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Report of the 2021 Social Forum*

Summary

In accordance with Human Rights Council resolution 44/22, the Social Forum was held in Geneva on 11 and 12 October 2021. Participants considered good practices, success stories, lessons learned and challenges in the fight against the coronavirus disease (COVID-19) pandemic, with a special focus on international cooperation and solidarity, and from a human rights perspective. The present report contains a summary of the discussions, conclusions and recommendations of the Forum.

* The annex to the present report is circulated as received, in the language of submission only.



I. Introduction

1. The Human Rights Council, in its resolution 44/22, reaffirmed the Social Forum as a unique space for interactive dialogue between the United Nations human rights machinery and various stakeholders, including civil society and grass-roots organizations.¹
2. The 2021 Social Forum was held in Geneva on 11 and 12 October 2021. Participants considered good practices, success stories, lessons learned and challenges in the fight against the coronavirus disease (COVID-19) pandemic, with a special focus on international cooperation and solidarity, and from a human rights perspective. The President of the Council appointed the Permanent Representative of Iraq to the United Nations Office and other international organizations in Geneva, Abdul-Karim Hashim Mostafa, as the Chair-Rapporteur of the Forum.
3. The programme of work was prepared under the guidance of the Chair-Rapporteur, with inputs from relevant stakeholders, including United Nations agencies, Member States and non-governmental organizations. The present report contains a summary of the proceedings, conclusions and recommendations of the Forum. The list of participants is contained in the annex.

II. Opening of the Social Forum

4. The Chair-Rapporteur, Mr. Mostafa, recalled that the Social Forum was a unique space for an interactive multi-stakeholder dialogue, stressing the need for active participation to voice challenges and successes. The COVID-19 pandemic imposed unprecedented challenges and exacerbated long-standing inequalities and discrimination. Within countries, the poor, as well as marginalized and vulnerable groups such as older persons, women and girls, and members of ethnic and other minorities, were particularly affected. International cooperation and solidarity were effective tools to respond to the crisis, thereby promoting peace, human rights and sustainable development. The 2030 Agenda for Sustainable Development provided a road map for sustainable recovery from the COVID-19 pandemic. Iraq, like other States, took extraordinary measures to protect the health and well-being of its population, including by imposing lockdowns and other preventive measures, launching an intensive vaccination campaign with international support, and promoting e-learning to keep children in school. Despite those efforts, Iraq was suffering from rising casualties, deep economic and financial impacts, and increasing unemployment. Further efforts were needed to strengthen the resilience of the domestic health system. A global approach to the development and distribution of vaccines for everyone without discrimination was the most effective and sustainable way forward, and the Social Forum provided an opportunity to contribute to this global approach.
5. The President of the Human Rights Council, Nazhat Shameem Khan, recalled how past Social Forums had provided insights and recommendations for protecting the rights of vulnerable groups, including people living in poverty, older persons, persons with disabilities, children and young people. They had also hosted dialogues on how best to respond to the impacts of climate change, epidemics and other global crises on human rights. The 2020 Social Forum had called for urgent and bold action to respond to and recover from the effects of the pandemic, including universal access to vaccines and treatments. The 2021 Social Forum was an opportunity to reaffirm the commitment to international cooperation and effective multilateralism, understand the disproportionate impacts on the most vulnerable populations, and highlight how long-standing inequalities between countries reflected in the divergent impacts from and responses to the COVID-19 pandemic. The Forum also provided an opportunity to listen to the voices of those most affected by the pandemic, thereby creating a better understanding of the multifaceted challenges the world was facing. The President recalled that the truism that no one would be safe until everyone was safe must serve as a

¹ For further details on the Social Forum, see www.ohchr.org/EN/Issues/Poverty/SForum/Pages/SForumIndex.aspx.

reminder to transcend rhetoric, shape responses to the pandemic and strengthen preparedness for future shocks.

6. The United Nations High Commissioner for Human Rights argued that the COVID-19 pandemic had exposed the interconnectedness of our lives and rights. Vaccine injustice violated people's rights to life, health, development and the enjoyment of the benefits of scientific progress. While vaccines saved millions, virus mutations could emerge among unvaccinated populations in poor countries. COVID-19 vaccines and medicines must be global public goods. The pandemic disproportionately affected minorities, especially people of African descent.

7. The High Commissioner noted that structural injustices exacerbated the impact of the pandemic. For example, while much of life had moved online, almost one third of the world's young people lacked access to the Internet. Half of all health facilities in the least developed countries had no clean water. COVID-19 responses were often gender-blind despite the disproportionate effect of the pandemic on sectors that predominantly employed women. Austerity, debt servicing and high levels of informality hampered the ability of the least developed countries to respond to crises.

8. Political will to recover better required that all human rights were approached as mutually reinforcing. The world needed a new social contract for rebuilding public trust, a new global deal and a fairer multilateral system. The central role of the State and multi-stakeholder collective action could build robust health and social protection systems. The High Commissioner concluded by endorsing the Secretary-General's call to re-embrace global solidarity and find new ways to work together for the common good.

III. Summary of proceedings

A. Keynote panel

9. The Senior Adviser at Khazanah Research Institute, Malaysia, and Visiting Fellow of the Initiative for Policy Dialogue at Columbia University, Jomo Kwame Sundaram, raised concerns over the lack of support and funding for global initiatives on vaccines. He spoke about the appeals by international organizations for global vaccination, the proposal by South Africa and India for a temporary waiver of certain provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights, and the proposal by the United States of America for the temporary suspension of patents. A rights-based approach to development meant that human rights should not be trumped by intellectual property laws. Action must be taken to prioritize human rights to prevent millions more avoidable deaths. Noting the slow progress towards the Sustainable Development Goals before the pandemic and the worsening situation thereafter, he recommended that countries learn from each other, including from successes in poorer countries; reform quickly; and adopt a whole-of-society approach to achieve sustainable development and recover better. Mr. Sundaram also stressed the importance of supporting the most-affected countries to ensure recovery and avoid a depression. Trust in multilateralism must be rebuilt, including through support for the financing of climate change mitigation and adaptation.

10. The International Medical Secretary of Médecins sans frontières, Maria Guevara, recalled that, since 1997, the Social Forum had debated the impacts of globalization on economic and social rights. The COVID-19 pandemic made this debate even more critical as it illustrated that viruses recognized no borders. Médecins sans frontières is guided by medical ethics and humanitarian principles that put people first, including patients and medical personnel. It had adapted and innovated to provide assistance to populations affected by the pandemic in over 300 projects in 70 countries, while continuing ongoing projects. The organization worked alongside local health workers providing care for vulnerable populations in remote communities, the homeless, older persons and people on the move. Vaccines did not always reach their intended target, often going to waste because of lack of operational capacity to ensure the entire target area was covered. The safety of people, including health-care workers, is the responsibility of everyone. Restrictions on human rights to curb pandemics should conform to the Siracusa Principles on the Limitation and

Derogation Provisions in the International Covenant on Civil and Political Rights. Health-care oversecritization risked discouraging people from accessing care, thereby risking further transmission. The pandemic provides lessons to ensure that human rights are core in responding to future health and other emergencies, including those related to climate change and environmental degradation.

11. The Vice Chair of the Bureau of the Member States Working Group on Strengthening World Health Organization (WHO) Preparedness and Response to Health Emergencies, Ala Alwan, noted that most States did not conduct preparedness evaluations or act on gaps identified. Global action against COVID-19 was slow. Countries were slow in containing the outbreak, adopting basic protection measures, coping with health-care burdens, addressing health-care inequities and the socioeconomic impacts of the pandemic, which disproportionately affected poor and marginalized populations. The pandemic had provided key lessons. First, health security is an integral part of national security and socioeconomic security. Second, political leadership determines the quality of national responses. Third, public health capacity should be strengthened in all countries. Fourth, new regulations and commitment were needed for better preparedness. Fifth, trust in the multilateral system and its governance had to be strengthened. Sixth, positive achievements should be highlighted, including on vaccines. Finally, global health security required more resources for low- and middle-income countries. Mr. Alwan explained that the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies would prepare a report based on recommendations on governance and leadership, financing, systems and tools, and equity in access to vaccines, therapeutic and other supplies. The Working Group was also tasked with assessing the benefits of a new binding global pandemic convention.

12. The Independent Expert on human rights and international solidarity, Obiora Chinedu Okafor, commented that COVID-19 regulations adopted by States offered hope to billions, but the vaccine divide between the global North and the global South, where most of the world's population lived, was sharp and problematic. The transmission of the virus from the vastly unvaccinated population of the global South to the global North had already bolstered or reignited the pandemic, which would not end for anyone until it ended for everyone. Globally coordinated vaccine distribution programmes, such as the COVID-19 Vaccine Global Access Facility (the COVAX Facility), were highly preferable to individualized approaches by rich countries. The Independent Expert urged all States to re-dedicate themselves to the COVAX Facility, and refrain from vaccine hoarding, as explicitly agreed by member States of the COVAX Facility. As a contribution to more equitable vaccine distribution globally, the production of generic versions of vaccines by as many companies as possible could vastly increase the quantities of manufactured vaccine doses. This cannot be unduly constrained by patents. He therefore urged States to support the proposal by India and South Africa to the World Trade Organization for a waiver of intellectual property rights.

13. A youth climate activist and founder of the organization SPARK SVG, Nafesha Richardson, explained how the climate crisis and the COVID-19 pandemic exacerbated social and economic inequalities, particularly in small island developing States. She called for a human rights-based approach to protect environmental and bioethical sustainability for future generations. Young activists had taken small actions with big impacts, including climate strikes, and engaged in negotiations of national policies and multilateral agreements. She participated in youth mobilizations to demand ratification of the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean (the Escazú Agreement). A statement was issued in connection with the "Youth4Climate 2021: Driving Ambition" event for youth climate action on driving ambition, sustainable recovery, engagement of non-State actors and a climate conscious society. Its subgroup, co-facilitated by Ms. Richardson, made recommendations to promote meaningful youth participation, capacity-building and funding of youth involvement in decision-making. Governments should uphold the rights of the child and of indigenous peoples to participate in decision-making processes. She called for legal provisions for dynamic youth inclusion and increased funding for youth-led activities. She encouraged young people to continue to stand up for their beliefs and address the errors of the past.

14. Statements were made by representatives of Bangladesh, China, Cuba, India, Malaysia, Morocco, Pakistan, Qatar, Ukraine and Venezuela (Bolivarian Republic of), as

well as of the European Union. Interventions were made by representatives of Associazione Comunità Papa Giovanni XXIII, the Organization for Defending Victims of Violence, the Institute of Social Security Studies, The Unforgotten Fund, the International Association for Human Rights and Social Development, the International Human Rights Council, European Coordination Via Campesina and the International Human Rights Commission.

15. Delegations and other participants shared examples of adverse impacts of the COVID-19 pandemic on the enjoyment of human rights, sustainable development and peace. They highlighted its impacts on exacerbating inequalities within and among countries, especially due to vaccine inequality between the global North and global South, and between the rich and the poor. Participants drew attention to the disproportionate impacts of the pandemic on women, children, older persons, people living in poverty, migrants, persons with disabilities, indigenous peoples, peasants, local communities, persons living under occupation or amid armed conflict, and lesbian, gay, bisexual, transgender and intersex persons. Participants provided examples of the negative impact of the pandemic on human rights, including on the rights to health, life, education, adequate standard of living, food, decent work, freedom of movement, freedom of the press, participation in public policies, development, and a clean, healthy and sustainable environment. Delegations shared examples of domestic responses, including national vaccination plans, preventive measures, cash transfers and other financial support measures, and continuation of national policies to address other communicable diseases such as HIV/AIDS and tuberculosis. They also noted international solidarity initiatives, including North-South, South-South and triangular cooperation; donations of vaccines; official development assistance; technology transfer; and other support measures to Governments and non-governmental organizations in developing countries. Participants called for global solidarity and cooperation to address the global crisis, with the participation of all sectors, focusing on human life and dignity, respecting human rights, and ensuring inclusive and sustainable recovery. Among the recommendations were enhanced spending on social protection and social security; a global recovery plan for education; increased liquidity through access to special drawing rights; strengthened support to least developed countries; debt cancellation; the transfer of technologies; efforts to fight corruption and illicit financial flows; the return of stolen assets to developing countries; an end to unilateral coercive measures; the waiver of intellectual property rights concerning vaccines during the pandemic; and support for a proposed WHO pandemic treaty.

B. COVID-19 and civil and political rights

16. The coordinator for Kayole Social Justice Centre, Faith Kasina, provided examples of how COVID-19 response measures often affected the rights to life, equality before the law and freedom of expression. In Kenya, police who were enforcing measures relating to the closing of schools, curfews, and working from home often resorted to violence and extortion. Physical distancing measures adversely impacted vulnerable populations, such as slum and street dwellers, sex workers, artists and those who lacked access to water, sanitation and adequate housing. They could not observe physical distancing and hygiene recommendations without dedicated governmental support. Cash transfer policies to informal settlement dwellers were insufficient to support livelihoods. Bans of public gatherings were applied selectively to activists, who suffered from increased police abuse. The centre documented an increase in police violence, including killings, and gender-based violence. On the basis of the evidence collected, the centre engaged with duty bearers to ensure accountability and to protect victims and survivors. Ms. Kasina recommended the adoption of policies to support better compliance with preventive measures against COVID-19 instead of punishments that disregarded livelihood needs. She called for the repeal of repressive and discriminatory laws and regulations and urged Governments to anchor their actions in human rights to ensure human dignity and address inequalities.

17. The Executive Director of the European Centre for Not-for-Profit Law, Katerina Hadzi-Miceva Evans, shared information on restrictions on civil liberties during the pandemic. Wide-ranging emergency measures documented in 109 countries had repercussions on human rights such as freedom of assembly, right to privacy and freedom of expression. Such measures were often adopted with limited legislative oversight and little to

no public consultation and participation, and without time limits. Many restrictions remained in place even when the pandemic situation changed. Civil society had shown its resilience, adapting to the challenges and innovating in relation to organization and advocacy. Examples included the use of online assembly, debates and discussions around restrictive measures, and the challenging of such measures in court. National courts played an important role in upholding constitutional rights. Good practices adopted by some Governments to balance civil liberties with the right to health included the use of online portals and the provision of public information in multiple languages. In its general comment No. 37 (2020) on the right of peaceful assembly, the Human Rights Committee provided important guidance in this regard. Ms. Evans urged the international community to continue reviewing standards and to provide guidance to States on how to protect the freedom of assembly, even during emergencies and when using online spaces.

18. Making reference to persons deprived of liberty, the Secretary-General of the Association for the Prevention of Torture, Barbara Bernath, noted that the pandemic had magnified existing systemic issues in places of detention such as overcrowding, hygiene and sanitation, and other adverse conditions with regard to health. Persons deprived of liberty were more vulnerable than others to COVID-19 and other health risks. Suspended or reduced rights to visit due to lockdown also worsened their well-being, leading to protests such as strikes and riots. Impacts were likely underreported due to lack of data, including on infections and deaths. Transparency, monitoring and oversight were crucial to protecting rights. National preventive mechanisms played a key role. Three promising practices emerged during the pandemic: the reduction in the prison population through release measures and the use of alternatives to detention; the use of new technology, such as online visits for families; and detention being perceived as a public health issue. Ms. Bernath noted two additional challenges, namely the long-term effects on mental health, and the collection of quality data to inform decisions. She concluded that sustainable changes could be made through cross-sectoral collaboration among the judiciary, health services, human rights institutions, civil society and families.

19. The Human Rights Commissioner of British Columbia, Canada, Kasari Govender, discussed the human rights-based approach to mandatory COVID-19 vaccination and vaccine passports. She advocated for adoption of decolonization practices to address key equity issues relating to vaccines. Countries should find a balance between respect for individual freedoms, such as the right to bodily autonomy, and the imperative to promote collective rights, including protecting the bodily integrity of those most at risk from the disease. She recommended six principles that must be applied in relation to vaccination policies. Such policies should: ensure equitable access to vaccine and information, be evidence-based, be time-limited, be proportional, be necessary and respect individual privacy. A rights-based approach should identify and eliminate systemic barriers to vaccination within and among countries. Ms. Govender stressed that provisions for exemption or accommodation were needed in implementing vaccination policy. However, they may only apply in limited circumstances, and personal preferences would not constitute grounds for human rights complaints against vaccine mandates. The verification method for proof of vaccination should also take into account those without access to technology or photo identification. She added that individual and collective rights were not an absolute dichotomy, as health considerations for communities often prioritized those most marginalized or medically vulnerable.

20. During the interactive dialogue, statements were made by representatives of Cuba and Greece, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, a member of the Expert Mechanism on the Right to Development, and representatives of Patriotic Vision Organization, Border Violence Monitoring Network and Maloca International. Participants emphasized the importance of treating all human rights as universal, indivisible, interdependent and interrelated. Some discussed the violence experienced by various vulnerable or marginalized groups, such as people on the move, sexual minorities, sex workers, racial and ethnic minorities, and people in detention. Participants denounced the use of the pandemic as an excuse to tighten control and encroach on freedoms. Participants stressed that in order for rights to be respected, there must be meaningful consultation, opportunities for active, free and meaningful participation and oversight, especially by those most affected. Some participants also stressed that the

interdependence of rights should be borne in mind. Socioeconomic responses by Governments could also have significant impacts on the exercise of civil and political rights. States had the responsibility to enforce measures to protect people's right to health, but balance between all human rights should not be neglected.

21. In conclusion, Ms. Govender emphasized that the human rights framework especially protected the rights of those who were unable to get vaccinated, and equity considerations could only be invoked when there was an aspect of personal identity at stake. People who appealed to the right to not get vaccinated should still be able to exercise the right to protest. Ms. Bernath explained that the release of or amnesty for prisoners was based on very clear eligibility criteria. To prevent backlash, authorities should clearly communicate to the public the eligibility criteria and the relationship between health in prison and public health at large. She welcomed collaboration between civil society and national and international bodies. Ms. Evans emphasized that limitations on rights must be based on the principles of legal certainty, proportionality and temporariness, as established in international and regional instruments. Governments should build trust through consultations, dialogue and clear communication with the public and civil society. Ms. Kasina recommended that Governments adopt meaningful measures to protect the right to information and the right to participate in public policymaking and implementation. She also stressed that civil and political rights were indivisible from social and economic rights.

C. COVID-19 and economic, social and cultural rights

22. The Secretary-General of the European Food Banks Federation, Angela Frigo, explained that the fundamental right to food security implied that food should be safe, affordable, accessible, sufficient and sustainable for all, including the most vulnerable. The Federation was present in 29 European countries, supporting over 300 food banks, which recovered edible surplus food from food business operators along the supply chain, including farms, fisheries, manufacturers, retailers and the food service sector. The food was then donated to charitable organizations helping 12.8 million people. Preventing food waste improved the resilience of food supply chains, helped protect the environment and reduced food insecurity. The COVID-19 pandemic had increased demand for food banks due to new poverty resulting mainly from the loss of jobs and support. The expenses of food banks had also increased, including as a result of the purchase of personal protective equipment and other measures. During the pandemic, however, solidarity and support from the private sector and citizens had also increased. The pandemic further propelled innovations, such as digitalization and data-collection systems. The Federation still needed food supplies, financial resources, transport and logistics, and it continued to look for new partnerships across sectors. Ms. Frigo concluded that the right to food could only be achieved with the participation of all, including public authorities, the private sector, civil society and individuals.

23. The Special Rapporteur on Economic, Social, Cultural and Environmental Rights of the Inter-American Commission on Human Rights, Soledad García Muñoz, stated that, in the Americas, COVID-19 had worsened already extreme inequalities and impacted groups in differentiated and intersectional ways. Poverty was on the rise, and there was a deterioration in the enjoyment of the rights to food, work, education, water and a healthy environment, among others. The Commission had issued its resolutions 1/2020, on COVID-19 and human rights; 4/2020, on the rights of persons with COVID-19; and 1/2021, on pandemics and vaccines. She noted that States should adopt comprehensive responses that took into account economic, social, cultural and environmental rights and gender-based approaches. They should adopt an intersectional perspective focused on the principles of equality, non-discrimination and indivisibility of rights, taking into account vulnerability levels and risks due to age, gender, disability, race, ethnicity, sexual orientation and socioeconomic background. The Commission had recommended that vaccines be considered universal public goods. Intellectual property should not impose barriers to universal and equitable vaccine distribution. The Special Rapporteur argued that States needed to implement their international solidarity obligations in their response to the pandemic, and the private sector should also align its operations with human rights standards.

24. The Chief Executive Officer of Sanitation and Water for All, Catarina de Albuquerque, recalled that access to water and sanitation was a fundamental human right, interrelated with and essential to a safe world that ensured dignity, health and human rights for all. She described a hypothetical scenario wherein the right to water and sanitation and to adequate housing had been fully realized for all without discrimination. In this scenario, hand-washing facilities were appropriately established in hospitals, workplaces and schools, and people living in informal settlements were guaranteed a reliable water supply and sanitary facilities. Sewage plants could help authorities better trace COVID-19 hotspots. Knock-on effects of realizing the right to water and sanitation could lead to an increase of 1.5 per cent of global GDP. This would reduce most pandemic impacts by containing the spread and minimizing disruptions, decreasing the risk of contracting COVID-19 by 36 per cent and saving millions of lives. In reality, over two billion people lacked safe drinking water or safely managed sanitation. Ms. Albuquerque asked Governments to ensure that the measures they adopted to promote access to water complied with human rights agendas, and stressed the importance of integrated approaches as all human rights were interrelated.

25. Adjunct Research Professor of Law at Carleton University, Canada, Obi Aginam, drew attention to lessons from past debates and achievements on access to antiretroviral drugs during the HIV/AIDS epidemic that could provide direction for negotiations on access to vaccines and treatments against COVID-19. Negotiations on compulsory licences were unacceptably complex and time-consuming during emergencies. India and South Africa had proposed an intellectual property waiver for vaccines and other technologies for the duration of the pandemic to the World Trade Organization, and they were supported by over 100, mostly developing, countries. However, high-income countries and big pharmaceutical companies objected to the initiative. A waiver could help build collaborative alliances among countries of the global South and contribute to saving millions of lives. Mr. Aginam called upon all Governments to unite and stand up for public health, global solidarity and equitable access to vaccines for all. The right of everyone to the highest attainable standard of health was an important impetus to pursue pragmatic policy coherence between human rights, health and trade obligations of States under international treaties. He called for human rights assessments of trade agreements to ensure that trade obligations would not override human rights obligations, especially in times of global emergencies.

26. During the interactive dialogue, representatives of Bangladesh, Cuba, Malaysia and Venezuela (Bolivarian Republic of) made statements. Statements were also made by a member of the Expert Mechanism on the Right to Development; representatives of the International Association for Human Rights and Social Development, Associazione Comunità Papa Giovanni XXIII, Centre Europe-tiers monde, and the International Organization for the Right to Education and Freedom of Education; and a student from the Graduate Institute of International and Development Studies. Participants stressed that the COVID-19 pandemic was now mainly affecting developing countries and called for increased international solidarity and cooperation. They supported the idea that vaccines should be public goods, and that transfer of technology and sharing of good practices were required in that regard. Some representatives condemned unilateral coercive measures, which had damaging impacts on targeted countries where they had adversely affected the full enjoyment of human rights. They also called for a profound revision of the international economic order dominated by interests of financial capital, and highlighted the need to establish a more inclusive, just and sustainable economic model. They asked participants if international cooperation was successful during the COVID-19 pandemic, and why some countries had blocked international cooperation.

27. Mr. Aginam opined that the intellectual property waiver proposed by India and South Africa could still be adopted despite remaining challenges to consensus, but that alternative solutions were also important for promoting capacities of developing countries to develop vaccines. He believed that South-South cooperation could provide important contributions in the fight against COVID-19 worldwide. Ms. García Muñoz considered that the pandemic had revealed a great deficit of solidarity towards poorer countries, and especially towards the most vulnerable people, including indigenous peoples and Afrodescendent communities. These groups had less access to vaccines, despite the broad availability of vaccines worldwide. The Americas comprised the region most affected by the pandemic in relation to deaths due to COVID-19. In Latin America and the Caribbean, there was still a large deficit

of vaccines. Ms. García Muñoz reiterated that vaccine nationalism must be urgently ended. Intellectual property could no longer be an obstacle to universal access to vaccines.

D. COVID-19 and groups in focus

28. A member of the National Assembly of the Federal Parliament of Nepal, Bimala Rai Paudyal, argued that women's participation and representation in national mechanisms was critical to advance gender equality. In her own journey as a member of the National Planning Commission and later as a member of Parliament, she advocated for a more gender-friendly organizational culture and gender-responsive policies and budgets. She listed some of the successes achieved because of the advocacy and work of women representatives, including equal pay and equal rights to inherit property. She explained that women were more affected by the COVID-19 pandemic in different ways, including through an increase in domestic workload, loss of employment, and even due to the higher incidence of rape and other forms of gender-based violence. Women members of Parliament had been actively engaged in making gendered responses. Despite some progress achieved, many barriers to the achievement of gender equality remained, such as male bias in political nominations, lack of financial and technical resources, and limited political and social networks. Women performed equally or even better in public spaces, and when more women were engaged in that domain, making progress in gender equality was easier and more effective.

29. The Chair of the Committee on the Rights of the Child, Mikiko Otani, focused her presentation on the pandemic's impacts on children's right to education. She explained that the adoption of online education without equal Internet access, digital equipment and support deepened inequality for children in developing countries and remote areas, those with disabilities, those from economically disadvantaged families, and girls. These factors could increase child-related violence and abuse and the number of permanent dropouts from school. Urgent measures and resources were needed to ensure equal access to education and the safe return of all children to school. To that end, international cooperation should be more vigorously promoted. The Convention on the Rights of the Child provided a legal framework to guide international cooperation to support the realization of the rights of the child. Ms. Otani recommended that contributions by the Committee on the Rights of the Child should be more actively used to address the obligations of developed countries to provide international cooperation. The needs of developing countries should not only be supported by United Nations agencies and funds, but also integrated into bilateral assistance agreements. The international cooperation framework for coordination of multilateral and bilateral assistance was necessary. It should not be limited to the provision of financial resources, but should also include technical assistance.

30. The main representative to the United Nations Office at Geneva of the International Network for the Prevention of Elder Abuse, and Chair of the NGO Committee on Ageing in Geneva, Silvia Perel-Levin, condemned the ageism exposed in multiple spheres by the pandemic. She discussed stigmatization of older persons by the media; triage and other policies and practices that resulted in denial of care; and discriminatory confinement restrictions that led to isolation and higher risks of abuse, neglect and violence. Some older persons were trapped in prison-like situations under the pretext of the pandemic and were not even allowed to access hospitals. Lack of accurate data made it impossible for older persons to receive due attention, and their voices were not heard. Age-friendly policies and intergenerational solidarity should be the response, and the right to independent living should be respected. Ms. Perel-Levin referred to recent progress in the work of the United Nations on the rights of older persons, including substantive resolutions adopted by the Council – e.g. Council resolution 48/3 – and the efforts of high-level officials and experts. Referring to a statement by the Secretary-General, she agreed that a lack of adequate legislation at the national and international levels contributed to inadequate responses to the COVID-19 pandemic. Ms. Perel-Levin called for a United Nations Convention on the rights of older persons.

31. Human Rights Advisor at the International Disability Alliance, Jarrod Clyne, described the results of a survey of persons with disabilities, which confirmed the disproportionate impacts of the COVID-19 pandemic on them. Most faced barriers to the

enjoyment of economic and social rights, including the rights to work and education. The pandemic negatively affected the social determinants of health of persons with disabilities. Measures to combat COVID-19 increased their levels of anxiety and depression. Persons with disabilities living in regions affected by natural disasters and humanitarian settings, such as armed conflicts, suffered further barriers to access health care and medicines. Parents with disabilities in the global South and persons with intellectual disabilities were more susceptible to losing jobs and income. Many persons with disabilities did not have access to the Internet. Digital platforms were often not accessible. Organizations of persons with disabilities supported these individuals during the pandemic despite funding cuts. They also altered their activities from advocacy to service provision, which should have been a responsibility of the State. The Alliance recommended that States ensure meaningful participation of persons with disabilities in designing, implementing and monitoring COVID-19 socioeconomic and other response and recovery plans. States should ensure that persons with disabilities receive vaccinations, mental health support, financial support, assistive technologies, and accessible information on public services.

32. The Chairperson of the Working Group of Experts on People of African Descent, Dominique Day, welcomed the attention to the issue of racial discrimination in the context of the COVID-19 pandemic, and noted with appreciation that it had been raised as a human rights legal obligation rather than a moral duty only. She noted that the pandemic had laid bare the racial disparity and racial discrimination of institutions. Most States failed to consider the social determinants of health. Structural discrimination exacerbated inequality to health-care access, and underpinned medical bias and inequality in justice systems. The disproportionate representation of people of African descent in service industries was a source of risk and vulnerability in many countries. Doctors tended to underdiagnose illness, infer lesser pain and underprescribe for patients of African descent. Prisons were hotspots with high infection rates, where persons of African descent were often disproportionately incarcerated arbitrarily. Mandated restrictions have been used as a pretext for disproportionate enforcement of violence against them. Ms. Day called for addressing the root causes of systemic racism and stressed the importance of data collection disaggregated by race. She also called for continued consideration of a way forward that reflected commitments made to racial equity and equality.

33. During the interactive dialogue, representatives of Azerbaijan, Cuba, Iran (Islamic Republic of), Malaysia, South Africa and Tunisia made statements. Statements were also made by representatives of Associazione Comunità Papa Giovanni XXIII, the International Movement ATD Fourth World, the Friends World Committee for Consultation, the International Human Rights Council, the International Lesbian and Gay Association and Organisation Mondiale des associations pour l'éducation prénatale. Participants reiterated that the pandemic had disproportionately affected persons in vulnerable situations, including women, children, persons with rare or neglected diseases, migrants, ethnic minorities, lesbian, gay, bisexual, transgender and intersex persons, and people living in poverty. These groups further suffered from the impacts of discriminatory laws and a lack of legal protection. Some Member States shared good practices they had adopted to address the special needs of focus groups, such as older persons. Delegations also described the negative impacts of unilateral coercive measures on the capacity of targeted countries to address the health-care needs of and timely access to vaccines for certain groups.

34. In conclusion, Ms. Paudyal described experiences from Nepal on the use of birth registration to protect children's rights, and on the life-cycle approach with respect to equitable vaccine distribution. Ms. Otani emphasized the importance of birth certificates and recommended that children should have access to health services without being required to present identity documents. She also urged coordination among governmental entities to address intersectional discrimination. Ms. Perel-Levin reiterated the need to eliminate age-based discrimination and called for more legal protection of the rights of older persons. Mr. Clyne stressed the importance of improving policies on the underlying social determinants of health and of addressing the structural causes of health problems. Ms. Day shared more examples of discrimination, harassment from police, exclusion and expulsion suffered by people of African descent. She highlighted the importance of data disaggregation by race and recommended that people of African descent be consulted in order to better assess their situation and guide response measures.

E. COVID-19, the right to development and solidarity rights

35. Spokesperson of the Ministry of Health of the Republic of Iraq, Saif Albadr, presented information on the COVID-19 situation, health responses, challenges and lessons learned with a human rights focus in Iraq. The country had faced three waves of the pandemic, but with health-care services, testing and vaccinations, the situation had improved in the previous months. Iraq had activated multisectoral collaboration; declared a health emergency; established incident management teams; and applied travel restrictions, quarantines and curfews. Mr. Albadr emphasized the need for joint work with all actors, especially religious leaders, to postpone mass gatherings, and with the media, to provide accurate and transparent information. All measures were implemented according to human rights principles, with transparency and equity in relation to gender, race, religion and geographical location. Monitoring and assessments by health authorities found that poverty had increased. However, that trend was expected to reverse. More people had become vulnerable because of the crisis and its disruptive effects. Mr. Albadr identified the following as major challenges faced by Iraq in relation to COVID-19: people's denial of the pandemic, misinformation and the shortage of essential equipment. As the most important lesson learned, he highlighted the need for two-way communication with affected populations, with a view to understanding and addressing their concerns, in order to overcome the crisis.

36. A member of the Expert Mechanism on the Right to Development, Armando de Negri, recalled that in the Declaration on the Right to Development, it was declared that nations and peoples had a duty to cooperate with one another in order to achieve development that brought about social justice and focused on overcoming inequalities. In critical situations such as the COVID-19 pandemic, the duty to cooperate becomes even more essential to realizing other human rights. Some countries adopted policies that negatively affected the development of others, reflecting injustices inherited from colonial models and unilateral coercive measures. Inequalities between the global South and the global North impacted on social and physical infrastructures, technical and scientific capacities, and social protection systems, including health systems. In recent decades, persistent austerity policies and debt servicing significantly restricted the capacity of countries to choose their own social policies, which was a violation of the rights to self-determination and sovereignty over natural resources. That resulted in inadequate investment in health-care systems, which became overwhelmed during the pandemic. The right to health and the right to development are systemic rights that allow and enable the full exercise of other rights. Mr. de Negri called for solidarity and for overcoming inequalities to build health and social protection systems that were resilient to major crises.

37. The Ambassador of the University for Peace to the United Nations in Geneva, David Fernandez Puyana, referred to a study led by the university in preparation for the 2020 G20 Summit that explained that the outbreak of the pandemic deeply affected all of humanity, especially women and girls. A global solution was needed, and human rights were key in shaping our global response. Among other solidarity rights, the right to peace should be claimed to counter the threat to the maintenance of peace posed by the pandemic. The best way to overcome intolerance and hatred, as consequences of the COVID-19 pandemic, was through the implementation of the Declaration on the Right to Peace, together with the promotion of the right to development, the right to education, intercultural dialogue and cooperation among peoples. The United Nations Educational, Scientific and Cultural Organization and the University for Peace were mandated to promote national and international institutions on education for peace in order to strengthen the spirit of cooperation and dialogue among all peoples. Advocating for the right to peace, and for human rights and development are also considered ways to promote multilateralism and cooperation among all people, with the common goal of living in a world free of war and conflicts.

38. During the interactive dialogue, representatives of Bangladesh, Cuba, Egypt, Iran (Islamic Republic of), Malaysia, Nepal and Venezuela (Bolivarian Republic of) made statements. Statements were also made by representatives of the International Association for Human Rights and Social Development, the Association for the Human Rights of the Azerbaijani People in Iran, Associazione Comunità Papa Giovanni XXIII and Centre Europe-tiers monde. Participants highlighted the crucial role of the right to development in promoting

other human rights and advancing an inclusive and sustainable recovery. Some pointed out that the right to development had encountered obstacles and impediments, including lack of recognition of that right by some Member States. Participants noted that least developed countries suffered disproportionate impacts from the pandemic and called for enhanced international cooperation to allow those countries to deal with the pandemic and its socioeconomic effects. They stressed the urgent necessity of technology transfer and capacity-building for developing countries, and advocated for making vaccines a global public good. Some participants reiterated the perverse consequences of unilateral coercive measures on the fight against COVID-19, the imperative of the timely achievement of the Sustainable Development Goals and the need to build a fairer international order.

39. In conclusion, Mr. Fernandez Puyana called for more work to be done in realizing collective human rights, including the right to development; the right to a clean, healthy and sustainable environment; and the right to peace. Mr. Albadr expressed optimism for the post-pandemic era, and noted that the experience and knowledge acquired during the COVID-19 pandemic had provided lessons learned for better dealing with future health crises. Mr. de Negri concluded that the effects of the pandemic on international relations had not allowed the usual power relations to be overcome. There were more attacks on human rights, and countries had adopted hostile policies during the pandemic. He also elaborated on the concept of solidarity, pointing out that it entailed sharing with others what they lacked, and stressed that development must be a human rights-based project of solidarity.

F. Overcoming global challenges to recover better

40. The Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, Attiya Waris, explained how foreign debt was a challenge to recovering better from the COVID-19 pandemic. Her presentation focused on the report of the previous mandate holder on international debt architecture reform and human rights.² Debt architecture reforms must prioritize social justice, equity and human rights, and they must address structural issues to prevent vicious cycles. They should prevent and resolve debt crises. Debt servicing severely restricted the social spending necessary for respecting and protecting human rights in many small island developing States, sub-Saharan African countries and middle-income countries. The Independent Expert recommended the prioritization of human rights obligations over creditors' conditionalities by dedicating the maximum available resources to protect and fulfil human rights, and by also operationalizing the guiding principles on foreign debt and human rights and the guiding principles on human rights impact assessments of economic reforms. She called for immediate debt standstill across all creditors for all of the countries hardest hit by the pandemic; large-scale liquidity provision, including through increases of official development assistance; a multilateral debt workout mechanism; use and implementation of existing common principles; the assurance of debt cancellation based on human rights-based debt sustainability assessments; reform of credit rating agencies; reform of the International Monetary Fund quota system; and avoidance of human rights retrogression.

41. The Managing Director of the Technology Bank for the Least Developed Countries, Joshua Phoho Setipa, presented the work of the Bank in helping least developed countries deal with the COVID-19 pandemic, with a focus on technology transfer, capacity-building and South-South cooperation. The Technology Bank launched the Tech Access Partnership in 2020 as a joint initiative with other entities to support developing and least developed countries to gain access to and deploy technologies on medical equipment. Some recipient countries did not have the regulatory environment and necessary frameworks to receive the new technology. Building on the experiences of the initiative and exposed to the ongoing COVID-19 pandemic, the Technology Bank adopted a new public health technology transfer initiative addressing least developed countries. The Bank would also launch a technology transfer platform to bridge technology providers, seekers and funders, with a view to facilitating cooperation. For the world's vulnerable countries and communities, vaccine

² [A/76/167](#).

equity was a priority and technology transfer and South-South cooperation were crucial to achieving the Sustainable Development Goals. Mr. Setipa highlighted the imperative to rapidly build up national capacities, and urgently called for international cooperation and solidarity. He underscored the importance of not leaving anyone behind and reinforcing that least developed countries build back better.

42. Susanna Moorehead, Chair of the Organisation for Economic Co-operation and Development Development Assistance Committee, highlighted the magnitude of global shocks, including climate change, food crises and the COVID-19 pandemic, and emphasized the exacerbation of inequalities between the rich and the poor. The international community must balance immediate needs, such as vaccine roll-out and defeating the pandemic, and long-term needs, including better preparedness for future global shocks. Amid the ongoing crises, the demand for official development assistance was rising exponentially, making it impossible for supply to keep up with demand. Ms. Moorehead noted that official development assistance had increased by about \$10 billion in 2020. However, other major flows of external income for developing countries had declined dramatically. When used most effectively, official development assistance could be catalytic in leveraging additional development finance. She recommended building on what worked best to improve the quality of interventions, and to focus on the most vulnerable people, including those in poorer countries most affected by the pandemic. Highlighting that a number of relatively wealthy countries provided limited to no development assistance, she called for more countries and stakeholders to contribute.

43. The Director ad interim of the United Nations Office for South-South Cooperation, Adel Abdellatif, recalled that according to the recent global multidimensional poverty index report, over 1.3 billion people from 109 countries in developing regions were identified as multidimensionally poor. The COVID-19 pandemic had affected social protection, livelihoods and school attendance, in association with multidimensional poverty. The global South, especially the least developed countries, were lagging behind in vaccine access, which considerably impacted their economic growth and social well-being. South-South cooperation had become more essential than ever, and had proven to be vital for developing countries, going beyond traditional areas such as trade and investment, and extending to areas such as health, education, digitalization and social protection. South-South cooperation initiatives also supported expertise for response and recovery efforts, and the transfer of technology for more equitable access to vaccines. The initiatives contributed to training the population in small island developing States, least developed countries and countries facing crises. The Fifth United Nations Conference on the Least Developed Countries offered an opportunity to think about solutions for countries most in need of support. COVID-19 cases were still high in the global South, including in India and in Latin America, where it still remained a big challenge. South-South cooperation, therefore, provided a range of solutions to help overcome the pandemic.

44. Representatives of Cuba and South Africa made statements during the interactive dialogue. Statements were also made by the Human Rights Commission of Saudi Arabia, a member of the Expert Mechanism on the Right to Development, and representatives of ACT Alliance – Action by Churches Together, Associazione Comunità Papa Giovanni XXIII, Centre Europe-tiers monde, The Unforgotten Fund, and the Women's Federation for World Peace International. Participants reiterated that the COVID-19 pandemic had further aggravated pre-existing problems. They noted that the path to an inclusive and sustainable recovery had to include multilateral measures and the removal of the structural obstacles to development. They reflected on the underlying structural problems that had subjected developing countries to political submission to the financial system, undermining the capacity of States to react and organize their response. Some tied that problem to the legacy of colonialism. They also emphasized that development aid did not recognize historic injustice and the need to correct the balance of capital flows between the most developed and the least developed countries. Some participants noted that most of the technology was in Western countries, while many of the issues technology could redress were concentrated in the global South. Participants urged countries to transform and democratize international trade and financial institutions.

45. In conclusion, Ms. Waris recommended that in every single conversation about finance issues, a human rights perspective should be adopted. She also recommended that human rights should be perceived as an expenditure policy that is financially quantified. Mr. Setipa emphasized the importance of human rights for productivity. He recalled that many innovative solutions came from the global South. He recommended that an appropriate ecosystem should be created to unlock innovation potential. He supported the call for universal access to the Internet to ensure delivery of health-care services. Ms. Moorhead called for the engagement of civil society in official development assistance. She explained that no simple solution could bring about global systemic reform, since there was a lack of political will compared with the post-World War II period. She also advocated for increased investment in conflict prevention, as a means of containing poverty, and for the rate of women's representation to be a minimum of 50 per cent at all levels of the international system. She recommended that official development assistance should be well designed to avoid unnecessary domestic costs. Mr. Abdellatif identified COVID-19 and climate change as two major challenges faced by all humans, and underlined the important role of civil society in that context. He also stressed the importance of building consensus, and reminded decision makers to consider the most vulnerable countries when addressing those challenges.

G. Lessons learned from the fight against COVID-19: sustainable and resilient recovery, preparedness and prevention of future pandemics

46. The United Nations Deputy High Commissioner for Human Rights, Nada al-Nashif, moderated a discussion with the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng; the Coordinator of the Access IBSA project, Achal Prabhala; the General Secretary of the ACT Alliance – Action by Churches Together, the civil society representative to the COVAX Facility Advance Market Commitment Engagement Group, Rudelmar Bueno de Faria; and the Secretary-General of the World Conference of Religions for Peace, Azza Karam.

47. Ms. Mofokeng recognized that the COVID-19 pandemic had further compounded pre-existing social inequalities, injustices and vulnerabilities. The responses to the pandemic should be assessed against the extent to which the right to health principles were applied. Many people lived under the crushing weight of prejudice and discrimination. Many marginalized and vulnerable people were cut off from resources to address human rights violations and were made vulnerable by hostile laws and legislation. With lockdowns and movement restrictions, many victims of gender-based violence could not seek support. In some countries, where sexual and reproductive rights were not recognized and related health services were not considered essential, women resorted to unsafe abortions. Health workers had also been exposed to dangerous working conditions of an unprecedented nature. Ms. Mofokeng noted the importance of resourcing and providing accessible care for many essential services and first responders around the world while considering the general community and the negative impact on their mental health. It was important to ensure the accountability of duty bearers. She asked richer countries to recognize that injustice had prevailed, and she demanded transparency, substantive equality and proactive leadership to ensure that no one was left behind.

48. Mr. Prabhala highlighted the tremendous inequalities in access to vaccines among rich and poor countries. He lamented the excessive reliance on Western capitalism and philanthropy that had failed to deliver on people's needs. Many countries were denied the ability to manufacture vaccines and some Governments of the global North did not play a sufficiently proactive role to redress this. Based on those challenges between countries, he argued that sustainable and resilient recovery required Governments of developing countries to take responsibility for their own people. They needed to independently evaluate the vaccines on offer, not rely solely on Western pharmaceutical industries. A degree of independent judgment and decision-making would allow some alternatives produced in developing countries to compete with the more traditional pharmaceutical industries from rich countries. Countries should cooperate regionally or in a larger group of States in order to achieve some capacity to fight the pandemic through a system, which is as close to self-sufficiency as possible. Countries needed to take ownership and challenge existing

monopolies to realize that purpose. He regretted that there was still a Cold War mentality in dealing with pandemics, in the sense of competition overriding cooperation, and that it had resulted in failures to protect and promote human rights.

49. Mr. Bueno de Faria explained that the role of civil society in the COVAX Facility was to support the work to ensure equitable and criteria-based distribution of vaccines, protect the most at-risk groups in the participating countries and hold Governments accountable. Civil society should urge Governments and the pharmaceutical industry to ensure global solidarity, inclusion and justice. Civil society also faced many challenges relating to the protection of fundamental freedoms and civic space. Groups against vaccines were gaining adherents, and digital platforms were amplifying their positions. Many countries were reducing civic space and restricting the role of civil society. It was important to build a new social contract with different stakeholders based on human dignity. The COVID-19 pandemic aggravated pre-existing social and economic inequalities, impacting structural determinants of poverty and vulnerability. New inequalities also surfaced, such as the digital gap and inequitable vaccine distribution. The rights of people in situations of poverty, women, lesbian, gay, bisexual, transgender and intersex persons, indigenous people and Afrodescendants were particularly affected. The confluence of religious, economic and political fundamentalisms undermined human rights, worsened climate change and threatened peace and security, gender equality, migration and displacement. Mr. Bueno de Faria also argued that Internet access should be a human right.

50. Ms. Karam noted that religious leaders and faith-based organizations were components of civil society, which were among the oldest, most well-established organizations, many of which had deeply rooted social service infrastructures. The demands and needs of those suffering from the pandemic were exceeding the capabilities of Governments. However, the infrastructures provided by faith-based organizations sometimes lacked collaboration and support. Lamenting that those critical entities were not working together in the pandemic, Ms. Karam encouraged multi-religious cooperation and response. When aligned with political and business leaders, religious leaders generated added value. Leadership by women and young people played an important and innovative role in those organizations. Coalitions and alliances that were being forged between young people and women were a source of hope inspired by their faith and energy. All stakeholders should be accountable to the welfare of people and the planet, and should look at the whole of society with a whole-of-governance approach, holding all religious and political institutions, including intergovernmental entities, to account to human rights standards. Religious and political institutions should work together to address all human rights of all people.

51. In conclusion, the United Nations Deputy High Commissioner for Human Rights noted that any recovery from the COVID-19 pandemic must not leave people behind. The recovery must necessarily be a better, fairer and greener recovery grounded in the full spectrum of all human rights, with a view to helping ensure that the world would be better prepared for future crises. The Secretary-General has committed the United Nations to work for a new social contract and a new global deal, and his blueprint document, entitled *Our Common Agenda*, contains commitments to fighting inequalities; promoting social protection, health and education; and achieving the social justice outcomes promised in the Sustainable Development Goals. The Deputy High Commissioner was convinced that with all stakeholders working together, those goals could be achieved. The recommendations coming from the rich discussions of the Social Forum were an important contribution.

IV. Conclusions and recommendations

52. The Chair-Rapporteur welcomed the active and open participation and fruitful discussions of the 2021 Social Forum. He reiterated that the pandemic had exacerbated long-standing inequalities, which must be addressed with human rights-based perspectives and multilateralism. COVID-19 vaccines must be global public goods, accessible to all people universally. He stressed the need for countries to learn from each other, support the most affected, rebuild trust in multilateralism, and invest in climate change adaptation and mitigation. He reviewed the lessons learned for the improvement of preparedness and response, including health and socioeconomic security, political leadership, commitment to

global health regulations, global solidarity and cooperation. He reiterated the importance of increased spending on social protection and social security, a global recovery plan for education, concessional financing, debt cancellation, transfer of technology, ending unilateral coercive measures and balancing individual and collective rights.

53. The following conclusions and recommendations emerged from the deliberations of the Social Forum.

A. Conclusions

54. **The COVID-19 pandemic and other global challenges, such as climate change, armed conflicts and international migration, have shed light on global interdependence and interconnectedness.**

55. **The pandemic has exacerbated long-standing social and economic inequalities within and among countries and violations of human rights. While the pandemic is a global crisis, developing countries, and in particular least developed countries, have been hardest hit.**

56. **The direct impact of the pandemic and the policy responses adopted in consequence have further slowed progress towards the Sustainable Development Goals, which was already off-track.**

57. **There will be other potentially lethal pandemics and the world is still not well prepared to prevent and respond to them. Countries have learned that health security is an integral part of national security and socioeconomic security. Strong political leadership and public health leadership lead to better preparedness and response.**

58. **Trust in international coordination has been eroded and there has been a growing tendency for countries to retreat into nationalism. International cooperation and solidarity are indispensable tools for effectively responding to the pandemic and other global crises and for realizing human rights. The multilateral system and global governance must be strengthened.**

59. **The huge global gap in access to vaccines and medicines, owing to inequalities among countries, endangered millions of lives in developing countries. It also posed a threat to people worldwide, as virus mutations were able to emerge among largely unvaccinated populations, and be easily transmitted across borders, to reignite the pandemic in countries where most people were vaccinated.**

60. **COVID-19 vaccines should be global public goods. Equal access to vaccines is a human right, and a well-coordinated global approach to the development and distribution of vaccines based on solidarity of all nations and peoples is the most effective, sustainable and moral response to the pandemic.**

61. **The provision of vaccines to developing countries alone is not sufficient. The transfer of technology and the provision of support to improve productive capacities were key to increasing production of vaccines worldwide. Trade and intellectual property obligations and policies should not undermine the enjoyment of human rights obligations worldwide. South-South cooperation should be enhanced to support productive capacities and technology transfer.**

62. **The rights to water, sanitation and hygiene are essential for keeping people healthy and safe from the virus. If these rights were realized globally, our capacity to respond to and recover from the pandemic would be strengthened.**

63. **Debt cycles were impeding the ability of developing countries to build social infrastructure and resolve concerns pertaining to the right to health. It is both important and urgent to reform the debt structure and prioritize social justice and equity, thereby enhancing the level of respect for human rights.**

64. **Some groups and populations were more affected than others owing to their high risk of infection, loss of job opportunities, low income, restrictions on free movement, displacement, lack of digital access and serious challenges to mental health. The**

COVID-19 pandemic has had disproportionate impacts on marginalized groups and populations, such as women, children, older persons, persons with disabilities, indigenous peoples, and racial and ethnic minorities.

65. Young people around the world have great potential to mobilize and take small actions with big impacts. Space should be created to allow them to engage in high-level policy debates and negotiations.

66. The right to development is a vital tool in responding to the impacts of the pandemic on millions of people worldwide.

67. Unilateral coercive measures have weakened the ability of targeted States to act in response to the pandemic, and have resulted in major negative impacts on the enjoyment of human rights of their populations.

68. Any restriction of movement in responding to the pandemic must be in accordance with standards of legality, evidence-based necessity, proportionality and gradualism. An overly securitized response to control the public health threat could discourage people from accessing care, thereby risking further transmission.

B. Recommendations

69. States and all stakeholders should ensure that any recovery from the pandemic is grounded in all human rights: civil, political, economic, social and cultural rights, and the right to development.

70. All stakeholders, including States, international organizations, civil society and the private sector, should demonstrate and strengthen their political will, reaffirm their commitment to international cooperation and take collective action for effective multilateralism in the common interests of all humanity.

71. States need to rebuild trust in multilateralism to recover from the pandemic, address climate change and achieve the Sustainable Development Goals.

72. Civil and political rights and economic, social and cultural rights are universal, indivisible, interdependent and interrelated. Policies regarding vaccines should maintain a balance between respect for individual rights and protection of collective rights, including the right to health of vulnerable groups.

73. In responding to a pandemic, States should ensure the participation of people in making decisions that affect their lives. They should build public trust by consultation, dialogue and communication in order to enhance people's understanding and confidence in the response measures adopted and to improve their impact.

74. States should ensure universal and equitable access to COVID-19 vaccines and information, since without access for everyone, no one's right to health will be respected. A rights-based approach should identify and eliminate systemic barriers to vaccination within and among countries. States need to ensure that policies adopted in relation to vaccines are evidence-based, time-limited, proportional and necessary, and that such policies respect individual privacy.

75. States should commit to multilateral vaccine initiatives such as the COVAX Facility and avoid vaccine hoarding, which only leads to undermining the overall efforts to end the pandemic.

76. Governments of vaccine providers should examine their foreign policy to ensure that the pursuit of economic interests do not trump the health rights of the global population, including their obligations to their own citizens.

77. States should provide equal access to online education for children during school closures and ensure the safe return to school. States that lack the resources to do so should seek international support and cooperation, while States with resources should provide financial support and technical assistance.

78. Older persons should have the right to live independently in their community with adequate services. The rights of older persons before, during and after the COVID-19 pandemic have not been protected by current practices and interpretations of international and national laws. A review should be undertaken and the necessary changes should be adopted.

79. States should mandate different sectors of the government to mainstream disability dimension in their recovery plans, engaging in a close consultation with persons with disabilities and their representative organizations. The right to independent living for persons with disabilities should be respected and protected, and social support should be provided.

80. To improve preparedness and resilience, States should strengthen policy coherence, health security, national and socioeconomic security, political leadership, and responses based on sound public health practice and transparency.

81. States should step up investment in health and social protection systems backed by multilateral and joint approaches based on solidarity. Developing countries, especially least developed countries, need access to external financial and technical support.

82. States and all stakeholders need to take concrete steps to address the negative impact of the legacies of colonialism on the enjoyment of human rights.

Annex

List of participants

States Members of the Human Rights Council

Bangladesh; China; Cuba; India; Indonesia; Mexico; Nepal; Pakistan; Philippines; Russian Federation; Senegal; Ukraine; Venezuela (Bolivarian Republic of)

States Members of the United Nations

Albania; Algeria; Angola; Azerbaijan; Belgium; Chile; Egypt; Greece; Iran (Islamic Republic of); Iraq; Lao People's Democratic Republic; Luxembourg; Malaysia; Morocco; Nicaragua; Nigeria; North Macedonia; Panama; Portugal; Qatar; Romania; Saudi Arabia; Sierra Leone; South Africa; Switzerland; Syrian Arab Republic; Thailand; Togo; Tunisia; Turkey.

Non-Member States represented by observers

Holy See; State of Palestine

United Nations

International Organization for Migration (IOM), Madagascar; United Nations Conference on Trade and Development (UNCTAD); United Nations Development Coordination Office (DCO); United Nations Office for South-South Cooperation (UNOSSC); United Nations Office of the High Commissioner for Human Rights (OHCHR); United Nations Population Fund (UNFPA).

United Nations Human Rights Mechanisms

Committee on the Rights of the Child; Expert Mechanism on the Right to Development; Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights; Independent Expert on Human Rights and International Solidarity; Special Rapporteur on extrajudicial, summary or arbitrary executions; Special Rapporteur on the right to physical and mental health.

Intergovernmental organizations

The Commonwealth; Council of Europe; European Union; Ibero-American General Secretariat; International Development Law Organization; Organization of Islamic Cooperation; South Centre.

National and sub-national human rights institutions

British Columbia's Office of the Human Rights Commissioner; Comissão Nacional para os Direitos Humanos e a Cidadania (Cabo Verde); Commission Nationale des Droits l'Homme (Congo-Brazzaville); Ombudsman of the Republic of Croatia; Saudi Arabia Human Rights Commission; South Africa Human Rights Commission; Ukrainian Parliament Commissioner for Human Rights.

Academic institutions

Arab Master in Human Rights and Democracy (ArMA) – Saint Joseph University Beirut; Carleton University, Ottawa; Geneva Academy of Human Rights and Humanitarian Law; Geneva school of diplomacy; Georgian Technical University; Graduate Institute of International and Development Studies, Geneva; International Academic Center for Strategic Studies; Irish Centre for Human Rights, National University of Ireland, Galway; Jumu'at University; Khazanah Research Institute, Malaysia; Kinnaird College for Women; Linnaeus University The London School of Hygiene & Tropical Medicine (LSHTM); National Autonomous University of Mexico (UNAM); National Science Academia of the Azerbaijan

Republic; National University of Ireland Galway; University of Saint Joseph's; Universidade Federal da Grande Dourados; Université Saint-Joseph Beyrouth; University for Peace; University of London; University of Notre Dame; University of Ottawa; University of Tokyo.

Non-governmental organizations and others

Aalamaram-banyan tree; Ablekuma North Municipal Assembly; Accra Metropolitan Assembly; ACT Alliance – Action by Churches Together; Adto sa Sidlakan Association Inc.; African Heritage and Global Peace Initiative; Air Canada; Alfajiri Initiatives Asbl; Alliance for Health Promotion (A4HP); Annaba Khir Bness El Khir; Apostolic Ministerial International Network; Arizona Legislative District 9 Executive Committee; Association “Paix” pour la lutte contre la Contrainte et l’injustice; Association Aide aux femmes et enfants; Association canadienne pour le droit et la vérité; Association for the Human Rights of the Azerbaijani people in Iran (Norway); Association for the Prevention of Torture; Association mauritanienne pour la promotion des droits de l’homme; Association nationale des partenaires migrants; Association pour les Victimes Du Monde; Association promotion droits humains; Associazione Comunità Papa Giovanni XXIII; Benny Nato Centre; Bia West District Assembly; Border Violence Monitoring Network; BRAC; Centre de Formations Etudes et Recherches pour le Développement; Centre Europe – tiers monde; Centre International d’investissement (CII); Centre Zagros pour les Droits de l’Homme; Child Development Foundation; Centre Independent de Recherches et d’Initiatives pour le Dialogue (CIRID); Club Ohada Thies; Community Healthy Advocacy Network At Nation (CHANAN); Compagnons D’action pour le Développement Familial; Conselho Indigenista Missionário (CIMI); Consortium for Street Children; Dirigentes de mi Comunidad (DICOMU); Drepavie; Earthjustice; East Eagle Foundation; El-Wedad Society for Community Rehabilitation; Emmaus International Association; European Center for Not-for-Profit Law (ECNL) Stichting; European Coordination Via Campesina (ECVC); European Food Banks Federation; FIAN International e.V.; Fondation des Œuvres pour la Solidarité et le Bien Etre Social; Fondation généreuse développement; Fondation Pain D’espoir; Friends World Committee for Consultation; Fundación para la Democracia Internacional; Future Hope International; Genève pour les Droits de l’Homme – Formation Internationale; Global Peace Building; Graduate Women International (GWI); Green Ladies; Groupe Mont Bleu; Human Rights Sanrakshan Sansthaa; Institute for Policy Studies; Institute of the Blessed Virgin Mary – Loreto Generalate; Instituto CEU Estrela Guia – CEU Pela Vida; Instituto De Estudos Previdenciários; International Association for Human Rights and Social Development; International Convocation of Unitarian Universalist Women; International Accountability Project; International Council of Women; International Federation on Ageing; International Fellowship of Reconciliation; International Human Rights Commission Relief Fund Trust; International Human Rights Commission; International Human Rights Council; International Law Association; International Lesbian and Gay Association; International Movement ATD Fourth World; International Movement for Advancement of Education Culture Social and Economic Development (IMAECSSED); International Network for the Prevention of Elder Abuse; International Organization for the Right to Education and Freedom of Education (OIDEL); International Volunteer Organisation for Women Education Development; International Youth and Student Movement for the United Nations; ISIS Women’s International Cross-Cultural Exchange; iuventum e.V.; Justice House; Latter-day Saint Charities; LLC Baykal 777 & Ukrainian choice – the Right of the people; Maarij Foundation for Peace and Development; Make Mothers Matter; Maloca Internationale; Médecins sans frontières; MENA RC; MenschenrechtsVerein für politisch Verfolgte e.V.; Mouvement International d’Apostolat des Milieux Sociaux Indépendants (MIAMSI); Millennials Energy; MINBYUN – Lawyers for a Democratic Society; Musique Universelle Arc en Ciel; National Association for the Defense of Rights and Freedoms (Egypt); Nikimandi blog; Norilsk Nickel; Ohaha Family Foundation; ONG APDGC-Mali; Organisation Mondiale des associations pour l’éducation prénatale; Organization for Defending Victims of Violence; Organizzazione per i Diritti Umani e la Tolleranza; Palladium International; Patriotic Vision; People for Successful Korean Reunification (PSCORE); POLICITÉ; Polity Link; Private Office of The Honorable John R. Dalton Jr.; Servas International; Shah Muqem Trust; Sindhuli Plus; Solidarité pour Un Monde Meilleur; Swiss Indigenous Network; Thalassaemia International Federation Limited (TIF); The Global Initiative for Economic, Social and Cultural Rights; The Next

Century Foundation; The Unforgotten Fund; Thrive; Tourism Society of Ghana; Two Hands One Life; Udisha; Underserved Population Program; UNESU; Universal Peace Federation; Uramba Colombia; Voie éclairée des enfants démunis (V.E.D.); Weija Gbawe Municipal Assembly; Women for the Contemporary Society, Moldova; Women, Youth & Kids Empowerment Initiative (WYKEI) for Sustainable Peace & Development CIC; Women's Federation for World Peace International; Women's World Summit Foundation; World Association for the School as an Instrument of Peace; World Federation for Mental Health; World Organization of the Scout Movement; World Social Forum on Health and Social Security; World Welfare Association; Yezidi Center for Human Rights; Youth Empowerment for Peace and Security.
