United Nations E/2020/63

Economic and Social Council

Distr.: General
9 June 2021

Original: English

2020 session
25 July 2019–22 July 2020
Agenda item 19 (f)
Social and human rights questions: human rights

Economic, social and cultural rights

Report of the United Nations High Commissioner for Human Rights*

Summary

In the present report, submitted pursuant to General Assembly resolution 48/141, the United Nations High Commissioner for Human Rights examines the impact of the coronavirus disease (COVID-19) crisis on economic, social and cultural rights, focusing in particular on the rights to health and social protection. She identifies early practices in these areas that show promise in protecting the poorest and most marginalized groups and individuals during efforts to overcome the COVID-19 crisis, and outlines rights-based pathways to build forward better through a new social contract.

* Agreement was reached to publish the present report after the standard publication date owing to circumstances beyond the submitter's control.

Please recycle

I. Introduction

1. The coronavirus disease (COVID-19) pandemic[1] is posing an unprecedented threat to societies worldwide and exposing the weaknesses of political and economic systems. Both developing and developed countries have long underinvested in fundamental public services such as health care and social protection, especially following the 2008 economic and financial crisis. This has left them ill-equipped to respond effectively to the current pandemic.[2]

2. The health emergency has triggered an economic and social crisis that is severely affecting individuals, families and communities, especially those least able to cope. In addition to the direct impact of the virus on people's health and lives, the measures necessary to combat the pandemic are having an impact on a wide range of human rights. This in turn is exacerbating underlying factors, such as inequalities and inadequate protection systems. Many people have lost their job, income or livelihood, particularly those working in the informal sector. Others are working in unsafe conditions, as evidenced by the high rate of infection among health personnel.

3. Countries that had invested in quality public services through universal and comprehensive health-care and social protection systems have proven to be more resilient. In the context of the pandemic and beyond, universal social protection systems hold a major comparative advantage over more limited and fragmented systems. In the event of an emergence of a covariant or another future shock, benefits can be bolstered and extended quickly and with relative administrative ease. In a complex, fast-moving and unpredictable crisis such as the COVID-19 pandemic, universal schemes that are inclusive of large categories of the population are preferable to and more practicable than targeted approaches.[3]

4. The present report contains an overview of the impact of the current crisis on economic, social and cultural rights, with particular focus on the rights to health and social protection. It contains a review of promising practices adopted by States in mitigating such impact in the areas of health and social protection and in light of the Secretary-General's call to build back better towards more resilient and inclusive societies through a new social contract.

II. Impact of the COVID-19 crisis on the enjoyment of economic, social and cultural rights

5. According to World Bank projections, the COVID-19 pandemic may have pushed up to 115 million people into extreme poverty in 2020, with the total potentially rising to as many as 150 million people by 2021.[4] The COVID-19 crisis is exerting an enormous and disproportionate negative impact on the most marginalized segments of society. Individuals and households living on the poverty line, especially as a result of marginalization and multiple and intersecting forms of discrimination based on specific factors such as income, location, caste, race, ethnicity, religion, sexual orientation and gender identity are particularly at risk of being pushed back into extreme poverty. These include persons with disabilities, older persons, persons living in informal settlements, members of minority groups, persons

[1] For Office of the United Nations High Commissioner for Human Rights (OHCHR) guidance notes and statements issued by the United Nations High Commissioner for Human Rights on the COVID-19 crisis and its human rights dimensions, see www.ohchr.org/EN/NewsEvents/Pages/COVID-19.aspx.

[2] E/C.12/2020/1, para. 4.

[3] International Labour Organization (ILO), "Towards solid social protection floors? The role of non-contributory provision during the COVID-19 crisis and beyond", Social Protection Spotlight (ILO brief), January 2021. Available at www.ilo.org/secsoc/information-resources/publications-and-tools/Brochures/WCMS_766884/lang--en/index.htm.

[4] World Bank, *Poverty and Shared Prosperity 2020: Reversals of Fortune* (Washington, D.C., 2020), p. 21.

in situations of homelessness, women, migrants, including those working in the informal sector, persons in detention and refugees.

6. Women are suffering disproportionally. They are overrepresented in the health sector and many are on the front lines of the fight against the COVID-19 virus, risking their life and health. They are also represented in higher numbers in the informal sector, where their activities are affected by lockdown measures. Women are shouldering most of the regular and additional unpaid care work imposed on families following the closure of childcare services and schools, and more likely than men to provide care for older persons and the sick. Moreover, gender-based violence, including sexual violence, has dramatically intensified.[5]

7. The pandemic has also exposed deep structural inequalities worldwide, both within and between countries. While the fiscal response as a share of gross domestic product (GDP) in developed economies has reached 15.4 per cent, it has amounted to only 4.1 per cent of GDP in developing economies. The pandemic arrived at a moment when many countries were facing slow growth rates and several middle- and low-income countries were already struggling with unsustainable debt burdens. Even though some efforts, such as the Debt Service Suspension Initiative, have provided relief to low-income countries, middle-income countries have not benefited from some of the major debt service suspension efforts. Furthermore, private creditors, which account for a high proportion of debt in some countries, have not engaged in debt service suspension efforts, limiting the extent of the potential benefits of existing initiatives. The economic consequences of the pandemic, including a collapse of global supply chains, large-scale job losses, capital outflows, severe drops in tax revenues and additional government debt, increase the pressure on countries to adopt austerity budgets moving forward, at a time when their populations are, and will continue to be, in need of support.

8. In July 2020, the Secretary-General called for a new social contract and a global new deal[6] to address these structural deficiencies as part of efforts to recover better together towards a society that creates equal opportunities for all and ensures respect for the rights and freedoms of all. Long-term investment in public health and social protection in accordance with States' obligations to use their maximum available resources for the progressive realization of economic, social and cultural rights is a critical step towards realizing such a social contract. Robust universal public health systems and social protection are critical building blocks for delivering an adequate standard of living for all and to ensure that societies and economies are more resilient to future crises.

A. Right to health

9. Spending on health services was already low globally as a result of the austerity measures implemented by many countries in the wake of the global financial crisis of 2008. Developed countries have been able to substantially increase budgetary allocations for health in response to the pandemic. In developing countries, which face a greater burden of illness generally, the pandemic is reducing the already scarce availability of essential health-care services, goods and supplies, including those for testing and treating COVID-19 infections. Particularly in countries that lag the furthest behind, poor health infrastructure and shortages of trained health personnel and medical equipment and supplies, such as personal protective equipment, diagnostic tools and ventilators, are undermining the enjoyment of the right to health.

[5] World Health Organization (WHO), "COVID-19 and violence against women", April 2020, available at www.who.int/publications/i/item/covid-19-and-violence-against-women; and OHCHR, "COVID-19 and women's rights: guidance", 15 April 2020, available at www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf.

[6] Secretary-General, "Tackling the inequality pandemic: a new social contract for a new era", Nelson Mandela Lecture, 18 July 2020. Available at www.un.org/sg/en/content/sg/statement/2020-07-18/secretary-generals-nelson-mandela-lecture-%E2%80%9Ctackling-the-inequality-pandemic-new-social-contract-for-new-era%E2%80%9D-delivered.

10. Prevention and treatment services for non-communicable diseases have been severely disrupted since the COVID-19 pandemic began.[7] This situation is of significant concern, as people living with such diseases are at higher risk of complications related to COVID-19. The most common reasons for discontinuing or reducing services were cancellations of planned treatments, a decrease in the availability of public transport and a lack of staff, as health workers had been reassigned to support COVID-19 services.

11. Of particular concern are the indirect impacts of the COVID-19 pandemic on women's and girls' sexual and reproductive health and rights, which have been undermined by overloaded health systems, reallocation of resources, shortages of medical supplies, disruptions to global supply chains, the deprioritization of services related to gender-based violence, including sexual violence, and the increase in such violence. This has affected access to maternal and newborn care, safe abortion care, sexual and reproductive health and rights information and education, effective referral pathways, menstrual-health items, contraception, antiretroviral treatment for HIV/AIDS and antibiotics to treat sexually transmitted infections.[8] In response to the COVID-19 situation, in March 2020, the World Health Organization (WHO) issued interim guidance for maintaining essential services during an outbreak, which included advice to prioritize services related to reproductive health and make efforts to avert maternal and child mortality and morbidity.[9]

12. Some governments did not follow the WHO advice and guidelines and suspended sexual and reproductive health services,[10] classifying them as non-essential. Such decisions not only denied women and girls access to time-sensitive and potentially life-saving services, but also further distanced them from already scarce sexual and reproductive health-care services.[11]

13. Owing to disruptions caused by the COVID-19 pandemic in the delivery and uptake of immunization services, there has been an alarming decline around the world in the number of children receiving life-saving vaccines to combat diseases such as measles and polio.[12] These disruptions threaten to reverse hard-won progress made in reaching more children and adolescents with a wider range of vaccines and protecting them from preventable death.

14. The COVID-19 pandemic is inducing a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older persons, care providers and people with underlying health conditions. The main impact observed on mental health is elevated rates of stress or anxiety. However, as new measures are introduced – especially quarantine and lockdowns and their effects on many people's usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour are on the rise. Overloaded health systems make it difficult to access mental health services for people with developing or existing mental health conditions. This is becoming a major concern, along with the mental health and well-being of front-line workers.

15. A tremendous amount of false and unreliable information about the pandemic has been spread relentlessly on social media and other web-based platforms. Because of the scale of the problem, WHO has added a "mythbusters" section to its online COVID-19 advice

[7] WHO, "Rapid assessment of service delivery NCDs during the COVID-19 pandemic", May 2020. Available at www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic.

[8] OHCHR, "COVID-19 and women's rights: guidance", p. 3.

[9] See https://apps.who.int/iris/handle/10665/331561.

[10] United Nations Population Fund (UNFPA), "Impact of COVID-19 on family planning: what we know one year into the pandemic", technical note, March 2021. Available at www.unfpa.org/resources/impact-covid-19-family-planning-what-we-know-one-year-pandemic. See also Kathryn Church, Jennifer Gassner and Megan Elliott, "Reproductive health under COVID-19 – challenges of responding in a global crisis", *Sexual and Reproductive Health Matters*, vol. 28, No. 1 (2020). Available at www.tandfonline.com/doi/full/10.1080/26410397.2020.1773163.

[11] Sophie Cousins, "COVID-19 has 'devastating' effect on women and girls", *The Lancet*, vol. 396, No. 10247 (August 2020). Available at www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext.

[12] United Nations Children's Fund (UNICEF), "Immunization", January 2021. Available at https://data.unicef.org/topic/child-health/immunization/.

pages to refute a staggering array of myths, including claims that drinking potent alcoholic drinks, and exposure to high temperatures or, conversely, cold weather, can kill the virus.[13]

16. On 21 May 2020, the Secretary-General launched Verified,[14] an initiative to create a cadre of digital first responders to increase the volume and reach of trusted and accurate information surrounding the crisis. In the words of the Secretary-General: "We cannot cede our virtual spaces to those who traffic in lies, fear and hate."[15] Access to health information and education is essential to the enjoyment of the right to health. Armed with accurate, timely and accessible information, available in all local languages, members of affected communities are able to make informed decisions about protecting themselves and others. Particularly where their active and meaningful participation in health decision-making is solicited and facilitated, communities are empowered for positive involvement in the health response.

17. Lastly, armed conflict is hampering health systems in many parts of the world, often resulting in overcrowded and underfunded hospitals that lack sufficient resources to treat all those in need. In many countries torn by war, health-care facilities are damaged or used for military purposes, and many health-care workers have been targeted, injured or killed.[16] Health systems already stretched by armed conflict are facing particular challenges in dealing with COVID-19, in terms of responding to the demand, having sufficient medical supplies and equipment, including protective equipment for health-care workers, and being able to quarantine patients and prevent the spread of the virus. On 23 March 2020, the Secretary-General issued a call for a global ceasefire to help create corridors for life-saving aid and to bring relief to places among the most vulnerable to COVID-19.[17] On 26 February 2021, the Security Council unanimously adopted resolution 2565 (2021), in which it called for a general and immediate cessation of hostilities and a humanitarian pause to facilitate COVID-19 vaccinations.

B. Rights to work and to social protection

18. Around the world, owing to limitations placed on freedom of movement in order to curb the spread of COVID-19, many people have lost their job, income or livelihood. Those most affected work in the informal sector and have no access to social protection. The International Labour Organization (ILO) has noted that working hours equivalent to 255 million full-time jobs were lost in the fourth quarter of 2020, as compared to the fourth quarter of 2019.[18]

19. For many, the right to safe working conditions has been neglected, as they are working in dangerous conditions without the equipment necessary to protect them against the virus. The occupational conditions for health personnel frequently fall below those required for their health and safety.[19] The widespread health-worker deficit means that working hours are too long. Health workers suffer from high levels of stress related to the impact of losing patients, family members and colleagues to COVID-19; the fear of infection due to the shortage of protective personal equipment; and separation from family, as many health workers make the decision to self-isolate to protect their loved ones. It is essential that States protect the safety and health of health workers, guarantee reasonable working hours and

[13] See www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters.

[14] See www.shareverified.com/en.

[15] See https://news.un.org/en/story/2020/05/1064622.

[16] See A/68/297.

[17] See www.un.org/press/en/2020/sgsm20018.doc.htm.

[18] "ILO monitor: COVID-19 and the world of work, seventh edition", 25 January 2021. Available at www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_767028.pdf.

[19] WHO, "WHO calls for healthy, safe and decent working conditions for all health workers, amidst COVID-19 pandemic", 28 April 2020. Available at www.who.int/news-room/detail/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic.

sufficient rest periods during the COVID-19 emergency, and provide support, including care services for dependents and psychological care.

20. The crisis has had a differentiated impact on businesses and workers and their families, and in each case, it has deepened existing inequalities. For example, women, who hold 70 per cent of jobs in the health and social care sectors, have endured hardship for being at the front line of the response to the crisis and are overrepresented in the informal sector and in the labour-intensive manufacturing sector, which have been hit particularly hard by the crisis. Moreover, casual and temporary workers and workers in new forms of employment, including those in the gig economy, with already very poor working conditions and safeguards against unemployment, have suffered disproportionately. Young workers, whose employment prospects are more sensitive to fluctuations in demand, found renewed difficulties in accessing the labour market. Older workers, who even in before the pandemic faced difficulties in finding decent work opportunities, are now burdened with additional health risks. Refugees, migrant workers, especially those engaged as domestic workers and those working in construction, manufacturing and agriculture, and the self-employed, particularly those operating in the informal economy, have been disproportionately affected by the crisis.

III. Promising practices in State responses to the COVID-19 crisis

21. In the present section, the High Commissioner reviews some of the measures taken by States in the areas of health and social protection and assesses them against international standards and principles and the Secretary-General's call to build back better and forge a new social contract to dismantle inequalities.

A. Strengthening health systems

22. The right to the highest attainable standard of physical and mental health extends to quality and timely health services and to the underlying determinants of health, such as access to safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy occupational and environmental conditions, access to health-related education and information, and gender equality.[20] The right to health contains freedoms and entitlements such as the right to prevention, treatment and control of diseases, including COVID-19, and access to essential medicines,[21] such as those proven effective in fighting COVID-19. The availability, accessibility, acceptability and good quality of health services, goods and facilities are essential components of the right to health. Today half of the global population lacks access to health services.[22]

23. In response to the COVID-19 pandemic, some States adopted measures aimed at improving the accessibility and availability of health-care information and services. Such measures included promotion of the affordability of COVID-19 testing, medicines and hygiene products[23] and initiatives designed to improve the affordability of health-care services and health insurance. In some cases, Governments have nationalized health-care facilities and strengthened the reach of existing public services to include previously excluded groups, such as migrants and refugees.

Increasing health expenditures

24. Various countries took decisive steps to improve the capacity of health systems to cope with the pandemic by increasing health spending. Algeria adopted a supplementary

[20] E/C.12/2000/4, paras. 11 and 16.

[21] OHCHR and WHO, "The right to health", fact sheet No. 31, June 2008. Available at www.ohchr.org/Documents/Publications/Factsheet31.pdf.

[22] ILO, "Towards solid social protection floors?".

[23] See, for example, the decree issued by Chile entitled "Dispone medidas sanitarias que indica por brote de COVID-19". Available at www.minsal.cl/wp-content/uploads/2020/03/DO_2_1744907.pdf.

finance law intended to mitigate the health and economic impacts of the COVID-19 crisis, which includes allocations of resources for medical supplies, for bonus payments to health workers and for the development of the health sector.[24] Palau allocated an additional 0.3 per cent of its GDP to the Hospital Trust Fund to help with the prevention of and preparation for COVID-19. [25] Uganda diverted resources from its contingency fund to finance the Preparedness and Response Plan initiated by the Ministry of Health.[26]

Access to health information

25. In Africa, Governments are using a range of media platforms, such as radio, television, social media and mobile telephony platforms to disseminate public health information to the widest possible audience. [27] In Ghana, Kenya and Uganda, some telecommunications companies have removed service charges and discounted Internet data prices to enable greater public access to the Internet and to public health information about COVID-19.[28]

Access to testing and medicines

26. Some Governments have established price regulations to ensure that testing, medicines and hygiene products are affordable and to prevent excessive pricing. For example, Chile adopted a decree that established a price cap on COVID-19 tests in private health-care facilities.[29] In Estonia, the Health Board put in place measures to undertake mass testing throughout Estonia, including in nursing homes and other institutions, that is free of charge to the patient, and requires test results to be made available within 48 hours of the test.[30] South Africa implemented a mass testing programme that involved mobile units[31] visiting both rural and urban areas.

Affordability of health-care services

27. Some States have reduced or removed costs associated with health care, such as user fees, co-payments and insurance contributions, which can prevent access by the poorest segments of the population. [32] Hungary has temporarily reduced health insurance contributions to the statutory minimum for those people in sectors affected by quarantine measures. [33] In Belgium, where permanent residents are required to purchase medical insurance from private companies, the Government permitted the self-employed to request a one-year deferral of medical insurance payments.[34] In Bosnia and Herzegovina, Republika

[24] See www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19.

[25] ILO, "COVID-19 and the world of work", Country policy responses, Palau, 2020. Available at www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#PW.

[26] International Monetary Fund, Policy Responses to COVID-19. Available at https://imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19.

[27] Collaboration on International ICT Policy for East and Southern Africa, "Why access to information on COVID-19 is crucial to persons with disabilities in Africa", 14 April 2020. Available at www.apc.org/en/news/cipesa-why-access-information-covid-19-crucial-persons-disabilities-africa.

[28] Ibid.

[29] Decree entitled "Dispone medidas sanitarias que indica por brote de COVID-19".

[30] WHO, European Commission and European Observatory on Health Systems and Policies, COVID-19 Health System Response Monitor, Policy Responses for Estonia, "Transition measures: testing", 12 April 2020. Available at www.covid19healthsystem.org/countries/estonia/livinghit.aspx?Section=1.5%20Testing&Type=Section.

[31] South Africa, "Minister Zweli Mkhize launches mobile laboratories to boost Covid-19 coronavirus testing capacity", 1 April 2020. Available at www.gov.za/speeches/south-africa%E2%80%99s-covid-19-testing-capacity-increased-60-new-mobile-lab-units-launched-1-apr 8.

[32] See more on affordability in A/HRC/47/23.

[33] International Trade Union Conference, "Hungary – updated COVID19 measures (LIGA)", 24 March 2020. Available at www.ituc-csi.org/hungary-udpated-covid19-measures.

[34] WHO, European Commission and European Observatory on Health Systems and Policies, COVID-19 Health System Response Monitor, Cross-Country Analysis, "How are countries removing financial barriers to accessing health services in the context of COVID-19?", 27 April 2020. Available at https://analysis.covid19healthsystem.org/index.php/2020/04/27/how-are-countries-removing-financial-barriers-to-accessing-health-services-in-the-context-of-covid-19/.

Srpska extended the Health Insurance Fund to provide health-care coverage for those who were not insured.[35]

Working conditions of health-care workers

28. Some States are taking steps to ensure the right to fair and safe working conditions in the health sector, including with regard to adequate remuneration and occupational health and safety. Examples of measures taken include the extensive protocols and guidance issued by the United Kingdom of Great Britain and Northern Ireland for health-related workers, including ambulance workers and first responders, on addressing and treating suspected COVID-19 cases.[36] In Argentina, an agreement between the federation of health workers' associations and the Government provided a guarantee that all health-care workers would be eligible for free transport during the pandemic, subsidized by the Government, and those who were in quarantine would continue to earn full salaries.[37]

Maximizing health resources, including private health facilities

29. Some countries have nationalized or temporarily commandeered private health-care facilities in order to increase their capacity to treat COVID-19 patients. In North Macedonia, an emergency regulation has enabled the health insurance fund to contract private facilities with intensive-care unit capacity and ensure that these services are provided without co-payments by patients.[38] Similarly, in Greece, all non-COVID-19 patients directed to private medical health-care facilities in order to alleviate pressure on public hospitals will not be subjected to co-payments.[39] In March 2020, Spain announced a state of emergency and put private health-care infrastructure under State control for the duration of the pandemic.[40]

Extending health coverage to excluded groups

30. Several countries in Europe extended health coverage to migrants, asylum seekers and refugees who previously had to pay user fees. Portugal issued a decree regularizing the migration status of all migrants, asylum seekers and refugees who had applied for residency before mid-March 2020, by granting them temporary residency. Migrants and refugees who were granted this extension of temporary residency were then entitled to free health care.[41] However, migrants, asylum seekers and refugees who did not comply with the requirements for temporary residency remained undocumented and therefore had to pay user fees to access the National Health Service.[42] Belgium went further by allowing undocumented migrants to have free access to health care.[43] Recognizing that the fear of deportation can deter

[35] ILO, COVID-19 and the World of Work, Country Policy Responses, Bosnia and Herzegovina, "Other measures", 2020. Available at www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#BA.

[36] United Kingdom, "COVID-19: guidance for health professionals", 2020. Available at www.gov.uk/government/collections/wuhan-novel-coronavirus.

[37] UNI Global Union, "Argentina battles Covid-19 with trade union support", 2 April 2020. Available at https://uniglobalunion.org/news/argentina-battles-covid-19-trade-union-support.

[38] WHO, European Commission and European Observatory on Health Systems and Policies, COVID-19 Health System Response Monitor, Cross-Country Analysis, "How are countries removing financial barriers to accessing health services in the context of COVID-19?", 27 April 2020. Available at: https://analysis.covid19healthsystem.org/index.php/2020/04/27/how-are-countries-removing-financial-barriers-to-accessing-health-services-in-the-context-of-covid-19/.

[39] WHO, European Commission and European Observatory on Health Systems and Policies, COVID-19 Health System Response Monitor, Greece, "Entitlement and coverage", 28 February 2021. Available at: www.covid19healthsystem.org/countries/greece/countrypage.aspx.

[40] Royal Decree 463/2020, art. 12.

[41] Order No. 3863-B/2020 of 27 March 2020, later expanded by Order No. 10944/202 of 8 November 2020.

[42] Platform for International Cooperation on Undocumented Workers, "Regularising undocumented people in response to the COVID-19 pandemic", 1 July 2020. Available at https://picum.org/regularising-undocumented-people-in-response-to-the-covid-19-pandemic/.

[43] WHO, European Commission and European Observatory on Health Systems and Policies, COVID-19 Health System Response Monitor, Cross-Country Analysis, "How are countries removing financial barriers to accessing health services in the context of COVID-19?".

undocumented migrants from accessing public services, the Republic of Korea exempted medical institutions from their obligation to report to immigration authorities any undocumented migration status of those seeking COVID-19 tests and treatment.[44]

Sexual and reproductive health care and services

31. In some States, pandemic measures have had the effect of curtailing or reducing women's access to sexual and reproductive health services,[45] whereas some countries have taken positive measures to continue those essential services. For example, France, Ireland and parts of the United Kingdom have adopted measures to secure timely access to sexual and reproductive health care, including abortion, during the pandemic, such as legalizing teleconsultations and the use of early medical abortion at home.[46] France, for instance, issued new guidelines on the matter to facilitate timely access to services.[47]

Measures to respond to mental health needs

32. According to recent studies, the pandemic and the measures taken to contain its spread have significantly undermined mental health.[48] While mental health is often neglected in health-care system funding, several States took steps to ensure continued and improved access to mental health care. In Norway, the Department of Health published guidelines targeting managers, unions and employees on how to provide psychosocial support for employees and colleagues during the COVID-19 pandemic.[49]

33. Several other States are considering including mental health in their COVID-19 response plans. In a study of response plans of African States, WHO noted that, while overall mental health received the lowest rate of investment, many States had established counselling helplines and were providing psychological training for health responders.[50]

Investment and international cooperation regarding COVID-19 vaccines, medicines and equipment

34. States have invested financial, human and regulatory resources in finding effective COVID-19 vaccines. Several Governments, including those of Australia, Germany, the United Kingdom and the United States of America, have worked with the private sector to fast track vaccine research, development and approval, and are now rolling out nationwide vaccination programmes. The Government of Germany has invested nearly $1 billion in private companies undertaking COVID-19 vaccine research.[51] The United Kingdom was one of the first States to approve a vaccine, having conducted a rolling review that examined data

[44] Submission of the Republic of Korea to OHCHR. Available at www.ohchr.org/EN/NewsEvents/Pages/CoronaVirusContext.aspx.

[45] Kim Barker and Olga Jurasz, "Women's rights and COVID-19". Available at http://business-school.open.ac.uk/research/news/covid-19/women.

[46] Center for Reproductive Rights, "News in brief on COVID-19 & SRHR in Europe", 2nd ed. (10 April–3 May 2020).

[47] France, "Face à l'épidémie, le Gouvernement se mobilise pour maintenir les droits des femmes en matière d'IVG", 3 April 2020. Available at https://solidarites-sante.gouv.fr/IMG/pdf/200403-_ivg_et_covid-19.pdf.

[48] WHO, "COVID-19 disrupting mental health services in most countries, WHO survey", 5 October 2020. Available at www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey.

[49] WHO, European Commission and European Observatory on Health Systems and Policies, COVID-19 Health System Response Monitor, Policy Responses for Norway, "Workforce", 2020. Available at www.covid19healthsystem.org/countries/norway/livinghit.aspx?Section=2.2%20Workforce&Type=Section.

[50] WHO, "COVID-19 halting crucial mental health services in Africa, WHO survey". Available at www.afro.who.int/news/covid-19-halting-crucial-mental-health-services-africa-who-survey.

[51] Bojan Pancevski, "Germany boosts investment in Covid-19 vaccine research", *The Wall Street Journal*, 15 September 2020. Available at www.wsj.com/articles/germany-boosts-investment-in-covid-19-vaccine-research-11600172209.

from the vaccine trials from October 2020 onwards.[52] Once approval was given, the Government initiated a large vaccination programme that prioritized people according to their vulnerability, with those aged over 80 and those living in care homes being vaccinated first.[53]

35. The vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator (COVAX) could serve to contribute to ensure everyone's right to health. COVAX is a platform that allows States, the private sector and intergovernmental and non-governmental health organizations to collectively support the research, development and manufacturing of a COVID-19 vaccine.[54]

Assessment and lessons learned with regard to strengthening health systems

36. States recognized the importance of investing in health systems. Yet the majority of measures taken to date in response to the pandemic remain short-term emergency measures. The short-term measures could serve as stepping stones towards universal coverage that allows all individuals and communities, including disadvantaged or marginalized groups, to have access to quality health services without causing undue financial hardship.[55] Some countries have not achieved the level of investment they have committed to with regard to health, in part due to policy priorities and mismanagement of resources, but also due to austerity measures and the cost of debt servicing, which has reduced the fiscal space needed to adequately invest in health systems.

37. The pandemic has demonstrated how the risk posed by the virus for all is heightened by policies and services that exclude certain persons or groups. Such policies and services are inconsistent with States' obligations to realize the right to health for all without discrimination, in accordance with article 2 (2) of the International Covenant on Economic, Social and Cultural Rights. Ensuring equality and non-discrimination requires both legislative and policy measures to overcome the obstacles that marginalized or disadvantaged communities face. In this regard, many of the measures taken to target access to health care for specific groups, such as expanding coverage to include migrants and refugees, regulating the prices of medicines and deploying mobile testing and health-care units to more remote areas, are especially positive. The steps taken to protect and fulfil women's sexual and reproductive rights and health are another good example of positive measures that recognize and reduce the barriers women might face in accessing necessary services, helping to guarantee women's health rights in the context of the pandemic.[56]

38. It is important to recall that the right to health includes the right to the enjoyment of the highest attainable standard of mental health. This is especially important in the pandemic, where people are facing confinement and social isolation. Many States have been including mental health care services in their COVID-19 responses and identifying new ways of ensuring access for all, despite confinement orders. In addition to being a human rights obligation, ensuring access to adequate mental health services builds States' human capital and capacity for economic development and continued prosperity.[57] To secure the necessary

[52] Ciara Nugent, "How the U.K. approved Pfizer's COVID-19 vaccine faster than the U.S. and Europe", *Time Magazine*, 2 December 2020. Available at https://time.com/5917109/u-k-covid-vaccine-approved/.

[53] United Kingdom, Department of Health and Social Care, "Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 2 December 2020". Available at www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020.

[54] Seth Berkley, "COVAX explained", Gavi Alliance, 3 September 2020. Available at www.gavi.org/vaccineswork/covax-explained.

[55] "COVID-19 and universal health coverage", United Nations policy brief, October 2020. Available at www.un.org/sites/un2.un.org/files/sg_policy_brief_on_universal_health_coverage.pdf.

[56] OHCHR, "COVID-19 and women's human rights: guidance".

[57] See WHO Regional Office for Europe, *Impact of Economic Crises on Mental Health* (Denmark, 2007). Available at www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf.

funding, States must look at long-term measures in line with their obligation to use the maximum of their available resources.

39. The pandemic has also highlighted the importance of international assistance and cooperation in the health sector, including economic cooperation, in accordance with States' obligations under articles 2 (1) and 15 of the International Covenant on Economic, Social and Cultural Rights. Combating the pandemic requires collective action, and the COVAX initiative is an excellent example of international cooperation to advance the right to health equitably. If States truly commit, it will allow all participating States to have access to the vaccine regardless of financial capacity, which in turn will significantly enhance the enjoyment of the right to health of millions worldwide by reducing the health and life risks posed by COVID-19. In order to fully comply with their obligations under the principle of international cooperation, States must build on this initiative and avoid taking decisions and actions that can prevent vital medical equipment and necessary goods from reaching the poorest communities, such as setting export limits or applying stringent border measures. They must also ensure that intellectual property regimes and manufacturing processes allow everyone to benefit from the scientific advances relating to COVID-19,[58] particularly those relating to COVID-19 vaccines. Moreover, real commitment to international cooperation in the current crisis demands a comprehensive approach to debt relief and debt management,[59] and requires commitments from all stakeholders, including creditor countries, the private sector and multilateral development banks, to alleviate heavily indebted countries. Such measures could free up resources to provide for the necessary fiscal space to invest in guaranteeing essential levels of health care in the short term and accessible, affordable, quality and adequate universal health-care coverage in the medium and long term.

B. Expanding social protection systems

40. Fulfilling the right to social security entails providing income security and support for all people across their life cycle, with particular attention paid to the most marginalized. Such support, whether in cash or in kind, is to be provided without discrimination in order to secure protection from: (a) a lack of work-related income owing to illness, disability, maternity, employment injury, unemployment, old age, or the death of a family member; (b) unaffordable access to health care; and (c) insufficient family support, particularly for children and adult dependants.[60]

41. According to the Committee on Economic, Social and Cultural Rights, benefits, whether in cash or in kind, must be adequate in amount and duration in order that everyone may realize his or her rights to family protection and assistance, an adequate standard of living and adequate access to health care. Moreover, everyone should be covered by the social security system, especially individuals belonging to the most disadvantaged and marginalized groups, without discrimination. To ensure universal coverage, non-contributory schemes are necessary.[61]

42. Despite progress in extending coverage for social protection in many parts of the world, the human right to social protection is not yet a reality for the majority of the world's population. Approximately 71 per cent of the global population is either not covered, or only partially covered, by social security systems.[62] About two thirds of children globally are not covered.[63]

43. Many States have recognized the importance of increasing the reach and coverage of their social protection systems during the pandemic. According to ILO data on social protection responses, as of January 2021 virtually all countries and territories had

[58] OHCHR, "Human rights and access to COVID-19 vaccines". Available at www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf.

[59] See E/C.12/2020/2.

[60] Committee on Economic, Social and Cultural Rights, general comment No. 19 (2007), para. 2.

[61] Ibid., paras. 22–23.

[62] ILO, *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017), p. XXIX.

[63] E/2019/68, para. 22.

implemented or announced social protection measures to address the COVID-19 crisis, with close to 1,600 such measures announced globally.[64] According to World Bank research, by July 2020, 0.4 per cent of the world's GDP had been committed to social protection.[65]

Expanding social assistance through one-time payments

44. Many countries, including Malawi, Peru, the Philippines, Thailand and the United States, have expanded their social assistance programmes by introducing new cash transfers targeting those who are typically excluded, such as informal workers, freelancers and the self-employed, including those working in the gig economy. Peru launched two programmes of one-time transfers in response to the COVID-19 crisis: "Yo me quedo en casa", for informal workers, and the "Bono independiente", for self-employed persons who were not registered in existing social protection systems.[66] The social amelioration programme in the Philippines covers a two-month period, is aimed at reducing or mitigating the effect of community quarantine and consists of a monthly emergency subsidy.[67] Thailand, which has various cash transfer programmes but does not use a social registry to determine eligibility, targeted informal sector workers and set up a website to accept applications.[68] Jordan has taken a similar approach, expanding its cash transfers to target daily wage workers who are without jobs and not enrolled in the national social security system and setting up a web site.[69] These are innovative approaches, but it is unclear whether they will benefit all, as not everyone will have Internet access, especially in the more remote areas of the countries. The requirement of identity documents can also exclude migrants and refugees who fear deportation.

Changing eligibility requirements

45. Some countries are also changing eligibility requirements for existing non-contributory social protection programmes to widen coverage and improve access. Germany, for instance, has taken measures to ease the criteria for basic income support for job seekers for six months. It has also extended support to freelancers or the self-employed who might be temporarily experiencing reduced income.[70] Albania provides financial assistance to both employers and self-employed persons who are experiencing a downturn in their economic activities, as well as additional payments to those already receiving financial assistance.[71]

46. Through an amendment to its Unemployment Security Act, Finland extended unemployment benefits to entrepreneurs and freelancers who might be finding it difficult to

[64] ILO, "Towards solid social protection floors?". See also ILO World Social Protection Data Dashboard, "Social protection responses to COVID-19 crisis around the world", available at www.social-protection.org/gimi/ShowWiki.action?id=3417.

[65] Ugo Gentilini and others, "Social protection and jobs responses to COVID-19: a real-time review of country measures", living paper, version 12 (10 July 2020), p. 10. Available at https://openknowledge.worldbank.org/handle/10986/33635.

[66] Fiorella Risso and Douglas Randall, "COVID-19 G2P cash-transfer payments –country brief: Peru" (G2P and World Bank, 2020). Available at http://pubdocs.worldbank.org/en/621251593464570382/World-Bank-G2Px-COVID19-Peru-Brief.pdf.

[67] Philippines, Joint Memorandum Circular No. 1, Series of 2020. Available at http://ulap.net.ph/ulap-news/advisories/448-joint-memorandum-circular-no-1-series-of-2020.html.

[68] Ugo Gentilini and others, "Social protection and jobs responses to COVID-19: a real-time review of country measures", living paper, version 9, 15 May 2020. Available at https://openknowledge.worldbank.org/handle/10986/33635.

[69] Harish Natarajan, Guillermo Galicia and Ragheb Budeiri, "COVID-19 G2P cash-transfer payments – country brief: Jordan" (G2P and World Bank, 2020). Available at http://pubdocs.worldbank.org/en/229771593464525513/World-Bank-G2Px-COVID19-Jordan-Brief.pdf.

[70] ILO, COVID-19 and the World of Work, Country Policy Responses, Germany, "Supporting enterprises, jobs and incomes", 2020. Available at www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#DE.

[71] Albania, "Good practices, mitigating practices used as well as challenges faced by Albania to ensure effective enjoyment of human rights during the COVID-19 pandemic", 2020. Available at www.ohchr.org/EN/NewsEvents/Pages/CoronaVirusContext.aspx.

earn income during the pandemic.[72] Moreover, the Government is reducing the conditionalities attached to those benefits by stipulating that those who cannot implement their personal employment plan will not lose access to unemployment benefits.[73]

47. Countries outside of Europe are also changing eligibility rules for non-contributory social protection programmes to extend their coverage. For instance, Brazil has allowed more flexibility regarding minimum income thresholds with regard to accessing the Benefício de Prestação Continuada. In addition to income, it also evaluates a set of vulnerability criteria, such as the number of children and the members' health status.[74] This is important, as minimum income criteria alone can be misleading and result in exclusion errors.

48. Governments are also extending protection to groups who are usually excluded from social protection systems, such as informal workers, migrants and refugees. Togo, under its universal income programme, has targeted informal workers, who are asked to register online.[75] According to the programme's website, as at 6 July there were 819,972 beneficiaries, 516,573 of whom were women.[76]

49. Italy and Portugal are regularizing undocumented migrants and making them eligible for social protection.[77] Ireland created the COVID-19 Pandemic Unemployment Payment, which is available to all employees and self-employed persons who have lost their job, including workers who are not from a European Union or European Economic Area country.[78] However, applicants are required to have a personal public service number, which could discourage many undocumented migrants from applying.[79]

50. At the sub-national level, the State of California in the United States is providing a one-time payment to undocumented adults who are not eligible for other forms of assistance, such as those under the Coronavirus Aid, Relief, and Economic Security Act.[80] From March to June 2020, China doubled its temporary price subsidy cash transfer.[81] Lesotho has increased the amount provided through its child grant programme,[82] which is an

[72] Finland, Ministry of Economic Affairs and Employment, "Government proposes to extend labour market support for entrepreneurs until the end of June", 18 February 2021. Available at https://tem.fi/en/-/government-proposes-to-extend-labour-market-support-for-entrepreneurs-until-the-end-of-june.

[73] Finland, Ministry of Economic Affairs and Employment, "Temporary extensions to unemployment benefit of laid-off employees and entrepreneurs to continue", 19 November 2020. Available at https://tem.fi/en/-/temporary-extensions-to-unemployment-benefit-of-laid-off-employees-and-entrepreneurs-to-continue.

[74] Law No.13.982 of 2 April 2020. Available at www.in.gov.br/en/web/dou/-/lei-n-13.982-de-2-de-abril-de-2020-250915958.

[75] See https://novissi.gouv.tg/en/home-new-en/. See also ILO, "Extending social protection to informal workers in the COVID-19 crisis: country responses and policy considerations", Social Protection Spotlight (ILO brief), September 2020. Available at www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_754731.pdf

[76] See https://novissi.gouv.tg/en/home-new-en/.

[77] Platform for International Cooperation on Undocumented Workers, "Regularising undocumented people".

[78] Ireland, Department of Social Protection,"COVID-19 Pandemic Unemployment Payment" (updated 3 December 2020). Available at www.gov.ie/en/service/be74d3-covid-19-pandemic-unemployment-payment/#how-to-qualify.

[79] Stefano Angeleri, "Undocumented migrants' social rights in the time of Covid-19 in Ireland", 6 July 2020. Available at www.gi-escr.org/covid-19-blog-all-posts/undocumented-migrants-social-rights-in-the-time-of-covid-19.

[80] Department of Social Services of California, "Coronavirus (COVID-19) disaster relief assistance for immigrants". Available at www.cdss.ca.gov/inforesources/immigration/covid-19-drai/fbclid/iwar0t1sdfjydvucfu5grpdwsugabbxxo-oa02b83afbue9rbjc5qf7i1qxsw.

[81] Xiaoyan Qian, Temporary price subsidies are offered to the unemployed to help offset inflation, "China's social security response to COVID-19: wider lessons learnt for social security's contribution to social cohesion and inclusive economic development", *International Social Security Review*, 26 October 2020. Available at https://onlinelibrary.wiley.com/doi/10.1111/issr.12246.

[82] Food and Agriculture Organization of the United Nations and African Union, "Social protection: ensuring effective response and inclusive recovery in the context of COVID-19 in Africa", 12 April 2020. Available at www.fao.org/3/ca8631en/ca8631en.pdf.

unconditional cash transfer given to those households living in vulnerable situations, identified through both means testing and community validation.[83] In Malawi, the Government has committed itself to expanding the coverage of its Social Cash Transfer Programme and increasing the amount paid.[84]

Assessment and lessons learned with regard to expanding social protection systems

51. From a human rights perspective, building adequate and accessible social protection would result in a universal system in which everyone is protected without discrimination of any kind. This would require an improved balance between contributory and non-contributory schemes, to ensure that everybody, including the most marginalized, is protected against risks and contingencies. Marginalized individuals and population groups, such as informal workers, migrants, refugees and internally displaced persons, often suffer from multiple and intersecting forms of discrimination and might not be in a position to contribute formally to the social protection system.

52. Accessibility would require States to promote access to information and services and avoid complex registration systems, excessive administration requirements and strict eligibility criteria that can indirectly exclude those most in need. Ensuring the adequacy of benefits is an essential element of recovering better from the pandemic. One measure taken by some States in the context of the crisis has been to increase the minimum level of benefits for unemployment where the existing level was judged inadequate to provide a buffer to withstand the crisis.[85] For a better and more resilient social protection system, it would be important to regularly monitor the adequacy of benefits to ensure that beneficiaries are able to afford basic goods and services.

53. Social protection must be gender-responsive and take into account women's unequal burden of unpaid care work. Older women are especially at risk of being excluded from the social protection system, as the unpaid care work they have performed throughout their life obstructs their ability to gain access to formal employment and therefore contributory social security or decent wages, endangering their right to an adequate standard of living across their life cycle. Social protection policies should aim at correcting this imbalance, guaranteeing childcare as a social protection measure and social pensions that allow for an adequate standard of living for older women.

54. To make social protection a reality for all, States should take concrete and targeted actions, using their maximum available resources, including through international assistance and cooperation, to progressively achieve universal and comprehensive social protection systems that leave no one behind. This will require prioritizing social protection by allocating a larger part of the national budget to it. All countries, including developing ones, have fiscal policy options[86] that could enhance their ability to raise domestic revenue and efficiently allocate it to social protection, as called for under international human rights law. Such measures can include progressive taxation, strengthening the country's capacity to collect taxes, reducing tax exemptions, fighting tax evasion, implementing systems to prevent budget leakages and ensure efficient and transparent use of resources, reallocating public spending and tackling corruption and illicit financial flows. Such measures would help to effectively redistribute resources and combat inequality and discrimination in the short and

[83] Food and Agriculture Organization of the United Nations, "Lesotho's Child Grant Programme: 24-month impact report on productive activities and labour allocation – Lesotho country case study report", 2014. Available at www.fao.org/3/a-i4186e.pdf.

[84] Lulutani Tembo, "Cash transfers help families during COVID-19", UNICEF, 14 May 2020, available at www.unicef.org/malawi/stories/cash-transfers-help-families-during-covid-19. See also The Transfer Project, "Malawi's Social Cash Transfer Programme (SCTP)". Available at https://transfer.cpc.unc.edu/countries-2/malawi/.

[85] See ILO, COVID-19 and the World of Work, Country Policy Responses. Available at www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm.

[86] See, for example, Ruud de Mooij, "Tax policy for inclusive growth after the pandemic", International Monetary Fund Special Series on COVID-19, 16 December 2020. Available at www.imf.org/en/Publications/SPROLLs/covid19-special-notes.

long term, as well as build trust by making the collection and use of resources more accountable to people.

55. In responding to the crisis, States have so far largely focused on short-term emergency measures rather than long-term comprehensive, resilient and well-funded social protection systems. The emergency measures usually consist of one-time payments that cover emergency needs only for a short period of time, while the impact of COVID-19 is likely to be felt for years to come. As the pandemic continues, States must provide immediate relief to allow existing and new groups of poor and vulnerable individuals to meet their basic existing needs, and to prevent them from having to rely on negative coping mechanisms, such as taking children out of school or child marriage, that will continue to trap people in extreme poverty after the COVID-19 pandemic is brought under control.

56. Expanding fiscal space to allow longer-term investment is key to building an adequate and accessible social protection system underpinned by a human rights-compliant legal framework. In a recent ILO study, researchers examined the cost of a universal package comprised of four social protection areas (children, maternity, disability and old age) in 134 developing countries, and estimated the financing gap to be $707.4 billion in 2020, or 2.2 per cent of the GDP of those countries. This share of GDP varies across developing countries, from 2.1 per cent for upper-middle-income countries to 7.4 per cent in low-income countries.[87] Thus, low-income countries face particular challenges in mobilizing resources to expand fiscal space, especially when more austerity measures are expected across the world – in as many as 159 countries in 2022 – at a time of essential need for fiscal space and resources for social spending.[88] Fiscal consolidation and austerity measures have historically led to retrogression in economic and social rights and have a disproportionate impact on the poor and other disadvantaged sections of society.

57. In the short term, international solidarity and financial support will be essential in order to provide developing countries with the liquidity necessary to address the worst fallout of the crisis. In order to be financially and fiscally sustainable in the medium to long term, social security systems must be put on a sustainable footing through domestic resource mobilization.

58. A global fund for social protection, proposed by the Special Rapporteur on extreme poverty and human rights, [89] could contribute to filling this gap and avoiding the fragmentation of development efforts directed at social protection by channelling international cooperation and assistance and complementing national resources dedicated to social protection. Such an initiative would need to be anchored by strong national ownership of the social protection system, including through the adoption of a national legal framework on social protection and the creation of the necessary fiscal space in line with States' human rights obligations.

IV. Conclusions and recommendations

59. **Protecting the most disadvantaged members of society is essential, because each individual is truly safe only when everyone is safe. Assisting less developed countries in stepping up their health and social protection systems is a human rights obligation. Such assistance is also a development imperative, key to building strong economies and healthy societies**.

[87] Fabio Durán-Valverde and others, "Financing gaps in social protection: global estimates and strategies for developing countries in light of the COVID-19 crisis and beyond", ILO Working Paper 14 (Geneva, October 2020). Available at www.ilo.org/secsoc/information-resources/publications-and-tools/Workingpapers/WCMS_758705/lang--en/index.htm.

[88] Isabel Ortiz and Matthew Cummins, "Global austerity alert: looming budget cuts in 2021–25 and alternative pathways", European Network on Debt and Development Working Paper, April 2021. Available at www.eurodad.org/global_austerity_alert.

[89] See A/HRC/47/36.

60. **As noted in the present report, many countries have put in place promising measures to strengthen the capacity of public health systems to respond to the COVID-19 emergency, and the capacity of social protection systems to reach those furthest behind. However, most remain short-term emergency measures that in themselves are insufficient to address the inherent fragilities of health and social protection systems. Moving forward, it is essential that States design long-term measures to build better and stronger universal public health and social protection systems.**

61. **In particular, States should**:

(a) **Favour universal schemes that are inclusive of large categories of the population, especially in a complex, fast-moving and unpredictable crisis such as the COVID-19 pandemic, as such schemes are more practicable than targeted approaches;**

(b) **Ensure the accessibility of health and social services, which should be characterized by equality and non-discrimination, gender-responsiveness, accountability, access to information and participation;**

(c) **Ensure that health systems benefit from adequate health infrastructure, trained health personnel and sufficient medical equipment and supplies;**

(d) **Ensure fair remuneration and healthy and safe working conditions for health workers, including by providing the necessary protective equipment, mental health support and reasonable working hours;**

(e) **Ensure that health services and goods, including COVID-19 vaccines, reach marginalized groups, including by implementing measures such as mobile health units;**

(f) **Ensure access to timely and accurate health information, respond effectively to disinformation about the pandemic, and facilitate the participation of rights holders in health-related decision-making;**

(g) **Ensure that social protection contributes to gender equality, provide for the adequacy of benefits and reasonable eligibility requirements and protect the poorest and the most marginalized first;**

(h) **Ensure that social protection systems are developed and implemented through participatory processes that respect the right of individuals to seek, receive and impart information on all social security entitlements in a clear and transparent manner;**

(i) **Adopt far-reaching awareness-raising campaigns on the importance of sharing family responsibilities between women and men and encourage family-friendly workplace policies to flexibly respond to caring responsibilities;**

(j) **Dedicate human and financial resources to ensure that COVID-19 emergency measures and other essential health services are available, accessible and affordable to everyone without discrimination, including cancer treatments, HIV treatments, mental health services, sexual and reproductive health services and children's immunization services;**

(k) **Mobilize new domestic resources to put the financing of national health and social protection systems on a sustainable footing. Measures could include adopting or enhancing effective progressivity of tax systems, minimizing the use of tax exemptions, strengthening the capacity to collect taxes, and fighting tax evasion, corruption and any other form of illicit financial flows;**

(l) **Reallocate existing resources in an effort to dedicate the maximum available resources to health and social budgets to ring fence social spending, protecting it from austerity measures;**

(m) **Enhance the efficiency and impact of health and social spending through universal health and social protection systems that allow a better tailoring and targeting of support, including by using modern technology;**

(n) **Mobilize international resources to free fiscal space for investments in social protection and health systems, including, as a matter of priority, by working towards a comprehensive approach to debt relief and debt management that includes middle-income countries as beneficiaries of debt relief programmes and the private sector among the creditors in such programmes;**

(o) **Ensure that COVID-19 vaccines are treated as a public good and are made available to all;**

(p) **Commit to, dedicate resources to and enhance the reach of COVAX and other international cooperation initiatives, as those are key to ensuring that no one is left behind, even in the poorest countries.**