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# **The COVID-19 Pandemic and Human Rights Limitation: The Role of Trust and Communication in Vietnam**

*Van Thanh Vu*

ABSTRACT—: The COVID-19 pandemic is an unprecedented health crisis in modern history, causing disruption and chaos to the usual way of life, and requiring radical measures. This study investigates how willingly Vietnamese people cooperate with their government's anti-pandemic measures, which limit their right to assembly, privacy and freedom of movement during the COVID-19 pandemic. The findings show that the region of residence of the respondents influences their cooperation with government's measures. It has also been found that the more the respondents have trust in the government as an important agency in pandemic management, the more they cooperate with the government's measures.

Keywords: : human rights, limitation, the COVID-19 pandemic, trust, communication

## **Introduction**

The COVID-19 pandemic is an unprecedented and unparalleled health crisis in modern times, which has totally disrupted the usual way of life and has taken its toll on millions of people. In controlling the pandemic, governments in the world have had to resort to coercion and punishment, including ban on public gatherings, limitation of crowded meetings, closure of non-essential service providers, restriction of movement and even lockdown. These measures have resulted in the limitation or derogation of fundamental rights of their citizens.

It seems that if the citizens are willing to sacrifice their human rights and cooperate with their government's measures, the pandemic can better be controlled, with less infection and mortality. If governments were hesitant or unable to restrict human rights and people were over concerned with their personal freedom, the consequences of the pandemic could be devastating. Fearing public rage, several governments have only taken radical measures when the infections get out of control. This is the case in western and American societies, where human rights are a very sensitive issue and the citizens strongly value individualism.

The equilibrium between a government's measures and citizen's rights is a worthy issue to explore. When the vaccines have not been widely distributed to the population and herd immunity has not been achieved, governments will still have to resort to restriction measures, which compromise the rights of their citizens. Which rights can be limited or derogated by governments? In which situations and with which conditions, can they do so? These questions can have different answers, depending on economic, political, social and cultural contexts.

Unless the citizens are willing to sacrifice their rights for the sake of the community, the battle against the COVID-19 pandemic may not be won. In Vietnam, the COVID-19 pandemic has become more and more complicated since its first outbreak in January 2020, requiring the government to make difficult

decisions and take tough measures. The citizens' right to life and health has been the utmost priority, while other rights have been subjected to some restriction, which is justified by the greater good of the society. Since the beginning of the pandemic in late 2019 and early 2020, Vietnam's government vowed to sacrifice economic growth to protect people's life and health.

This research aims to answer the following questions:

- How willingly Vietnamese citizens cooperate with their government's anti-pandemic measures, which may limit their human rights?
- Is this limitation communicated and justified by the law?
- Which variables affect their willingness to do so?

The findings of this study can provide important lessons for if, when and how the government can limit human rights during the COVID-19 pandemic for the greater good of the society.

## **Literature Review**

The restriction of human rights during the COVID-19 pandemic has been a burning topic for research since its very first outbreak in Wuhan, China in 2019 (Mingazov and Sinyavskiy, 2020; Jovicic, 2021). It also received special attention from international organizations, whose mission is to safeguard human rights (UN, 2020; UNAIDS, 2020; ILO, 2020; Vardanyan, 2020). The restriction of human rights during the COVID-19 pandemic is examined against international, regional or national bills of rights to see whether such restriction is legal and proportional. Richardson and Devine (2020) rightly stated that the COVID-19 pandemic sparked critical issues about the protection of human rights against the International Covenant on Civil and Political Rights.

The pandemic presents a war-like situation for governments in the world and coronavirus is seen as an invisible enemy (Sowden, et al. 2021; Patki, et al. 2020; Reuters, 2020). The magnitude and complexity of the COVID-19 pandemic requires governments to take immediate and difficult actions, which may interfere with human rights. Several authors argue that human rights can be restricted under certain circumstances with reasonable conditions (Collazzo and Tyan, 2020; UNHRC, 2020; Mesquita, et al, 2021). One of the conditions to justify the restriction is that they are temporary, lasting a limited duration and being lifted once the necessity for such measures expires. Therefore, Casey, et al (2021) recommended that all regulations, which restrict human rights during the pandemic, should have a “sunset clause”.

While it is deemed necessary to restrict human rights during the COVID-19 pandemic, a distinction must be made between its limitation and derogation. Limitation is exercised to restrict non-essential human rights whereas derogation is temporary suspension of human rights in a defined duration (Rusi and Shqarri, 2020; Radjenovic and Eckert, 2020). Spadaro (2020) argued that “limitations and derogations can be seen as a continuum” in the sense that governments can only resort to derogation if the limitation of human rights is not effective enough in controlling the pandemic.

The ban on public gatherings, restriction of movement, compulsory health declaration and surveillance measures strongly affect the enjoyment of human rights such as the right to assembly, privacy and freedom of movement. However, the right to life and the right to health supercede them. Though interrelated and interdependent, the protection of the right to life and health is the priority, as they are the foundation for the actualization of other rights (Rusi and Shqarri, 2020; Lebret, 2020). Guterres (2020) pointed out that the restriction of movement imposed by governments is the “practical and necessary method” to save life and to break “the chain of infection”.

Freedom of movement is one of the fundamental human rights, which is strongly affected by the COVID-19 pandemic.

To prevent the spread of the coronavirus, several governments imposed unprecedented local, national and international travel restrictions. Australia's decision to refrain its citizens from returning from India in May 2021 provoked controversy about its legitimacy and morality (Pillai, 2021). France's measure to ban UK travellers to prevent the spread of the Indian coronavirus variant raised similar questions (Campbell, 2021). Closing borders and restricting domestic travel have been extreme measures across countries amid concern about increasing infection with new variants of coronavirus.

During the COVID-19 pandemic, the limitation of human rights is ubiquitous but the degree of acceptance among people varies from country to country. Lebret (2020) argued that the COVID-19 pandemic caused "exceptional circumstances", which justify the limitation of human rights compared to normal times. Governments can take necessary measures if they are meant for public good. Sekalala et al. (2020) pointed out the "inextricable linkage" between health and human rights. Emergency laws allow governments to take unusual measures, which prioritize the right to life over others.

## **Theoretical Framework**

The central aim of this paper is to prove the view that the more willingly people cooperate with a government's measures, the more they accept their rights to be limited and vice versa. There is a "social contract" between the citizens and their government that the citizens accept their rights to be limited for the sake of the community and the government will use the vested power to protect their citizens' life and health.

Several research studies have pointed out that public trust is a very important factor, which determines people's cooperation with a government's measures and regulations against the COVID-19 pandemic. Bavel, et al., (2020) stated that the more the public trust the government, the more they cooperate with the

government's health policies such as ban on public gatherings. By considering the trust people have in the government as a factor, which influences their willingness to cooperate with government's measures and sacrifice their rights, hypothesis 1 was developed.

**Hypothesis 1:** The more the people consider public trust in government is important to the pandemic management, the more they cooperate with the government's measures.

The paper also aims to investigate, whether the restriction of human rights in Vietnam during the COVID-19 pandemic, is justified by the 2013 Constitution, and the 2007 Law on Prevention and Control of Infectious Diseases. For any restriction measures to be acceptable and effective in the rule of law of a society, it must have strong legal foundation and should not contradict with existing legal frameworks while it is clearly communicated from the government to the people.

**Hypothesis 2:** The more people cooperate with the government's measures, the more they expect the government to increase the level of pandemic management.

## **Methodology and Data**

The research was conducted with an online survey on Survey Monkey, which was released to the target respondents by email, Facebook, and personal networks, and 360 responses were received in total. Respondents included staff in international organizations in Vietnam, employees in private enterprises, and freelancers. These respondents were in a good position to provide objective feedback about the government's anti-pandemic measures. For this reason, officials in government and state organizations were not included in the survey. The number of respondents by workplace and education is included in Table 1.

To make sure that the respondents were comfortable to provide their own opinion without hesitancy and fear, a consent form was presented to them before taking the survey. They were

informed of the research objectives, methodology, instruction and researcher's contact. They were assured that their data was collected and analyzed confidentially and anonymously to protect their identity. The data was then imported from Survey Monkey into SPSS 26 for analysis. 38.6 percent of the respondents were male and 61.4 percent were female. 45 out of 360 respondents (12.5 percent) reported to have background diseases. The youngest respondent was 18 years old while the oldest was 71

Table 1 Respondents by their workplaces and education

<b>Education</b>	<b>Foreign or- ganizations</b>	<b>Private enterprises</b>	<b>Freelancers</b>	<b>Total</b>
Under tertiary education	1	5	0	6
High school graduate	2	6	5	13
University graduate	42	157	26	225
Postgraduate	30	72	9	111
Others	0	4	1	5
Total	75	244	41	360

To test the hypotheses, the survey included mostly questions, requiring the respondents to identify their willingness to cooperate with government's anti-pandemic measures on a Likert scale of 1 to 5, with 1 as totally unwilling and 5 as totally willing. The respondents were asked to identify their willingness to declare their health condition, provide information about their personal itinerary, stay in quarantine, wear facemasks in public spaces and install contact-tracing apps on their smartphones, etc. These measures affect their right to assembly, privacy and freedom of movement.



## **Respondents' Willingness to Cooperate with Anti-pandemic**

The findings show that the respondents are more than willing to cooperate with the government's anti-pandemic measures, which compromise their human rights (refer Table 2,  $M = 4.5583$ ,  $SD = .47896$ ). The variable of respondents' overall willingness to cooperate with government's measures was computed by taking the average from the nine measures. Their willingness to adhere to government's anti-pandemic measures is illustrated in Table 2. The most supported measure is wearing facemasks in public spaces ( $M = 4.7472$ ,  $SD = .48371$ ), followed by declaring health conditions ( $M = 4.6417$ ,  $SD = .56048$ ) and providing information about personal itinerary if tested positive with COVID-19 ( $M = 4.6083$ ,  $SD = .59659$ ).

Installing contact-tracing apps on smartphones is the least supported measures ( $M = 4.2750$ ,  $SD = .90152$ ). The smartphone users were recommended to install contact-tracing apps such as Bluezone and NCOVI, which were developed by the Ministry of Information and Communications and the Ministry of Health. Using short-distance Bluetooth signals, the apps can send alerts to the smartphone users if they have been exposed to an infected person or potentially infected person. However, the installation of contact-tracing apps on smartphones is sensitive with citizens' right to privacy and as of June 2021, Vietnam's government encouraged, rather than mandating their citizens to install it.

Taking a persuasive approach to this measure, Vietnam's government communicated the necessity of installing contact-tracing apps on smartphone in several ways. For example, a specialized website was developed to give Vietnamese people all the information about the Bluezone - at <https://bluezone.gov.vn>. The White Paper published by the developers specified four principles of data security, no location data collection, anonym-

ity and transparency (Ministry of Information and Communications, 2020). Investigating the contact-tracing practice in Asia and Europe with human rights perspective, Sacco, et al. (2020) argued that the use of contact-tracing apps is necessary to control the pandemic while the vaccines are not widely available. However, this measure must be justified by the legality, necessity and proportionality.

Table 2 Respondents' willingness to adhere to anti-pandemic measures

<b>Government's measures</b>	<b>N</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>SD</b>
Declare health condition	360	1.00	5.00	4.6417	.56048
Practise social distancing	360	2.00	5.00	4.5556	.55074
Install contact-tracing apps on smartphones	360	1.00	5.00	4.2750	.90152
Wear facemasks in public spaces	360	1.00	5.00	4.7472	.48371
Refrain from going to crowded places	360	2.00	5.00	4.6083	.55297
Contact the authority when developing COVID-19 related symptoms	360	1.00	5.00	4.5583	.60355
Take the COVID-19 test to verify health condition	360	1.00	5.00	4.4667	.67918
Provide information about personal itinerary if tested positive with COVID	360	1.00	5.00	4.6083	.59659
Stay in quarantine if required by the Ministry of Health	360	1.00	5.00	4.5639	.62566
Overall willingness to cooperate with government's anti-pandemic measures	360	2.33	5.00	4.5583	.47896

The respondents were then requested to identify whether they expected the government to intensify or alleviate the anti-pandemic measures in the coming time. Only 8.1 percent of the respondents expected the government to ease the measures while the majority expected the government to maintain (48.6 percent) and intensify the measures (43.3 percent). These numbers implied that they were comfortable with the current anti-pandemic measures, which aimed to protect the greater good of the society. If they supported the maintenance and intensification of these measures, they would accept that their rights would be limited.

Table 3 Respondents' expectation about the degree of anti-pandemic measures

Degree of measures	Frequency	Percent
Alleviate the anti-pandemic measures	29	8.1
Maintain the anti-pandemic measures	175	48.6
Intensify the anti-pandemic measures	156	43.3
Total	360	100.0

The respondents were also asked to evaluate how important people's trust in the government is to the success of the pandemic management on the scale of 1 to 5 with 1 as totally unimportant and 5 as totally important. None of the respondents evaluated trust in the government as totally unimportant and only two out of 360 respondents (0.6 percent) thought it was unimportant. 44.2 percent and 49.7 percent of the respondents evaluated trust in the government as important and totally important to the pandemic management, respectively. Overall, the respondents highly evaluated the importance of trust to the success of pandemic management ( $M = 4.4306$ ,  $SD = .62507$ ).

In addition, 160 out of 360 respondents provided an ex-

planation for why they thought public trust in government is important to control the pandemic in an optional open-ended question “Why do you think public trust in government is important to successful pandemic management?” One respondent wrote “When people trust the government, they will cooperate with government’s instructions and regulations voluntarily and willingly”, which represents the typical opinion of many others even though their expressions were worded differently.

Table 4 Respondents’ evaluation about the importance of trust to pandemic management

<b>Importance of trust</b>	<b>Frequency</b>	<b>Percent</b>
Very unimportant	0	0
Unimportant	2	0.6
Neutral	20	5.6
Important	159	44.2
Very important	179	49.7
Total	360	100.0

The one-way analysis of variance (ANOVA) in SPSS 26 was used to explore whether respondents’ demographics influence their willingness to cooperate with the government’s anti-pandemic measures. The nine measures were tested for reliability with Cronbach’s Alpha at .911 and how they corresponded to one another. The results of the ANOVA were presented in Table 5. At the significance level of 10 percent ( $p$ -value  $< .1$ ), there was no statistically significant differences between group means of different workplaces, genders, age groups, education levels and background diseases. In other words, these demographic factors did not have any influence on the respondents’ cooperation with the government’s anti-pandemic measures.

Table 5 Respondents' willingness to adhere to anti-pandemic measures by demographics

Variable	Demographics	N	M	SD	p-value
Region	The North	186	4.5992	.43903	.080
	The Middle	57	4.4366	.50564	
	The South	117	4.5527	.51880	
Workplace	Foreign organizations	75	4.5289	.48633	.637
	Private enterprises	244	4.5747	.46635	
	Freelancers	41	4.5149	.54306	
Gender	Male	139	4.5612	.51099	.930
	Female	221	4.5566	.45886	
Age group	18-30	137	4.5418	.51174	.181
	31-40	139	4.6019	.45986	
	41-50	57	4.4659	.46597	
	51-60	20	4.5278	.44133	
	>61	7	4.8571	.20998	
Education	Under tertiary education	6	4.8704	.26682	.227
	High school graduate	13	4.3761	.77319	
	Undergraduate	225	4.5709	.47471	
	Postgraduate	111	4.5295	.45020	
	Others	5	4.7333	.43461	
Background disease	Yes	45	4.5827	.47090	.716
	No	315	4.5549	.48074	

However, there was a statistically significant difference between group means of different residence regions (p-value = .080). Respondents from the North of Vietnam were most willing to cooperate with government's anti-pandemic measures (M = 4.5992, SD = .43903), followed by respondents in the South (M = 4.5527, SD = .51880) while respondents from the Middle of the country were the least willing to cooperate with govern-

ment's measures ( $M = 4.4366$ ,  $SD = .50564$ ). Figure 1 shows the degree of cooperation with government's measures against the COVID-19 pandemic by regions.

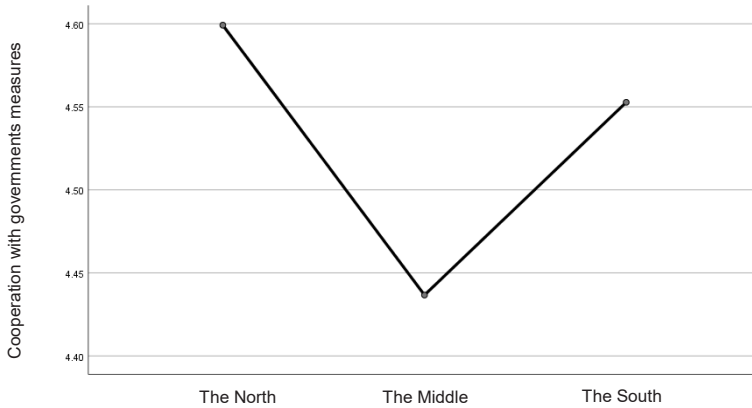


Fig 1 Respondents' cooperation with government's measures by regions

### Test of Hypotheses and Discussion

The "Bivariate" function in SPSS 26 was run to test the correlation between respondents' evaluation of trust in government to pandemic management and their cooperation with government's anti-pandemic measures, and the correlation between their cooperation with government's measures and their expectation about the degree of measures. If the correlation coefficient is below 0.3, the correlation is considered weak; from 0.3 to 0.7, it is considered moderate; and higher than 0.7, it is considered strong (Cohen, 1988). In this research, the correlation level is significant at 10 percent.

It was predicted that the more the respondents consider public trust in government important to the pandemic management,

the more they cooperate with the government's anti-pandemic measures. A product-moment Pearson correlation coefficient was computed to assess the relationship between respondents' evaluation of trust and their cooperation with the government's measures. There was a moderate, positive relationship between these two variables ( $r = .509$ ,  $N = 360$ ) and the relationship was significant ( $p < .001$ ). The more the respondents consider public trust in government important to the pandemic management, the more they cooperate with the government's measures. Thus, hypothesis 1 is supported.

It was also predicted that the more people cooperate with the government's measures, the more they expect the government to increase the level of pandemic management. A product-moment Pearson correlation coefficient was computed to evaluate the relationship between these two variables. There was a weak, positive relationship between these two variables ( $r = .223$ ,  $N = 360$ ) and this relationship was significant ( $p < .001$ ). The more people cooperate with the government's measures, the more they expect the government to increase the level of pandemic management. Thus, hypothesis 2 is supported.

The government's nine anti-pandemic measures have to do with three groups of human rights, including the right to health (mandatory face mask in public spaces, required COVID-19 test), privacy (provision of personal itinerancy, health declaration, installation of contact-tracing apps), and freedom of movement (social distancing, required stay in quarantine and ban on public gatherings). These are justified in the 2013 Constitution of Vietnam. Human rights are clearly stipulated in Chapter 2 of the Constitution with the right to life in Article 19, right to privacy in Article 21, freedom of movement in Article 23 and right to assembly in Article 25, etc.

The second clause of Article 14 in the 2013 Constitution clearly identifies that "Human rights and citizen's rights may not be limited unless prescribed by a law solely in case of necessity for reasons of national defence, national security, social order and safety, social morality and community well-being" (National

Assembly, 2013). The 2007 Law on Prevention and Control of Infectious Diseases further provides a specific foundation for these measures. For example, it specifies the forbidden acts of false health declaration in Article 8; the right to access vaccines in Article 29; the isolation of persons who carry infectious diseases in Article 31; the required health declaration in Article 47; the required quarantine in Article 49; and emergency measures in Article 54.

During the first three waves of infections from early 2020 to 25th March 2021, Vietnam's government implemented nine different measures among others, which either limit human rights or cause inconveniences for the citizens. These measures have strong legal foundation in the 2013 Constitution and the 2007 Law on Prevention and Control of Infectious Diseases, which allow the government to take tough actions for the greater good of society. The findings of this study show that the respondents are willing to cooperate with the government's measures, even if they have to sacrifice their rights. This willingness is closely related to the trust they placed in the government's response to the COVID-19 pandemic.

Even when the anti-pandemic measures are legal and proportional, it is important for the government to communicate and persuade people to cooperate with them instead of taking a coercive approach. Measures meant for public good should be clearly explained and evaluated so their consequences do not surpass their benefits. Bohler-Muller, et al. (2021) proposed that "openness, transparency and inclusive forms of decision making, effective communication" are essential to persuade people to cooperate with regulations, which require the sacrifice of their human rights.

The respondents' cooperation with government's measures may also be connected to Vietnamese collective culture, which is deeply rooted in the society, requiring one to sacrifice personal benefits for the sake of their community. It will be interesting to conduct further research to explore how Vietnamese collective culture influences the country's strategy to fight against the COVID-19 pandemic. It is important to note that a limitation



of this research lies in the significance level of 10 percent, instead of 5 percent

## Conclusion

The COVID-19 pandemic is the worst and the most fatal one in the modern history of mankind, causing health and humanitarian crises in several countries. Facing this invisible but deadly enemy, governments have had no choice but to resort to measures, which limit and derogate human rights. While these measures have been necessary, they must be legal, effective, proportional and temporary. A measure, which may aim for good purpose but is not legally prescribed, should not be adopted in a rule of law state. A thorough check against national and international bills of rights is vital to ensure a legal foundation for any measures.

The findings of this study show that the more importance the respondents attached to the public trust in government in the response to the COVID-19 pandemic, the more willing they were to cooperate with their government's anti-pandemic measures. The COVID-19 pandemic has resulted in the limitation and derogation of human rights, while at the same time it has emphasized the need to respect them. Therefore, the current limitation of human rights is necessary for a more meaningful appreciation of human rights in the future, once the pandemic is over.

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