



Non-Derogable Rights in a Global Health Crisis

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in discussion with

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Rangita de Silva de Alwis Special Representative and Special Rapporteur, Agnes Callamard, we are honored to welcome you to the University of Pennsylvania Law School at a historic moment when the world is facing a global crisis. And now more than ever, in your own powerful words, you have said there is no curfew on human rights. So, Special Rapporteur Callamard, we are delighted to host you at the University of Pennsylvania Law School. And we are also honoring three major bellwether events, which are, I think, cornerstones and landmarks of the human rights agenda. One is the 75th anniversary of the United Nations. Second is the 25th anniversary of the Beijing Platform of Action. And then the 20th anniversary of the Women, Peace, and Security Agenda. Now, for the first, the 75th anniversary of the United Nations has special significance to you, because exactly 76 years ago, your grandfather was executed by the Nazis. So that was what propelled you in so many ways on your journey as a human rights advocate. And you are now the U.N. Special Rapporteur on Extrajudicial and Arbitrary Executions. You're also the special advisor to the president of Colombia University, President Bollinger. And you have said that even during a state of emergency that human rights do not get suspended. Although, Article 19 on freedom of expression has many [inaudible] and those delegations apply in events of national security, in public order, or due to public health or all morals. So we're at a moment in time when we are facing such a derogation because of public health and national security issues. So what I want to do now is to engage in a quick conversation with you on some of these major issues of emergency and global crisis during a public health emergency and pandemic. So can you start by, Special Rapporteur Callamard, telling us something about your own journey as a human rights advocate and a human rights leader?

Agnes Callamard Well, first of all, thank you so much for inviting me and for such a wonderful introduction. A kind, generous, and at the same time very substantive. So my--my own journey, I think you hinted to it in the introduction, when you referred to--to my grandfather. It's not so much, of course, my grandfather per se, since I've never met him. But it was more growing up and the importance of giving, the importance of fighting for justice, and the importance of truth-telling and memory. I think all those elements were very central to the way I was raised. They attributed to my personal journey some forms of rituals, such as the yearly gathering to remember my grandfather and other men, they were men, who died with him on the 15th of August. So, you know, I grew up in a family that was committed to social justice. I grew up in a family of women in particular who worked tirelessly for social justice, mostly as volunteers, and who gave a lot of their own time and--and energy to those causes. So, you know, my--my personal commitment to human rights is very much a form of respect for where I'm coming from. Respect for my family, respect for my roots, and my personal commitment--my absolute distaste for--for injustice and the anger that can sometimes take hold of me when I witness or when I hear or when I read acts of cruelty and injustice, which we should never have to report upon. So that's for my personal journey.

Rangita de Silva de Alwis That's such an inspiring story and narrative, Special Rapporteur Callamard, and that, I know, is what motivates you every single moment of your journey, because you have spoken to the fact that you yourself, that you yourself have received death threats. But you have been unfettered and you have been emboldened by all of those threats and in your own intrepid journey, you have been just one singularly focused on the protection of human rights of all persons. And this particular moment is so important. And as you know, human rights are universal non-derogable, inextricably interlinked. And those two--three pillars on which the human rights framework

is built on--the universality, nonderogability, and inextricably interlinked nature, to some extent, comes into tension at this moment because some of those rights, we see a derogation of some of those rights. And we also see that despite the fact that human rights are interlinked, you've seen that because of the virus, [inaudible] afraid of dying of hunger and you have really amplified those voices. So can you speak to that moment of tension [inaudible].

Agnes Callamard Sure. I mean, you know, I think we are, every day, discovering the meaning of that pandemic from a human rights standpoint. What's it mean? Of course, for the people, what it means more broadly for the Human Rights Project? And, you know, one of the questions I often ask myself is, "What's the historical meaning of the moment we are living?" Could such a pandemic have happened in, you know, at any other time of--of the way--of our world--of our history? Why now? Why now? I don't have a lot of answers. I have a few. But I think we first need to acknowledge the historical characteristics of the pandemic. It's not an accident. At least I do not believe it is an accident. Yes, of course. Whatever happened in this market, you know, in Wuhan is an accident, but everything else is not. So if it's not accidental, it's historical in many ways. And interrogating the historical meaning of the pandemic, I think is something that we, particularly researchers and academics, should really reflect upon. With regard to the immediacy of the pandemic, as you pointed out, the first aspect that struck me as the Special Rapporteur on the Right to Life is the fact that in many ways, the response of the governments have been driven by an attempt to minimize the loss of life. And I'm always mindful of that. I'm mindful of the fact that I believe that many governments around the world are indeed committed to minimizing the risk to life that the pandemic represents. But in the process of doing so, we are witnessing increasingly, at the moment, and measures being taken which are, for many people around the world, a graver and more serious risk to their lives than the pandemic itself. You know, as I have asked repeatedly since it started, you know, "How do you stay home when you do not have a home? How do you feed your family when you are dependent on your daily labor and daily wage? How do you remain at home when home is a symbol and the location of violence?" All of those questions should have been at the forefront of the reflection driving governments when they came up with their policies to end--to the coronavirus. But I think in many situations they did not. Those questions just dropped off. And while some governments, now, are trying to pick them up, I think a great deal, a great number of governments are not doing so. You mentioned derogation and yes, indeed, under the human rights treaties, under the ICCPR, some rights can be derogated, although not the right to life and not the right to be free from torture. Those are non-derogable rights. Under the UDHR, some rights can be limited. But again, not, you know, not--not the rights that I am concerned with. Derogations must be activated under the international covenant in order to be meaningful at the moment. Only a few number of countries have actually gone through the process of activating that derogation. And that's, I think is something that we need to remind governments, that if they are going to go through the process of derogating from their obligation, then they need to do that in a way which is formally recognized. And too few governments have done so at the moment. Freedom of movement can be hampered somewhat in a situation such as the one we are confronting, but not to the extent that it means that people are going to starve. Not to the extent that it means women are going to be beaten to death by--by their husbands or kids violated by--by their parents. So, derogations, of course. But, you know, within premises that recognize that vulnerable groups; groups living in poverty; people who live who are homeless; families who are--who have been the victims of violence; minorities who live in areas where they cannot survive without getting--going outside. I mean, for all those groups, those measures which are

derogated from, must be approached, addressed, and mitigated. And, at the moment, this is not happening.

Rangita de Silva de Alwis So, you have spoken very powerfully to that Special Rapporteur. You, in fact, have said, "How do people stay at home when they don't have homes? How do people wash their hands when they do not have access to water?" And you have called upon all governments, just recently, and you have said even during states of emergency, the use of force remains guided by the principles of [inaudible], necessity, proportionality, and precaution. This, I think, is really the guiding principle right behind the derogation, that they have to be guided by principles of legality, necessity, proportionality, and precaution. So those are, I think, accountability principles and the way in which you have spoken [inaudible]. And I want to take you back to the issue of violence against women. We see a spike in violence against women during the time of this epidemic. In fact, we see an epidemic of violence against women during this public health epidemic. So we see the ways in which this epidemic is not just limited to one sort and just recently Secretary General Guterres has said, "Peace is not just the absence of war," and many women under lockdown face violence where they should be the most safest, in their own homes. And today, I appeal for peace in homes around the world. I urge all governments to put women's safety first as they respond to the pandemic. So the fact that the homes which are supposed to be safe havens are not safety--safe spaces are not the places where women, children, and other marginalized populations feel the safest in, is, I think, an important issue that is being brought to the forefront during this crisis--that these homes--these stay-at-home orders sometimes are not always the safest.

Agnes Callamard No, absolutely. You know, I remember when those first measures were announced in--in France or in the United States, including staying at home measures. You know, I--I was struck by what it meant for women who live with a violent partner or for children who live with violent parents. You know, it must be hell. It must be hell. They can't leave. He cannot leave either. They are on top of each other. It must be hell. And some governments are now taking measures to try to mitigate what it means for women and more generally, for--for families. I'm glad that the secretary general reminded governments of their obligations to protect women against the implication of the measures that they have imposed upon us to protect the greatest number of us. But to do so cannot be done so that women die, you know. So I don't think there are any easy, rapid solutions. But the first step must be the awareness and understanding on the part of the policymakers, that those coronavirus measures are going impact, disproportionately and in a very serious fashion, on women living with a violent partner. And steps must be taken to protect them. They must be--they must have recourse to a range of mechanisms. Police must be on the lookout. Police must be prepared to intervene in those situations. Other actors must be prepared to--to intervene. Shelters must be strengthened terms of their safety and mechanisms in particular. At the moment, of course, we are so worried about the epidemic. So it does mean that shelters for women in particular, measures must be taken so that women can access those shelters and not be the victims of the coronavirus for doing so. So there are a lot of things, I think, that can be done. It's not going to be a panacea, but it is important to put this on the policy agenda. It's important to acknowledge that there are victims not only to the virus, but also to the measures taken to protect us against the virus.

Rangita de Silva de Alwis So speaking of policy imperatives, Special Rapporteur, your own president, President Macron, recently canceled the debt to the African region. And these are important and empathetic measures are foreign policy that are so important in a moment of crisis. And when you're talking about the right to food, the right to water, the

right to shelter, that some of these continents, especially the African region, is struggling and going to continue to struggle with no end in sight. So having more powerful states addressing this crisis, both at the domestic level and at a foreign policy level is so important. Can you speak to that?

Agnes Callamard Yes, absolutely. I you know, special rapporteurs that are concerned with the debt and special rapporteurs that are particularly focusing on international issues of cooperation, as well as the Committee for Economic and Social Rights, have all pointed to the need of reviewing and rethinking international cooperation in view of the pandemic. The debt cancellation is a first step, but it's not going to be enough. I think--I was reading today that the--the majority, the vast majority, in fact, of the aid requested by all the U.N. agencies in order to respond effectively to the virus in the least developed countries, the vast majority of the aid has not been met yet. So most governments have not provided additional funds. It is the case that we are all confronting an economic recession or that we will be confronting an economic recession. And therefore, in those situations, solidarity internationally may not seem like the most evident first choice. But I think it has been repeatedly shown that, first of all, the virus doesn't know any borders. So to fight the virus, we must have a global standpoint. And when a virus is raging in one country, it is very likely at some point to be raging elsewhere. Secondly, we are--our economies are so interlinked, then to imagine that we can have an economic boom, or restart the economy in one country or in one region and let the rest of the world outside that are starting--I think it's just a fallacy. So, you know, in addition to the principle of solidarity, I think there are very good reasons as to why we, the people of the world, should ask our governments not to be driven by selfishness and national considerations only, and that a global standpoint and international standpoint, international corporations have never been more important. I should point out that I think today or yesterday, the General Assembly of the United Nations adopted a very important statement that explains and insists upon that--the fact that we will not be free from the virus and the recession if we do not take a global standpoint.

Rangita de Silva de Alwis So that is such an important and powerful reminder that a global crisis challenges us to think in global solutions and the ways in which we remain inextricably interlinked. So on that moment, I am going to conclude this first phase of our conversation reminding ourselves that in the course of human history, there comes a time when every generation has to face a challenge. And this is our challenge. The challenge that we are facing at this moment and as our surgeon general in the United States has said, this is our 9/11 moment. But I like to think of this also as our new Nuremberg moment, as a time for solutions, as a time when the world comes together to think of shared solutions to a shared problem. No longer, as you say, can we think of terms in--or in terms of limited and narrow or populist, nationalist, hegemonic, tribalist mindsets; that we really have to think of this in an international global way. And the ways in which we have to think of it as interdisciplinary understanding of international, transnational laws and the ways in which these challenges are not only interrelated, but intersectional, right? And the ways in which these issues come together in terms of human rights of women, children, minorities, migrant workers, LGBTQ populations, and the sick, and the most vulnerable, and the marginalized. So an understanding of the intersectional interrelatedness is so important at a time when we are looking at global solutions in a way that really eschews and challenges the hitherto nationalist, populist, xenophobic sentiments that have been, to some extent, pervasive around the world. So on that note, Special Rapporteur, thank you very much. As we go on to our next part of our conversation with our class on international women's human rights, we have three or four minutes more, and my class of young leaders from around the world who constitute the

citizenship, the membership of the international women's human rights we've been gathering from around the world. And what this moment has enabled us to do is to look at this, again, as a global issue. So my students who are now scattered all over the world will be zooming in from across the world, from different parts of the United States, from New Zealand, from the U.K., from Ireland, from from China, from Taiwan. And so it really shows that our borders are porous and our borders are being broken down in coming together as young leaders to meet with you to present some of their own perspectives on this challenge, this particular challenge, but also other challenges that are going to continue to surface and are going to continue to endure post-Covid.

Rangita de Silva de Alwis The University of Pennsylvania Law School is honored to welcome Anand Grover, one of the world's most foremost health rights advocates, scholars, and practitioners, who's one of India's preeminent lawyers who's worked on several decades of human rights change in India and around the world. The world is facing an unprecedented crisis. And Anand Grover is in the forefront of addressing some of these urgent and pressing human rights violations. So at this moment in time, when we are on the cusp of enormous change, we are delighted to engage in conversation with Anand Grover, who's called in from India to speak to us about some of the human rights issues that are and should be at the forefront of addressing COVID-19. So Anand, can you begin with talking a little bit about the situation in India and how that impacts the rest of the world?

Anand Grover Well, Rangita, in terms of the COVID situation in India, as you know, we have been on a--in a lockdown and that lockdown has been in force from 24th of March 2020 and been extended twice and will go on to the next Monday. We were in a complete lockdown. Now there are some easing of restrictions, but there are a number of things that have come up which are familiar to people living in the United States. In terms of a lockdown, the major issue is how to treat persons who are afflicted with COVID. As you know, there is no treatment. There is no vaccine. So there is a major problem of how to treat people. Fortunately, a large number, about 80 percent, are asymptomatic, don't require too much intervention, 15 percent require mild intervention, but 5 percent require-- may not survive. And we have seen that in different countries, different scenarios have actually opened out. And United States is very, very badly affected. Compared to the United States, we are really relatively well-off for whatever reasons. We cannot actually understand why. The reason is in South Asia and Southeast Asia, it is more-- not so grave as it is in the US or in Europe. Of course, the lockdown is hard, but the lockdown itself has had a number of issues which are very, very important to understand. First of all, only essential services are allowed. You have to stay at home. You're to observe quarantine

[inaudible] you are ill and you could not go out without a mask. They have in order to control the epidemic, also instituted regulations and not going into the technicalities of it. But with that, they've used invasive technology, for example, smartphone applications to detect, to monitor the contact trace, which actually raises a lot of legal issues. And in our country, we had a very famous case, a privacy case, [inaudible], which actually followed in terms of the proportionality doctrine, the European courts prescriptions in a sense. So if you have restrictions like when you have restrictions in what--whatsoever manner, they have to be sanctioned by law, they have to be pursued--pursuant to a legitimate aim. There has to be proportionality between the restrictions and the object sought to be achieved. And finally, you must actually always resort to the least restrictive--restrictive alternative. And that is a question mark as far as the applications which are being used here. There is a debate going on about whether the government application [inaudible] there is a health breach is actually conforming to those constitutional standards. But whether it is challenged or not, it's a different issue. In terms of other issues, the right to health. As you know, India is the--a signatory and actually follows the International Covenant on Economic, Social, and Cultural Rights. So under that, you know, the court's facilities and services have to be made available on--in--on a nondiscriminatory basis. They have to be available, accessible and acceptable and have good quality. Availability actually is to the number--they have to be adequate. If 10 doses of--units of medicines are required for 10 people, 10 should be available. They have to be accessible physically and geographically and economically. And if they're acceptable, that means that they have to be respectful of culture. Access to medicines is very big part of that. And that is an issue

which is going to be--which is going to be a problem in the future in terms of COVID. As you know, there are no medicines. Some medicines are actually being clinically tried, the clinical trials going on on those medicines. And there are actually four groups of medicines which would be patented or maybe patented in a different form. Most countries have patents. India, actually [inaudible] agreement on terms in 2005, so we have a product patent and a process patent [inaudible]. Most countries have that now. And in terms of the type of drugs that we have tried, in the next period there are four sets of drugs. One is the new drug, which is relatively recently, which was actually tried for ebola, and that is [inaudible] by Gilead. It has actually received public funding in the United States, approximately 70 million dollars. And should it be patented, should they be open access? That's a major dispute which is actually going on amongst civil society, between civil society and Gilead. So that's one issue. [inaudible] the other set of drugs. And the third drug is rapidly returnable within the third set of drugs, which rather a third drug. So these two are actually old HIV drugs. They are patented in some countries, not patented the others, but a new use can be patented. And finally, there is the drug, which Donald Trump, your president, talked about, hydroxychloroquine, which drug, in fact, is an anti-malarial drug. There is no patent, but a new use patent can be sought and some countries allow it, not in India. So there are four sets of drugs. The most important one, actually [inaudible], because it's a new drug--or not a new drug; it's repurposed. It was used in ebola. The US has issued emergency authorization so that it can be prescribed by a doctor. But as I said, clinical trials are going on to see its efficacy and safety and 70 million dollars approximately have been pumped in by public funding. So why should it be patented and why should there be not open-access? In terms of vaccines, there are about seven candidates. Eighty-two candidates are hoping--seven candidates a clinical trial and 82 candidates are for pre-clinical trials. The estimated time for them to be tested clinically--clinical trials-wise, is about six months to one year. So, we won't have that for a long time. In India, we have other problems. The problems are about tests, diagnostics. They cost about 4500 rupees, which is about five dollars, per test. And that is quite expensive in terms of the Indian market. The other issue is about personal protection equipment for healthcare workers. As you know, without that, healthcare workers can, themselves, get infected and that is not made available by government. We had approached the Supreme Court. The Supreme Court actually directed that PPE, as it is known in an acronym form, should be available. But the court has not monitored it until today. Governments are not supplying PPE to a lot of the health care workers. And in fact, NGOs have stepped in to fill in the vacuum, which is a good thing. But I think the issue is about government putting in the equipment. Then there are issues about private hospitals in India. The right to health is applicable to the public sector alone, to the state sector, but not the private sector. We need a law. And I think that issue is also coming up in the US. Whether your healthcare system is actually catering to the needs of the COVID patients, the COVID healthcare workers, and do you not need the healthcare system to be expanded? Well, actually, everybody can get healthcare and whether private care is actually not performing its duty. So I'll stop here. That is a very brief synopsis of what I feel on the issue and the issues that have come up in India and which need to be addressed. So if there are questions, I can answer them because we still have about three, four minutes.

Rangita de Silva de Alwis Of course. So, thank you. Thank you, Anand, for that wonderful exegesis. What I wanted to highlight was that during black swan events such as COVID-19, what we see is that the fault lines on human rights become even deeper and you see a rollback of prior gains on human rights. And so how do we avoid that danger of rolling back on some of the high--on some of the prior gains, such as human rights and economic and social rights, but also how existing inequalities, existing fault lines that become even more pronounced can be addressed to a human rights-based approach. So

the secretary general has said that when we are building back, that we had to build back stronger with women's rights front and center. He has also said, very effectively, that--that we have to create disability-inclusive recovery. So you have worked at the intersections on women's rights, disability rights, health rights, and LGBTQ rights. So how do we use this moment of change of mass transition, mass [inaudible] transformation, to build back a stronger human rights framework when the human rights framework is threatened by all of these global forces? So that's one question. The second question is, you're also, apart from your eminent and distinguished work at the forefront of human rights in India, you're also on the Global Commission on Drug Policy. So how do you see this crisis impacting drug policies globally?

Anand Grover Thank you. And Rangita, because of the paucity of time, I could not address those issues. But you're absolutely right. I would say that the COVID pandemic has actually exposed inequalities that are inherent in societies. I think Bill Gates and others actually said that the virus doesn't recognize differences and inequalities, unfortunately, is partly right and partly wrong. A virus doesn't actually recognize any difference. It actually infects a rich and a poor person in the same manner. But the persons who are already at a disadvantage or more marginalized because of various reasons, they're actually exposed to the virus much more and disproportionately. So the inequalities are exposed. Let me give you a concrete example, as far as India is concerned. The poor people were affected very badly in India for the reason that the lockdown meant in terms of the actual measures to combat the epidemic first and then actually the COVID epidemic also. Now on two fronts because poor people were sacked on 24th of March, they were rendered jobless. They do not have a place to stay. And you had millions, literally millions, of workers who are migrants from other parts of India actually returning to their home states on foot because this had not been envisaged by the government. So they went without food, without secure, without money. And because of that, if they were actually affected by COVID, they would be more debilitated because of poverty and malnutrition. Similarly, people who are old, because of co-morbidities, they are more effected. That is all over the world. So the right to health framework is actually quite strong. The fact is that it is not being implemented. So when we come back after COVID or during COVID, we are to reassert that framework and make sure that it is implemented. So inequalities are being exposed. We have to actually make sure, advocate that they are not allowed to get away with it, because in developing countries, inequalities are very pronounced. In our country, they are pronounced on account of economics, on account of cost, on account of sex, religion, and all sorts of other factors. The other question in terms of drug use, drug users are also disproportionately affected because of various [inaudible] they have. But fortunately, because of HIV, we have a very strong civil society of those who are disproportionately infected. Those are known as the key populations who actually were the people were affected in the HIV scenario, but who actually mounted the response. And it is their groups which actually were very key in making sure that HIV doesn't spread. For example, sex workers making sure condoms are actually utilized. So those groups keep populations, sex workers, drug users or injecting drug users and other marginalized populations like LGBTQIA--the other populations are very strong on the ground. They are responsible to make sure not only that their needs are catered for, for example, antiretroviral treatment must be made available to them. So they were able to advocate with the National AIDS Control Organization, and rather than getting them on a daily or a weekly basis, they were able to get them on a monthly basis. Similarly, sex workers could get food. Food was organized with them because they had no work. They would have stopped. Not only that, sex workers have shown an exemplary behavior and conduct and making sure that other poor people are fed with food. And finally, on women, in fact, the--the brunt of the response to the epidemic. Apart from the fact that they are otherwise poor

and malnourished and in the home, they are disadvantaged. The women in the epidemic have been subject to more domestic violence during the pandemic and also because their menfolk have gone out to work in the metro cities. They are alone at home and they are also out of work. But there is no system, though we have a very strong system of public distribution and now online systems are transferring money and giving food, a lot of them, especially women, are not part of the network. So don't--they have not been able to get food or money, which the government has given. So women are at a major disadvantage, which also needs to be taken care of. Basically, whatever we have seen in the past is now magnified in the pandemic in terms of inequalities or marginalized or historically oppressed groups. So--

Rangita de Silva de Alwis Absolutely.

Anand Grover --those things that we now worked upon. Even with more vigor and come out of it with a better future for all of us.

Rangita de Silva de Alwis Absolutely. And apart from the fact that women are disproportionately impacted, women and other minority groups are disproportionately impacted by COVID-19, women now also disproportionately in the frontlines of fighting COVID-19 as healthcare workers and as caregivers. So apart from the fact that they are being further victimized by COVID, we also--also have to understand the fact that they are the ones who are in the trenches fighting COVID-19. So they need to be empowered. Their voices have to be amplified. And we need to ensure that women's leadership in terms of decision-making on post--in a post COVID-19 world is, as you said, magnified, exemplified, and by--and amplified in all possible means. So thank you for reminding the world about the importance of women's voices. But we also need to understand that women are not only disproportionately affected as victims, but they are disproportionately in the frontlines as leaders in this--in this challenging circumstance. So I also wanted to spend a moment asking you just from a human rights framework point of view. You know, although health rights and the right to assembly, the right to protest, the right of association are considered non-derogable rights that are certain instances under the ICCPR in Articles 27 and 28, where that derogation is allowed in--in times of public emergency and in times of a health crisis. So I think we are at that moment right now, when due to a health crisis, these rights to freedom of assembly and association are being constricted and being limited. But as you said, we have to use the yardstick of proportionality in considering them. And I think what we see here is this balance of rights, right? And the balance in terms, especially in India, when--when slum dwellers really have no access to water, access to food. It is difficult to be in a lockdown situation and more people will die of hunger and malnutrition and even of COVID. So I think this difficulty in balancing rights come to play in a time of unprecedented challenge. Can you talk a little bit about that kind of dialog and [inaudible].

Anand Grover Though civil and political rights and even the rights are non-derogable, in terms of right to health, the minimum, quote, obligations are non-derogable. The right to access and have medicines available is non-derogable, especially essential medicines. So they have to be made available. They are part of the court obligations. But all these rights have to be balanced when restrictions are imposed with other obligations because they, for example, in a lockdown, your right to free movement is obviously restricted. So you have to decide whether that is necessary for controlling the epidemic. And then it has to be sanctioned by law. It has to be there has to be a law to sanction it. So we have the Disaster Management Act and the Epidemic Diseases Act, and then it has to have a legitimate aim, which we have in our country. The legitimate aim is to curb the

transmission. Then it has to be proportional. So can you say, like they have said, that all persons about 65 should not venture out? Well, some 65 year old like me are quite active. So you can't have a blanket thing. So, there has to be a relationship with the object and the restriction that is the doctrine of proportionality. So you have to actually look at the proportionality angle and then decide whether they're actually derogable, and to what extent. And it can't be permanent. It's only a very short period of time. And then finally, in the proportionality doctrine itself, the least restrictive alternative has to be resorted to by the state. So that is, you know, this is an issue which is highly debatable and at a particular point of time, what the state does. But in terms of testing, contact tracing, and, you know, using smartphone applications, applications to actually monitor the COVID patients, there is a huge debate about whether these actually conform to the criteria which is laid down all over the world now practically that there is a law to sustain it, that it is a legitimate aim, and that it actually can conform to the proportionality doctrine. So in terms of those applications, there's a huge dispute as to whether they--they conform or not. Because data is available, whether that be used in future for other purposes in terms of an issue, whether the [inaudible] should be available or not is another issue. So all the issues are going to come up in courts over a period of time as to the applications, which are online applications which are used to control and monitor the transmission of a virus in an emergency.

Rangita de Silva de Alwis Anand, this has been such an edifying conversation. As you so eloquently stated, the pandemic is intensifying inequality, but also producing the threat of new challenge. And I think the producing of new threats need to be addressed. So as you said, how do we build back stronger, a more equal world, that has as front and center the protection of human rights and the human rights of all. And in that pursuit, we are so proud to have you lead that charge of new--building a new world, the new world in which human rights are not only non-derogable, but inextricably interlinked, universal, and--and indivisible. So, thank you. Thank you, Anand, for this wonderful conversation. And we wish you all the best as you continue being at the forefront of these human rights challenges. Thank you. And I look forward to seeing you again.

Anand Grover Thank you very much.