Populist Nationalism Threatens Health and Human Rights in the COVID-19 Response

COVID-19 demands international cooperation, yet populist nationalism is resurgent, threatening public health, human rights, and global governance. In responding to the pandemic, populist nationalism and global solidarity represent distinct paths, with enduring consequences for health and human rights.

RIGHTS-BASED GOVERNANCE BINDS GLOBAL HEALTH

Human rights offer legal frameworks for advancing justice in public health. Instrumental to dignity, human rights address basic needs and frame entitlements to uphold a universal moral vision. International human rights law—enshrined in the *Universal Declaration of Human Rights* and evolving through international treaties, instruments, and policies—delineates government responsibilities for advancing the rights to health and health determinants.[1] The health and human rights movement—spanning law and public health—has proven to be a powerful force for realizing the human rights that structure global health.

Global health governance institutions are central to implementing rights. In recent years, these institutions have proliferated, encompassing myriad intergovernmental organizations, funding agencies, and international bureaucracies.[2] Increasingly influential in public health, such institutions advance normative frameworks through organizational actions.[3] Although not party to human rights treaties, these institutions support the realization of health-related human rights in their policies, programs, and practices.

Leading this institutional response, the World Health Organization (WHO) seeks to foster international health cooperation. Although infectious diseases have always threatened nations, states eventually came to recognize international cooperation as necessary to prevent transmission along trade routes, with 19th-century conferences evolving into a standing international governance system through the WHO. The WHO constitution, proclaiming for the first time a human right to "the enjoyment of the highest attainable standard of health," would "represent the broadest and most liberal concept of international responsibility for health ever officially promulgated."[4(p30)]

The WHO's promise of international responsibility for infectious disease control was encapsulated in the International Health Regulations, last revised in 2005 to establish governance under the WHO to "prevent, protect against, control and provide a public health response to" infectious disease while avoiding unnecessary interference with international traffic and human rights.[5(art2)] Yet amid a pandemic threat, resurgent nationalism is undermining WHO leadership.

POPULIST NATIONALISM CURBS PANDEMIC RESPONSE

In contrast with global governance goals, nationalism seeks to turn states inward, prioritizing national interests over the globalized world. Populism is a political strategy built on division, pitting "the people" against "the elite" to consolidate power.[6] Casting human rights defenders and public health professionals as part of the global elite, populist politicians on the left and right have attacked these experts to build support for nationalist policies.[7] Although not inherently authoritarian, populism and nationalism both have antidemocratic tendencies,[6] which authoritarian-leaning leaders in democratic states, such as US president Donald Trump and Brazilian president Jair Bolsonaro, have weaponized to wrest power from institutions that might limit their authority and uphold the rule of law.[8]

Populist nationalist attacks on health and human rights were increasing before the outbreak of COVID-19.[9,10] Tactics honed to limit, inter alia, sexual and reproductive rights and minority rights are now applied more broadly in the pandemic response. Even in liberal states, growing populist nationalism has led to a rejection of public health science and human rights law—raising existential obstacles to the future of global health governance.[11]

Rejection of Science

Populist nationalist leaders have found common cause in

ABOUT THE AUTHORS

Caitlin R. Williams is with the Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill. Jocelyn Getgen Kestenbaum is with the Benjamin N. Cardozo School of Law, Yeshiva University, New York, NY. Benjamin Mason Meier is with the Department of Public Policy, University of North Carolina at Chapel Hill.

Correspondence should be sent to Caitlin R. Williams, PhD Candidate, UNC Gillings School of Global Public Health, Department of Maternal & Child Health, 135 Dauer Dr, 401 Rosenau Hall, CB#7445, Chapel Hill, NC 27599-7445 (e-mail: caitlin.williams@unc.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

their rejection of scientific evidence—part of a larger dismissal of truth when not politically expedient.[12] Populist politicians—including Mexican president Andrés Manuel López Obrador, Pakistani prime minister Imran Khan, and British prime minister Boris Johnson—have downplayed the virus to justify actions and inactions that directly contradict infectious disease data and experts.[10,13,14] Some (not least, President Trump) have gone further, deliberately subverting testing or blocking the release of data—violating the human rights to information and science—for fear that scientific evidence could undermine their policy goals or political standing.[15]

Populist nationalists have not merely denied epidemiological recommendations and best health practices: many are taking actions that directly harm health.[16] The UN special rapporteur on extreme poverty and human rights has highlighted how past austerity is hampering states' pandemic responses.[17] Yet, populist nationalist leaders from across the political spectrum (seen, for instance, in Ecuador and Brazil) have dismissed global expert consensus by continuing to defund public health infrastructures and dismantle social safety nets, framing austerity as the proper response to COVID-19–induced economic collapse.[18–20] Such actions decimate national capacity to meet international obligations to realize the rights to health and an adequate standard of living.

Violation of Human Rights

Although many states' public health efforts have infringed rights, populist nationalist responses are deliberately repressive: they scapegoat marginalized groups, exploit chaos to consolidate power, and punish those who dare counter official positions.[21] Politicians from the United States to Poland have expressly encouraged racism, xenophobia, and homophobia, fomenting discrimination and violence in the pandemic response.[22,23] Abusing emergency powers, populist leaders in Hungary and India have sought to entrench authoritarian governance structures, further restricting rights and freedoms.[8,10] After Li Wenliang, an ophthalmologist who worked at Wuhan Central Hospital in Wuhan, China, warned colleagues of a potential outbreak of the yet unnamed COVID-19, Chinese officials forced him to sign a letter admitting to "making false statements that disturbed the public order."[24(p682)] President Bolsonaro fired his health minister for speaking in favor of preventative measures to slow community spread of the disease.[25] These state-sponsored or -condoned human rights violations undermine rule of law, undercut democratic norms, and erode the public trust critical to an effective pandemic response.

Beyond violative actions, many populist nationalist governments have failed to progressively realize the right to health in their COVID-19 responses—neglecting both health care (inducing shortages of providers, equipment, and supplies) and underlying determinants of health amid periods of lockdown and quarantine.[26] These violations of the right to health disproportionately burden marginalized and vulnerable communities and overwhelm public health systems.

Subversion of Global Health Governance

The COVID-19 pandemic demands global solidarity and coordinated action, yet rising nationalism has spurred isolationism. Where China faced widespread condemnation for withholding information from the WHO, thus undermining global preparedness, other states followed the WHO's declaration of a "Public Health Emergency of International Concern" with nationalist restrictions on international traffic, including travel bans and trade restrictions. Such actions severely compromise movement of essential personnel and medical supplies to fight the pandemic.[27]

With politicians proclaiming national interests over global concerns, leaders have withdrawn from multilateral partnerships and international organizations; for example, the United States has sought to withdraw from the WHO completely.[28] Despite repeated WHO pleas for global solidarity, high-income countries have failed to provide sufficient international assistance. Rights-based collective action is crucial as the pandemic takes hold in low- and middle-income countries, where limited resources constrain response efforts and necessitate support through global governance.

REVITALIZING THE COVID-19 RESPONSE

Human rights provide a powerful normative framework for countering populist nationalism—to protect science from political censorship, to realize rights to promote public health, and to strengthen global health governance to bring the world together.

Scientists, health care providers, and public health professionals have become targets of censorship and retaliation when speaking about the pandemic and government failures. Providing international protection for health practitioners' freedom of expression, the public's right to information, and the rights-based imperative to enjoy the advancements of science are critical to evidence-based public health actions.

Beyond protecting health professionals, human rights must be mainstreamed in public health responses. Previous pandemics, beginning in the early years of the HIV/AIDS crisis, have demonstrated that a rights-based approach can avert unnecessary harms, avoiding overly restrictive policies that stigmatize health behaviors and conditions and lead individuals to hide symptoms or withhold health information.[29]

States need flexibility to restrict certain rights amid crisis, but it is crucial in a government's time-limited response to a public health emergency that policymakers understand where acceptable restrictions end and unwarranted repression begins.[30] Human rights standards can provide accountability to ensure that all measures are necessary, proclaimed by law, proportionate, and implemented in a non-discriminatory manner.

Global governance institutions can monitor state compliance with human rights obligations, including by coordinating international assistance and cooperation. This rights-based international response will require global coordination through the WHO; thus, states must revise the International Health Regulations to strengthen WHO authority and international accountability for state implementation of WHO guidelines.[31] Beyond strengthening governance, financial support for the WHO remains essential. As the WHO

seeks to coordinate the development of a COVID-19 vaccine, states must come together under human rights to guarantee that this "people's vaccine" is accessible to all.

CONCLUSIONS

The pandemic began less than a year ago, but the failure of the response has been years in the making and will be felt for years to come. There is now an existential choice: allow populist nationalism to divide the globe or build a better future for health and human rights through solidarity. Societies can choose fear, letting distrust of the "Other" turn them inward, splinter fractured communities, and breed sectarian violence. Or they can choose hope, reaching out across difference to face health threats together. The work ahead requires reimagining futures built on human dignity and equity, rather than reinscribing the unjust past. A new rights-based global contract can forge a promising path forward. AJPH

Caitlin R. Williams, MSPH
Jocelyn Getgen Kestenbaum,
JD, MPH
Benjamin Mason Meier, JD,
LLM, PhD

REFERENCES
1. Gruskin S, Ahmed S, Bogecho D, et al. Human rights in health systems frameworks: what is there, what is missing and why does it matter? *Glob Public Health.* 2012;7(4):337–351. https://doi.org/10.1080/17441692.2011.651733

2. Moon S, Szlezák NA, Michaud CM, et al. The global health system: lessons for a stronger institutional framework. *PLoS Med.* 2010;7(1):e1000193. https://doi.org/10.1371/journal.pmed.1000193

3. Meier BM, Gostin LO. Framing human rights in global health governance. In: Meier BM, Gostin LO. *Human Rights in Global Health: Rights-Based Governance for a Globalizing World.* New York, NY: Oxford University Press; 2018:63–85. https://doi.org/10.1093/oso/9780190672676.003.0004

4. Allen CE. World health and world politics. *Int Organ.* 1950;4(1):27–43. https://doi.org/10.1017/S0020818300028630

5. World Health Organization. International Health Regulations. 2005. Available at: https://www.who.int/health-topics/international-health-regulations#tab=tab_1. Accessed September 4, 2020.

6. Rovira Kaltwasser C, Taggart PA, Ochoa Espejo P, Ostiguy P, eds. *The Oxford Handbook of Populism.* Oxford, UK: Oxford University Press; 2017. https://doi.org/10.1093/oxfordhb/9780198803560.001.0001

7. Gostin LO, Constantin A, Meier BM. Global health & human rights in the age of populism. In: Gostin LO, Meier BM, eds. *Foundations of Global Health & Human Rights.* New York, NY: Oxford University Press; 2020:439–458.

8. Greer SL, King EJ, da Fonseca EM, Peralta-Santos A. The comparative politics of COVID-19: the need to understand government responses. *Glob Public Health.* 2020;15(9):1413–1416. https://doi.org/10.1080/17441692.2020.1783340

9. Korolczuk E, Graff A. Gender as "Ebola from Brussels": the anticolonial frame and the rise of illiberal populism. *Signs J Women Cult Soc.* 2018;43(4):797–821. https://doi.org/10.1086/696691

10. Cooper L, Aitchison G. The dangers ahead: COVID-19, authoritarianism and democracy. 2020. Available at: http://eprints.lse.ac.uk/105103/4/dangers_ahead.pdf. Accessed September 4, 2020.

11. Wilson K, Halabi S, Gostin LO. The International Health Regulations (2005), the threat of populism and the COVID-19 pandemic. *Global Health.* 2020;16(70):1–4. 10.1186/s12992-020-00600-4

12. Parmet WE, Paul J. COVID-19: the first posttruth pandemic. *Am J Public Health.* 2020;110(7):945–946. https://doi.org/10.2105/AJPH.2020.305721

13. Ibarra-Nava I, Cárdenas-de la Garza JA, Ruiz-Lozano RE, Salazar-Montalvo RG. Mexico and the COVID-19 response. *Disaster Med Public Health Prep.* 2020;(July):1–5. https://doi.org/10.1017/dmp.2020.260

14. Afzal M. Pakistan teeters on the edge of potential disaster with the coronavirus. Available at: https://www.brookings.edu/blog/order-from-chaos/2020/03/27/pakistan-teeters-on-the-edge-of-potential-disaster-with-the-coronavirus. Accessed March 27, 2020.

15. Simon J. COVID-19 is spawning a global press-freedom crackdown. *Columbia Journalism Review.* Available at: https://www.cjr.org/analysis/coronavirus-press-freedom-crackdown.php. Accessed March 25, 2020.

16. Stuckler D, Reeves A, Loopstra R, Karanikolos M, Mckee M. Austerity and health: the impact in the UK and Europe. *Eur J Public Health.* 2012;2017(27):18–21. https://doi.org/10.1093/eurpub/ckx167

17. Alston P. The parlous state of poverty eradication: report of the special rapporteur on extreme poverty and human rights. 2020. Available at: https://chrgj.org/wp-content/uploads/2020/07/Alston-Poverty-Report-FINAL.pdf. Accessed September 4, 2020.

18. Amnesty International. Ecuador: austerity measures in the face of COVID-19 could lead to social instability and affect human rights. Available at: https://www.amnesty.org/en/latest/news/2020/04/ecuador-covid19-austeridad-podria-afectar-derechos-humanos. Accessed April 28, 2020.

19. United Nations Human Rights Office of the High Commissioner. COVID-19: Brazil's irresponsible economic and social policies put millions of lives at risk, UN experts say. Available at: https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25842&LangID=E. Accessed April 29, 2020.

20. Clark AD, Nickels AE. Doubling down on austerity: framing and coronavirus response. *Adm Theory Prax.* June 4, 2020. Available at: https://www.tandfonline.com/doi/full/10.1080/10841806.2020.1771905. Accessed September 4, 2020.

21. Abazi V. Truth distancing? Whistleblowing as remedy to censorship during COVID-19. *Eur J Risk Regul.* 2020;11(2):375–381. https://doi.org/10.1017/err.2020.49

22. Li Y, Galea S. Racism and the COVID-19 epidemic: recommendations for health care workers. *Am J Public Health.* 2020;110(7):956–957. https://doi.org/10.2105/AJPH.2020.305698

23. Human Rights Watch. Poland: crackdown on LGBT activists. 2020. Available at: https://www.hrw.org/news/2020/08/07/poland-crackdown-lgbt-activists#. Accessed August 7, 2020.

24. Green A. Li Wenliang. *Lancet.* 2020; 395(10225):682. https://doi.org/10.1016/S0140-6736(20)30382-2

25. Phillips D. Bolsonaro fires popular health minister after dispute over coronavirus response. *The Guardian.* Available at: https://www.theguardian.com/world/2020/apr/16/bolsonaro-brazil-president-luiz-mandetta-health-minister. Accessed April 16, 2020.

26. Pūras D, Mesquita JB, Cabal L, Maleche A, Meier BM. The right to health must guide responses to COVID-19. *Lancet.* 2020;395(10241):1888–1890. https://doi.org/10.1016/S0140-6736(20)31255-1

27. Devi S. Travel restrictions hampering COVID-19 response. *Lancet.* 2020; 395(10233):1331–1332. https://doi.org/10.1016/S0140-6736(20)30967-3

28. Bueno de Mesquita J, Meier BM. Moving towards global solidarity for global health through multilateral governance in the COVID-19 response. In: Ferstman C, Fagan A, eds., *COVID-19, Law and Human Rights: Essex Dialogues.* Colchester, UK: University of Essex; 2020:31–40.

29. Mann J, Tarantola DJM, Netter TW, eds. *AIDS in the World.* Cambridge, MA: Harvard University Press; 1992.

30. Yamin AE, Habibi R. Human rights and coronavirus: what's at stake for truth, trust, and democracy? *Health and Human Rights Journal.* March 1, 2020. Available at: https://www.hhrjournal.org/2020/03/human-rights-and-coronavirus-whats-at-stake-for-truth-trust-and-democracy. Accessed March 2, 2020.

31. Gostin LO, Habibi R, Meier BM. Has global health law risen to meet the COVID-19 challenge? Revisiting the International Health Regulations to prepare for future threats. *J Law Med Ethics.* 2020;48(2):376–381. https://doi.org/10.1177/1073110520935354