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

Response and recovery plans and policies on the coronavirus disease (COVID-19) pandemic from the perspective of the right to development at the national level

**Report of the Special Rapporteur on the right to development,
Saad Alfarargi**

Summary

In the present report, submitted to the Human Rights Council pursuant to Council resolutions 33/14 and 42/23, the Special Rapporteur on the right to development, Saad Alfarargi, examines response to and recovery from the coronavirus disease (COVID-19) pandemic from the perspective of the right to development at the national level, highlights good practices and reviews challenges in ensuring the meaningful participation of rights holders. The Special Rapporteur concludes the report with recommendations on integrating the right to development into such plans.



I. Activities of the Special Rapporteur

1. The present report, submitted to the Human Rights Council pursuant to Council resolutions 33/14 and 42/23, outlines the activities undertaken by the Special Rapporteur on the right to development since September 2021.¹
2. In October 2021, the Special Rapporteur presented a thematic report to the General Assembly,² in which he examined the relationship between the right to development and climate change from an international perspective. In the report, he noted the challenges that developing countries continue to face due to limited participation, access to information, accountability and remedies, funding and technology. In his view there must be a just transition away from a carbon-based economy towards one that is based on sustainable development, the protection of human rights and the principle that no one will be left behind. This future can only be achieved by understanding the Paris Agreement in the context of the right to development and equity between the global North and South, in which the global North assists the global South in building a climate-resilient economy. Such an economy will require significant funding for developing countries so that they can adapt to climate change and become equal partners in mitigating greenhouse gas emissions. In his report, the Special Rapporteur also provided practical recommendations geared to meeting climate change challenges in four key areas: international cooperation; participation and access to information; accountability and remedies; and financial obligations for assistance to address climate change.
3. In October 2021, the Special Rapporteur also issued a policy brief on climate action and the right to development,³ presenting a summary of his recommendations and encouraging all countries participating in the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention on Climate in Glasgow, United Kingdom of Great Britain and Northern Ireland, from 31 October to 12 November 2021, to integrate those recommendations into their decision-making.
4. On 14 October 2021, the Special Rapporteur, together with five other mandate holders, sent a total of 44 letters to member States of the Group of Seven and the Group of 20, the European Union and the World Trade Organization, including to representatives of pharmaceutical companies that were either already producing or were preparing to produce coronavirus disease (COVID-19) vaccines and to their home States. The letters called for urgent collective action to achieve equal and universal access to COVID-19 vaccines.
5. On 3 November 2021, the Special Rapporteur participated in the fourth session of the Expert Mechanism on the Right to Development.
6. On 4 December 2021, the Special Rapporteur issued a public statement on the occasion of the thirty-fifth anniversary of the adoption of the Declaration on the Right to Development, joined by 27 members of the Expert Mechanism on the Right to Development and special procedures mandate holders, calling for rapid implementation of the commitments made by countries at the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention.
7. In its resolutions 33/14 establishing and 42/23 extending the mandate of the Special Rapporteur, the Human Rights Council requested that he contribute to and provide his views on the work of the Working Group on the Right to Development. The Special Rapporteur held interactive dialogues with the members of the Working Group during its twenty-second session, on 22 November 2021, and its twenty-third session, on 16 May 2022, providing an update on his planned work and engaging in a discussion regarding the implementation of the right to development. In the course of those dialogues, he also stressed the challenges and opportunities faced by the Working Group during the negotiations on the draft legally binding

¹ See “United Nations Special Rapporteur on the right to development: an introduction to the mandate”(https://www.ohchr.org/sites/default/files/SRRRightDevelopment_IntroductiontoMandate.pdf).

² A/76/154.

³ See https://www.ohchr.org/sites/default/files/2021-12/Policy_Brief_RTD_Climate_Action.pdf.

instrument on the right to development, encouraged Member States to engage in constructive dialogue and noted the numerous positive aspects of the draft.

8. The Special Rapporteur participated in several online events related to the right to development, notably in two informal discussions organized by the Movement of Non-Aligned Countries in October 2021 and April 2022. He also participated in the first Global Citizens' Assembly, held in October 2021 on the occasion of the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, and in a conference organized by the National Human Rights Commission of Mexico in December 2021 on the challenges to and prospects of the human right to development. In April 2022, the Special Rapporteur delivered a statement to the World Bank-International Monetary Fund (IMF) Civil Society Policy Forum at a session devoted to the IMF gender strategy; participated in an online side event of the Economic and Social Council Forum on Financing for Development Follow-up, entitled "Filling the private finance regulatory gap: moving beyond the de-risking State"; and took part in the meeting on the human right to science, organized within the framework of the Geneva Human Rights Dialogues organized by the United Nations Educational, Scientific and Cultural Organization (UNESCO).

9. In July 2022, the Special Rapporteur will participate in the high-level political forum on sustainable development, the United Nations central platform for follow-up and review of the implementation of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.

II. COVID-19 response and recovery plans and policies and the right to development

A. Introduction

10. Under his mandate, the Special Rapporteur is responsible for the promotion, protection and fulfilment of the right to development in the context of the implementation of the 2030 Agenda and other internationally agreed outcomes, including the Sendai Framework for Disaster Risk Reduction 2015–2030, the Addis Ababa Action Agenda of the Third International Conference on Financing for Development and the Paris Agreement, and to engage with Member States and other stakeholders to that end. In 2020, the General Assembly, in its resolution 75/182, invited the Special Rapporteur, together with the Chair-Rapporteur of the Working Group on the Right to Development, to present a report on efforts undertaken at the national, regional and international levels in the promotion and realization of the right to development, taking into account the context of the response to and the recovery from the COVID-19 pandemic. In implementing his mandate, the Special Rapporteur examines herein the compliance of a variety of COVID-19 recovery plans and policies from different parts of the world with the right to development.

11. In the present report, the Special Rapporteur expands on the guidelines and recommendations on the practical implementation of the right to development that he presented to the Human Rights Council in September 2019.⁴ Those guidelines emerged from worldwide consultations conducted in 2018 and 2019, as mandated by the Council in its resolution 36/9.⁵ The consultations brought together diverse participants, who identified good practices in designing, implementing, monitoring and assessing policies and programmes that contribute to the realization of the right to development. The Special Rapporteur has also continued to review the challenges that stakeholders face and to make practical recommendations on ways to integrate a right to development-based perspective into COVID-19 recovery plans and policies.

⁴ A/HRC/42/38.

⁵ See also www.ohchr.org/EN/Issues/Development/SRDevelopment/Pages/RegionalConsultation.aspx.

B. Policy and normative background

12. Article 1 of the Declaration on the Right to Development⁶ states that “The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to and enjoy economic, social, cultural and political development”. The Declaration also outlines principles that should guide policy decisions related to COVID-19 response and recovery, including that: (a) States have the right and the duty to formulate appropriate national development policies that aim at the constant improvement of the well-being of the entire population and of all individuals, on the basis of their active, free and meaningful participation in development and in the fair distribution of the benefits resulting therefrom (art. 2 (3)); (b) States should undertake, at the national level, all necessary measures for the realization of the right to development and should ensure, inter alia, equality of opportunity for all in their access to basic resources, education, health services, food, housing, employment and the fair distribution of income (art. 8 (1)); (c) effective measures should be undertaken to ensure that women have an active role in the development process (art. 8 (1)); (d) States should encourage popular participation in all spheres as an important factor in development and in the full realization of all human rights (art. 8 (2)); and (e) steps should be taken to ensure the full exercise and progressive enhancement of the right to development, including the formulation, adoption and implementation of policy, legislative and other measures at the national and international levels (art. 10).

13. In its formulation, the 2030 Agenda was guided by the purposes and principles of the Charter of the United Nations, including full respect for international law, grounded in the Universal Declaration of Human Rights and international human rights treaties, and informed by other instruments, notably the Declaration on the Right to Development.⁷ The key principles of the Declaration on the Right to Development were reaffirmed throughout the 2030 Agenda. In its resolution on the 2021 review of the implementation of General Assembly resolutions 67/290 on the format and organizational aspects of the high-level political forum on sustainable development and 70/299 on the follow-up and review of the 2030 Agenda at the global level, the General Assembly reaffirmed that the 2030 Agenda is informed by the Declaration on the Right to Development.⁸

14. The Special Rapporteur is convinced that none of the above targets can be effectively achieved without the informed and active participation of all concerned individuals, including women and girls, in all processes and at all levels of decision-making with regard to the evaluation, planning, monitoring and implementation of COVID-19 recovery plans and policies.

C. Integrating the right to development into COVID-19 response and recovery plans and policies: practical examples

15. To collect information about the extent to which rights holders have been placed at the centre of decision-making processes for COVID-19 response and recovery plans and policies, the Special Rapporteur issued a call for submissions from Member States and from relevant international organizations, civil society organizations, non-governmental organizations (NGOs) and think tanks, as well as from practitioners and academics.⁹

16. A number of countries provided practical examples of ways in which they have integrated the right to development into national COVID-19 response and recovery plans and policies.¹⁰ Several civil society actors also provided examples of COVID-19 recovery plans

⁶ General Assembly resolution 41/128.

⁷ General Assembly resolution 70/1, para. 10.

⁸ General Assembly resolution 75/290 B, sixth preambular para.

⁹ See <https://www.ohchr.org/en/calls-for-input/calls-input/call-inputs-special-rapporteur-right-development-covid-recovery-plans>.

¹⁰ Submissions are available at <https://www.ohchr.org/en/special-procedures/sr-development>. The following countries provided information regarding their COVID-19 response and recovery plans and

and policies that comprise inclusive and participatory practices, including from a gender perspective.¹¹ The Special Rapporteur recognizes that, as a result of the COVID-19 pandemic, many stakeholders have had to redirect their resources, and he is therefore grateful to all those who devoted their time and efforts to providing contributions for the present report, thus allowing him to present examples that may be adapted and used in particular national circumstances.

17. In its submission, the Government of Mauritius reported that, in the light of the pandemic, it has adopted and amended several pieces of legislation since 2020. Consecutive acts were adopted to regulate movement of persons, impose quarantines and the mandatory wearing of face masks in the interest of public health. Other measures, including curfews and the closing of businesses were imposed to limit the spread of the pandemic. Public sector organizations, including ministries and government departments, public enterprises and statutory bodies providing essential services to the public continued to operate.

18. A COVID-19 solidarity fund was set up under the finance and audit act to provide support to the population and the community at large affected by the COVID-19 pandemic. The Government invited the private sector and the public to contribute to the fund. A COVID-19 projects development fund was also created as a special fund under the finance and audit act for the financing of certain projects in the context of the implementation of an investment programme, with a view to ameliorating the negative impact of the COVID-19 pandemic on the economy. The prices of certain commonly used foods and non-food items, including onions, potatoes, canned fish, cooking oil, infant formula and adult diapers, were fixed by regulations. The value added tax on hand sanitizers and protective masks was eliminated as at 24 March 2020. In March, a Government wage assistance scheme was introduced as a subsidy for employers in order to ensure that all employees receive salaries for a certain period. In addition, a self-employed assistance scheme was introduced on 31 March 2020 to assist self-employed persons who have suffered a loss of revenue as a consequence of the lockdowns.

19. In 2021, the consumer protection (price and supplies control) act was amended to provide a levy on petroleum products to finance the cost of COVID-19 vaccinations. The finance and audit act was amended to provide budgeting for a COVID-19 solidarity fund and a national COVID-19 vaccination programme fund. The income tax act was amended to provide for tax relief for individuals who have contributed to the COVID-19 solidarity fund in the income tax year ending 30 June 2021.

20. Mauritius has been implementing its national vaccination campaign against the COVID-19 disease since 26 January 2021 and has also embarked on temporary measures, such as the free distribution of food packs and facemasks to all households living in absolute poverty, as well as to other marginalized families.

21. The farming population and other business operators in the agricultural sector have been given access to their plantations to harvest their produce for sale to the population. In the 2020–2021 budget, the Government announced the development of a national agri-food development programme that aims to reduce dependence on imports. Key measures include: establishment of a price-guarantee mechanism for producers to ensure a sustainable flow of income; increase in the subsidy for the purchase of seeds for some essential crops; provision of loans at concessional rates to distressed companies affected directly by the COVID-19 pandemic; increase in regional storage facilities to improve the shelf life of some seasonal

policies: Burundi (19 April and 25 May 2022); Costa Rica (28 March 2022); Iraq (1 April 2022); Kenya (29 March 2022); Malaysia (22 April 2022); Mauritius (28 March 2022); Mexico (28 March 2022); Philippines (8 March and 25 May 2022); and Syrian Arab Republic (2 March 2022).

¹¹ Submissions received are available at <https://www.ohchr.org/en/special-procedures/sr-development>. The following civil society organizations provided submissions in response to the call issued by the Special Rapporteur: Asia Pacific Forum on Women, Law and Development (4 March 2022); Center for Economic and Social Rights (1 March 2022); Civil Society, and Media Studies Association (28 February 2022); Coalition for Human Rights in Development (1 March 2022); European Network on Debt and Development (1 March 2022); International Accountability Project (1 March 2022); Equal Rights Trust (28 February 2022).

crops; and the waiving of insurance payments by sugar planters for the 2020 crop. A centralized land bank was set up to supply land for agricultural production among others.

22. The Government has also introduced a self-employed assistance scheme, through the Mauritius Revenue Authority, to assist self-employed persons who have suffered loss of revenue as a consequence of the lockdowns in the fight against COVID-19. A wage assistance scheme for employers affected by COVID-19 has been established to allow them to apply for financial support, with a view to ensuring that all their employees are paid.

23. Small and medium-sized enterprises that have been negatively impacted by the pandemic are eligible for several support schemes, including an interest-free loan scheme. Employers have been allowed to shorten workdays and to use other cost-saving measures, with the approval of the Ministry of Labour. To minimize physical contact and protect employees, the Government provides full support for the promotion of work-from-home and flexitime arrangements.

24. Since the tourism industry is crucial for the domestic economy, a number of measures were taken to support it, including: the exemption of the tourism licencing fee for a period of two years; waiving payment of rent by hotels leasing State lands for 1 year; increasing the rebate for the renovation and restructuring of hotels to 100 per cent until 2022; and promotional campaigns.

25. The above measures, together with a significant revenue shortfall in the wake of the COVID-19 pandemic, have created a large fiscal gap. To finance the gap, an exceptional one-off contribution was made by the Bank of Mauritius to the Government in the 2020/21 budget in order to enable implementation of the above-mentioned measures and also to have some fiscal space for the 2021/22 budget. An economic recovery programme has been initiated, comprising a package of measures aimed at boosting growth of the gross domestic product (GDP), protecting jobs and creating new ones, reducing dependence on imports and improving the well-being of the population. The programme includes a national training and re-skilling scheme, implemented by the Human Resource Development Council in collaboration with stakeholders from both the public and private sector; and an employment support scheme for small and medium-sized enterprises, with a view to making 11,000 jobs available for unemployed jobseekers for a period of 6 months.

26. In order to engage in constructive and meaningful dialogue, various sensitization programmes and meetings were held with various stakeholders. The high-level committee on COVID-19 issues, chaired by the Prime Minister, includes representatives of the private sector. Public and private sector meetings have been held to work on a strategy to reboot the economy, in particular the tourism industry.

27. In its submission, the Government of Kenya provided the example of its COVID-19 social economic re-engineering recovery strategy 2020–2021/2022–2023, which highlights some of the steps that county governments are taking to ensure faster recovery and growth of various sectors and ultimately mitigate the effects of COVID-19 on the economy. The private sector is dominated by micro-enterprises (89.2 per cent) and small farm holders (99.0 per cent), the majority of whom were adversely affected by the pandemic. To assist them, county governments are planning a variety of measures, including: enhancing access to affordable credit for micro- and small enterprises; promoting tailor-made financial literacy programmes; and establishing frameworks for micro-leasing. Other related measures include: developing worksites with workshops, common user facilities, incubation centres and showrooms for artisans, providing machines and safety gear; providing connectivity to roads, electricity, water and drainage; enhancing security to reduce crime; completing the county connectivity project to the common core network; enhancing connectivity of businesses to information technology by extending the national optic fibre backbone infrastructure in trade centres, public buildings and public spaces to boost e-commerce; enhancing household access to reliable, stable and affordable Internet connectivity; and promoting household access to and use of information technology by providing devices such as affordable smartphones.

28. It is envisaged that universal health coverage will be further extended through the strategy in order to collectively finance health services for all, including uninsured workers and their families. Moreover, the strategy is intended to: promote investment in community

and public health and in technical education, training and skills development to create more employment opportunities; establish a funding pool to finance seasonal public works or employment guarantee schemes; promote safety in the workplace, as well as the enforcement of guidelines to reduce the exposure of all workers, including informal workers, to the virus.

29. The Government further plans to: review and modernize the public health act; reform various laws on agriculture to streamline operations between the national Government and county governments; enact appropriate legal and regulatory frameworks to regulate and control the protection of data and the status of individuals who are confirmed, suspected or recovered cases of COVID-19 and other future public health outbreaks; review the employment act of 2007 to protect people who have contracted, or are suspected of having contracted, COVID-19 from discrimination, harassment, unlawful disclosure of their status, stigmatization, reprisals or termination of employment due to fear of COVID-19, other infectious diseases or on grounds of their health status.

30. In its submission, the Government of the Syrian Arab Republic presented its national development strategy for 2030, which was developed in consultation with civil society organizations, local communities and stakeholders. The Government stated that in developing action plans, a comprehensive national alliance is formed consisting of government agencies, national trade unions, NGOs that provide services at the national and local levels and local communities. Mechanisms for the participation of rights holders in the process of evaluating the results of the implementation of national recovery plans are put in place through: announcing the government interventions to the public through the national alliance; using electronic platforms and social media to communicate with service providers and recipients and to spread awareness; and evaluation of the implementation of Government plans by committees in the people's assembly.

31. The focus in the COVID-19 recovery plans is on accelerating the pace of recovery efforts in response to the social and economic impact of the pandemic, in conjunction with the implementation of health-care interventions. Among the most important achievements in terms of recovery plans, based on national development priorities during 2021–2022, the Government of the Syrian Arab Republic listed: building stronger and more flexible health-care systems; strengthening the epidemiological surveillance system for early detection of infections; training health personnel working in surveillance; strengthening the capacity of laboratories to conduct COVID-19 tests; updating and disseminating infection prevention and control standards, including training on the standards; establishing, strengthening and maintaining isolation centres in health institutions; updating treatment manuals for cases; and managing intensive care units. Other measures include social welfare centres that provide services to disadvantaged groups (persons with disabilities, the elderly, juveniles and the homeless), including supplies and equipment for COVID-19 prevention, and strengthening risk communication procedures and community participation to raise community awareness of the importance of adopting disease prevention measures, including taking vaccinations.

32. The national strategy also includes a variety of measures aimed at closing gaps in achieving the Sustainable Development Goals on social protection and basic services by increasing social coverage in response to the COVID-19 pandemic, redesigning social protection systems to be more responsive to shocks, including climatic shocks, and strengthening social protection systems to respond to the needs of women and men throughout their life cycle. Furthermore, in 2021 the Syrian Government adopted six pieces of legislation on gender equality, including the child rights law, a national strategy on reproductive, maternal, neonatal, child and adolescent health and a strategy to empower young people and adolescents. Work is advancing on the adoption of a law on domestic violence during 2022.

33. Another set of measures provides a macroeconomic response, including: support for the marketing and promotion of Syrian products locally and abroad through participation in exhibitions; providing export incentives or subsidizing shipping costs for domestic products; compensating entrepreneurs for lost income through the issuance of a law on supporting lending operations; and facilitating the establishment of start-up companies and the development of small and medium-sized enterprises. In addition, several programmes were launched to support low-interest loans to produce materials to replace imports for priority sectors. Different ministries led consultation processes with civil society organizations and

the private sector to improve access to services and establish procedures to empower groups most affected by the crisis.

34. To evaluate the success of its programmes, the Syrian Government uses a wide range of rapid assessment tools to obtain data, including through community surveys. The data is disaggregated according to grounds of discrimination prohibited under international human rights law, such as age, gender, status as refugees or displaced persons, health status, socioeconomic status, place of residence and other relevant factors in the national context. The information is incorporated into broader data and monitoring platforms through geospatial data-collection techniques for urban and rural agglomerations and for slums most vulnerable to the effects of COVID-19.

35. In its submission, the Government of Iraq provided information on measures taken through an implementation plan aimed at rapid response and recovery from the effects of the COVID-19 pandemic, placing rights holders at the centre. Members of the academic community with medical and community specializations were consulted on the elaboration of recovery plans. The involvement of civil society organizations was sought for the production of guidelines regarding drugs used for prevention and for sending medical aid.

36. In its submission, the Government of Costa Rica reported that its priority is to guarantee the rights of individuals in all situations that jeopardize their health. Its constitutional precepts include the right to life, welfare, health and social insurance. In compliance with its constitutional mandate, the national social security fund manages a social insurance system. A national emergency was declared by the Government to address the pandemic, and a number of health measures were taken to mitigate the effects of the disease. Two main strategies were put in place: a contingency plan for the COVID-19 health emergency and continuation of services; and a plan for the adaptation and recovery of services in the face of the COVID-19 pandemic. These measures were applied to protect both nationals and foreigners.

37. The Ministry of Health, together with the Costa Rican social security fund, collaborated on the reform of the national health policy to ensure regulation, planning and coordination in all public and private activities, providing protections for the population, patient care and medical supplies. The Government provided information about COVID-19-related risks through multiple channels. A dialogue between the Government and the population was initiated to adopt behaviours based on knowledge, such as protocols to prevent disease progression. Accessibility of information in real time was improved, thanks to the introduction of information systems, notably the single digital health record. Institutions ensured the involvement of civil society, especially in the frontlines of action. The population actively participated in the vaccination campaign and complied with such measures as vehicle restriction, the use of masks and hand washing.

38. In its submission, the Government of Mexico reported that it proposed to transform the development model of past decades into a welfare-oriented model. In relation to the health contingency brought on by the COVID-19 pandemic, health-care policies and programmes have been maintained, the economic sphere has been strengthened through welfare or unemployment assistance and development plans involving the participation of minorities have been introduced in the social-political field. In relation to the latter, the indigenous public policy implemented by the National Institute of Indigenous Peoples recognizes indigenous and Afro-Mexican peoples and communities as active agents in the solution of their problems based on their own forms of organization and cultural particularities.

39. The National Council for the Evaluation of Social Development Policy has highlighted the importance of revising prioritization criteria to ensure that welfare and COVID-19 recovery programmes reach the population in greatest needs. To that end, the Council analysed the total population, priority attention zones, levels of poverty and types of deprivation through an annual public report. Based on the identification of the risks and the effects of the COVID-19 pandemic, and the measures to contain the spread of the virus, a map of gaps on interventions was constructed. For its part, the national population council conducted studies on: the risk of COVID-19 to households with elderly people; internal displacement in indigenous contexts; migration and health; and the potential impacts of the COVID-19 pandemic on sexual and reproductive health. In order to guarantee recovery plans

for indigenous communities, the National Institute of Indigenous Peoples prepared integrated regional development plans that involved representatives of the indigenous peoples in defining agreements and strategic lines. The plans address issues relevant to the collective life of the community and its inhabitants and encourage their participation through various forums, assemblies, participatory workshops and working groups.

40. The Federal Government and local governments made information related to COVID-19, including health issues, economic aspects and legislative measures, available on their public portals. Press conferences and daily reports have also been held. Regarding the indigenous population, the National Institute of Indigenous Peoples issued a guide for the care of indigenous and Afro-Mexican peoples and communities in the health emergency, which was translated into indigenous languages. The indigenous cultural radio broadcasting system of the Institute, which consists of 22 radio stations that broadcast in 35 indigenous languages of the country, in addition to Spanish, disseminate materials on public health issues and the culture of prevention, reaching 16.5 million listeners.

41. Civil society has played a wide-ranging role in the elaboration and implementation of measures to ensure recovery from the COVID-19 pandemic, taking into account the subject matter and the affected population. The Government has worked jointly with stakeholders in the design, implementation and evaluation of policies and programmes, including the participation of the indigenous population. In addition, follow-up and monitoring processes have been carried out to track the implementation of measures.

42. The budgetary programmes implemented by the Federal Government are directly linked to the Sustainable Development Goals set out in the 2030 Agenda. The government strategy focuses on the most affected sectors, using microcredits and credit programmes, which were the main economic measures introduced in the face of the pandemic. The National Institute of Indigenous Peoples has implemented two programmes: the programme for the integral welfare of indigenous peoples; and the programme to support indigenous education.

43. At the time of submission, no impact evaluations had been carried out by the Federal Government. However, through the national Human Rights Commission, there is constant monitoring and surveillance in terms of compliance with human rights, as reflected in its report on actions taken to address the COVID-19 pandemic.

44. Measures such as pension programmes, poverty alleviation and national support for the private sector have ensured that rights holders have a meaningful share in the benefits of recovery plans. In the case of the indigenous population, support from the programme for the integral well-being of indigenous peoples is delivered directly to the beneficiaries. With regard to collective support, resources are transferred directly to indigenous peoples and Afro-Mexican communities through joint savings accounts.

45. A fundamental aspect of the national development plan 2019–2024 is its emphasis on guaranteeing priority attention to the most vulnerable populations, which is why the Government is working to guarantee access to social protection. From 2020 to 2021 the Federal Government increased resources by 5.3 per cent. In addition, the national council for the implementation of the 2030 Agenda, within the framework of its activities and respective attributions, has a mandate to guarantee that the actions of the Federal Government contribute to the fulfillment of the 2030 Agenda, as set out in the national voluntary report of 2021.

46. In its submission, the Government of Malaysia reported that it has always emphasized the inclusivity principle and has used the whole-of-nation approach in its socioeconomic development to ensure that no one is left behind. This is based on the premise that all citizens should benefit from the country's growth and development, particularly during the period after the end of the COVID-19 pandemic. In line with the concept of equality under its shared prosperity vision 2030, nine groups have been identified and given priority in efforts to improve their socioeconomic status and ensure that they are not left behind: poor and economically vulnerable populations; communities in economic transition; indigenous peoples; the Bumiputera in the states of Sabah and Sarawak; persons with disabilities; youth; women; children; and older persons.

47. The ongoing COVID-19 pandemic has exposed Malaysia to significant economic and social impacts. To address the crisis, the Government has implemented special economic recovery packages, including cash transfers, wage subsidies, social protection and insurance programmes to boost growth. The initiatives include: increased financial assistance to eligible recipients, including for older persons; incentive allowances for disabled workers; financial assistance for caretakers of people who are bed-ridden, disabled or chronically ill; and financial assistance for persons with disabilities who are incapable of work.

48. Malaysia has adopted a systematic strategy in response to the COVID-19 economic shock, namely through its national economic recovery strategy, which comprises six phases, known as the “6Rs”: resolve: to contain the virus by imposing the various movement control orders beginning in March 2020; resilience: to build resilience by introducing an economic stimulus package to assist the population and the economy; restart: to restart the economy post-pandemic through short-term planning; recover: to further recover the economy through medium-term planning; revitalize: to revitalize the economy comprehensively; and Reform: to reform the structure of the economy towards the “new normal”, reflecting the country’s level of resilience amid economic shocks due to the global health pandemic.

49. The twelfth national plan of Malaysia 2021–2025 is a major agenda for national recovery aimed at restoring the economic stability of the population and holistically regenerating and reinvigorating national economic growth. It has been formulated on a “bottom-up” approach, in which the voices of all stakeholders have been given due consideration. The Government has established a poverty unit under the economic planning unit in the office of the Prime Minister to coordinate policy matters at the national level, while an implementation coordination unit, also under the office of the Prime Minister, coordinates actions and programmes.

50. There are several ongoing strategies to improve standards of living and increase income levels of the poor and economically vulnerable, with a focus on diversifying sources of income and increasing the income of low-income households. Households receive support for education, training and skills development in order to enhance their capacity and capability through a bottom-up and community-based approach. Focus is placed on high value-added activities by applying best practices and adopting technologies, such as smart farming, online businesses and outsourcing. In addition, efforts will be undertaken to improve access to basic services such as education, health care, housing and social protection. Early childhood care and education will be enhanced by encouraging community-based organizations to provide facilities in areas where such services are lacking.

51. Access to quality health care and primary health facilities in rural and remote areas will be enhanced to provide affordable and better health-care services. The *skim peduli kesihatan* initiative for the poor and economically vulnerable will be strengthened by widening the coverage and increasing awareness among the target group of the benefits of the initiative. Existing housing policies and programmes for this population will be continued. In this regard, a number of affordable housing programmes will continue to be implemented.

52. The national COVID-19 immunization programme, which began on 24 February 2021, will continue in stages through the implementation of a whole-of-government and whole-of-society approach. The public health-care system, which is financed through federal taxation, is a vital part of the social protection floor in Malaysia. It provides access to affordable and equitable health services with good financial risk protection. Regardless of socioeconomic status, services provided by the Government, which encompass care throughout the life cycle, are highly subsidized. Fees are waived for those who cannot afford even the subsidized fees and further assistance, for example through the medical aid fund, is provided. Public health interventions, testing, treatment and vaccination for COVID-19 are provided free of charge through an extensive network of public and private facilities.

53. In its submission, the Government of Burundi reported that it has recognized the seriousness of the situation brought on by the COVID-19 pandemic and has begun work to develop its national contingency plan to respond to the pandemic. In the area of health, rights holders, individuals and communities are involved in participatory planning meetings. Among the measures taken to enable rights holders to access reliable information, there is

ongoing epidemiological surveillance of the evolution of the virus. In the implementation of the communication plan for the population, the dissemination of messages and communication materials related to COVID-19 remains available and accessible to the population. The plan, which has had a significant impact on the population, has been communicated through the use of: radio, posters, prints, social networks and television.

54. The pandemic, which is both an economic and social crisis, has had a negative impact on human rights. The pandemic has most severely affected the hotel and restaurant industry and the socioeconomic services of the informal sector, which also affect social protections. Rights and liberties have been restricted. In this regard, the evaluation of recovery measures is also another way to evaluate human rights. Recovery plans must take into account the benefits of all stakeholders. Any economic and social recovery initiative is only possible with the participation of all segments of the population. In Burundi, the foundations of social protection, notably access to health care and basic income security, have been guaranteed even in times of crisis and there have been no restrictions on those foundations insofar as they were not affected in the response to the pandemic.

55. The Government of Burundi also provided information on its national policy on gender 2003, which includes a number of measures to achieve gender equality, eliminate gender-based violence and harassment and promote women's participation in economic life.

56. In its submission, the Government of the Philippines reported that the formulation and implementation of its COVID-19 response and recovery plans are aligned with the national development plan 2017–2022, the first medium-term plan translating the Government's priorities into policies, strategies and programmes/projects.

57. The inter-agency task force of the technical working group for anticipatory and forward planning launched nationwide surveys in 2020 to assess the economic outcomes of the enhanced community quarantine. The Government considered these inputs in crafting its "We Recover as One" report, which identifies programmes, projects and activities aimed at mitigating the effects of the pandemic on the population, especially on vulnerable groups. The report served as the basis for the updating of the Philippine national development plan 2017–2022.

58. The "prevent, detect, isolate, treat, reintegrate and vaccinate" strategy remains the pillar of the national action plan, which puts people's needs at the centre of Government response. The plan against COVID-19 is currently in phase IV, which focuses on the management of COVID-19 by strengthening the health-care system while safely reopening the economy. The Government is already preparing phase V, which will focus on: accelerating and sustaining social and economic recovery while managing the risk due to COVID-19; improving the resilience of the country against any future occurrence of pandemic; and formulating a pandemic response playbook.

59. The updated Philippine national development plan 2017–2022 and the national action plan also guide the national deployment and vaccination plan for COVID-19 vaccines. When supplies were limited, during the early stages of the vaccine roll-out, the Government ensured national equity by considering risk levels in determining priority areas. During that period, due to higher transmission rates, priority was given to the national capital region. The COVID-19 vaccination programme act of 2021 also established a COVID-19 national vaccine indemnity fund to provide compensation for people who have adverse reactions following immunization, resulting in death or permanent disability.

60. Chapter 5 of the updated Philippine national development plan 2017–2022, on ensuring people-centred, technology-enabled and clean governance, stresses the importance of ensuring public access to transparent and strategic communication on risks. Throughout the pandemic, the Government has maximized the use of digital platforms for informing, consulting, involving, collaborating and empowering citizens.

61. In its response, the Government reported that the national task force against COVID-19 has formed a strategic communications group to harmonize government messaging and to ensure the timely release of verified information across all levels of government. It has designated official spokespersons and partnered with communicators from different sectors

of society to deliver key messages that will increase citizens' awareness and understanding of the government policies and plans.

62. Through the task group on governance under the recovery cluster of the national task force, the Government has expanded the opportunities for the involvement of civil society organizations and citizens in the implementation of the "prevent, detect, isolate, treat, reintegrate, and vaccinate" strategy. To implement the strategy, the Government formulated a framework for partnership and collaboration with civil society organizations and volunteer groups and established a network of volunteer groups. Civil society organizations and other partner groups helped the Government to conduct community-based capacity-building seminars on food sufficiency and livelihood opportunities and to promote campaigns on minimum health standards and government assistance in their respective communities and sectors.

63. The Government also launched a four-pillar socioeconomic strategy against COVID-19, which supports people most affected by the pandemic and addresses its economic impacts. The four pillars include: (a) emergency support for vulnerable groups; (b) expanded medical resources to fight COVID-19, including health insurance coverage for all COVID-19 patients, special risk allowance, hazard pay, and personal protective equipment for frontline health workers and increased testing capacity); (c) monetary actions to keep the economy afloat and other financial support for emergency response and recovery initiatives and (d) an economic recovery programme to create jobs and sustain growth.

64. Chapter 10 of the updated Philippine national development plan 2017–2022 on human capital development towards greater agility enumerates the following strategies to ensure a responsive and resilient health system: guaranteeing access to essential quality and affordable health and nutrition products and services; continuously upgrading and equipping health facilities; improving the status and supply of human resources for health; and improving epidemiological and surveillance capacities.

65. Various government agencies put forward programmes and policies to enhance social protection and public service delivery through financial aid/relief for the vulnerable and affected sectors, including: providing loans for smallholder farmers and fisherfolk affected by calamity and disasters; providing cash assistance to target individual beneficiaries; and a microfinancing programme for loans with an interest rate of not more than 2.5 per cent per month and no collateral requirements.

66. In February 2021, to assist the COVID-19 recovery of its member States, the European Union established the Recovery and Resilience Facility,¹² The facility, which has provided financing for reforms and investments in member States from the beginning of the pandemic in February 2020, will continue operations until 31 December 2026. European Union member States seeking assistance from the facility must submit their national recovery and resilience plans to the European Commission. Each plan sets out the reforms and investments to be implemented by the end of 2026 and member States can receive financing up to a previously agreed allocation. The facility supports plans in six areas: green transition; digital transformation; smart, sustainable and inclusive growth; social and territorial cohesion; building resilience and crisis preparedness; and policies for the next generation, including education and skills. National plans must allocate at least 37 per cent of their budgets to climate and biodiversity and a further 20 per cent to digital measures. The rules prohibit the funding of measures that cause significant harm to the environment (the "do no significant harm" principle).¹³ It is worth noting that in addition to investing in the mandatory areas listed above,¹⁴ as strategic axes of national plans: 18 countries chose investment in strengthening their health-care systems; 8 chose to invest in social welfare systems; 9 chose to developing the labour market and foster employment; 13 chose to invest in education

¹² See https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en.

¹³ See <https://www.europarl.europa.eu/news/en/headlines/economy/20210128STO96608/covid-19-recovery-how-the-main-eu-instrument-will-work>.

¹⁴ See https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#national-recovery-and-resilience-plans.

and/or vocational training; 3 planned to invest in inclusive growth and social inclusion; and only 1 explicitly mentioned reducing inequalities.

D. Impact of the COVID-19 pandemic on the realization of the right to development and challenges within countries

67. The Special Rapporteur welcomes the examples set out above (paras. 15–66), which provide a selection of promising practices that could be used to design and implement COVID-19 recovery plans and policies in line with the right to development.

68. The guidelines and recommendations on the practical implementation of the right to development presented to the Human Rights Council at its forty-second session underscore the centrality of the meaningful participation of rights holders in economic, social, cultural and political development and state that Governments should widen the civic space to allow the democratic and meaningful participation of all stakeholders in multilateral processes.¹⁵ That basic tenet is also applicable to any plan or policy related to the COVID-19 recovery. In that regard, in consultations preceding the preparation of the present report, the Special Rapporteur worked to identify challenges related to the process of elaboration, the content and the process of evaluation of COVID-19 response and recovery plans and policies.

69. The World Bank has recognized, in its *World Development Report 2022*,¹⁶ that the COVID-19 pandemic has triggered the largest global economic crisis in more than a century, leading to a dramatic increase in inequality within and across countries. The economic impacts of the pandemic have been especially severe in emerging economies. The report refers to studies suggesting that more than 50 per cent of households in emerging and advanced economies were not able to sustain basic consumption for more than three months in the face of income losses and that, on average, businesses could cover fewer than 55 days of expenses with cash reserves. The burden was worse for households and firms in emerging economies that were already indebted prior to the crisis. Global poverty is estimated to have increased for the first time in a generation, with disproportionate income losses among disadvantaged populations: in 2020 temporary unemployment was higher in 70 per cent of all countries for workers who had completed only a primary education. Women, in particular, were affected by income and employment losses because they were likelier to be employed in sectors more affected by lockdown and social distancing measures. Among businesses, smaller firms, informal businesses and enterprises with limited access to formal credit suffered bigger income losses. Micro-, small and medium-sized enterprises are overrepresented in the sectors most severely affected by the crisis, such as accommodation and food services, retail and personal services. The report also suggests that the recovery from the crisis will be uneven, with emerging economies and the poor needing much more time to recover pandemic-induced losses in terms of income and livelihoods.¹⁷

70. Examples from the Asia-Pacific region¹⁸ show that the size and composition of fiscal packages allocated in 2020 to respond to the crisis varied significantly. Low-income countries, including Cambodia, the Lao People's Democratic Republic, Myanmar, Nepal, Pakistan, Sri Lanka and Viet Nam, announced fiscal packages of less than 2 per cent of their GDP.¹⁹ Similar trends were noticed in the Pacific islands. Furthermore, countries with smaller financial reserves focused their spending on health-related measures, leaving little fiscal space to provide livelihoods and social protection to communities most adversely affected by the COVID-19 pandemic.

¹⁵ A/HRC/42/38, para. 43. See also <https://www.ohchr.org/en/press-releases/2020/03/covid-19-states-should-not-abuse-emergency-measures-suppress-human-rights-un?LangID=E&NewsID=25722>.

¹⁶ See <https://openknowledge.worldbank.org/bitstream/handle/10986/36883/9781464817304.pdf>.

¹⁷ See, in particular, World Bank, *World Development Report 2022*, chap. 1 (<https://www.worldbank.org/en/publication/wdr2022/brief/chapter-1-introduction-the-economic-impacts-of-the-covid-19-crisis>).

¹⁸ Economic and Social Commission for Asia and the Pacific (ESCAP), COVID-19 monitoring database (<https://www.unescap.org/covid19>).

¹⁹ Ibid.

71. The economic crisis brought upon by the pandemic, combined with the existing debt distress, has significantly reduced the fiscal capacities of Governments worldwide. Domestic fiscal revenues are projected to decline by 2 per cent of GDP in low-income countries in the Asia-Pacific region.²⁰ In this context, Governments are introducing cuts in public sector expenditures and many low-income countries have resorted to taking on increasing levels of debt from private lenders and countries that are not members of the Paris Club.²¹ Such loans have come at a high borrowing cost for developing countries. The Economic and Social Commission for Asia and the Pacific has raised the alarm about the COVID-19 pandemic turning into a protracted debt crisis for developing countries. Debt risk has been rising for a decade, and public debt in emerging markets has surged to levels not seen in 50 years. According to 2020 estimates by the World Bank and IMF, among others, it was expected that repayments by developing countries on their public external debt alone would rise to between \$2.6 trillion and \$3.4 trillion during 2020–2021.²² In terms of GDP, average debt ratios for 2021 were projected to rise by 10 per cent of GDP in emerging market economies, and about 7 per cent of GDP in low-income countries.²³

72. Civil society representatives have provided examples of situations where COVID-19 response measures did not address the needs of certain social groups.²⁴ For example, in some areas child poverty increased and children from socially vulnerable groups who were able to attend school before the pandemic could not be included in distance education because they lacked the necessary electronic equipment.²⁵ Roma communities have experienced additional problems in terms of employment, access to social assistance, education, housing, health and gender inequalities throughout the pandemic.²⁶

73. The disproportional impact of the pandemic on women has been well documented.²⁷ Civil society organizations have also raised concerns that COVID-19 has brought upon an unprecedented wealth inequality and that women have been disproportionately affected by the pandemic. A marked increase was documented for example in gender-based violence in a number of countries in the Asia-Pacific region during the COVID-19 pandemic. The pandemic also exacerbated pre-existing structural barriers to accessing adequate health care, including sexual and reproductive health care in the area. Large-scale income loss combined with precarious social protection systems paved the way for severe economic hardships, asset losses, food insecurity, hunger and rising poverty, all of which are affecting women indiscriminately.²⁸

74. With regard to women in economic life, according to World Bank research,²⁹ businesses led by women faced larger declines in sales and profits during the pandemic and have been more likely to close down (at least temporarily). Another study³⁰ shows that women-led businesses were disproportionately affected by the pandemic, especially micro-enterprises and businesses in the hospitality industry. According to the International Labour

²⁰ Ibid.

²¹ United Nations Children’s Fund (UNICEF) Office of Research – Innocenti, “COVID-19 and the looming debt crisis”, Innocenti Policy Brief series, Brief 2021-01, Protecting and Transforming Social Spending for Inclusive Recovery, Florence, Italy, 2021 (https://www.unicef-irc.org/publications/pdf/Social-spending-series_COVID-19-and-the-looming-debt-crisis.pdf).

²² ESCAP, “An assessment of fiscal space for COVID-19 response and recovery in Asia-Pacific developing countries”, *MPFD Policy Briefs*, No. 116, Nov. 2020 (https://www.unescap.org/sites/default/d8files/knowledge-products/xPB116_Assessment%20of%20fiscal%20space%20for%20COVID-19%20response%20and%20recovery%20in%20AP%20developing%20countries.pdf).

²³ UNICEF Office of Research – Innocenti, “COVID-19 and the looming debt crisis”.

²⁴ See Civil Society and Media Studies Association, submission of 28 February 2022.

²⁵ Ibid.

²⁶ Ibid.

²⁷ See, inter alia, A/HRC/44/51 and A/HRC/47/38.

²⁸ Asia Pacific Forum on Women, Law and Development, submission of 4 March 2022.

²⁹ See <https://blogs.worldbank.org/voices/covid-19-highlights-unfinished-business-ensuring-equality-women-entrepreneurs>.

³⁰ See <https://blogs.worldbank.org/psd/covid-19-and-women-led-businesses-more-innovation-greater-financial-risk>.

Organization,³¹ women globally now spend 18.9 hours weekly in employment, or 57 per cent of the average number of hours worked by men (33.4 hours), and the gap is larger in low- and middle- income countries. Within informal employment, the number of informal jobs fell by 20 per cent in the second quarter of 2020 compared to 10 per cent for jobs in formal employment. During the same quarter, the number of women in informal employment declined by 24 per cent, compared to a decrease of 18 per cent among men. Furthermore, the pace of the recovery in terms of employment has been slower for women than for men, contributing to a growing gender employment gap globally. A recent study by the Organisation for Economic Co-operation and Development (OECD)³² presents an even more grim picture of the situation of working mothers with school-age or younger children: 61.5 per cent of mothers of children under age 12 say they took on the majority or entirety of the extra care work, while 22.4 per cent of fathers report that they did. Mothers of children under age 12 were the group most likely to lose employment in the first six months of the pandemic across OECD countries. Gender gaps in a household's unpaid care were largest, on average, when the father continued to be employed while the mother was not; however, mothers' participation in paid employment did not significantly reduce inequality in unpaid work.

75. At the same time, according to IMF, even though the scale of fiscal responses to the economic downturn has been large, only a fraction of the responses specifically target gender inequalities. As of 17 March 2021, direct budgetary support for such measures amounted to 9.2 per cent of the 2020 global GDP (revenue and spending measures constituted 16.4 per cent of 2020 GDP for advanced economies; 4.2 per cent for emerging market economies; and 1.7 per cent for low-income developing countries).³³ According to the United Nations Development Programme (UNDP)/United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) COVID-19 Global Gender Response Tracker, the proportion of women on COVID-19 task forces regionally varies from 32 per cent in Europe to only 14 per cent in Asia.³⁴

76. One of the groups affected most disproportionately by the pandemic are persons with disabilities. Numerous factors contribute to this situation: pre-existing health conditions that make them more susceptible to contracting the virus and experiencing more severe symptoms; persons with disabilities who are dependent on support for their daily living often were isolated from caretakers during lockdown measures; those living in institutions were affected highest rates of infections and deaths; access to testing and health-care services was impeded; information about prevention measures and later vaccines was not accessible in formats and contents accessible to all persons with disabilities. The participation of persons with disabilities in economic life and in the labour market was often precarious even before the pandemic. The lockdowns and other measures to limit the spread of the virus and the resulting economic downturn further exacerbated the situation: persons with disabilities lost jobs; since many were employed in the informal sector they had no or limited access to social insurance or other forms of support; and the lack of income affected their ability to cover extra costs and expenditures related to disability (assistive devices and equipment, specific goods and services, etc.) and pushed them more rapidly into poverty. Already less likely to complete education, persons with disabilities were more affected by the closure of educational institutions and were left further behind, due to lack of access to appropriate equipment for distance education, access to school meals and other support programmes. Yet, when reviewing COVID-19 response and recovery plans, there is little evidence that persons with disabilities are included in the discussions and decision-making processes.

³¹ See https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_845642.pdf; see also https://www.ilo.org/employment/Informationresources/covid-19/other/WCMS_828648/lang--en/index.htm.

³² See <https://www.oecd.org/coronavirus/policy-responses/caregiving-in-crisis-gender-inequality-in-paid-and-unpaid-work-during-covid-19-3555d164/>.

³³ See IMF, Special Series on COVID-19, "Gender equality and COVID-19: policies and institutions for mitigating the crisis", 28 July 2021 (<https://www.imf.org/en/Publications/SPROLLS/covid19-special-notes>).

³⁴ See <https://data.undp.org/gendertracker>.

77. The COVID-19 pandemic has also further worsened the situation of older women with disabilities.³⁵ As the pandemic deepens, gender-based violence is increasing exponentially in many societies.³⁶ According to UN-Women,³⁷ because of their general vulnerabilities, older women and women with disabilities experience these unacceptable behaviours to a greater degree. Among women who died from COVID-19, 87 per cent were aged 60 years and over.³⁸

78. The impact of the pandemic on indigenous peoples and minorities raises a number of further concerns. The pandemic poses a grave health threat to indigenous peoples and minority communities, which is exacerbated by already existing poor access to health care, significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, sanitation and other key prevention measures, in particular clean water, soap and disinfectant. Even when indigenous peoples and minority communities are able to access health-care services, they can face stigma and discrimination. Information about the pandemic and services are frequently not available in the languages of indigenous peoples and minority communities. While there is ample anecdotal information regarding high mortality rates among certain vulnerable groups with underlying health conditions, data on the rate of infection among many minority groups and indigenous peoples is either not available or is not disaggregated by ethnicity. During lockdowns indigenous peoples who already face food insecurity as a result of the loss of their traditional lands and territories, confront even more significant challenges in obtaining an adequate supply of food; the situation of indigenous women, who are often the main providers of food and nutrition to their families, is even more grave.³⁹

III. Conclusions

79. **The Special Rapporteur estimates that COVID-19 response and recovery plans are, ultimately, development plans and that as such they should be in line with the right to development and the commitments Governments made when elaborating the 2030 Agenda for Sustainable Development, most importantly the promise to leave no one behind. To achieve that goal, Governments and decision makers must not resort to measures and policies that may reinforce or exacerbate vulnerabilities that already exist. As elaborated in the guidelines and recommendations on the practical implementation of the right to development,⁴⁰ the implementation of the right to development involves adherence to international human rights standards and principles, including those related to non-discrimination and fundamental freedoms. In addition, fulfilling the right to development must involve empowering persons, both individually and collectively, to decide their own development goals and their preferred methods of reaching them.**

80. **The view that development is solely an economic outcome is incomplete since it is possible for the development priorities of a population to remain unfulfilled despite economic growth. As the Special Rapporteur has noted on several occasions,⁴¹ growth without attendant redistributive policies has been linked to inequality. Response and recovery plans that aim solely to restore the economy while failing to address entrenched inequality patterns will not only be incompatible with the 2030 Agenda and the human rights obligations of States, but will also be ineffective and will fail to ensure**

³⁵ UN-Women, “Meeting basic needs of women and girls with disabilities during COVID-19”, 2020 (<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-Meeting-basic-needs-of-women-and-girls-with-disabilities-during-COVID-19-en.pdf>).

³⁶ See <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>.

³⁷ Ibid.

³⁸ World Health Organization, Coronavirus (COVID-19) Dashboard (<https://covid19.who.int/>).

³⁹ See, for example, <https://www.un.org/development/desa/indigenouspeoples/covid-19.html>; <https://www.euractiv.com/section/coronavirus/opinion/the-roma-are-among-most-threatened-by-covid-19-in-europe/>; and <https://jech.bmj.com/content/75/10/970>.

⁴⁰ A/HRC/42/38.

⁴¹ See, for example, A/HRC/39/51, para. 12, and A/HRC/42/38, para. 8.

that societies and communities achieve the level of resilience allowing them to surmount future health or environmental crises. Development should not be conceived as merely a sequential process whereby economic growth is sought to finance social policies; rather, the right to development conceptualizes development as a holistic process, requiring the input and involvement of diverse stakeholders, including States, international organizations, civil society, academia and the private sector, to achieve sustainable results. Good governance, a just and transparent rule of law and stable institutions that are transparent, responsive and accountable are necessary preconditions.

81. To ensure that the COVID-19 response and recovery policies are in line with the right to development, the Special Rapporteur puts forward the recommendations set out below.

IV. Recommendations

82. Governments and international actors should gather adequate data on the impact of the COVID-19 crisis, disaggregated by race, colour, sex, language, religion, political or other opinion, nationality, social origin, property, birth and disability or other status. Such disaggregated data is needed to accurately assess situations, to make inequalities visible and to identify those who have been left behind. Only through the collection of such data can evidence-based policies that specifically target those most in need be developed. Disaggregated data is also important for the implementation, monitoring and evaluation of response and recovery policies and programmes.

83. Access to information regarding measures and policies put in place to address the COVID-19-related crisis has to be ensured for the entirety of the population, including those speaking minority or indigenous languages, persons with disabilities and persons living in remote or rural areas.

84. States should ensure that participatory approaches, reaching all concerned segments of the society, including women and girls, are developed and adequately financed, to ensure that all decisions on recovery measures hit the right target and live up to the commitment to leave no one behind. The cost of civil society participation should be duly budgeted into development planning processes at both policy and programmatic levels.

85. To reduce the gaps in financing the response and recovery plans, tax policies should be revised to increase the fiscal space for low- and middle-income countries by: eliminating tax havens; ending over-reliance on indirect taxes like sales tax and value added tax; and increasing rates of direct taxes on the incomes of high earners and businesses. State budgeting processes should be conducted in a participatory manner, including participatory gender-based budgeting.

86. States should strengthen social protection networks, including by: providing basic universal health care to all; expanding public spending on health; and reviewing health financing policies periodically to ensure that the specific needs of women and girls, as well as different groups in situations of marginalization, such as indigenous people, minority groups and persons with disabilities, are adequately addressed, including, but not limited to, paid sick leave, increased support for child and elderly care, housing and food subsidies.⁴² Such reviews should take place with the effective participation of organizations representing those groups. Women should be recognized as heads of families on an equal basis with men so that they may enjoy the same financial and social benefits, such as cash transfers.⁴³

87. In particular, the Special Rapporteur urges States to design budgets to ensure the systematic involvement of all persons with disabilities through their representative

⁴² See also <https://www.ohchr.org/en/statements/2020/04/statement-un-working-group-discrimination-against-women-and-girlsresponses-covid>.

⁴³ Ibid.

organizations in all decisions that affect their lives, in the context of COVID-19 recovery plans and, more generally, when elaborating preparedness and response plans for future crises. States must guarantee that crisis responses include accessible public health announcements and emergency communication. Specific resources should be allocated to make mainstream services inclusive and accessible, including free testing for all, emergency communications, vaccination programmes, measures to support employment or compensate loss of income and gender-based violence prevention measures. Measures to rekindle the economy should not lead to a deprioritization of investment in accessibility of information, communications technologies, transport and other services.

88. To ensure that plans in policies are indeed based on the development priorities of the communities, States need to ensure that people have access to fact-based information. Governments should define reliable and up-to-date information schemes when response and recovery plans are being designed. Government institutions should devote adequate resources to information sharing and should be mandated to produce and disclose information in a timely fashion. Legal remedies should be provided to ensure that access to information is not denied.

89. States should incorporate human rights and, in particular, equality impact assessments into their public health, economic and social policy measures.

90. States should establish both decision-making and oversight bodies that include: public health experts; multi-party parliamentary representatives; representatives of different levels of government and public administration, including local governments; independent human rights commissions, where they exist; trade unions; civil society organizations, in particular organizations representing women and girls; persons with disabilities; indigenous and minority communities; and other vulnerable segments of society.

91. In the context of COVID-19 response measures, emergency restrictions should be clearly communicated, enacted in a transparent manner, well grounded in law and evidence, necessary to serve a legitimate purpose and proportionate to the threat.

92. Emergency restrictions affecting basic rights, including freedoms of assembly, association or internal movement, should be limited in duration, subject to independent oversight and imposed and extended based only on transparent criteria. Individuals should have the opportunity to seek remedies and compensation for any unnecessary or disproportionate rights violations committed during the emergency restrictions.

93. In the context of recovery plans, the Special Rapporteur reiterates that it is only possible to give effect to the right to development if there are adequate accountability mechanisms and remedies in cases of human rights violations.⁴⁴ In addition to judicial and administrative remedies, States should establish and strengthen institutional grievance mechanisms through which communities and individuals can express their concerns about recovery-related measures and processes. Accountability mechanisms should be made visible and accessible, including to persons speaking minority languages and persons with disabilities.

⁴⁴ [A/HRC/42/38](#), para. 136.