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ACADEMIC RESEARCH**The Fight Against Covid-19 in Cameroon: At the Centre of Competing Human Rights****Mikano Emmanuel Kiye**

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**Abstract:** This paper examines the fight against the coronavirus in Cameroon, unraveling the tensions it evokes between the right to health and several other competing human rights. The paper adopts a qualitative methodology of doctrinal studies based on content analysis of primary and secondary data. Following the outbreak of the virus in Cameroon, to fulfil its obligation under article 12(1) of the International Covenant on Economic, Social and Cultural Rights, 1966, the state of Cameroon implemented draconian measures, some of which restricted the enjoyment of some civil and political rights. The unprecedented measures, of temporary duration, undermined among others, freedoms of movement, assembly, worship, the right to education and personal autonomy. These freedoms, imperilled by the measures implemented to contain coronavirus, are presented as impediments to the realisation of the right to health, which, implicitly, is elevated above these competing rights. This conclusion is inconsistent with the conceptualisation of human rights as indivisible and interdependent, suggesting a relationship of interrelatedness in which none of the rights can fully be enjoyed without the enjoyment of the others. Rather, within the context of the fight against covid-19, evidence reveals that human rights are not only complementary but may conflict with one another, thereby legitimising the argument for rights prioritisation. The paper concludes that, in the present context, prioritisation of human rights is an unfortunate but inevitable occurrence when categories, or individual values, of human rights conflict with each other.

**Key words:** Covid-19, Cameroon, Human Rights, Right to Health, Rights Prioritisation

**Introduction**

Coronavirus disease (or covid-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the virus experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems are more likely to develop serious illness (WHO June 2020). Covid-19 was first discovered in the city of Wuhan, in the Hubei province of China, in December 2019. It soon rapidly spread to neighbouring countries and, before long, it had developed into a global menace prompting the World Health Organisation to declare it a pandemic on 11 March 2020. The disease has led to unprecedented deaths and suffering around the world and precipitated the collapse of national economies, some of the consequences of the measures adopted by governments to combat the scourge. The virus, and the measures adopted to contain it, has implications on human rights. In Cameroon, as elsewhere, the fight against covid-19 is at the centre of competing rights, a conclusion that questions the conceptualisation of human rights as indivisible and interdependent.

Cameroon felt insulated from the virus until March 5, 2020, when the first case was confirmed in the territory (Medecins San Frontieres 2020) <sup>[4]</sup>. Thereafter, government's reaction was relatively swift. On the instructions of the Head of State, President Paul Biya, the Prime Minister and Head of Government, Chief Dr. Joseph Dion Ngute, convened an inter-ministerial meeting, which articulated a series of measures to be adopted aimed at containing the virus. These measures aimed at safeguarding public health, however,

undermined the enjoyment of other rights and freedoms notably freedoms of movement, assembly, worship, and rights to education and personal autonomy. In this context, the fight against covid-19 in Cameroon is at the centre of competing human rights, the realisation of one right inevitably negating the enjoyment of others. The measures could conversely be viewed as reaffirming the indivisibility and interdependence of human rights, the latter argument is beyond the scope of this paper.

This paper documents the fight against covid-19 in Cameroon, a fight predicated on the obligation to protect public health. It examines the measures adopted by the state to contain the virus and unravels their implications to human rights. It forcefully asserts that, inasmuch as the fight against covid-19 is premised on safeguarding the right to health, the measures adopted to achieve this object negate the enjoyment of other rights, mostly of civil and political orientation. Part one of the paper examines the outbreak of the virus in Cameroon and the measures adopted to contain it. Part two analysis the human rights implications of these measures, revealing the tensions between them and the right to health. It concludes that the conflict between rights revealed in the fight against covid-19 should be seen not as an isolated and unfortunate consequence of government's strategy, but as a normal occurrence in the enforcement of human rights.

**Part 1. Combatting Covid-19 in Cameroon: Protecting the Right to Health**

Long before the outbreak of covid-19 in Cameroon, the virus was prevalent in Asia, Europe, and the United States. It

arrived the shores of the country through visitors coming from these hotspots, precipitating a national emergency response from the government. The government adopted draconian measures to contain it, an indication of its commitment to the full realisation of the right to health.

### 1.1. An Overview of the Right to Health

The Cameroonian Constitution, 1996, (Law no. 96-06 of 18 January 1996, hereinafter the Constitution), makes numerous references to human rights. However, there is no specific provision in the Constitution that expressly refers to the right to health, except reference in the Preamble to the 'right to a healthy environment', a provision aims at protecting the environment. The closest inference to a human right to health, found in the Preamble to the Constitution, is to the effect that 'every person has a right to life, to physical and moral integrity and to humane treatment in all circumstances. Under no circumstances shall any person be subjected to torture, to cruel, inhumane or degrading treatment.' Guaranteeing the right to life, by implication, ensures safeguarding the right to health, its negation may, among others, violate the right to life.

The Preamble to the Constitution affirms its 'attachment to the fundamental freedoms enshrined in the Universal Declaration of Human Rights, the Charter of United Nations and the African Charter on Human and Peoples' Rights, and all duly ratified international conventions relating thereto ...'. Complementing this provision, article 45 makes ratified international treaties part of municipal law, prevailing over it in the advent of conflict. On the strength of this provision, Cameroon has domesticated numerous human rights treaties, and the protection of the right to health expressly flows from international law.

The human right to health is enshrined in numerous human rights treaties amongst which are article 25(1) of the Universal Declaration of Human Rights, (UDHR), 1945, article 5(e)(iv) of the International Convention on the Elimination of All Forms of Racial Discrimination, 1965, articles 11(1)(f) and 12 of the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, and in article 24 of the Convention on the Rights of the Child, 1989. Several regional instruments also recognise the right to health including article 16 of the African Charter on Human and Peoples' Rights, (ACHPR), 1981.

Arguably, the International Covenant on Economic, Social and Cultural Rights, (ICESCR), 1966, provides the most comprehensive article on the right to health in international human rights law. In accordance with article 12(1) of the Covenant, States parties recognise 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,' while article 12(2) enumerates the steps States parties must take to achieve the full realisation of the human right to health. It states: 'The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness'. State parties to the Covenant are mandated to take steps or adopt measures aimed at the realisation of this right, measures

which, among others, will lead to the prevention, treatment and control of epidemic, endemic, occupational and other diseases.

The right to health was first provided in the 1946 Constitution of the World Health Organisation where the preamble defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The preamble further states that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.' These elements have been called by the Committee on Economic, Social and Cultural Rights, the body responsible for monitoring the ICESCR as the 'underlying determinants of health' and include safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information, gender equality. The right to health also contains freedoms and entitlements. These freedoms include the right to be free from non-consensual medical treatment, such as medical experiments and research or forced sterilization, and to be free from torture and other cruel, inhuman, or degrading treatment or punishment. The entitlements include the right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health; the right to prevention, treatment and control of diseases; access to essential medicines; maternal, child and reproductive health; equal and timely access to basic health services; the provision of health-related education and information; participation of the population in health-related decision-making at the national and community levels. The right to health is not understood as a right to be healthy, rather it refers to the right to the enjoyment of a variety of goods, facilities, services, and conditions necessary for its realisation (Office of the United Nations Commission for Human Rights, Fact Sheet No. 31, and The Right to Health).

The right to health is dependent on, and contributes to, the realisation of many other human rights (Office of the High Commissioner for Human Rights, CESCR General Comment No. 14). Contrarily, as this paper argues, realising the right to health may impede the full enjoyment of other rights. Article 2(1) of the ICESCR provides States the obligation to progressively achieve the full realisation of the rights provided in the Covenant, subject to the financial abilities of states or the availability of resources. Taking steps to realise the right to health requires a variety of measures and will vary from State to State as there are no set prescriptions provided under international law. Article 2(1) of the ICESCR simply states that the full realisation of the rights contained in the treaty must be achieved through 'all appropriate means, including particularly the adoption of legislative measures.' In this connection, the measures adopted by the government of Cameroon are motivated by the desire to protect the right to health.

### 1.2. Safeguarding the Right to Health: Measures Adopted in Cameroon to Contain Covid-19

Following the outbreak of Coronavirus in Cameroon, an inter-ministerial consultation was held on Tuesday, 17 March 2020 to assess the situation and identify appropriate actions to be adopted to address it. At the end of the meeting, the President of the Republic implemented several measures to contain the virus, beginning Wednesday 18 March 2020 till further

notice. Amongst the measures was the closure of the country's borders and the suspension of all passenger flights from abroad with the exception of cargo flights and vessels transporting consumer products and essential goods and materials. Complementing the travel restriction, the issuance of entry visas to Cameroon at the various airports, and missions abroad of members of government and public and para-public sector employees were suspended. There was also the closure of all public and private training establishments of the various levels of education, from nursery school to higher education, including vocational training centres and professional schools.

Social gatherings of more than 50 persons were prohibited and school and university competitions were suspended. Bars, restaurants, and entertainment spots were closed from 6p.m and a system for regulating consumer flows was set up in markets and shopping centres and urban and inter-urban travel were restricted only in cases of extreme necessity as drivers of buses, taxis and motorbikes were urged to avoid overloading. The public was advised to strictly observe the hygiene measures recommended by the World Health Organisation, including regular hand washing with soap, avoiding close contact such as shaking hands or hugging, and covering the mouth when sneezing. The wearing of face masks in public became compulsory. Law enforcement officers were mandated to ensure compliance with these measures. These measures are contained in a statement issued by the Prime Minister on Tuesday, 17 March 2020 (See Prime Minister's Office website, 2020).

The measures impacted almost every sector of Cameroonian society. Social life was severely hampered as cities and towns virtually became ghost towns after 6pm. Law enforcement officials were visible in cities enforcing the temporary lockdown and people were arrested, and others fined, for violating the measures. Foreign visitors in Cameroon, including Cameroonians visiting from the diaspora, were trapped in the territory, and Cameroonians abroad were unable return to home, save the subsequent arrangement of special repatriation flights to and from the country. Businesses were not insulated from the effects of the measures, especially operators of bars, restaurants, and leisure facilities that became almost non-operational. Operators of public transportation were not spared due to restrictions placed on movement and the limits on the number of passengers they could ferry, making the sector less profitable. Businesses suffered immensely as profits dropped with dire consequences on the economy as there were fears of an imminent recession on an already fragile economy still struggling from the consequences of the ongoing Anglophone crisis in the country.

Another area where the impact of the measures was gravely felt was in the sphere of personal liberties and freedoms. The restrictions impacted on freedoms of movement, assembly, worship, personal autonomy, and the right to education on an unprecedented scale in the life of the state. All, but essential, movement of citizens was restricted after 6pm and all social activities, including parties, funeral celebrations, and religious services were restricted, and several religious entities closed their doors to worshippers. Some religious entities were able to adjust their worship services to comply with government guidelines that prohibited gatherings of over 50 persons. Nursery, Primary, Secondary, and University education were suspended, and pupils and students were introduced to online education, which was, for the most part, ineffective in most

educational institutions of the country. Similar restrictions, some of them even more serious, were applicable in jurisdictions around the world including China, Italy, United States, France, Spain, Nigeria, and South Africa.

Seemingly, the negative consequences of the anti-coronavirus measures to the national economy, and perhaps to personal freedoms, prompted the subsequent declaration made on April 30, 2020, by the Prime Minister relaxing the measures, a controversial declaration considering that records indicated that the virus had not been contained, rather it was expanding in the country. Bars, nightclubs, restaurants, and other leisure spots were allowed to reopen without time restriction and there was lifting of the measure on the mandatory number of passengers in all public transport by bus and taxi. However, the population was still required to adhere to some guidelines including the wearing of masks and maintaining social distancing. On June 1st, 2020, the government announced the normal, and progressive, resumption of education at all levels and classes effectively commenced with additional precautions taken to ensure the regular washing of hands and the observation of social distancing during lectures.

The initial measures adopted by the state on Tuesday, 17 March 2020 are contemplated under article 2(1) of the ICESCR and aimed at the progressive realisation of the right to health in conformity with article 12(2) (c) of the ICESCR. To achieve the object of article 12(1) of the ICESCR, the measures adopted by the state undermined the realisation of other rights and freedoms, which are, in this context, presented not as complementary rights, but as competing, to the right to health.

## **Part 2. Tensions between the Right to Health and Other Human Rights**

The fight against covid-19 in Cameroon, and perhaps elsewhere, is at the centre of competing human rights. The measures adopted by the government were driven by the desire to protect public health in furtherance of its obligations under article 12(1) of the ICESCR. Contrarily, the measures adopted toward fulfilling this obligation curtailed the enjoyment of other human rights which, in this scenario, are presented as competing, rather than complementary, to the right to health. In other words, policies adopted to realise the right to health necessarily imperilled the enjoyment of other rights, an observation that inadvertently justifies rights prioritisation under international law.

### **2.1. Prioritising the Right to Health over other Competing Rights**

Cameroon's response to the scourge of covid-19 was motivated by the desire to fulfill its treaty obligation under article 12(1) of the ICESCR which guarantees 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'. To fulfill this obligation, the state is mandated under article 12(2), read alongside article 2(1) of the same treaty, to maintain standards, compliance of which require positive and progressive action from the state. Cameroon's response to covid-19 should therefore be viewed within the context of its obligation under article 12(1) of the ICESCR.

The human right to health, an economic, social, and cultural right, unlike rights of civil and political orientation, requires effective participation of the state, and other stake holders, to ensure its realisation. In order to realise this right, the state implemented measures that curtailed the enjoyment of other

rights and freedoms, notably freedoms of movement, assembly, worship, the right to personal autonomy and education. The restricted rights and freedoms are presented as obstacles to the realisation of the right to health. In almost similar terms, the right to health is elevated above these competing rights. Indeed, the closure of the country's borders and the restrictions placed on movement within the national territory, except for essential travels, practically imperilled the enjoyment of the right to free movement of persons. Freedom of assembly was restricted as social gatherings exceeding 50 persons were prohibited throughout the national territory, a measure that also undermined freedom of worship as religious establishments were virtually prevented from operating. Public meetings and social events were suspended. The right to personal autonomy was also imperilled as it became compulsory to wear face masks in public, with the pain of arrest and or the levy of fines in case of non-compliance. The right to education was temporarily compromised with the closure of all formal learning institutions, subsequently reopened on June 1<sup>st</sup>, 2020, for face-to-face learning to resume.

Freedoms of movement, assembly, religion, and worship and the right to personal autonomy and education are guaranteed in the Preamble to the Constitution. Freedom of movement is guaranteed under article 13 of the UDHR, article 12(1), (2) and (4) of the ICCPR, and article 12 of the ACHPR, among others. Freedom of movement permits an individual to move freely within the state, choose a residence of his choice, and even the right to travel from and return to the country of his nationality. Freedom of assembly is guaranteed under article 20 of the UDHR, article 21 of the ICCPR, and article 11 of the ACHPR, among others. Freedom of assembly, sometimes used interchangeably with freedom of association, ensures people can gather and meet, both publicly and privately. Freedom of religion and worship is provided under article 18 of the UDHR, article 18(1), (2) and (4) of the ICCPR, and article 8 of the ACHPR. Freedom of religion includes the freedom to maintain or to change one's religion or beliefs, and freedom to profess or disseminate one's religion or beliefs, either individually or together with others, in public or in private. The right to personal autonomy or privacy is guaranteed under article 12 of the UDHR, article 17 of the ICCPR, and article 9 of the ACHPR. The right to privacy is sometimes defined in terms of personal autonomy and self determination which provides the ability to a person to freely make his own decisions and choices in life without being compelled to do so. The right to education is guaranteed under article 26 of the UDHR, article 17 of the ACHPR, and articles 13 and 14 of the ICESCR. The right to education includes, among others, the availability of educational institutions as well as their accessibility.

The right to health was therefore to be realised through the systematic suppression of other rights and freedoms, these alternative entitlements are presented not as complementary, but as competing and conflicting to the right to health. Under the circumstances, the realisation of the right to health is predicated on the denial of the enjoyment of freedoms of movement, assembly, religion, personal autonomy and, to a limited extent, the right to education. Apparently, the fight against covid-19 inevitably establishes a conflict between categories of human rights: economic, social, and cultural right, reflected in the right to health, on the one hand and civil and political rights, reflected in freedoms of movement, assembly, and personal autonomy, on the other. Evidently, it

also pits two rights within the same economic, social, and cultural category in conflict with each other, being the right to health and the right to education.

Obviously, this development challenges the conceptualisation of human rights as indivisible and interdependent, terms often used interchangeably. The principle of indivisibility maintains that the implementation of all rights simultaneously is necessary for the full functioning of the human rights system. Indivisibility is equally the idea that no human right can be fully implemented or realised without fully realising all other rights. The argument is that the enforcement of human rights is arbitrary and incomplete without a commitment to indivisibility, and that anything less than simultaneous implementation of all human rights may fuel rights prioritisations by governments, which will mean that all rights values suffer. Human rights are also interdependent in the sense that the realisation or improvement of one right facilitates advancement of the others. Conversely, the deprivation of one right adversely affects the others. Within the context of indivisibility and interdependence, human rights are articulated as equal in importance, also meaning a denial of the enjoyment of one right will lead to the negation of the others.

The concept of the interdependence and indivisibility of human rights, as originally conceived, refutes any suggestion of a hierarchy of rights. At a time when attention tended to focus on civil and political rights, its emergence served as an important reminder of the need to protect and promote economic, social, and cultural rights with equal vigor. Indeed, the principle has mainly been used to argue that economic and social rights must be judicialized as only their full guarantee and enforcement allows the full enjoyment of civil and political rights. At its core, is the suggestion that there is a mutually reinforcing dynamic between these different categories of rights? Indivisibility and interdependence are mostly interpreted in terms of the implementation and importance of human rights. An additional dimension to the concept has been related to the actual content of human rights (Quane 2012: 49-83).

The peculiar experiences in the fight against covid-19 in Cameroon, and beyond, challenges this conceptualisation of human rights. Rather than been seen as indivisible and interdependent, human rights are perceived not as complementary, but as competing and, perhaps, conflicting to each other. The right to health, a right that falls in the economic, social, and cultural category, is pitted against other rights and freedoms, which are mostly of the civil and political category. This renders rights prioritisation, a choice between the various categories of rights, an inevitable option as Cameroon and most other states had to navigate the difficult path of either maintaining the enjoyment of some civil and political rights over the right to public health or vice versa. The concept of rights prioritisation has been extensively documented (Kiye 2019:1-16; Montgomery 2001:80-101; Bigge & Von Briesen 2000: 289-313). Because of the nature of the disease, Cameroon was unable to devise a response that simultaneously ensures the full realisation of the right to health while also fully respecting other freedoms and liberties including freedoms of movement, assembly, worship and religion, and the right to personal autonomy and education. Obviously, under these circumstances, the state made a difficult choice between various competing rights through a process of rights prioritisation, leading to violation of some rights to ensure compliance with another. Although

not within the scope of this paper, conversely, it should be noted that the fight against covid-19 in most jurisdictions further reinforces the concept of indivisibility and interdependence of human rights in some respect. The realisation of some economic, social, and cultural rights is dependent on the respect of some civil and political rights. For instance, the right to work, an economic right, heavily depends on the realisation of the right to free of movement of persons, which is a political and civil right.

Rights prioritisation in this context pitted the right to health against others, a scenario which was weighted in favour of the former right. Unsurprisingly, in some jurisdictions, this tension between competing rights was manifested in street demonstrations. Indeed, be it in the United States (BBC News Online, 21 April 2020), or in Europe and the United Kingdom (ABC news online, 16 May 2020), through street protests, protesters decried the disproportionate measures implemented by their various governments to contain the virus, some of which were blamed for restricting the enjoyment of civil and political rights, and for crumbling the economy. Nonetheless, it could be argued that the measures introduced by governments to fight against covid-19, temporarily suspending the enjoyment of some rights, are justified under international law.

## 2.2. Are there Justifications for Limiting the Enjoyment of a right in favour of another?

Human rights are indivisible and interdependent, suggesting they are equal in importance, and none can be fully enjoyed without the others. Therefore, realisation of one right necessarily leads to enjoyment of others. However, circumstances may trigger states to limit or derogate from the enjoyment of some rights and, by extension, subvert them in order to realise another.

Human rights law contains derogation and limitation clauses providing grounds upon which the enjoyment of rights maybe curtailed or suspended. The obvious difference between rights derogations and rights limitations is that derogations are only permitted in exceptional cases where states face a danger that threatens the life of the nation, while states may limit human rights even in normal times, albeit for a limited and exhaustive number of reasons. Derogation is seen, at least in the context of the European Convention on Human Rights and Fundamental Freedoms, as an attempt to balance community interests and individual interests (Schreuer 1985: 113-132). Arguably, article 2(1) of the ICESCR is construed as a limitation clause. It provides for the progressive realisation of the rights enshrined in the Covenant, subject to the availability of resources. The absence of resources negates the state's ability to fully realise these rights. This provision is complemented by article 4 of the same Covenant which provides: 'The States Parties to the present Covenant recognise that, in the enjoyment of those rights provided by the State in conformity with the present Covenant, the State may subject such rights only to such limitations as are determined by law only in so far as this may be compatible with the nature of these rights and solely for the purpose of promoting the general welfare in a democratic society'. According to article 5(1), the limitations should be proportional, i.e., the least restrictive alternative must be adopted where several types of limitations are available. Even where such limitations on grounds of protecting public health are basically permitted, they should be of limited duration and subject to review. Similarly, article 29(2) of the UDHR also

provide grounds upon which some of the rights are to be restricted. The ACHPR contains claw-back clauses that permit a state to restrict its treaty obligations including articles 6, 8, and 9(2). Although the ICCPR recognizes some rights as absolute, which cannot be limited for whatever reason, such as freedom from torture and other cruel treatment, freedom from slavery and servitude, etc., other rights, however, are subject to permissible limits, expressly or impliedly. Any prescribed measures restricting rights need to be prescribed by law, be on the grounds permitted in relation to the right concerned, be a reasonable, necessary, and proportionate means for the pursuit of a legitimate objective. Most of the rights and freedoms recognised under international law are subjected to limitations, for instance, freedom of movement is limited under article 12(3) of the ICCPR,<sup>1</sup> and article 12(2) of the ACHPR.<sup>2</sup> Among others. Freedom of assembly is limited under article 21 of the ICCPR<sup>3</sup> and article 11 of the ACHPR.<sup>4</sup> Freedom of religion and worship are not absolute and are subjected to similar restrictions under, for instance, article 18(3) of the ICCPR, 1966.<sup>5</sup> In almost similar terms, the Preamble to the Constitution imposes limitation to the application of some rights. Freedom of movement is guaranteed 'subject to the statutory provisions concerning public law and order, security and tranquility' and freedom of assembly and of association are subjected 'under the conditions fixed by law.'

The main grounds articulated for limiting most human rights are the requirements of law, the protection of national security, public morality, public order, and public health. Public health notoriously features as an important rationale for rights limitations, a presupposition of its crucial relevance to states, when compared with the enjoyment of other human rights, especially those of non-absolute nature. In the perspective of the context of rights limitation clauses under international law, safeguarding public health is presented, arguably, as a higher ideal, whose protection may be lawfully achieved even at the detriment of the enjoyment of non-

<sup>1</sup> It states: 'The above-mentioned rights shall not be subject to any restrictions except those which are provided by law, are necessary to protect national security, public order (ordre public), public health or morals or the rights and freedoms of others and are consistent with the other rights recognised in the present Covenant.'

<sup>2</sup> The relevant portion of the provision states: '.... This right may only be subject to restrictions, provided for by law for the protection of national security, law and order, public health, or morality'.

<sup>3</sup> The relevant portion of the provision is to the effect that: '.... No restrictions may be placed on the exercise of this right other than those imposed in conformity with the law, and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.'

<sup>4</sup> The relevant portion of the provision states: '.... The exercise of this right shall be subject only to necessary restrictions provided for by law in particular those enacted in the interest of national security, the safety, health, ethics and rights and freedoms of others'.

<sup>5</sup> It states: 'Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others'.

absolute rights of freedoms of movement, assembly, worship, the rights to autonomy and education. It therefore calls to reason that the fight against covid-19 in Cameroon, and beyond, can be interpreted within the prism of rights limitation under international law which justifies elevating the demands of protecting public health above other claims, provided the measures adopted to achieving this goal comply with international law. The assumption, inasmuch as it legitimizes the imposition of limitations of a temporary nature on non-absolute rights and freedoms for the object of safeguarding public health, further gives credibility to rights prioritisation which is at tandem with the principle of indivisibility and interdependence of human rights. Consequently, Cameroon's approach to combating covid-19, grounded on temporary restrictions imposed on some rights and freedoms, is informed by relevant provisions of international law, read alongside its Constitution.

### Conclusions

The measures adopted in Cameroon toward the full realisation of the right to health, evident in the country's fight against the scourge of covid-19, involve plurality of competing human rights, unavoidably leading to rights prioritisation. The outbreak of the disease in the territory represented a grave challenge to public health, the corresponding measures adopted to containing it inadvertently undermining the enjoyment of freedoms of movement, assembly, worship, and the right to personal autonomy and education. Seemingly, under the present circumstance, the right to health is presented as competing against freedoms of movement, assembly, worship, the right to autonomy and education. The advent of the virus in Cameroon provoked the temporary lockdown of the country, manifested by restrictions placed on non-essential travels, assembly, worship, personal autonomy, and education, measures that imperilled the enjoyment of some rights and freedoms and negatively impacted on the economy. The restricted rights and freedoms constituted impediments to the realisation of the right to health, which as the context portrays, was elevated above other competing rights and freedoms.

Cameroon's approach to containing covid-19 is informed by rights limitations and prioritisation, initiatives that challenge the conceptualisation of human rights as indivisible and interdependence. Although human rights are said to be equal in importance and none can be fully realised without enjoyment of the others, conversely, within the context of the fight against covid-19, violation of some rights is predicated on ensuring the enjoyment of another. This observation is justified under international law which elevates the protection of public health above non-absolute rights, the denial of the latter rights aimed at ensuring the enjoyment of the former. On this premise, human rights, in addition to its indivisible and interdependent character, are susceptible to compete and conflict with one another.

### References

1. ABC news online. Protests against coronavirus lockdown measures spread in the UK and across Europe. Accessed online on June 6, 2020, at <https://www.abc.net.au/news/2020-05-17/protests-against-coronavirus-lockdown-in-uk-and-europe-covid-19/12256802>
2. Bigge DM, Von Briesen, A. Conflict in the Zimbabwean courts: Women's rights and indigenous self-

- determination in *Magaya v. Magaya*. Harvard Human Rights Journal. 2000; 13:289-313.
3. Kiye ME. Criminalisation of same-sex relations in Cameroon: Appraisal from Group Rights Perspective. *Haramaya Law Review*. 2019; 8:1-16.
4. Medecins Sans Frontieres. MSF supports COVID-19 response in Cameroon. 2020. Accessed online on June 4, 2020, at <https://www.msf.org/msf-supports-covid-19-response-cameroon>.
5. Montgomery H. Imposing rights? A case of child prostitution in Thailand. In J. K. Cowan, M-B Dembour & R A Wilson (eds.) *Culture and rights: anthropological perspectives*, Cambridge: Cambridge University Press. 2001, 80-101.
6. Office of the High Commissioner for Human Rights, 2000. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000. Accessed online on June 4, 2020, at <https://www.refworld.org/pdfid/4538838d0.pdf>.
7. Office of the United Nations Commission for Human Rights Fact Sheet No. 31, The Right to Health. Accessed online on June 4, 2020, at <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>.
8. Quane HA. Further Dimension to the Interdependence and Indivisibility of Human Rights? Recent Developments Concerning the Rights of Indigenous Peoples. *Harvard Human Rights Journal*. 2012; 25:49-83.
9. Schreuer C. Derogation of Human Rights in Situations of Public Emergency: The Experience of the European Convention on Human Rights. *The Yale Journal of World Public Order*, 1985; 9:113-132.
10. The Prime Minister's Office website, 2020. Government Response Strategy to the Coronavirus Pandemic (Covid-19). Accessed online on June 4, 2020, at <https://www.spm.gov.cm/site/?q=en/content/government-response-strategy-coronavirus-pandemic-covid-19>.
11. World Health Organisation. Coronavirus. Accessed online on June 6, 2020, at [https://www.who.int/health-topics/coronavirus#tab=tab\\_1\\_x](https://www.who.int/health-topics/coronavirus#tab=tab_1_x)