authority. Part of the threat is tied to the nature of the digital space, which is not clearly attached to a specific physical location. This ambiguity makes it difficult for state security apparatuses to act using traditional measures of control. The opposite can also be true, as digital social movements online may be more vulnerable to invasive surveillance or effective public

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43 In this section, the term 'freedom of expression' is used to encompass the aspects covered by the Global State of Democracy measures Freedom of Expression and Media Integrity.
harassment campaigns. In addition, because many platforms are based in different jurisdictions it is sometimes unclear which legal code is applied for online activities. The legal framework regulating the online space is still fluid, providing certain protections to social movements and activists, especially in highly repressive regimes, but also prompting uncertainty that precipitates conscious and unconscious self-censorship.

Over the course of the pandemic, freedom of expression declined as a result of three phenomena: (1) a wave of repression of journalism; (2) a flood of pandemic-related disinformation that continues to jeopardize public health measures; and, as a consequence, (3) an increase in legislative changes that entrench restrictions on the right to freedom of expression, especially online (Figure 7).

First, reporting by journalists has been limited by restrictions to movement and travelling, and by the economic crisis that many media outlets have suffered through the erosion of traditional sources of funding. However, the most notable obstacle for reporting during and about the pandemic has been intimidation, harassment and criminalization of journalism. Examples of harassment, repression and intimidation of journalists abound, with at least 50

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regimes having arrested or harassed journalists or having obstructed reporting on the pandemic. In Kazakhstan, journalists critical of the government’s handling of the pandemic have been arrested and harassed. In Cambodia, journalists have been vaguely accused of ‘incitement’ for their independent reporting on Covid-19, with scores of them being arrested and sentenced to prison. In Eswatini, the police raided the houses of journalists who had been critical of the king and his government’s management of the pandemic, seizing laptops and threatening them with accusations of ‘high treason’—a crime which can be punished by the death penalty in the country. One Eswatini editor had to flee to neighbouring South Africa after being subject to torture by the police. These examples show how critical journalism, a key component of healthy democratic societies and also a fundamental part of effective responses to crisis, has been severely hampered in many countries.

The second phenomenon is the ‘infodemic’ defined by the World Health Organization (WHO) as ‘too much information including false or misleading

Figure 7. Countries with violations of Freedom of Expression and/or Media Integrity

There are two forms of false information that have influenced public opinion during the pandemic—collaborative and state-sponsored disinformation. Collaborative disinformation refers to false narratives that spread from diverse online communities organically, eventually reaching ‘superspreaders’. Superspreaders of disinformation are those users with accounts that have a large base of followers and through whom issues can become viral. The second form, which is more worrying for democracy, refers to state-backed disinformation, both from abroad and from national governments. For example, China engaged in coordinated influence operations in many countries to counter negative depictions around the Chinese Government’s handling of the virus. Interestingly, these operations recycled existing networks used to target democracy activists in Hong Kong and to push pro-China narratives on the Hong Kong pro-democracy movement. In the same way, many governments, including the governments of Brazil, India and the USA, have used disinformation practices to push denialist narratives about the pandemic. In Brazil, networks linked with President Jair Bolsonaro have spread narratives

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19 INTERNATIONAL IDEA

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Box 1. Social media companies’ response to the pandemic

Social media was flooded with disinformation from the early days of the pandemic. The main platforms were fast to react. Most social media networks prohibited disinformation regarding Covid-19 and increased their fact-checking and integrity measures, while at the same time ramping up efforts to provide links to accurate information. On the other hand, TikTok banned disinformation on vaccines but not on the virus or prevention measures, whereas Twitch did not apply any ban on Covid-19 disinformation. Labels identifying potential disinformation were widely used, including on Spotify and Facebook, but notably not on YouTube, Snapchat or Twitch.

The actions of social media platforms during the pandemic provide some useful lessons. They demonstrate the limited impact that self-regulation measures might have. Even with these active measures in place, disinformation has still managed to reach a broad audience. Even if it is plausible to think that disinformation might have been more impactful without these actions, it seems clear that they are not enough to stop disinformation fully.

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2 Ibid.

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[52x390]information in digital and physical environments during a disease outbreak’ (see Box 1). The infodemic has been a threat to public health and democracy since the beginning of the pandemic.51

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diminishing the effects of the virus or promoting unscientific methods, in line with many of the President’s statements.54

Third, both the rise of pandemic-related disinformation and the increasing repression of independent journalism have created the perfect storm for the restriction of freedom of expression. A wave of repression has engulfed countries from Nicaragua to Uzbekistan and from Cuba to Hungary. The legitimate fight against disinformation and the desire of many regimes to further silence critical journalism, often combined with extended emergency powers, have created a window of opportunity to pass repressive legislation. Although some of the legislation might be legitimate, especially when passed through legal channels that respect the rule of law and include oversight, many of these laws are disproportionate or unnecessary. For example, Russia and Uzbekistan have criminalized disinformation, with up to five years in prison in the case of Russia.55 In Malaysia, during the SoE, the government introduced an emergency ordinance that utilizes many of the key repressive aspects of the revoked Anti-Fake News Act (AFNA).56 The Nicaraguan Parliament, which is under full control of the executive, passed the highly repressive Cybercrimes

Collaborative disinformation refers to false narratives that spread from diverse online communities organically.

Law in 2020.\textsuperscript{57} In total, according to the Global Monitor, nearly 25 per cent of countries have passed new legislation related to disinformation that is either temporary or permanent and that in many cases might further erode freedom of expression (Figure 8).\textsuperscript{58} Democratic performance is a good predictor of these laws, with weak democracies and authoritarian regimes being the most likely to implement such measures (Figure 9).

### 3.2 Noteworthy cases

On 17 March 2020 the Azerbaijani Parliament amended the country’s law on information to hold the owners of websites providing ‘false information’ on certain topics legally liable.\textsuperscript{59} Although the amendments were framed as a necessary response to pandemic-related disinformation, activists and observers were critical, given the government’s track record of suppressing freedom of expression and a simultaneous spate of arrests of opposition activists under the pretext of violating coronavirus restrictions.\textsuperscript{60}

Those fears turned out to be warranted, as the amendments marked the beginning of a new era of escalatory limits on freedom of expression in the country. When it launched the offensive that began the Second Nagorno-Karabakh War in September 2020, the Azerbaijan Government shut off large

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parts of the Internet and arrested and harassed activists who made anti-war
statements.61 An even more restrictive media law was approved by President
Ilham Aliyev in February 2022, which local journalists and international human
rights institutions condemned as an arbitrary and grave restriction of freedom
of expression and the media.62

3.3 What to watch
The effects of the pandemic on freedom of expression and media integrity
will be sorely felt in the quality of democracy globally in the years to come.
First, the legitimate aim of combatting falsehood has been perverted, with a
negative effect on democratic quality and debate. The new regulations widen
the repression toolkit of authoritarian and hybrid regimes, especially online. In
some cases, democracies have also acquired repressive tools to gag critics
and opposition parties and civil society organizations. Second, many of these
laws also pose a conundrum to private service providers, which must comply
with local legislation even though it means becoming the implementing arm
of a repressing apparatus in many countries. Not doing so will jeopardize the
safety of their staff. Third, overarching measures might further compromise
a unified, free and open Internet, which is today a fundamental space for
political debate. Authoritarian powers such as China and Russia have pressed
to compartmentalize the Internet to further their control of their own citizens
but also to increase their sway over foreign governments and populations.
Last, the pandemic has left profound scars on the media, in the shape of new
legislation but also increased repression and economic hardship. Without free
media, democracy is not possible.

4. CONTACT TRACING APPS

During the early days of the pandemic countries had few tools to contain the spread of Covid-19. With no treatment or vaccines available, infection prevention was critical and strategies relied heavily on effective contact tracing—a process that aims to break the chain of transmission by identifying and notifying individuals who have come into contact with a confirmed case. The ability of contact tracers to carry out this work manually, however, was quickly called into question as the rapid speed of infection became apparent. With mounting cases pushing overburdened health services to their limit, governments needed to find ways of enabling contact tracing to keep pace.

That so many turned to mobile phone contact tracing applications (CTAs) is perhaps not surprising. History tells us that governments often seek out novel technological solutions during crises. A more precise indicator of the direction of travel was the early success that some East Asian countries had in containing the virus with digital contact tracing. While these successes were attributable as much to non-technological interventions as to technological ones, it was the latter that caught the attention of the rest of the world.

And what of the barrage of privacy complaints that accompanied the deployment of so many of the CTAs? This, too, is not surprising. The pandemic response of many countries has been characterized by trial and error and this was certainly the case for the development of CTAs, which as this report will show, was rapid and in many instances misjudged the balance between data collection and safeguarding individual privacy. Personal data have an important part to play in helping health authorities respond to public health emergencies but ensuring that the way in which such data are collected and used preserves users’ fundamental right to privacy is essential to winning their trust and to the health of democracies.

4.1 Global trends

Data show that 51 per cent of countries covered by the Global Monitor deployed a CTA over the course of the pandemic, with the highest proportion in the Middle East (71 per cent) and the lowest proportion in Africa (24 per cent). It was, however, in Asia (in China) where the first CTA emerged in February 2020. What followed was a global scramble to develop national equivalents.

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as Covid-19 spread. By 21 May 2020, at least 14 countries had launched CTAs, including Australia, Austria, Czechia, Ghana, India, New Zealand, Qatar and Thailand. Also developed during this period was Apple and Google’s ‘privacy preserving’ software that would provide the basis for the apps deployed by a large number of European countries and US states, as well as a much smaller number of countries in other regions. By January 2021 there were 49 CTAs in 48 different countries (Figure 10). The development of CTAs is related to national wealth, but the data show that countries with higher levels of legal development and bureaucratic quality are more likely to have the app than others at the same level of development (Figure 11).

The fast pace at which this novel technology (and the accompanying data policies) was rolled out resulted in CTAs that were beyond the privacy tolerance of their intended user bases. As privacy concerns proliferated, efforts were made by governments to recalibrate the CTAs in favour of greater privacy protections.

To understand the different balances the manifold CTAs have struck between data collection and safeguarding individual privacy, it is instructive to examine the choices governments made in relation to four core characteristics: (1) how data are stored; (2) how contacts are identified; (3) the volume and sensitivity of personal data collected; and (4) whether use of the app is voluntary.

CTAs store data in one of two ways: they store it either on a central server (centralized system) or locally on the user’s mobile phone (decentralized system). By placing sensitive data in the hands of the entity that controls the server (generally a state institution), centralized systems require high levels of trust in the state. The centralization of the data also increases the cybersecurity risk, as it creates a single repository that is more vulnerable to

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Data show that 51 per cent of countries deployed a contact tracing app over the course of the pandemic.

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security breaches from nefarious non-state actors. The Republic of Korea’s experience with digital contact tracing (see Section 4.2) shows how states that wish to take advantage of the benefits that a centralized system offers (e.g. it allows states direct **oversight** of user data) can mitigate its vulnerabilities by developing robust cybersecurity protections and data protection policies.72 When developing their software, Apple and Google prioritized **user privacy** and so opted for a decentralized system that avoided the aforementioned, highly publicized privacy risks associated with centralized data storage.73 This means that all the apps employing Apple and Google’s software, including the UK’s NHS Covid-19 app, are decentralized.74

The method CTAs employ to identify contacts also has significant privacy implications. Again, these methods fall into one of two categories: (1) a Bluetooth-based method; and (2) a location-based method. Bluetooth-based methods use Bluetooth signals to enable ‘digital handshakes’ between geographically proximate mobile phones, which are then recorded in an

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72 Hogan, K. et al., ‘Contact tracing apps: lessons learned on privacy, autonomy, and the need for detailed and thoughtful implementation’, *JMI Medical Informatics*, 9/7 (2021), e27449, [https://doi.org/10.2196/27449](https://doi.org/10.2196/27449).

73 Ibid.

This method, therefore, does not collect personal data that reveal a user’s movements. By contrast, location-based methods work by comparing where people have been, which necessarily involves collecting detailed geolocation data to map a user’s movements. The nature and volume of data that the CTAs collect, however, is not determined by the contact identification method alone. As well as identifying contacts, many of the apps also track a user’s symptoms and ask or require the user to submit information on their health and other personal data (data that can identify a user). There is variation among the apps in the collection of this form of data. The Irish Covid tracker app, for example, offers users the option of submitting data on their symptoms and a limited amount of additional personal data, namely the county and town in which they live, their age group and their gender. India’s Aarogya Setu app takes a different approach, asking users to submit a significantly larger volume of personal data, including their symptoms, name, telephone number, gender, profession and details of the countries they have visited. Further details on the Aarogya Setu app can be found in Section 4.2.

Many of the apps track a user’s symptoms and ask the user to submit information on their health and other personal data.

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As well as differing in the degree of control they allow users to have over their data, countries have also taken different decisions on consent and on adoption of the app. While the majority of apps are voluntary, some countries, such as Qatar and Saudi Arabia, have made adoption of their app mandatory.78

The effectiveness of apps, whether mandatory or voluntary, requires widespread use—early in the pandemic experts suggested that an uptake rate of 56 per cent would be required to suppress Covid-19, although they recognized that a lower number could reduce case numbers and deaths.79 High uptake of voluntary apps, however, requires user trust in the CTA, which has been found to be closely related to trust in government.80 The fact that available data show that voluntary apps have struggled to reach the 56 per cent uptake threshold points to an important trust shortfall.81

4.2 Noteworthy cases

Following its launch in April 2020, India’s CTA, Aarogya Setu, has attracted strong criticism over the volume of user data it collects, with local and foreign experts claiming that it breaches the widely recognized principle of **data minimization**—a requirement that data collection be limited to what is strictly necessary.82 This criticism draws on the amount of personal information that users are asked to submit (see above) and on the fact that, unusually, Aarogya Setu employs both Bluetooth and location-based methods to identify contacts and in the process collects more data than the majority of CTAs that use just one. Such privacy concerns have been exacerbated by frequent changes to the app’s privacy policy and the absence of a personal data protection law in India, which have given rise to fears that users’ data are not being sufficiently protected.83


The Republic of Korea offers a good example of how a country can mitigate the risks of collecting and centrally storing sensitive personal data by developing robust cybersecurity and data protection regulations. Like India, the Republic of Korea recorded intimate data on Covid-19 cases, including detailed information on residents’ movements. These data were stored on the country’s Covid-19 Smart Management System (SMS), which allowed health authorities to quickly identify and respond to large-scale transmission. That this approach enjoyed widespread public support owed much to the cybersecurity measures put in place to protect the SMS (including a dual firewall) and to data protection regulations that circumscribe data access to a limited number of epidemiological investigators and require the deletion of personal data after 14 days.

4.3 What to watch
Experts predict that regardless of how effective CTAs prove to be in combatting Covid-19 (and questions over their effectiveness certainly remain), digital contact tracing is likely to play a part in combatting future disease outbreaks. So what lessons does the Covid-19 experience have for the next pandemic?

Trust deficit
Reviewing the development and penetration of CTAs around the world, it is hard to escape the importance of trust. Unless governments are able to increase trust in voluntary CTAs, they will find it very difficult to achieve the uptake levels necessary to make them effective. CTA trustworthiness is shaped by a number of factors but important steps governments need to take to build trust are: (1) ensuring the apps effectively preserve user privacy; and (2) putting in place robust data protection policies and laws. Trust in CTAs is not separate from trust in the implementing authorities, and therefore technical improvements to CTAs should not be undertaken without supporting efforts to foster public trust.

Privacy preservation
CTAs should adhere to the principles of privacy by design and data minimization. This means that they should be designed to collect only the data necessary for their purpose (i.e. contact tracing) and that their interference with a user’s right to privacy is proportionate to the threat posed by the pandemic. The Covid-19 experience shows that what is deemed

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85 Zastrow, M., ‘South Korea is reporting intimate details of Covid-19 cases: has it helped?’, Nature, 2020, [https://doi.org/10.1038/d41586-020-00740-y].
87 O’Connell, J. et al., ‘Best practice guidance for digital contact tracing apps: a cross-disciplinary review of the literature’, JMIR mHealth and uHealth, 9/6 (2021), [https://doi.org/10.2196/27753].
88 Ibid.
necessary and proportionate interference with a person’s right to privacy will vary from country to country (and within countries). Generally speaking, however, governments should make use of CTAs voluntary, strictly limit the amount of personal data collected, avoid collecting location-based data and, where possible, store data locally.89 Evidence from the UK of misconceptions about CTAs suggests that they will also need to effectively communicate an app’s privacy safeguards.90

Data protection

The contrasting experiences of India and the Republic of Korea highlight the importance of robust data protection in shaping trust in CTAs. The low level of trust that many citizens have in their governments and the widespread concerns about CTA ‘mission creep’ mean that it is essential CTA users know that the data they provide are governed properly.91 This requires that there are policies and laws that clearly define who controls the data, who has access to it and for how long those data can be stored. The involvement of private companies in the development of many CTAs means that it is particularly important that data protection policies define the role and responsibilities of private actors. This is because in some instances the reliance on tech companies has created situations in which private actors acquire considerable de facto data governance power while remaining outside data governance frameworks.92

5. WOMEN’S RIGHTS AND MINORITY RIGHTS

5.1 Global trends

A significant amount of research, from both the current and previous public health pandemics, demonstrates that the pandemic has had disproportionate impacts on women and marginalized communities all over the world.93 The

most well-known impacts include an increase in violence, in terms of both domestic abuse and hate crimes, higher rates of unemployment as a result of the pandemic and the long-term loss of educational opportunities. While data on the Covid-19 pandemic's impact on gender-based political violence are still limited, the increased safety-related vulnerabilities of women's human rights defenders caused by Covid-19 lockdowns imply heightened gendered risks and violence in the political sphere. It is also clear that in many contexts, women and marginalized groups have lower vaccination rates. Perhaps unsurprisingly, these groups are also under-represented in the decision-making bodies that determine the response to and recovery from the pandemic, which prompts further concerns about the halting or reversal of progress that had been advancing related to political inclusion at the global level.

In some ways, the manifestation of these gaps and inequalities could have been predicted. Indeed, evidence indicates that women have long been disproportionately affected by crises and that many of the impacts of Covid-19 had shown themselves during previous emergency situations.

An Oxfam study showed that women, who tended to be engaged in more vulnerable forms of employment, were harder hit by the Ebola pandemic than men. Since their jobs tended not to generate sustainable levels of income, for instance, their ability to withstand the economic shock of the crisis was significantly lower than that of men. The Ebola crisis also revealed that women, who act as the primary caregivers in professional and domestic settings and who make up 80 per cent of the global midwifery and nursing workforce, were at greater risk of getting ill. Moreover, women were largely excluded from meetings at which responses were discussed, and one study showed that they either were not invited or did not have time to attend community response meetings.

Similar evidence exists for minority groups and other marginalized communities. During the 2009 ‘swine flu’ crisis, for example, studies revealed that African American and Latino communities in the USA were

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The Covid-19 pandemic also exposed racial and ethnic minorities to increased xenophobia and racism. In countries such as Brazil, Italy and the USA, leaders made racist statements blaming and degrading China and Chinese people for the virus. In Africa, Europe and the USA, there have also been violent attacks against Asian people. The UN Special Rapporteur on minority issues described instances of Roma, Hispanic and other groups being blamed for spreading the virus and politicians calling for migrants to be denied access to health services. Indeed, migrant workers, who often live in crowded spaces where social distancing is impossible, have sometimes been excluded from healthcare and have suffered from mass outbreaks as a result. In Singapore,
for instance, migrant workers accounted for 90 per cent of all the Covid-19 cases at one point.\textsuperscript{110}

Moreover, migrant workers have found themselves suddenly unemployed, stranded in the wake of border closures and ineligible for social security benefits offered to nationals.\textsuperscript{111} In some cases, they have taken on additional debt as they attempt to fund their cross-border movement for work. For female migrant workers, the pandemic has exacerbated risks of experiencing violence and harassment.\textsuperscript{112}

### 5.2 Noteworthy cases and what to watch

In spite of all the evidence demonstrating the pandemic’s disproportionate impact on women and minorities, plans for post-pandemic recovery have not, for the most part, sufficiently integrated the needs of women and minority groups. Experts recommend gender-inclusive recovery planning that features both targeted policies aimed at closing the gender gap and modified baselines of structural policies that address deeply rooted gender norms and stereotypes.

Examples include Scotland, where the government has initiated equality impact assessments on the recovery measures proposed in Scotland’s Route Map Through and Out of the Crisis,\textsuperscript{113} and the UK, where the most senior minister responsible for gender equality was part of two of the country’s four main ‘Covid Cabinet’ committees. Canada has also developed a feminist economic recovery plan, which puts needs and viewpoints of women and other marginalized groups at the centre of post-pandemic plans.\textsuperscript{114}

One novel development is the push to include the ‘right to care’ in the UN’s list of recognized international human rights. The Global Alliance for Care, co-convened by UN Women and Mexico’s National Institute of Women, argues that the pandemic has provided a chance to strengthen care policies and systems. The alliance details six core commitments to reshape the care agenda and aims to incorporate a human rights perspective into all aspects of care.
Although Covid-19 not only disproportionately affected women but also had compounding challenges for women’s human rights defenders and women’s rights organizations globally,1 with resources reduced and civic spaces diminished due to lockdowns,2 this has not deterred them from providing frontline support and driving momentum for inclusive pandemic responses.3 In Myanmar, while the public health crisis hit women harder,4 affecting their socio-economic situation and resulting in increased incidents of gender-based violence (GBV),5 it also affected the ability of women’s rights organizations, dramatically reducing their level of support.6 The military coup of 1 February 2021, which triggered a breakdown of public health services leading to a surge in Covid-19 and a violent crackdown on pro-democracy actors, further exacerbated these challenges.7 Efforts across line ministries with responsibility for implementing the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), led by the Minister of Social Welfare, Relief and Resettlement as Chair of the Myanmar National Committee on Women (MNCW) to ensure a gender-inclusive pandemic response through strengthening the Covid-19 Economic Relief Plan (CERP), that were underway were halted by the coup.8 Nevertheless, some organizations managed to adapt their modalities, including supporting women through online training and forums and reduced face-to-face community visits. This proved critical as, according to a local organization, the number of women who sought legal support on GBV, particularly domestic violence, had increased by 40 per cent.9 In Mandalay, the regional women’s committee under MNCW and its established networks enabled local organizations to use their social capital to work with communities even during lockdown.10 What is more, the 2021 coup that happened amid the pandemic shed light on the role of women and women civil society organizations in defying dictatorship,11 with women representing 60 per cent of protest leaders and an estimated 70–80 per cent of the civil disobedience movement leaders.12 Despite sexual violence and other atrocities committed by the military,13 particularly in ethnic areas, and arbitrary detentions of activists and journalists, women’s human rights defenders and civil society organizations—albeit many forced to operate in hiding or from outside Myanmar—continue to lobby for a return to democracy while providing essential service for women and vulnerable groups.14 Myanmar’s story illustrates the prominent role of women and women’s rights organizations in serving communities and driving political activism despite extreme challenges posed by public health and political crises.

Box 2. Women at the forefront of human rights defence

Although Covid-19 not only disproportionately affected women but also had compounding challenges for women’s human rights defenders and women’s rights organizations globally,1 with resources reduced and civic spaces diminished due to lockdowns,2 this has not deterred them from providing frontline support and driving momentum for inclusive pandemic responses.3 In Myanmar, while the public health crisis hit women harder,4 affecting their socio-economic situation and resulting in increased incidents of gender-based violence (GBV),5 it also affected the ability of women’s rights organizations, dramatically reducing their level of support.6 The military coup of 1 February 2021, which triggered a breakdown of public health services leading to a surge in Covid-19 and a violent crackdown on pro-democracy actors, further exacerbated these challenges.7 Efforts across line ministries with responsibility for implementing the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), led by the Minister of Social Welfare, Relief and Resettlement as Chair of the Myanmar National Committee on Women (MNCW) to ensure a gender-inclusive pandemic response through strengthening the Covid-19 Economic Relief Plan (CERP), that were underway were halted by the coup.8 Nevertheless, some organizations managed to adapt their modalities, including supporting women through online training and forums and reduced face-to-face community visits. This proved critical as, according to a local organization, the number of women who sought legal support on GBV, particularly domestic violence, had increased by 40 per cent.9 In Mandalay, the regional women’s committee under MNCW and its established networks enabled local organizations to use their social capital to work with communities even during lockdown.10 What is more, the 2021 coup that happened amid the pandemic shed light on the role of women and women civil society organizations in defying dictatorship,11 with women representing 60 per cent of protest leaders and an estimated 70–80 per cent of the civil disobedience movement leaders.12 Despite sexual violence and other atrocities committed by the military,13 particularly in ethnic areas, and arbitrary detentions of activists and journalists, women’s human rights defenders and civil society organizations—albeit many forced to operate in hiding or from outside Myanmar—continue to lobby for a return to democracy while providing essential service for women and vulnerable groups.14 Myanmar’s story illustrates the prominent role of women and women’s rights organizations in serving communities and driving political activism despite extreme challenges posed by public health and political crises.

8. Interview with anonymous person from Myanmar, International IDEA, 19 February 2022.
9. Ibid.
10. Ibid.
6. VACCINES

6.1 Global trends

At the start of the pandemic, few could have predicted that, as of 31 March 2022, more than 5 billion people (64.44 per cent of the world’s population) would have received at least one dose of the Covid-19 vaccine, while 57.72 per cent would be fully vaccinated, with two doses.\(^{115}\) Vaccines against Covid-19 were produced in record time. In addition, 35 different vaccine brands have now been approved\(^ {116}\) for human use and more than 300 vaccine candidates are in development.\(^ {117}\) However, the fact that vaccines have been developed at ‘warp speed’ in some countries does not mean that access and availability have followed the same trajectory, even in countries where vaccines were produced.\(^ {118}\) As of March 2022, only 46 countries have achieved the WHO’s target of vaccinating 70 per cent of the national population (Figure 12) by mid-2022. Two key challenges can be identified.

First, despite the supply of vaccines in developed countries, many people chose not to get vaccinated. Vaccine resistance and hesitancy, which are not new, have hampered the fight against Covid-19 and pose a significant public

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\(^{116}\) There are 35 vaccines that have been approved by at least one national regulatory authority (UNICEF, ‘COVID-19 vaccine market dashboard’, [n.d.], <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>, accessed 21 March 2022).


health risk, both directly and indirectly, as deaths from other diseases have also been increased by the influx of Covid-19 patients.\textsuperscript{119} Vaccine hesitancy is a phenomenon that preceded the pandemic. At the end of the 19th century the US city of Chicago suffered from numerous smallpox epidemics, the deadliest of which resulted in nearly 2,500 deaths in late 1881 and early 1882.\textsuperscript{120} Municipal authorities took several steps to contain the outbreaks, from isolation of patients to compulsory mass vaccination of citizens. At one point, anyone who was not vaccinated was fined USD 25, which, considering inflation since the late 19th century, would amount to USD 765.94 today.\textsuperscript{121} An article at the time from the \textit{British Medical Journal} highlights how some citizens resisted, protesting against the compulsory mandate.\textsuperscript{122} Vaccination resistance is not new either. The same article called for democracy not to be squeamish in the presence of danger and not to ‘truckle’ to the ‘clamour of a few’. This is also true for our time.

Second, the stunning number of people who have received at least one dose of the Covid-19 vaccine hides the unequal distribution of those vaccines between countries, as can be seen in Figure 13. Limited production, complex global supply chains, scarce resources for healthcare spending in low-income countries, limited state capacity, intellectual property measures, vaccine hoarding and vaccine nationalism explain this. Therefore, while enough vaccines were produced in 2021 to provide three doses per person to 70 per cent of the global population, most were reserved for wealthy countries.\textsuperscript{123} Table 1 illustrates this: while only 11.5 per cent of the population is fully vaccinated in low-income countries, over 73 per cent is fully vaccinated in high and upper-middle income countries. Specific cases make this picture bleaker: as of 31 March 2022, in Burundi, Chad, the Democratic Republic of Congo and Haiti less than 1 per cent of the population is fully vaccinated against Covid-19.\textsuperscript{124}

\textbf{Is vaccination affecting freedom?}

Nowadays, citizens in many countries across the world have resisted several, if not all, of the public health measures implemented since the start of the pandemic, from lockdowns to mask wearing to (especially) vaccination mandates. Tensions and protests have increased, with groups claiming these mandates constitute human rights violations and create a two-tiered society where the vaccinated enjoy freedoms while the unvaccinated are excluded.\textsuperscript{125} In Canada, a ‘freedom convoy’ of lorry drivers marched through Ottawa and parked over 400 vehicles in the centre of the city to challenge a government...


policy asking ‘truckers’ for proof of vaccination.\textsuperscript{126} In France, thousands of people took to the streets of Paris to object to a bill with tighter restrictions for the unvaccinated.\textsuperscript{127}

\begin{table}[h]
\centering
\caption{Percentage of people fully vaccinated by country income level}
\begin{tabular}{ll}
\hline
\textbf{Income level} & \textbf{Percentage fully vaccinated} \\
\hline
High income & 73.82\% \\
Upper-middle income & 74.28\% \\
Lower-middle income & 48.91\% \\
Low income & 11.45\% \\
\hline
\end{tabular}
\end{table}

Globally, 69 countries have had some sort of mandate in force during the pandemic, constituting 41.8 per cent of the 166 countries included in International IDEA’s Global Monitor (Figure 14). However, not all mandates are the same. They range from mandatory vaccination for workers in high-risk sectors (as in the UK), to mandatory vaccines for senior citizens (as in Greece) to blanket requirements for everyone (as in Ecuador). This list shows the range of options for mandatory vaccination:

- All adults
- Elderly
- Children
- Students
- To enter public venues (restaurants, bars, gyms, museums etc.)
- To receive government aid
- To attend large events
- For transportation (trains, buses, air travel etc.)
- To enter government buildings
- Healthcare workers
- Public sector employees (police, border personnel, teachers, firefighters etc.)
- Businesses allowed to fire unvaccinated people
- To work in office or on site

6.2 Noteworthy cases

A comparison of mandates in New Zealand and Turkmenistan shows how these can take different forms. In New Zealand, the government first introduced mandatory vaccination for healthcare workers and teachers. This mandate was based on the comparably lower vaccination level in New Zealand at the time and directed at people in high-risk sectors. The mandate has been generally accepted by citizens and has had wide support in parliament. Turkmenistan, however, implemented a nationwide mandate for all adults in July 2021, before allowing its citizens first to vaccinate voluntarily. It is not clear whether this mandate has been popularly accepted,

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129 Ibid.
as in Turkmenistan criticism of government decisions is usually met with crackdowns.\textsuperscript{137}

These cases provide good lessons for the implementation of vaccination mandates. First and foremost, the decision to make vaccination mandatory must consider health data. Mandates are less effective if a large proportion of the population is already vaccinated. Similarly, some exemptions are necessary. Ecuador, for instance, has exempted people with certain medical

Second, mandates do not necessarily need to be sweeping and immediate. Austria, for instance, devised three different phases, giving people the opportunity to get vaccinated in its first phase without any sanctions. The following phases involve fines depending on level of income.139

Vaccination mandates do not necessarily constitute human rights violations. As a general norm, they contribute to maintaining public health, which is also a right that should be guaranteed. However, the difficulty is in the details. As discussed, there are different types of mandate, with different implementation strategies. The key to mandates is to have a refined strategy that is tailored to the country, its people and its public health reality. Mandates can be proportional, time-bound and legal and respect fundamental rights.140

Public health is at stake and action is needed.

6.3 What to watch

As of 31 March 2022, 64.44 per cent of the world’s population has received at least one dose of the Covid-19 vaccine. While this stunning figure is high, it hides problems with access and distribution. After all, the WHO’s target of vaccinating 70 per cent of the population by mid-2022 applies to every single country.141 Reaching this target looks increasingly unrealistic. The priority for all governments is not only that vaccines are developed at ‘warp speed’ but also that their deployment is effective so that the number of cases and deaths decrease and the pandemic is under control. As mentioned previously, the challenge is double. First, a world where Covid-19 is under control will not be possible until everyone has access to vaccines.142 Here, the issues that need solving range from intellectual property and vaccine nationalism to limited state capacity in many countries. Second, growing discontent with vaccination mandates leads not only to fewer vaccinated people but to deeper divisions in society, which can then be exploited by extreme groups for political purposes.143 The task at hand is not simple, but there is hope. New technological advancements mean that fewer doses are required, that vaccines are easier to store and that usage is easier. Ending the pandemic is feasible.

7. CONCLUSION

Given humanity’s previous experience with pandemics and other emergencies, it is surprising that we, as individuals, communities and governments, were not better prepared for the impacts of Covid-19. In fact, one of the most devastating findings is one that could have been expected: individuals and regimes with pre-existing vulnerabilities were the most severely affected by the pandemic. People who were already ill or who are poor and otherwise marginalized suffered more, and regimes that were already looking for ways to exert more control over their populations found a plethora of pandemic-related justifications to do so. Governments everywhere struggled to find the proper balance between respecting individual rights and protecting public health. This was made worse by a pre-existing context of growing mistrust within societies and between the people and their leaders.

Now, as the world learns to live with the virus without shutting down public interaction and activities, there is an important opportunity for reform. As the world reflects on how we have fared in responding to the pandemic and plans to be more prepared for future such scenarios, much will depend on how innovative and responsive recovery strategies are. For countries that have experienced ‘pandemic backsliding’, there will be extra work to do.144 For everyone, though, this is a moment to think about how to do better at putting the disadvantaged groups in our societies at the front and centre of recovery efforts and integrating their needs more systematically into all our institutions. For example, while it is encouraging to see that technological innovation has allowed dialogue and political participation to continue, even at the height of the pandemic, it is also critical to remember that these channels systematically leave certain communities behind.

It is also a moment to think seriously about how to mend the broken bonds of trust at all levels, not only because this will be key to weathering future crises but because it is key to bolstering the strength of democratic institutions—something the world needs now, more than ever. The good news is that the mechanisms for dialogue and accountability that are at the heart of democracies are perfectly suited for the work that will go into rebuilding trust.

Building back better is possible, but it means being responsive and accountable to everyone. International IDEA’s Global Monitor of Covid-19’s Impact on Democracy and Human Rights shows that countries that developed stronger coping strategies, including by fostering and drawing on citizens’ trust during the crisis, are best placed for building back better.

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About International IDEA

The International Institute for Democracy and Electoral Assistance (International IDEA) is an intergovernmental organization with the mission to advance democracy worldwide, as a universal human aspiration and enabler of sustainable development. We do this by supporting the building, strengthening and safeguarding of democratic political institutions and processes at all levels. Our vision is a world in which democratic processes, actors and institutions are inclusive and accountable and deliver sustainable development to all.

What we do

In our work we focus on three main impact areas: electoral processes; constitution-building processes; and political participation and representation. The themes of gender and inclusion, conflict sensitivity and sustainable development are mainstreamed across all our areas of work.

International IDEA provides analyses of global and regional democratic trends; produces comparative knowledge on democratic practices; offers technical assistance and capacity building on reform to actors engaged in democratic processes; and convenes dialogue on issues relevant to the public debate on democracy and democracy building.

Where we work

Our headquarters are located in Stockholm, and we have regional and country offices in Africa, Asia and the Pacific, Europe, and Latin America and the Caribbean. International IDEA is a Permanent Observer to the United Nations and is accredited to European Union institutions.