



General Assembly

Distr.: General
16 February 2022

English only

Human Rights Council

Forty-ninth session

28 February–1 April 2022

Agenda item 3

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Associazione Comunita Papa Giovanni XXIII, a non-governmental organization 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.

[7 February 2022]

* 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.



Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the COVID-19 pandemic

The COVID-19 pandemic has highlighted the injustice of our global economic and political system by exposing the profound impact that socio-political choices of vaccines' redistribution have created on both health and socio-economic recovery, hereby exacerbating great inequalities between communities across the world. This phenomenon results in the erosion of the overall health and consequently of the development of humankind. This scenario needs urgent action to ensure a fair sharing and accessibility of vaccines and treatments against COVID-19. It becomes clear that the repercussions of this unequal distribution of tools to fight this pandemic will not only indefinitely postpone the recovery from these combined health and economic stressors but will further push the scenario to the extent of nullifying promises on how to prepare and respond better to the next pandemic.

The exacerbated inequalities are deepening pre-existing conditions of suffering caused by the global economic model we have widely accepted in our societies. Their effects become evident particularly on aspects such as the environment, the distribution of technological innovations skewed to only one side of the world, the gender barriers with repercussions on education, freedom of expression, income, and health, depriving many people of the right to an adequate standard of living.

The UN Secretary-General stressed that: "We are at a pivotal moment. The choices we make now could put us on a path towards breakdown and a future of perpetual crisis, or breakthrough to a greener and a safer world (1)". So far, vulnerable communities have hoped for swift actions against the global injustice of unequal access to vaccines against COVID-19, yet the vaccine apartheid is an ongoing scandal and as UNICEF Executive Director Henrietta Fore said: Vaccine inequity is not just holding the poorest countries back – it is holding the world back (2)". With staggering differences in the vaccination coverage between countries, the failure of the world's leaders and multilateral system is evident.

Vaccine equity is defined as the allocation of vaccines according to needs and 'regardless of economic status' for all countries in the world (3). Yet, numbers of up-to-date data are informative of the huge blind spots and unacceptable disparities we are seeing as humanity: 67.53% of people in high-income countries have been vaccinated with at least one dose as of Jan 26, 2022, whereas 11.18% of people in low-income countries have been vaccinated with at least one dose as of Jan 26, 2022 (4). How can leaders of the world accept and overlook such an enormous gap? The slow and delayed vaccination rollout in low- and middle-income countries is unacceptable, and it is among the causes of the communities' vulnerability to new COVID-19 variants that perpetuate the pandemic crisis and hinders the recovery of our human family.

When diving into costs, the question arises spontaneously: how affordable are vaccines for all countries? The MIA4A COVID-19 Vaccine Purchase Dataset (UNDP) reports numbers for which the burden of COVID-19 vaccine dose for low-income countries costs on average between 2\$ and 40\$. This is significant and alarming. Despite the inevitable increase of costs on health care in all countries due to vaccination programs, the difference in the increase of health expenditure for high-income countries on the one hand, and low- and middle-income countries on the other are impressive. Whereas the first set of countries needs a mere boost of 0.8% to achieve a 70 % vaccination rate in one year, the others need a 30% to 60% increase to reach the same rate within the same time (5).

The current scenario further unfolds problems concerning the availability of health workforce as well as stresses the fragility of health determinants for some countries unveiling issues related to weakness of infrastructures, mobility services, cold chain logistics, donations' short expiring dates, shortages in ancillary supplies (as syringes) and the complex problem of vaccine hesitancy.

Particularly, attention must be drawn on vaccines' dose shortages and their short shelf-life. The insufficient on-site storage facilities alongside the heavy burden suffered by healthcare systems, just to name a few, are detrimental factors to the equitable redistribution and access

for the general population. Therefore, we ask ourselves: how can we deny the related moral indecency of donations of almost-expiring vaccine doses, yet knowing that they eventually, will never reach the beneficiaries on time?

Even if the spontaneous/expected approach to a global threat such as the pandemic would have been working together towards a global solution through the sharing of technologies and tools to overcome a worldwide emergency, there has been widespread refusal from many countries to challenge, for example, the pitfalls of the IP system during the ongoing pandemic. This has been a contributing factor to the continuation of the vaccine's apartheid. The issues of affordable pricing, open licensing, sharing technology and vaccine production have been lately under looked, preventing the ease of transferring technology and helping to diversify and increase COVID-19 vaccines supplies. The TRIPS waiver proposed at the end of 2020 as first by India and South Africa that would have allowed production and manufacturing of supplies worldwide, was pushed aside.

Meanwhile, we are seeing some countries calling for a pandemic treaty. APG23 believes that the new so urgently claimed pandemic treaty should necessarily tackle the issue of vaccine equity, not only with words pledging for donations but with solutions that confront the IP "problem" directly, leading the road to avoid those mechanisms that are still going on and have deprived many people of the access to vaccines and tools against COVID-19. In case of health emergencies, IP must be waived. Pope Francis reminded us: "Those who live in poverty are poor in everything, even medicines, and therefore their health is more vulnerable. Sometimes they run the risk of not being able to obtain treatment because of lack of money, or because some people in the world do not have access to certain medicines. There is also a "pharmaceutical marginality", and this must be said. This creates a further gap between nations and between peoples. On an ethical level, if there is the possibility of curing a disease with a drug, it should be available to everyone, otherwise it creates injustice. Too many people, too many children are still dying in the world because they are denied access to a drug that is available in other regions, or a vaccine. We know the danger of the globalization of indifference. Instead, I propose to globalize treatment, that is, the possibility of access to those drugs that could save so many lives for all populations. And to do this takes a joint effort, a convergence that involves everyone (6)".

The treaty should address the issue of financing of WHO fostering public funding in order to support and strengthen a multilateral approach. It should also clearly refer to those determinants of health necessary to combat a future pandemic, and consequently refer to those international instruments that aim to improve them, such as international cooperation and preventive solidarity. As countries are also discussing the Convention on the Right to Development, APG23 strongly believes that its implementation is paramount for setting the necessary steps countries need to take to be ready for the next global emergency. If the next pandemic treaty will not be able to truly reflect principles of justice, fraternity, solidarity, and inclusion, we will have lost yet another opportunity to do the right thing.

As the Vatican COVID-19 commission in collaboration with the Pontifical Academy for Life has written: "COVID-19 is exacerbating a triple threat of simultaneous and interconnected health, economic and socio-ecological crises that are disproportionately impacting the poor and vulnerable. As we move towards a just recovery, we must ensure that immediate cures for the crises become stepping-stones to a more just society, with an inclusive and interdependent set of systems. Taking immediate actions to respond to the pandemic, keeping in mind its long-term effects, is essential for a global and regenerative "healing." If responses are limited solely to the organizational and operational level, without the re-examination of the causes of the current difficulties that can dispose us towards a real conversion, we will never have those societal and planetary transformations that we so urgently need (7)".

Global health needs a global commitment to international solidarity and international cooperation and sustainable development, with solutions that put humanity first instead of competition, power and profit. These have already caused enough deaths, disparities and inequalities with consequences that will be difficult to face for the generations to come.

- (1) Secretary-General's press conference prior to opening of the 76th session of the General Assembly | United Nations Secretary-General. (2021). <https://www.un.org/sg/en/node/258974>
- (2) <https://www.unicef.org/press-releases/g20-members-have-received-15-times-more-covid-19-vaccine-doses-capita-sub-saharan>
- (3) Global Dashboard for Vaccine Equity. (2022, January 24). UNDP Data Futures Platform. <https://data.undp.org/vaccine-equity/>
- (4) Global Dashboard for Vaccine Equity. (2022, January 24). UNDP Data Futures Platform. <https://data.undp.org/vaccine-equity/>
- (5) Vaccine Affordability. (2021, November 24). UNDP Data Futures Platform. <https://data.undp.org/vaccine-equity/affordability/>
- (6) https://www.vatican.va/content/francesco/en/speeches/2020/september/documents/papa-francesco_20200919_banco-farmaceutico.html
- (7) <https://press.vatican.va/content/salastampa/it/bollettino/pubblico/2020/12/29/0697/01628.html>