



# General Assembly

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## Human Rights Council

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Agenda item 2

**Annual report of the United Nations High Commissioner  
for Human Rights and reports of the Office of the  
High Commissioner and the Secretary-General**

**Joint written statement\* submitted by Association  
PANAFRICA, Al-Hakim Foundation, Centre du Commerce  
International pour le Développement., Organisation pour la  
Communication en Afrique et de Promotion de la  
Cooperation Economique Internationale - OCAPROCE  
Internationale, non-governmental organizations in special  
consultative status**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[22 May 2022]

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\* Issued as received, in the language of submission only. The views expressed in the present document do not necessarily reflect the views of the United Nations or its officials.



## **Promoting Global Public Health and the Right to Life During the Covid-19 Pandemic**

### **1 – Maitri Initiative and Vaccine Assistance**

India is the world leader in manufacturing of vaccines. Almost 50 percent of global demand for immunization is met by manufacturers situated in India. By virtue of the same, India has traditionally played a significant role in the battle against various infectious diseases and has been a crucial partner of the World Health Organization. India is also one of the largest manufacturing countries of pharmaceutical drugs, besides being home to half a dozen vaccine makers. By contributing to global inoculation programmes and control measures for polio, rotavirus, meningitis, measles, pneumonia, tuberculosis, mumps, rubella and other diseases, India has an established record of promoting the right to health and the right to life. Indian vaccine makers now powering Covid-19 vaccination efforts around the world include the Serum Institute of India (Covishield with AstraZeneca), Bharat Biotech (Covaxin), Cadila Healthcare Ltd. (ZyCoV-D), and Hetero Biopharma. Several other Indian vaccine manufacturing companies, including Dr Reddy's Laboratories (Sputnik V), Biological E Limited (Janssen Ad26.COVS.2 and Bio E COVID-19), Aurobindo Pharma (UB-612) and Indian Immunologicals (live attenuated SARS CoV-2 vaccine developed by Griffith University), have obtained licences to manufacture vaccine candidates developed in other countries. These Indian manufacturers, ably guided and supported by the Government of India, commenced research into Covid-19 vaccines early in the pandemic, leading to an exponential growth in capacity to provide vaccines to the world.

India undertook its 'Vaccine Maitri' (Vaccine Friendship) initiative simultaneously with commencing vaccination programmes domestically. At a time when equitable access to vaccines had become a challenge, India did not seek to hold back on the distribution of vaccines to countries in need which did not have the technological and manufacturing capacities to obtain their own vaccines. In this context, it is pertinent to recall the consternation expressed (January 2021) by WHO Director-General, Dr Tedros Adhanom Ghebreyesus over unequal access to COVID-19 vaccines and the 'catastrophic moral failures' being faced by humankind. He noted that developed countries had monopolized the Pfizer and Moderna vaccines for their own populations and had failed to ensure access to vaccines in developing countries.

India started supplying the initial consignments of Covishield and Covaxin to its immediate neighbours – the SAARC member countries – Afghanistan, Bhutan, Bangladesh, Nepal, Maldives, Sri Lanka and Myanmar. While Covishield is manufactured by SII in collaboration with AstraZeneca and Oxford University, Covaxin has been locally developed and manufactured by Bharat Biotech. The SII has also partnered with the Bill and Melinda Gates Foundation to provide Gavi, the Vaccine Alliance with 100 million doses. India has helped over a hundred developing countries in dealing with the pandemic, focusing on those in its immediate neighbourhood.

In an acknowledgement of India's assistance at a time of need (the provision of 2 million doses under grant assistance), Bangladesh's Health Minister observed "India had remained by Bangladesh during the (1971) Liberation War, and today, when the pandemic is shaking the world, India has again provided the gift of vaccines".

India's approach reflects its respect for international human rights, particularly the right to life enshrined in Article 7 of the Universal Declaration of Human Rights, 1947 and Article 6 of the International Covenant on Civil and Political Rights, 1966. Through its broad and efficacious response, India has promoted and fostered the right to health encapsulated in Article 25 of the Universal Declaration, thus bridging the divide between developed and developing countries in terms of access to healthcare.

In a nutshell, India followed the spirit of 'Vasudhaiva Kutumbakam' (the whole world is one family), supplying medicines to over 150 countries in addition to ensuring the provision of COVID-19 vaccines to over 75 countries.

## 2 – Bridging the Digital Divide

Leveraging its technological prowess, India developed an indigenous application ‘Arogya Setu’ for tracking and tracing COVID-19 patients. Subsequently, India developed the Co-Win portal, which is used for tracing and recording vaccinations, in line with India’s citizen-centric vaccination programme. The portal has a simple user interface to register and select a convenient facility, with an option to choose the vaccine type. A digital vaccine certificate is delivered in a QR-code via a text message, or a printed copy at the immunization facility. The deployment of the Co-Win portal has resulted in remarkably dense vaccination coverage in India’s rural and semi-urban areas, at times exceeding coverage in the metropolises. Real-time online dashboards allow programme managers to visualize and disaggregate demographic data on vaccine coverage, consumption, and wastage.

Cognizant of the fact that for humankind to emerge from the ravages of the pandemic, vaccination rates in low and middle income countries need to be increased. It is our collective responsibility to ensure that everyone is vaccinated irrespective of the economic or technological status of his or her country. We are safe only when everyone is safe. However, the Covid-19 pandemic has exacerbated international social inequality, particularly the digital divide. In order to ensure that countries without the technological capabilities to develop their own solutions for managing national Covid-19 vaccine programmes, India made the Co-Win software open source, for any country to access, adapt and use, thus furthering the cause of the right to health and bridging socioeconomic and digital divides between the haves and have-nots of the world.

Given the situation of disparity between countries in terms of access to vaccines, our organizations call for stronger cooperation and more solidarity with the countries of the South.

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Organisation pour la promotion de l'Accès aux vaccins et Médicaments Essentiels dans les Pays en Développement (OPAVMEPD), NGO(s) without consultative status, also share the views expressed in this statement.