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

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

## Summary of the half-day panel discussion on deepening inequalities exacerbated by the coronavirus disease (COVID- 19) pandemic and their implications for the realization of human rights

### Report of the Office of the United Nations High Commissioner for Human Rights

#### *Summary*

Pursuant to Human Rights Council resolution 45/14 on eliminating inequality within and among States to realize human rights, the Office of the United Nations High Commissioner for Human Rights organized a panel discussion on 28 September 2021, at the fifty-first session of the Council.

The members of the panel discussed the unprecedented scale and magnitude of the coronavirus disease (COVID-19) pandemic and its impact on human rights. They emphasized that the pre-existing structural and economic inequalities had been exacerbated during the pandemic, with the poorest, most vulnerable and marginalized persons being disproportionately harmed. Therefore, this was the time for urgent action within the human rights framework to respond to the pandemic. In particular, it was critical that economic inequalities be addressed to ensure that no one was left behind, while ensuring international solidarity and cooperation for a global recovery.



## I. Introduction

1. In its resolution 45/14, the Human Rights Council requested the Office of the United Nations High Commissioner for Human Rights (OHCHR) to hold at its forty-eighth session a half-day panel discussion focusing on the deepening inequalities exacerbated by the coronavirus disease (COVID-19) pandemic and their implications for the realization of human rights. The Council also requested OHCHR to prepare a summary report on the discussion and to submit it to the Council at its fifty-first session. The present report was prepared pursuant to that request.

2. The panel discussion was held on 28 September 2021 in a hybrid format, with virtual and in-person participation. It was webcast live and made accessible to persons with disabilities through the provision of international sign interpretation and real-time captioning.

3. The panel discussion focused on addressing inequalities exacerbated by the pandemic and their implications for the realization of human rights. It aimed to identify ways to alleviate inequality within and among States by sharing best practices, solutions to challenges and lessons learned, including in the context of integrated approaches to the promotion and protection of human rights and the implementation of the 2030 Agenda for Sustainable Development, with particular emphasis on Sustainable Development Goal 10 on reducing inequality. The panel members also addressed the need for greater international cooperation in further reducing inequalities within and among States.<sup>1</sup>

4. The Vice President of the Human Rights Council and Permanent Representative of the Netherlands to the United Nations at Geneva, Monique T.G. van Daalen, chaired the high-level panel discussion. Ms. van Daalen invited the United Nations High Commissioner for Human Rights and Professor Joseph E. Stiglitz, Nobel Laureate Economist, Columbia University, to make their opening remarks. Ms. van Daalen also welcomed the high-level panellists: former Prime Minister of the United Kingdom of Great Britain and Northern Ireland, United Nations Special Envoy for Global Education and World Health Organization (WHO) Ambassador for Global Health Financing, Gordon Brown; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng; Executive Director of the Global Initiative for Economic, Social and Cultural Rights and former Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona; and foreign correspondent in Geneva for the Swedish newspaper *Svenska Dagbladet*, Gunilla von Hall (moderator).<sup>2</sup> The opening remarks were followed by the panellists' introductory remarks, interventions from the floor, and a moderated discussion with the panellists with key messages and recommendations.<sup>3</sup>

## II. Summary of the proceedings

### A. Opening session

5. In her opening remarks, the High Commissioner emphasized the magnitude and scope of inequalities created and exacerbated by the COVID-19 pandemic, which, while their dimensions were truly shocking, were not surprising to many. Failure to uphold and protect human rights undermined the resilience of people and States, making them highly vulnerable to this worldwide medical, economic and social crisis. The pandemic had led to the first rise in extreme poverty in two decades and to an increase of 318 million people living with food insecurity, bringing the total number to an unprecedented 2.38 billion. Vital gains, including in women's equality and the rights of many ethnic and religious minorities and indigenous

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<sup>1</sup> See [www.ohchr.org/Documents/HRBodies/HRCouncil/Panel/CN\\_Inequalities\\_2021.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/Panel/CN_Inequalities_2021.pdf).

<sup>2</sup> See

[www.ohchr.org/Documents/HRBodies/HRCouncil/Panel/Bios\\_Inequalities\\_COVID-19\\_Panel.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/Panel/Bios_Inequalities_COVID-19_Panel.pdf).

<sup>3</sup> The texts of most of the statements delivered and of many statements that could not be delivered owing to lack of time are available on the extranet site of the Human Rights Council at <https://hrcmeetings.ohchr.org/HRCSessions/RegularSessions/48session/Pages/Statements.aspx?SessionId=46&MeetingDate=28/09/2021%2000:00:00>.

peoples, were being reversed. The huge gap between rich and poor countries was becoming wider, leading to unnecessary deaths. The High Commissioner stressed the need for inclusive economic and fiscal policies incorporating human rights as critical to ensuring everyone access to public services, justice and equality for all.

6. The High Commissioner urged that the lessons of COVID-19 be heeded, and called for decisive action. The gross inequalities within and between countries had caused the pandemic to have the greatest impact on those least protected from harm. When economic and fiscal policies ignored the needs and rights of those who were marginalized, fundamental rights to justice, quality education, decent work and adequate housing were neglected. The High Commissioner insisted that States had committed to upholding and advancing human rights, including through the ratification of human rights treaties and the adoption of the 2030 Agenda for Sustainable Development. The pandemic had exposed many failures of States to live up to their commitments, and had demonstrated the terrible economic, social, human rights- and conflict-related effects of those failures. Measures had to be taken that advanced everyone's right to meaningfully participate in public affairs and to ensure the widest possible civic space. Moreover, all structures that paved the way or allowed for discrimination should be dismantled in order to create cohesive communities that benefited from the contributions of all.

7. The High Commissioner referred to two key lessons from the COVID-19 pandemic. First, that embedding human rights in all decision-making processes made everyone safer and stronger; they were a precondition to building inclusive and sustainable economies and societies. States' economic recovery plans should be founded on human rights, include meaningful consultation with civil society and ensure responsible business conduct. Steps should be taken to uphold economic, social and cultural rights, including the rights to health and social security protection, together with other rights to protect societies from harm and to make all communities more resilient.

8. Second, joint action was needed. To act effectively, States should act together in solidarity to ensure equitable access to vaccines and help each other to combat the impact of the pandemic; inequality in access to vaccines had led to setbacks in development and human rights around the world, with potentially massive and long-lasting consequences. The High Commissioner stressed the importance of joint action, because it was just and in the collective interest. Universal recovery from the pandemic would bring the world closer to fulfilling its commitments regarding the 2030 Agenda for the benefit of all.

9. The High Commissioner stressed that the United Nations stood ready to help all States to transform the economic, political and social paradigms that for all too long had exacerbated inequalities and resulted in a lack of resilience. OHCHR was committed to continuing to work to place human rights and sustainability at the heart of efforts to respond to and recover from the pandemic, thereby ensuring that no one was left behind. The High Commissioner concluded her statement by reiterating her call to action.

10. The opening session concluded with a video message from Professor Joseph E. Stiglitz, who began by emphasizing that the COVID-19 pandemic had not only exposed the grave inequalities within and between societies, but also exacerbated them. COVID-19 was not an "equal opportunity virus", as it particularly affected those with vulnerabilities and low-income individuals, affecting their health, livelihoods and their children's education. Unequal access to vaccines was another source of inequity both within and between countries. Professor Stiglitz stressed that access to vaccines was fundamental to protecting the right to life. While wealthy countries enjoyed easy access to vaccines, it was extraordinarily difficult or even impossible for most developing countries.

11. Professor Stiglitz spoke of the huge economic implications of the pandemic, adding that the global economy would remain weak until COVID-19 was under control everywhere. COVID-19 would not, however, be under control anywhere until it was contained everywhere, with vaccinations available throughout the world; there was therefore an urgent need to ensure that everyone everywhere had access to vaccines. While the underlying problem was one of a lack of supply, shortages could be overcome by markets, and there was no fundamental shortage that markets could not address in a relatively short time. Professor Stiglitz noted, however, that markets could not address artificial barriers, the most significant

of which was intellectual property. He stressed that the waiver of intellectual property rights at the World Trade Organization (WTO) was absolutely essential. Such a waiver would make vaccine production possible everywhere in the world and allow countries capable of producing vaccines to do so. This was not a change in basic legal frameworks, as compulsory licensing already existed; rather, it was an appropriate response to a crisis, serving to lower the transaction cost and allow rapid access to this particular type of intellectual property.

12. Professor Stiglitz also emphasized the importance of countries working together for a strong recovery from the economic downturn caused by the pandemic. Advanced countries had spent approximately a quarter of their gross domestic product (GDP) to resuscitate their economies, but emerging and developing countries did not have the resources to take such measures. It was important that the International Monetary Fund (IMF) proceed with issuing approximately \$650 billion worth of special drawing rights and urgently find ways to recycle those funds, transferring them from wealthy countries to the emerging and developing countries that needed them.

13. Furthermore, the over-indebtedness of many countries, even prior to the spread of COVID-19, made the pandemic an insurmountable hurdle. The development of a more effective framework for addressing the issue of excessive indebtedness would require the cooperation of all parties: the private and public sectors, all Governments and multilateral institutions around the world. There could be no strong global recovery without the recovery of every country in the world. Professor Stiglitz concluded his statement by expressing the hope that participants in the meeting would discuss ways in which the global community could come together to work toward equitable and sustainable recovery from the scourge of the pandemic.

## **B. Contributions of panellists**

14. The WHO Ambassador for Global Health Financing, Gordon Brown, began his video message by enumerating the multitude of global crises that the world faced and that required global solutions. Climate change, worsening poverty, blatant abuses of human rights and the pandemic were the focus of his intervention.<sup>4</sup>

15. Mr. Brown recalled that the International Covenant on Economic, Social and Cultural Rights recognizes that every citizen has a right to health, regardless of income, nationality or race; however, the shocking gap between vaccine-rich countries, where 70 per cent of the population had been vaccinated, and vaccine-poor countries, where only 2 per cent had, demonstrated clearly that millions of people were being cruelly denied their basic rights and thousands were dying as a result. The inequality gaps in health systems exposed by COVID-19 were equally glaring. More than 20 months into the pandemic, with 4.5 million lives lost and 220 million people infected, COVID-19 continued to highlight these disparities, with 4 million new cases per week, 1 million deaths every few weeks, 100 million more cases forecast for the next year and an additional 1 million people likely to die.

16. The pandemic continued to rage unchecked through unvaccinated regions of the world, and wherever people were unprotected. The lack of vaccines was rapidly transforming Africa and low-income countries into new COVID-19 hotspots. Already more than 100 million people had been forced into extreme poverty, and after decades of convergence between rich and poor economies, the world had once again become newly divided. Mr. Brown recalled that IMF had recently warned of a “new wave of unrest” and of threats to the human rights of individuals throughout the world. He stressed the urgency of the panel discussion, as decisions made by world leaders as to who could receive vaccines and who could not would determine the fate of millions. Health was not only a human right but also a global public good that the countries of the world should work together to deliver. Mr. Brown spoke of the need to avoid medical protectionism and prevent “beggar thy neighbour” policies through international cooperation aimed at advancing the rights of all.

17. Since the start of the pandemic, the richest countries had stockpiled medical supplies, including millions of vaccine doses that could, if delivered immediately, save lives in the

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<sup>4</sup> See <https://media.un.org/en/asset/k1z/k1zelgafyl>.

global South. Moreover, the divide between the vaccine-rich and the vaccine-poor was such that high-income countries had bought and administered 61 times more doses per inhabitant than in low-income countries. As a result of stockpiling, 300 million vaccines remained unused; by December 2021, 1.2 billion doses would be hoarded, of which more than 240 million would be discarded if not immediately donated. Mr. Brown called for airlifting those vaccines to Africa and low-income countries, where they could save hundreds of thousands of lives. Such an act would be morally right in terms of protecting, in the spirit of the Universal Declaration of Human Rights, the human rights of all, and at the same time would be in the best interests of the West. Failure to vaccinate the poor while vaccinating mainly the rich could see the virus mutate, and new variants could eventually haunt us all, even the fully vaccinated.

18. Mr. Brown stressed that there were vaccines actually manufactured in Africa that had been imported by European countries. The West was nonetheless failing to provide Africa with a means to ramp up manufacturing capacity by holding up technology transfer, patent waivers and licensing agreements. The collective failure to turn the scientific success of vaccines into a truly public good was such a moral catastrophe that, if the world were a State, it could be considered a failed one. This catastrophe was, however, avoidable. Mr. Brown welcomed the vaccine summit held on 22 September by the President of the United States of America, a parallel event during the seventy-sixth session of the General Assembly, and the Assembly's long-term commitment to vaccinate 70 per cent of the world's population within a year. A comprehensive, detailed plan, including a timetable, with delivery dates and deadlines, was nonetheless needed to send unused vaccines to those who needed them in a timely manner.

19. The building blocks were all in place for a coordinated multilateral effort to distribute vaccines equitably; through the Access to COVID-19 Tools (ACT) Accelerator, vaccines and treatments could be distributed, and the COVID-19 Vaccine Global Access (COVAX) Facility could be used to "get vaccine injections into the arms" of the world's poorest in 92 low-income countries. With the help of the World Bank, efforts could be made in low-income countries to deliver vaccines and treatments; however, this would require the international community to close a funding gap of \$16.6 billion in 2021 and of \$30 billion in 2022. Mr. Brown cited evidence that 190 million vaccine doses could be delivered immediately, 240 million in the next month, and by transferring delivery contracts to COVAX, 450 million could be delivered in November and December, thereby contributing to coverage of 40 per cent of all adults by the end of 2021. By May 2022, enough vaccines would be available to vaccinate the entire world, and this even after booster shots and vaccines for persons over the age of 12 had been administered. By mobilizing surplus doses and transferring delivery contracts to COVAX, the target of vaccinating 70 per cent of the world's population and that of achieving herd immunity could be reached by May 2022.

20. In his conclusion, Mr. Brown recalled that no one could be safe anywhere until everyone was safe everywhere; that everyone would live in fear until no one lived in fear. With the help of modern vaccines and treatments, however, the right to health could be transformed from an undelivered promise on paper into a concrete reality. It was time to act.

21. In her opening remarks, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, focused on vaccine inequality. She stressed that millions had lived in crisis long before the pandemic and that, globally, millions were disadvantaged by an uneven playing field. The root causes of such inequality were patriarchal societies, slavery, colonialism, apartheid and neo-colonialism, which disproportionately affected women, queer persons, gender-diverse persons, black people and people of African descent, other persecuted racial and ethnic groups, indigenous communities, persons with disabilities, migrant communities and those most vulnerable to the climate crisis.

22. The Special Rapporteur stressed that the impact of COVID-19 had clearly been determined not by biological factors but by structural and socioeconomic inequality within and between countries, systemic racism, and discrimination. Countries with less favourable health-care services and limited access to determinants of health had experienced a greater burden of COVID-19-related cases and deaths. Moreover, persons who were marginalized, vulnerable or living in financially precarious situations, whether in high-, middle- or low-

income countries, had also experienced crushing negative health outcomes owing to COVID-19.

23. The Special Rapporteur added that the impact of the pandemic had also been determined by public health policies, a lack of transparency, and problems of leadership. Decisions and policy approaches made – with no reference to human rights – by some States and pharmaceutical companies had created further inequality, as demonstrated by the rollout of the COVID-19 vaccine. Vaccine nationalism among wealthy developed nations had dominated negotiations over procurement, which favoured them at the expense of low- and middle-income countries. As at 23 September 2021, 34.9 per cent of the world’s population had received at least one dose of a COVID-19 vaccine, but only 2.1 per cent of them were in low-income countries. Furthermore, 90 per cent of Africans were still waiting for their first dose, compared with almost 50 per cent of those fully vaccinated in high-income countries. Data suggested that most people in the poorest countries would need to wait an additional two years before being vaccinated.

24. The attainment of the Sustainable Development Goals had suffered further setbacks, and global GDP had decreased by 3.5 per cent, with 124 million people forced into extreme poverty. Globally, one person in three had no access to adequate food, and estimates suggested that there had been an increase of up to 45 per cent in child mortality and violence in the home, affecting mostly women and children owing to restrictions on free movement, social isolation and economic insecurity.

25. According to the Special Rapporteur, vaccine nationalism and profiteering related to a supply-and-demand approach to vaccine production and distribution, whereas States and businesses alike had human rights obligations. She recalled the words of the Secretary-General at the opening of the session of the General Assembly, who stated that “the world must wake up”. In his ambitious report, “Our Common Agenda” (A/75/982), the Secretary-General stated that the world needed a global vaccination plan in order to at least double the production of vaccines and ensure their equitable distribution; to coordinate implementation and financing; and to support countries’ readiness and capacity to roll out immunization programmes while tackling the serious problem of vaccine hesitancy.

26. The Special Rapporteur concluded her remarks by recalling that States, businesses and other stakeholders should honour their international obligations to provide international assistance and cooperation, and ensure that technologies and intellectual property, data and know-how relating to COVID-19 vaccines were widely shared and that developing countries were supported in scaling up their development, manufacturing and distribution capacities. States should fulfil their responsibilities, including by exercising human rights due diligence to identify and address adverse effects on the rights to life and health, as set forth in the Guiding Principles on Business and Human Rights. She stressed that respect for human rights, solidarity and cooperation comprised the only ethical and viable course of action for success in combating the pandemic.

27. In her video message, the Executive Director of the Global Initiative for Economic, Social and Cultural Rights, Ms. Sepúlveda Carmona, began by emphasizing that human rights were not only a set of values but also obligations to which States had committed in both national laws and international treaties, which should be honoured in times of crisis. As the world emerged from the pandemic, it was essential that human rights guide the adoption of transformative policies redressing inequalities at the national level and the power imbalances between the global North and South.

28. Overburdened, underfunded and understaffed public health and education systems resulting from decades of austerity plans had exacerbated society’s vulnerabilities to COVID-19 and had aggravated inequalities. This was particularly the case of gender inequality, as women were overrepresented in the public services workforce and more dependent on them for their livelihood. Ms. Sepúlveda regarded the current time as a critical moment to build up public services as part of a just recovery plan and the transition to a more sustainable and resilient economy. The resurgence in support for public services could be harnessed to catalyse a movement to rebuild the role of the State in the realization of economic, social and cultural rights. The crisis brought on by the COVID-19 pandemic had actually presented an

opportunity to do things differently; by placing human rights at the centre of recovery policies, world leaders could lay the foundations for fairer and more just societies.

29. Ms. Sepúlveda outlined six key opportunities that had arisen with the pandemic. The first involved increasing investment in public services, which were essential for the realization of human rights and addressing inequalities. Under human rights law, States had an obligation to provide citizens quality public services essential for the realization of their rights. These were essential from the standpoint of gender equality and ensuring children's rights, as large-scale school closures and a lack of support for digital and remote learning had deepened structural inequalities in access to education, with particular human rights implications for girls and young women. The second required that care be considered a collective good to be adequately resourced and regulated in order to ensure adequate supply and quality, as well as decent working conditions and remuneration for care workers. Ms. Sepúlveda urged States to invest in the development of quality care services, which would create jobs and provide remuneration for previously unpaid caregivers.

30. The third involved abandoning vaccine nationalism and taking bold steps to make vaccines widely available in all countries. The fourth required progressive taxation and robust measures to curb tax evasion and tax avoidance in order to finance public services, social protection and health-care systems. Governments had to abandon the global race to the bottom with respect to corporate tax rates, and establish a global minimum tax for corporations. The fifth involved the adoption of climate-friendly recovery packages. The urgency of rapid economic recovery should not overshadow the urgency of taking action to tackle climate change. Compliance with the Paris Agreement was more urgent than ever. Lastly, Ms. Sepúlveda highlighted as a sixth opportunity the need to respect human rights in any COVID-19 response, which included avoiding broad restrictions on the movement of persons and their liberty, ensuring privacy and data protection, access to information and the protection of the right to peaceful assembly. Ms. Sepúlveda concluded by emphasizing that it would require political will to reinforce the human rights pillar of the Charter of the United Nations to ground the other pillars of development, peace and security.

### C. Interactive discussion

31. During the interactive discussion, 24 representatives of Member and observer States, international organizations and other groups of States<sup>5</sup> and of six non-governmental organizations<sup>6</sup> took the floor. Owing to time constraints, 38 Member and observer States,<sup>7</sup> five intergovernmental organizations<sup>8</sup> and four non-governmental organizations<sup>9</sup> were unable

<sup>5</sup> European Union, Cameroon (on behalf of the Group of African States), Finland (on behalf of Nordic-Baltic countries), Bahrain, Mauritius (on behalf of a group of small island developing States), Ecuador (on behalf of a group of countries), Azerbaijan (on behalf of the Movement of Non-Aligned Countries), Egypt (on behalf of the Group of Arab States), Iran (Islamic Republic of) (on behalf of a group of countries), China (on behalf of a group of countries), Qatar, Indonesia, Azerbaijan, Iraq, Bangladesh, Mauritania, Ecuador, Montenegro, South Africa, Ghana, Morocco, Saudi Arabia, Malaysia, Nepal.

<sup>6</sup> Penal Reform International, Associazione Comunità Papa Giovanni XXIII, Action Canada for Population and Development, Centre Europe-tiers monde, Terre Des Hommes Federation Internationale, World Vision International.

<sup>7</sup> China, Pakistan, North Macedonia, Mauritius, Philippines, Mali, Mozambique, Paraguay, Marshall Islands, Suriname, Syrian Arab Republic, Timor-Leste, Haiti, Togo, Costa Rica, Cuba, Viet Nam, Brazil, Libya, Republic of Moldova, Lesotho, Tunisia, Venezuela (Bolivarian Republic of), Sierra Leone, Australia, Senegal, Kenya, Russian Federation, Ukraine, Dominican Republic, Botswana, Colombia, Iran (Islamic Republic of), Namibia, Djibouti, Armenia, United States of America, Malawi.

<sup>8</sup> International Development Law Organization, United Nations Children's Fund, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), Food and Agriculture Organization of the United Nations, United Nations Population Fund.

<sup>9</sup> Justiça Global, International Planned Parenthood Federation, Asian-Pacific Resource and Research Centre for Women (ARROW), Sikh Human Rights Group.

to deliver their statements. Statements received by the Human Rights Council secretariat are available on the extranet.<sup>10</sup>

32. Speakers highlighted the various facets of the multi-dimensional health, economic, social, humanitarian, human rights and developmental impact of the pandemic, which had exacerbated pre-existing inequalities and created new ones. While the virus had not discriminated among people and countries, the poorest and most vulnerable had been disproportionately affected by the pandemic and had exposed and aggravated vulnerabilities and inequalities both within and among developing and developed countries. Speakers expressed their concern that inequality had reached crisis proportions around the world. Many countries and regions that had made progress in eradicating poverty and reducing inequality had suffered setbacks in only a short time.

33. Several persons spoke about how the unprecedented scale of the COVID-19 pandemic had adversely affected a broad range of human rights, particularly economic and social rights. References were frequently made to the effect of the pandemic on the right to health, and some delegations also referred to the negative repercussions on the realization of the rights to development, education and decent work. While the response to the pandemic required public health controls and restrictions in almost all countries, including in the educational context, those restrictions had had a particularly severe impact on the poor and vulnerable. Moreover, the closure of businesses and the resulting job losses, including in the informal sector, had exacerbated inequalities. Some delegations emphasized the importance of ensuring that such controls and restrictions be limited in scope to controlling the spread of COVID-19. Some also called for attention to be paid to the growing impact of the pandemic on human rights, fundamental freedoms, democracy and the rule of law, recalling that the pandemic should not be a pretext for limiting democratic and civic space, suppressing the voices of human rights defenders, ignoring the rule of law, limiting access to information or suppressing the freedom of the press or freedom of expression in general.

34. Calls were made for vigilance regarding the impact of the pandemic on those most at risk of becoming targets of marginalization, stigmatization, xenophobia and racism, or other forms of discrimination. The pandemic had particularly affected those already facing discrimination. Many expressed their concern at deepening inequalities affecting persons in historically vulnerable and marginalized populations and situations, including women, children, domestic and informal workers, members of racial and ethnic minority groups, migrants, persons with disabilities, persons living with HIV/AIDS, prison inmates and LGBTQI+ persons.

35. Some speakers emphasized that actions taken to control the virus had disproportionately affected women and children, with devastating effects, including lower rates of immunization, poorer academic performance due to school closures, high levels of domestic violence and abuse directed largely at girls and women, as well as increased poverty, hunger and food insecurity. Some attributed the disproportionate impact on women and girls to their roles at the forefront of the pandemic, including as front-line workers in health facilities, such as hospitals, clinics and care homes. They faced problems of losing their jobs, working from home while caring for school-age children, disruptions in access to sexual and reproductive health services, and exclusion from important decision-making processes. Concern was also expressed at a “shadow pandemic” of gender-based violence and other risks that women and girls faced.

36. Speakers observed that different countries had shown different levels of resilience to COVID-19 and its related shocks and economic downturns, pointing out that while the socioeconomic development of all countries had been affected, developing countries had been especially so. Inequalities between countries generally were mentioned, as well as those between the global North and South. Many delegations suggested that low- and middle-income and developing countries were the most severely affected. For some small island developing States, physical distance from markets and sources of supply had further exacerbated the negative economic repercussions of the pandemic.

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<sup>10</sup> <https://hrcmeetings.ohchr.org/HRCSessions/RegularSessions/48session/Pages/Statements.aspx?SessionId=46&MeetingDate=28/09/2021%2000:00:00>.



37. Many speakers focused on the negative impact of lack of access to vaccinations on the right to health. There was widespread concern at the unequal distribution of vaccines among countries, and many regarded vaccine inequality as a new barrier to the pursuit of the elimination of other inequalities. Reference was often made to “vaccine nationalism” and the widening gap between developed countries, which enjoyed easy access to vaccines, and developing countries struggling to acquire them. This vaccine gap severely undermined global health security and economic recovery. The hoarding of vaccines, as well as impinging on the right to life and increasing the risk of new variants, could perpetuate the harmful effects of the global health crisis and undermine the right to health, even in countries practicing vaccine nationalism. Some speakers cited statistics highlighting vaccine inequalities and the significant difference in vaccination rates between Europe and North America, on the one hand, and Asia and Africa on the other.

38. Several speakers raised the issue of the digital divide. Information and communications technology held great promise for helping to achieve the realization of human rights, including by improving access to such services as health, education and justice. The pandemic had, however, amplified the digital divide between developed and developing countries and resulted in greater inequalities, jeopardizing the learning opportunities of millions of students in low-income countries, where remote learning was not an option; this had in turn had an impact on the mental and physical well-being of students there. The negative impact on girls’ education was also mentioned. Discrimination in certain countries was important in exacerbating the gap between countries and would harm many national efforts to attain long-term recovery and development. Calls were made to strengthen efforts to overcome the digital divide and to ensure inclusive equitable education for all.

39. Considerable emphasis was placed on the importance of human rights in shaping responses to the pandemic and in the post-pandemic recovery. The importance of respect for international law was also mentioned. Several speakers stressed that placing human rights at the heart of efforts to end the pandemic could contribute to a more resilient and sustainable recovery that addressed inequalities and poverty and ensured that no one was left behind.

40. The pandemic had highlighted the importance of a global human rights agenda to tackle social and economic injustice, systemic racism and gender inequality. Some speakers stressed the need for an approach to “building back better” that was responsive to the specific needs of women and girls. Inclusive and participatory processes were required, prioritizing the needs of marginalized persons and mitigating the risks they faced. There was also a call for recovery strategies ensuring the participation of women and a more important role for them, including in the planning and decision-making phases of the recovery process.

41. How the United Nations human rights system and its mechanisms had played and should continue to play a vital role in providing guidance and recommendations for mitigating the impact of the pandemic and rebuilding post-COVID societies was discussed. Speakers also referred to the Secretary-General’s Call to Action for Human Rights. It was suggested that the realization of the 2030 Agenda for Sustainable Development should be integrated into policies for socioeconomic recovery from the pandemic. In the view of some speakers, the response to the COVID-19 crisis was an opportunity for States and development partners to invest in much-needed public health, social protection and infrastructure projects. It had also provided an opportunity to expand civic space in ways that reinforced the resilience of communities so that no one would be left behind. Investment in the rule of law, democracy and civic space was considered a prerequisite for sustainable recovery and to attain the Sustainable Development Goals.

42. Several speakers recognized that “no one can be safe until everyone is safe”, and underscored the importance of protecting and promoting everyone’s right to enjoy the highest attainable standards of physical and mental health. It was generally agreed that equitable access to affordable vaccines should be ensured to end the pandemic for everyone and to promote rapid global recovery. Many called for universal and equitable access to COVID-19 vaccines, treatments and related technologies, which were crucial to saving lives and paving the way for global economic recovery. Some speakers called for priority allocation of vaccines to countries with low vaccination rates and for enabling developing countries to engage in vaccine production and participation in supply chains. Many speakers emphasized the importance of international cooperation in order to guarantee timely and equitable access

to safe and affordable vaccines, medical materials, diagnostics, treatments and medicines. In this regard, speakers also welcomed Human Rights Council resolution 46/14, adopted by the Council by consensus at its forty-sixth session.

43. The need for international cooperation and solidarity together with multilateral solutions to issues raised by the pandemic was reiterated by many speakers, who felt strongly that a global pandemic required a global response, and that it was more important than ever to protect and strengthen the multilateral system. A coordinated and concerted response to the pandemic should be based on cooperation, solidarity and respect for human rights. The vital role played by the United Nations system and Member States in assisting developing countries to build back was highlighted, as were calls for international cooperation in technology and science and the removal of barriers in access to therapeutics and essential medicines, part of the moral imperative of considering vaccination a public good and a way to close gaps in access, which impede sustained economic growth and the realization of Sustainable Development Goal 10.

44. Speakers expressed widespread support for and made a commitment to active participation in the COVAX initiative and other multilateral arrangements established in response to COVID-19, such as the COVID-19 Technology Access Pool (C-TAP). Many speakers encouraged continued support for COVAX and other schemes, as well as efforts to ensure universal, timely, effective and transparent access to vaccines. A call was made for regional vaccine manufacturing hubs to be established, while the decision by WHO to host hubs for messenger RNA technology vaccines in the Americas was welcomed.

45. Speakers called for a greater effort to improve the accessibility, affordability and production of vaccines and other health products, especially in least developed countries, which should be permitted to manufacture vaccines and to procure them themselves. Such an endeavour required the expansion of existing vaccine production facilities and the upgrading of developing-country production capabilities through export, donation, joint research and development, franchised production and transfer of know-how. Calls were made to support a Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver of intellectual property rights for COVID-19 vaccines and other health technologies, which was considered a form of constructive multilateral human rights cooperation contributing to the elimination of vaccine inequalities and a reduction in vaccine production costs, both of which were crucial to inclusive global recovery.

46. Speakers made calls for robust international development finance cooperation, including official development assistance (ODA), resource mobilization, and finance. Several speakers noted that many low-income countries continued to face growing debt burdens, liquidity problems and reduced fiscal space, which eroded their capacity to overcome inequalities and to make meaningful progress with respect to the Sustainable Development Goals and climate objectives. Many expressed concern that the pandemic had impeded progress toward achieving the Sustainable Development Goals; in fact, Goal 10 was further away than ever. Others spoke of the risk of backsliding on the 2030 Agenda. Some called for countries to be provided with necessary fiscal space through debt relief, adequate financing and debt-sustainability measures. Respect for human rights and a human rights-centred approach to recovery from the pandemic were viewed as essential elements in the creation of transformative economies.

47. Representatives of several delegations described their national efforts and good practices to mitigate the impact of the pandemic. These included economic stimulus measures to preserve citizens' livelihoods, support for businesses and strengthening their economic resilience; income support programmes; employment preservation programmes; free vaccinations for all residents, regardless of background or migration status; special vaccination measures to reach vulnerable populations; special attention to the most vulnerable groups, such as women and children, older persons and persons with disabilities; measures to improve the protection of health workers; measures to enhance the social protection of internally displaced persons; measures to prevent the spread of COVID-19 in prisons; measures to ensure the continuity of HIV services and anti-tuberculosis measures; solidarity programmes for the most vulnerable populations in order to mitigate the effect of the crisis on their income; projects for the local production of COVID-19 vaccines; investments in health infrastructure and medical professions; education support programmes;

strengthened income security programmes; and national recovery and development plans. Many speakers also spoke of plans, initiatives and actions they intended to implement to revive economic activity slowed by the pandemic.

48. Representatives of delegations supported a global response to COVID-19 and measures to make vaccines available to other countries, including vaccine exports, financial and vaccine contributions to COVAX, regional arrangements, and commitments to supply vaccine doses into 2022. They also described their assistance to partner countries to address the economic and social consequences of the pandemic, deliver essential services, boost economic activity, and help countries to “build back better”.

49. Speakers asked a wide range of questions to the panellists, such as on how the Human Rights Council might address the issue of vaccine inequity; what positive solutions the global community and individual States might adopt to ensure an inclusive and multidimensional response to the pandemic and its consequences; how a rule-of-law-based approach to pandemic recovery might serve as a path to security, justice and equality; and how to prepare and respond to future crises as a result of lessons learned from the pandemic. The panellists were unfortunately unable to respond to all of these questions owing to a lack of time.

## **D. Responses by the panellists**

50. The panel moderator, Gunilla von Hall, opened the final segment of the discussion by asking each panellist for his or her response to the question of how to transform into concrete change the many expressions of concern about vaccine equity, increasing economic inequalities, and the effect of the growing digital divide on the right to education.

51. Gordon Brown commented on the high degree of eloquence and passion with which all speakers, representing people from every continent, had spoken. He then emphasized two points: first, that vaccine inequality was the most blatant example of the divide between rich and poor, between the global North and South, and that something had to be done about the problem; and second, that it was only possible to build back better if vaccination programmes stopped the spread of COVID-19. Moreover, a plan agreed upon on a month-by-month basis was needed to deliver vaccines to countries that needed them most. Mr. Brown suggested that unused vaccines in the West should be airlifted to Africa and low-income countries as quickly as possible. Countries possessing a sufficient number of vaccines should transfer delivery contracts to COVAX. If taken, such steps would help to accelerate the process of distributing vaccines more equitably, thus enabling 70 per cent of the world’s population to be vaccinated by May 2022. Mr. Brown saw this target as a starting point for recovery in every part of the world. He encouraged everyone participating in the meeting to press Governments, and especially G7 leaders, to make sure that vaccines were redistributed as quickly and equitably as possible.

52. The moderator asked the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Ms. Mofokeng, for her views on what could be done to bridge the digital divide. In the Special Rapporteur’s view, it was a tragedy for certain countries that had suffered so many lost lives to have to beg for access to vaccines when others were hoarding or discarding them. She emphasized the importance of ensuring that primary health-care systems were prepared to administer vaccines. She also stressed the need to support the mental and physical health of health-care workers, which was essential for the delivery of quality health services and care. She appealed for transparency regarding the vaccine contracts that certain States had entered into with pharmaceutical companies to ensure accountability and vaccine equality. Everyone who needed and wanted a vaccine should be able to obtain one. Financial, scientific and logistical support ought to be given immediately to developing countries to ensure regional strength and vaccine coverage for all.

53. The Executive Director of the Global Initiative for Economic, Social and Cultural Rights, Ms. Sepúlveda, was asked what role the Human Rights Council could play in ensuring the realization of the opportunities she had identified. She responded that, with the accumulation of fiscal deficits and debt during the pandemic and related socioeconomic crises, Governments were now under pressure to adopt austerity measures. The Council had

a role to play in dissuading those who might be tempted to impose ill-founded austerity measures and in addressing the issue of illicit financial flows and tax avoidance, both of which involved human rights issues requiring a single as much as a multi-State approach. She also emphasized the importance that States honour a commitment to reach their ODA target of 0.7 per cent.

54. Ms. Sepúlveda felt that it was time for the Human Rights Council to follow guidance from the special procedures and the human rights treaty bodies regarding the importance of countries providing public services that contributed to citizens' rights to health, education, water and sanitation, all of which were critical for the full enjoyment of economic, social and cultural rights. Countries should also heed the lessons learned during the pandemic regarding the dangers of commercializing certain public services, which should be provided at all times whatever the cost. The Council should hold Governments accountable for their commitments within the framework of economic, social and cultural rights, including the provision of adequate funding for necessary public services, which were the building blocks of more just and gender-equal societies.

55. The moderator asked each panellist whether the day's discussions had given them any hope for change. According to Gordon Brown, it had demonstrated that the world was unanimously convinced that something had to be done urgently. This gave him hope insofar as he saw no dissension with respect to this huge task, and he hoped that the message emerging for policymakers was that the world was united in its desire to have as many people as possible vaccinated as soon as possible. The Special Rapporteur emphasized that human rights should serve as the backbone for any COVID-19 response. Ms. Sepúlveda noted the unanimous call for measures to combat vaccine nationalism and the inequalities and human rights consequences of the pandemic.

### **III. Conclusions and recommendations**

56. Participants in the discussion generally recognized that the meeting had been both important and timely. They agreed that inequality had reached crisis proportions throughout the world, and that the unprecedented scale and magnitude of the COVID-19 pandemic had had an impact on a broad range of human rights, in particular economic and social rights and the right to development. This was primarily due to inequalities in access to vaccines, which affected development and the enjoyment of human rights throughout the world, with potentially massive and long-lasting consequences. Urgent action was needed to address inequality in access to COVID-19 vaccines and to other tools required to combat and recover from the pandemic. A commitment to leaving no one behind should be honoured and all forms of inequality addressed.

57. The pandemic had exacerbated pre-existing problems and created new ones owing to structural and socioeconomic inequalities within and among countries. While viruses did not discriminate among people and countries, it was the poorest and most vulnerable populations that were disproportionately harmed by them.

58. Access to effective vaccines and other medicines was necessary to protect and prolong human life. The right to life is a basic human right that in many cases was not protected insofar as certain States had failed to ensure equal access to COVID-19 vaccines.

59. To maintain progress towards achieving the Sustainable Development Goals, the recovery of developing countries from the socioeconomic impact of the pandemic required strong international support.

60. Global recovery should be informed by a human rights-based approach.

61. The Secretary-General's Call to Action for Human Rights and Common Agenda (see A/75/982) included integral elements of multilateral cooperation needed to address the consequences of the pandemic.

**A. Access to vaccines**

62. States should prioritize health-care systems in their domestic policies and ensure that they are adequately resourced. Furthermore, they should take additional legal and policy measures to ensure their citizens have access to adequate medical supplies, in terms of both quality and quantity.

63. States should transfer technologies as well as production and distribution rights to other States capable of producing and distributing state-of-the-art vaccinations in order to ensure global vaccination coverage. Under the TRIPS Agreement, States should consider the introduction of a temporary waiver on intellectual property rights related to COVID-19 vaccines and other treatments during periods of pandemic, in keeping with the responsibility of members of WTO to respect the right to health and, in particular, to promote access to medicines for all.

**B. Intersectional approach**

64. Participants concluded that a holistic, gender-responsive and intersectional approach was essential for States to protect and fulfil their human rights obligations, including by providing access to essential health-care services and gainful employment. States should ensure decent pay and working conditions for health-care workers and support their mental and physical health, for they play a key role in combating COVID-19 and delivering health care for all.

65. The pandemic has highlighted the relationship between the health and economic well-being of citizens in all countries. Combined with the crisis of climate change, such interlinkages necessitate the fulfilment of human rights obligations that include international cooperation, economic relief measures, fiscal stimulus and social protection packages to mitigate the social and economic impact of the pandemic.

66. States should integrate human rights into their policies and other measures to respond to and recovery from the pandemic. Safeguards should be incorporated to ensure that any limits imposed on citizens remain reasonable, time-bound and proportional. States should always aim to protect people against discrimination, avoid imposing broad restrictions on personal liberty or freedom of movement, and ensure privacy and data protection, while respecting the rights to freedom of expression and information, and of peaceful assembly and association. They should advance everyone's right to participate fully in public affairs, particularly that of women, and to expand civic space in ways that build the resilience of communities and leave no one behind.

**C. Economic and fiscal policy**

67. Progressive taxation and robust measures to stop tax evasion or avoidance are required to finance public services, social protection and health-care systems. The Human Rights Council should continue to address illicit financial flows and tax-avoidance as human rights issues requiring robust measures that States should adopt.

68. Human rights-based transformative policies should be adopted so as to redress inequalities at the national level and to address imbalances of power that relate to the realization of human rights.

69. A human rights-based approach to economic recovery plans requires meaningful consultation with civil society and that enterprises conduct their business activities on the basis of the Guiding Principles on Business and Human Rights.

**D. International cooperation and solidarity**

70. The mobilization of international development finance resources and meaningful and early debt relief should be part of a global human rights-centred approach. The most effective approach should involve collective action, the dissemination of scientific research and technology transfer, with greater participation of marginalized and

vulnerable groups and women in the planning and decision-making phases of the pandemic, and during the recovery period in its aftermath.

#### **E. Role of the Human Rights Council**

71. The Human Rights Council and other United Nations human rights mechanisms should support Member States to achieve policy coherence and consistence in the realization of all human rights obligations. In addition, Governments should apply their pre-existing legal obligation to “maximum available resources” to improving the quality and coverage of public services.

72. The Human Rights Council should emphasize the importance of States meeting and honouring their commitment to reaching the ODA target of 0.7 per cent and climate finance. The recycling and channelling of a share of allocated special drawing rights from advanced countries to emerging and developing countries, where they are needed, would be vital to ensuring rapid global economic recovery.

#### **F. Role of the Office of the High Commissioner**

73. OHCHR should support the capacity of Member States to adopt best practices and work with them to ensure that all economic recovery measures taken are people-centred, strengthen rights and adhere to the principle of maximum available resources.

74. OHCHR should prioritize the sharing of best practices in education as essential to bridging the digital divide.

75. OHCHR should support Member States to integrate human rights, including the right to development, into their responses to and recovery from the pandemic, urging them to create more comprehensive social protection systems.

76. OHCHR should promote a human rights-enhancing economy and business model, and within the framework of its technical cooperation with States raise awareness of how certain economic activities strengthen or undermine human rights.

77. OHCHR should foster the establishment of partnerships between United Nations entities and States at the national, regional and global levels to assist them in addressing all forms of inequalities and to measure their progress in this important area.

78. OHCHR should support and work closely with pharmaceutical companies and other firms engaged in the development, production and distribution of COVID-19 vaccines to ensure that they fully meet their obligation to respect and protect human rights in accordance with the Guiding Principles on Business and Human Rights. Such an approach should include exercising human rights due diligence in all activities and business relationships relating to vaccine development, production and distribution, as well as taking effective action to prevent, mitigate and address any adverse impact on human rights.

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