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

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

Enhancing technical cooperation and capacity-building in promoting and protecting the human rights of persons in vulnerable and marginalized situations in recovery efforts during and after the coronavirus disease (COVID-19) pandemic

Summary report of the United Nations High Commissioner for Human Rights

Summary

The present report is submitted to the Human Rights Council pursuant to Council resolution 46/13. It contains a summary of the meeting on enhancing technical cooperation and capacity-building in promoting and protecting the human rights of persons in vulnerable and marginalized situations in recovery efforts during and after the coronavirus disease (COVID-19) pandemic, held on 7 March 2022, during the forty-ninth session of the Council.

I. Introduction

1. Pursuant to Human Rights Council resolution 46/13, the Council held a meeting on enhancing technical cooperation and capacity-building in promoting and protecting the human rights of persons in vulnerable and marginalized situations in recovery efforts during and after the coronavirus disease (COVID-19) pandemic, on 7 March 2022, at its forty-ninth session.
2. The objectives of the meeting were to highlight the challenges posed by the COVID-19 pandemic to the enjoyment of human rights of persons in vulnerable and marginalized situations; to enable a constructive dialogue among States, international organizations and other stakeholders to share information, good practices and experience on enhancing technical cooperation and capacity-building in promoting and protecting the human rights of persons in vulnerable and marginalized situations in recovery efforts during and after the pandemic; to understand how to enhance technical cooperation and capacity-building in this regard, including by better use of the universal periodic review and other United Nations human rights mechanisms; and to provide States, international organizations and other stakeholders a platform to share information on technical cooperation, to bring together those in need with those willing to provide technical assistance and to facilitate partnership and capacity-building at the bilateral, regional and global levels in a feasible, sustainable and effective manner.
3. The meeting was chaired by the President of the Human Rights Council. The United Nations Deputy High Commissioner for Human Rights delivered the opening statement. The panel comprised the Vice-Minister of Foreign Affairs of the Plurinational State of Bolivia, Freddy Mamani, jointly with the Ambassador and Permanent Representative of the Plurinational State of Bolivia to the United Nations Office and other international organizations in Geneva, Maira Mariela Macdonal,¹ the Special Representative for Human Rights of the Ministry of Foreign Affairs of China, Li Xiaomei, the Deputy Director of the Social Protection Department of the International Labour Organization, Valérie Schmitt, and a member of the European Academy of Science and Arts, Peter Herrmann.
4. Following the opening statement, the panellists made initial presentations by video message and online, which were followed by an interactive discussion divided into two segments. The discussion included interventions by representatives of States, intergovernmental organizations, national human rights institutions and non-governmental organizations, with comments and questions from participants. It concluded with the final responses from the panellists.²
5. The meeting was broadcasted live on United Nations Web TV.³

II. Opening of the meeting

6. In her opening statement, the Deputy High Commissioner recalled that the COVID-19 pandemic had had an impact on all spheres of life and upended the lives and livelihoods of millions. It had exposed and exacerbated long-standing inequalities and patterns of discrimination in the enjoyment of universal human rights. Within countries, it had disproportionately affected the vulnerable and marginalized, including the poor, women and girls, children and youth, older persons, persons with disabilities, racial, ethnic and religious minorities, Indigenous peoples, migrants, refugees and LGBTIQ+ persons. Multiple intersecting causes of inequality and discrimination had been further compounded by the crisis.

¹ The Ambassador and Permanent Representative made closing remarks at the end of the meeting, in representation of the Vice-Minister of Foreign Affairs of the Plurinational State of Bolivia.

² Statements received are available from <https://hrcmeetings.ohchr.org/HRCSessions/RegularSessions/49session/Pages/Panel-discussions.aspx>.

³ The video recording of the meeting is available at <https://media.un.org/en/asset/k1q/k1qmok024x>.

7. Among countries, vaccine injustice and structural and systemic asymmetries were leading to divergent recoveries. The poorest and most vulnerable countries, in particular, had experienced major reversals in human rights protection and progress in implementing the 2030 Agenda for Sustainable Development. Debt, corruption and illicit financial flows denied countries the breadth of fiscal space needed to deliver basic needs, such as food, water, health, education, housing and social protection. Good governance at all levels, including by tackling corruption and strengthening tax systems, was vital to mobilize domestic resources to deliver rights.

8. The Deputy High Commissioner recalled the Secretary-General's call for a new social contract and a new global deal and urged all stakeholders to build together human rights-centred multilateralism, as highlighted in the Secretary-General's Call to Action for Human Rights. Solidarity had taken several forms. The Access to COVID-19 Tools (ACT) Accelerator and its COVID-19 Vaccine Global Access (COVAX) Facility had delivered more than 1 billion vaccines to nearly 150 countries. Countries had shared knowledge and good practices, including through South-South and regional cooperation. States had deployed doctors and nurses, distributed vaccines and medicines, donated equipment and supplies, developed health facilities and trained health-care workers.

9. The Deputy High Commissioner stressed that acts of solidarity must be strengthened. COVID-19 vaccines must be acknowledged as global public goods. States should consider a waiver of relevant intellectual property rights for vaccine production. She also emphasized the importance of corporate responsibility, including of pharmaceutical companies, in ensuring respect for the right to health in accordance with the Guiding Principles on Business and Human Rights.

10. In order to ensure rights-based recovery and to curb the trend of rising inequalities, OHCHR, through 92 in-country presences worldwide, had stepped up cooperation with Member States, United Nations country teams, national human rights institutions and civil society. In 2018, through a productive collaboration with academia to launch an online training, OHCHR worked to operationalize the right to development with a view to supporting national and international policies anchored in human rights that can uphold 2030 Agenda commitments. In 2019, the High Commissioner had launched the Surge Initiative, comprising joint teams of human rights experts and economists in the field, bringing strengthened expertise on economic and social rights. Through this initiative, OHCHR had worked with a range of United Nations partners, Governments and civil society actors to help to create the conditions to "build back better", leave no one behind and reduce inequalities. These country-focused efforts had produced practical advice on how to integrate human rights into economic policy. It was the collective responsibility of all to uphold the full enjoyment of human rights and the full realization of human dignity.

III. Summary of the meeting

A. Contributions by the panellists

11. Speaking on behalf of the Government and people of the Plurinational State of Bolivia, Freddy Mamani stressed that the COVID-19 pandemic had had a negative impact on economic and social development globally, hindering the full enjoyment of human rights. The deep inequalities arising from the capitalist system, further aggravated by the pandemic, were deplorable. Developing countries had faced many more difficulties and greater adversity, and had limited resources to combat the pandemic. Profit was prioritized over people's lives and monopolies had converted health into a business. Access to vaccines had been reserved for a handful of privileged people in spite of the existence of scientific knowledge to develop them. In various multilateral forums, the Plurinational State of Bolivia had supported the lifting of COVID-19 vaccine patents, believing that vaccines and medicines must be a global public good.

12. Mr. Mamani pointed out that the de facto Government had formed after the coup d'état in 2019 had dragged the country into a political, economic and social crisis, which had been exacerbated by the health crisis. At the peak of the pandemic, the de facto Government had

committed acts of corruption and imposed a lockdown merely to postpone the national elections, restricting fundamental freedoms and violating human rights.

13. Mr. Mamani remarked that, with the return to democracy in November 2020, the Government led by President Luis Arce had to address a very complex situation inherited from the de facto Government. The Government had developed a vaccination plan, drawing on the principle of free, fair, coordinated and multisectoral access to vaccines, and promoted voluntary vaccination for priority populations, including those with greater health risks, certain age groups and those historically excluded and discriminated against, such as Indigenous peoples, peasants, refugees, migrants, detainees and homeless persons.

14. Through diplomatic negotiations, the Plurinational State of Bolivia had to date acquired 22.5 million doses to vaccinate more than 12 million people, the quantity needed for five years. The exemplary international cooperation agreements reached by the State had enabled it to obtain access to millions of doses of Sinopharm vaccines from China, Sputnik V vaccines from the Russian Federation, and vaccines from Argentina and Mexico. The Government had also reached agreements with the Pan American Health Organization and the United Nations Children's Fund (UNICEF) for support in designing and implementing its immunization programme, including training health personnel on technical aspects.

15. Mr. Mamani emphasized the fundamental value of multilateralism and solidarity among States, and welcomed the consensus reached at the most recent special session of the World Health Assembly on drafting and negotiating a text on preparation and response to health emergencies. It was crucial that that document be centred on equity and the elimination of existing gaps among countries so that all could effectively respond to health emergencies.

16. The pandemic had demonstrated, through the resilience of Indigenous peoples, their good practices in land management, traditional ancestral health and medicine, food sovereignty and economic solidarity. Mr. Mamani recalled that, in addressing the climate, health and economic crises facing the planet, people should look to the ancestral wisdom of Indigenous peoples.

17. Mr. Mamani emphasized that the duty of cooperation among States was a key component in establishing an international social order leading to the realization of human rights on an equal footing and for all, without discrimination.

18. Speaking on behalf of China and the co-sponsors of the resolution that had mandated the meeting, Li Xiaomei welcomed all participants and thanked OHCHR for its work in this regard. She highlighted the fact that vulnerable and marginalized groups were subject to disproportionate consequences. Firstly, the rights to life and to health were under threat. Older persons were subject to a higher rate of COVID-19 infections, severe cases and deaths; persons with disabilities faced challenges in terms of health care, some countries even abandoning vulnerable groups in treatment, in disregard of human rights. Secondly, vaccines were distributed unequally. The poorest and the most vulnerable people had no access to vaccines; developing countries lacked vaccines and were at a disadvantage in pandemic control. Thirdly, economic, social and cultural rights and the right to development were undermined, resulting in the first drop in three decades of the human development index, with 4 billion people without basic social protection, and an increasing number of people facing a food crisis. Fourth, discrimination and inequality had increased. Hate speech and violent crimes against ethnic minorities, Indigenous peoples and refugees had risen, further marginalizing vulnerable groups.

19. Ms. Li recalled that, during the high-level segment of the Human Rights Council, the State Counsellor and Foreign Minister of China, Wang Yi, had proposed his country's advocacy in promoting human rights. Ms. Li, speaking in the name of China, called upon all parties to give equal attention to and to protect all human rights, to eliminate discrimination and inequality, and to fully consider the special situations and needs of vulnerable groups in order to leave no one behind; to put people first, to establish an adequate, comprehensive and sustainable social protection system, to give priority to vulnerable groups in policymaking and to constantly strengthen people's sense of gain, happiness and security. There was a need to respond positively to the Global Development Initiative proposed by China, to accelerate the implementation of the 2030 Agenda for Sustainable Development, to promote and protect human rights through development, and to improve the protection of vulnerable people's

right to development and their economic, social and cultural rights; to uphold genuine multilateralism, to distribute vaccines equally around the world, to carry out constructive exchanges on the basis of equality and mutual respect, and to strengthen technical assistance and capacity-building to achieve joint progress and win-win cooperation.

20. China had always put people first and had never given up on anyone. It had given high priority to the protection of vulnerable groups during the pandemic by supporting older persons living alone, extending relief to persons with disabilities, providing sign language during press releases on the pandemic, guaranteeing basic living standards for people in difficulties, providing adequate assistance, helping and protecting unattended children and ensuring care and safe deliveries for pregnant women. In particular, the Beijing Winter Olympic Games had witnessed a record number of female athletes and number of events in which they could participate. Paralympic venues were all accessible, a fact that demonstrated the athlete-first concept and care to persons with disabilities. China had provided more than 120 countries and international organizations with 2.1 billion vaccines, thereby fulfilling the promise made by its President, and had become the country that had supplied the most vaccines to others. China had also dispatched expert teams to the worst affected countries and convened expert exchanges with more than 100 countries and regions, to share its experience and to support local capacity-building. China stood ready to work with all to enhance unity and cooperation, to leave no country and no person behind.

21. Valerie Schmitt, the Deputy Director of the Social Protection Department of ILO, recalled that social protection was a human right recognized by the Universal Declaration of Human Rights and in many national constitutions. It was not accessible, however, to more than 4 billion people worldwide. The COVID-19 crisis had highlighted the need of all societies for robust and sustainable social protection systems both to avert routine life-cycle risks and to respond to systemic crises and shocks. The current two-track recovery was creating a great divide between developing and developed countries, which could undermine trust and solidarity, fuel conflict and force migration, and make the world more vulnerable to future crises.

22. At the International Labour Conference held in June 2021, States members of ILO recognized the need to build universal social protection systems, and defined this concept for the first time as covering everybody with protection throughout a person's life cycle, and also building robust and sustainable assistance. They also recognized the need for greater global solidarity, the need for ILO to strengthen its leadership role, and the need to create a global social protection financing mechanism. The Secretary-General echoed this appeal and launched, in September 2021, the Global Accelerator on Jobs and Social Protection for a Just Transition. ILO was responsible for coordinating the setting up of that initiative.

23. To that end, ILO had implemented its Global Flagship Programme on Building Social Protection Floors for All (2016-2030), aimed at progressively supporting more countries in building their national social protection systems. During its first phase (2016–2020), the programme had assisted 21 countries, including Cabo Verde and Indonesia, in making institutional changes, with long-lasting results for 25 million people. During the pandemic, the programme had helped countries to develop ad hoc cash transfer programmes, such as in Timor-Leste, or to reuse pre-existing systems to channel emergency support, as was the case in the Lao People's Democratic Republic. Such support measures had been taken in accordance with ILO Social Protection Floors Recommendation, 2012 (No. 202), focusing on social dialogue and the engagement of workers and employers' organizations in decision-making.

24. The Flagship Programme had begun its second phase (2021–2025), supporting 50 countries in their recovery efforts. It would have an emphasis on supporting countries to raise domestic resources to complement international efforts, given that the financing gap for social protection systems in low-income countries was \$78 billion per year. ILO was currently designing and implementing the Global Accelerator for Jobs and Social Protection for a Just Transition in collaboration with United Nations agencies and States, of which the Flagship Programme constituted a crucial component.

25. Peter Herrmann, a member of the European Academy of Science and Arts, recalled that, today, people all over the world were facing severe challenges: another war, the

increasing and long-term threat of climate change, the development of digitization and artificial intelligence in need of proper regulation, and the enduring threat of the pandemic. He cited Oscar Wilde's words that "nowadays people know the price of everything and the value of nothing", noting that people today focus their entire lives on growth and so-called wealth, where they had a price tag on everything, but no longer look at values or ask "why?".

26. In contrast to the concept of *homo economicus* and a social-Darwinist suggestion of the survival of the fittest, neuroscience, sociology and even economics had proved that humans were social beings and interacted not by way of competitive exchange. Mr. Herrmann emphasized the meaning of relationships between people and the opportunities they had, the will to learn and to exchange for the improvement of global society. Unfortunately, too often people only became aware of it in times of immediate and manifest threats, when common sense prevailed.

27. The new threats to human rights came from sources that needed no technical answers. Mr. Herrmann would not speak of a new generation of human rights, while it was important to acknowledge the shift in societal realities. People interfered so much with nature, which was increasingly affected by the repercussions of those interventions. The old issues of civil, political and socioeconomic rights, as well as the issues of development, had to consider increasingly the "techno-social" challenges involved.

28. Mr. Herrmann highlighted the areas in need of exchange and positive answers: cooperation in the field of research, on what the COVID-19 virus was, how it mutated, and on vaccines; providing medical support, including training, medicines and dispatching medical teams; moving resources in an intersectional way, following need instead of profitability; recognizing the value of work that too often had a poor reputation and low pay, undertaken under hardly bearable conditions; and fostering the resources of communities. He concluded that people needed cooperation, which had been proved possible.

B. Interactive discussion

29. The representative of Belgium, on behalf of the Group of Francophone Ambassadors, pointed out that the COVID-19 pandemic had exacerbated the situation of vulnerable persons, in particular, women, girls and older persons. The Group expressed its particular concern with their plight and made several proposals. It emphasized the need to develop technical cooperation and assistance, targeted at the country level, in order to, first, take into account the economic and social rights of women and girls in all measures taken; second, to develop programmes involving civil society, which was close to vulnerable groups, to identify their needs; third, to ensure access to digital tools to combat the effects of the digital divide, with a special emphasis on distance learning as part of capacity-building; fourth, to ensure effective participation of persons concerned in all international forums on these issues, with respect to multilingualism, in order to shape policies in line with their priorities.

30. The representative of Côte d'Ivoire, on behalf of the Group of African States, welcomed the adoption of Human Rights Council resolution 46/13, in which the Council had mandated the present meeting, expressing the conviction of the positive effects of this dialogue on enhancing cooperation at all levels. In the spirit of resolution 46/13, the Group encouraged States to defend multilateralism and to work together to promote mutually beneficial cooperation in the field of human rights, by sharing best practices and experiences. The Group remained concerned by the devastating effects of the COVID-19 pandemic on different aspects of human life and on the full enjoyment of human rights. All efforts at recovery should take into due account the protection of persons in vulnerable and marginalized situations, who are the hardest hit, ensuring that no one is left behind, in accordance with the goals of the 2030 Agenda. The Group appealed for a well-coordinated global approach based on solidarity among all nations and all peoples, in order to combat inequalities and to build a better world.

31. The representative of Paraguay, also on behalf of Argentina, Brazil, the Plurinational State of Bolivia, Chile, Colombia, Costa Rica, Ecuador, Honduras, Mexico, Panama, Peru and Uruguay, observed that the COVID-19 pandemic had strengthened existing structural and systematic discrimination and inequalities within and between countries. This crisis had

proved that more attention should be paid to groups in situations of vulnerability with a holistic approach, taking into account all human rights and a gender perspective. National solutions must be accompanied by multilateral actions through international solidarity and cooperation, focusing on the most vulnerable populations and highlighting certain issues, such as the rights to drinking water and sanitation, to adequate housing and to education, and the digital divide. A data collection system with a human rights-based approach was needed to make vulnerable groups visible, and additional financial support and technical assistance from international organizations should be adapted to the needs of each region. Recovery policies and actions should be guided by the implementation of human rights obligations and commitments, as well as by the Sustainable Development Goals.

32. The representative of Azerbaijan, speaking on behalf of the Movement of Non-Aligned Countries, expressed deep concern at the negative impact of the COVID-19 pandemic on the enjoyment of human rights, and recognized that the poorest and those in the most vulnerable situations were the hardest hit. In response to the pandemic, the Movement called for intensified international cooperation and solidarity by supporting the exchange of and access to information, scientific knowledge and best practices, and by promoting research and capacity-building initiatives in order to ensure universal, equitable and affordable access to COVID-19 vaccines. The Movement welcomed the efforts of countries that had donated vaccines and encouraged further sharing in favour of low- and middle-income countries, and other countries in need. It expressed its concern at the increasing adverse effects of climate change, and stressed the need for developed countries to enhance climate finance, to transfer technology and to provide technical support. The Movement appealed for a coordinated and concerted global response based on unity, multilateral cooperation, solidarity and respect for human rights.

33. The European Union regarded the COVID-19 pandemic as one of the greatest health emergencies in recent history, and expressed its deep concern about how it had catalysed the erosion of democracy and human rights. Persons in vulnerable and marginalized situations had been excluded from health protection measures and socioeconomic programmes. Recovery was not just about safeguarding public health, and States had a duty to address the human rights consequences of their actions, including by addressing the root causes of inequalities, in compliance with the guidance issued by United Nations human rights mechanisms. Medical products and services aimed at achieving immunization against COVID-19 should be available to everyone. As the leading donor to the COVAX Facility, the European Union would secure 700 million doses for sharing by the middle of 2022. It had mobilized €48 billion to promote inclusive recovery, including by providing €563 million in humanitarian support. The work carried out by the European Union with its partners across the globe also included addressing the underlying determinants of health. It was also a major donor in efforts to advance social justice and good governance and was ready to contribute to a human rights-based approach for “building back better”.

34. The Bolivarian Republic of Venezuela strongly supported Human Rights Council resolution 46/13 that had mandated the present meeting. The COVID-19 pandemic had affected the realization and enjoyment of human rights, including the right to development, especially for the most vulnerable persons. The lack in access to vaccines and medicines throughout the world had threatened millions of people in developing countries, which also lacked the financial and technological resources necessary to face the situation. On the other hand, rich countries that had reached full vaccination coverage were already starting to lift restrictions for economic recovery. The Bolivarian Republic of Venezuela condemned some hegemonic countries for their continued imposition of unilateral coercive measures against peoples of the South, and stressed that only international cooperation without any conditions could overcome the challenges posed by the pandemic. Such cooperation should be carried out in compliance with the purposes and principles outlined in the Charter of the United Nations and in adherence to the principles of non-selectivity, impartiality and objectivity.

35. Sierra Leone aligned itself with the statement made by the Group of African States. The pandemic had disproportionately affected marginalized and vulnerable population groups – such as women, children, persons with disabilities, older persons, refugees and migrants – who were subject to higher rates of infection and mortality and more susceptible to human rights violations. The systemic and structural issues in the global health and

financial systems had exacerbated these concerns. The representative of Sierra Leone emphasized the need to place these groups at the centre of recovery efforts, and called for measures to ensure equitable, affordable and timely access to COVID-19 vaccines and other health-care services. It underlined the importance of international cooperation and multilateralism, especially to assist developing countries in responding effectively to human rights issues caused by the pandemic, and reaffirmed its commitment to protect and promote the human rights of marginalized and vulnerable people.

36. The representative of the Islamic Republic of Iran noted that, in the past two years, the COVID-19 pandemic had exposed extreme inequalities within and between countries, and demonstrated the need for international solidarity and cooperation in order to prevent the gaps from growing. It was imperative to identify the obstacles to achieving international cooperation. States had the duty to cooperate in ensuring development, and technical cooperation was an integral part of effective international cooperation, which was complementary to the efforts of developing countries to realize development in all its aspects. International cooperation was imperative in addressing global challenges to the protection and promotion of the human rights of all, and was important in removing obstacles, such as unilateral coercive measures, and mitigating negative effects. States should take measures to enable international cooperation in this area, avoid undermining the capacity of Member States to respond to challenges effectively, and refrain from any measures to prevent other States from fulfilling their responsibilities.

37. Libya commended the efforts made to mitigate the effects of the COVID-19 pandemic worldwide. The pandemic had highlighted inequalities at all levels between developed and developing countries, reflected in the huge gap in vaccine access and distribution. These inequalities were hindering countries in their efforts to recover from the pandemic and to overcome financial and development challenges. Libya had sought to provide vaccines to all its people without any discrimination, covering all categories, including persons without regular status in the country. The representative of Libya highlighted the need for greater exchange between developed and developing countries in order to diversify vaccine production and ensure their appropriate distribution. It also emphasized the need to ensure people's access to factual information and to fight misleading and incorrect information disseminated on vaccines. Libya expressed its support for the work of the World Health Organization (WHO) in this regard.

38. The representative of Thailand made four points on this theme. First, public measures adopted to contain the COVID-19 pandemic with a restrictive nature had to be used in a proportionate manner and as necessary, without any unintended effects on the rights of people. Second, the principles of the 2030 Agenda for Sustainable Development on leaving no one behind had to be heeded. The availability and affordability of essential health care and services, in line with the principle of universal health coverage, were key elements. Third, designing pandemic-related socioeconomic relief and support required the participation and engagement of various groups of people, in particular the underprivileged and those in vulnerable situations. The assistance provided had to be people-centred, responsive and creative, making use of available technology. The Government of Thailand had implemented the "half and half" scheme in a mobile phone application, which shared half the cost that consumers paid for food and essential products, generated domestic spending and stimulated the overall economy. Thailand confirmed its readiness to engage further in international cooperation in this regard.

39. Argentina associated itself with the statement delivered by Paraguay on behalf of a group of Latin American countries. The COVID-19 pandemic had become an unprecedented human crisis that had affected people's health, economies and development, and had had a disproportionate impact on developing countries and people in vulnerable situations. It was therefore vital to step up international cooperation through multidimensional, coordinated, inclusive and innovative responses at all levels, with full respect for human rights, particularly of those persons in vulnerable situations. Emphasizing that vaccines had to be regarded as global common goods, the representative of Argentina underscored the need to ensure equitable and universal access to vaccines for all countries, and encouraged States and other stakeholders to cooperate towards that end. Argentina considered it necessary to maintain and strengthen exchanges of information, knowledge and best practices, particularly

to help persons in vulnerable situations and developing countries, to build an equitable and inclusive future and realize the 2030 Agenda for Sustainable Development.

40. Australia expressed its deep concern about the health, economic and social consequences of the COVID-19 pandemic, particularly for individuals in vulnerable situations. Australia had manifested its solidarity with partners in the Indo-Pacific in efforts to combat the pandemic, with a focus on those groups; for example, it had shared 60 million vaccine doses with the region, and assisted countries by supporting equitable access to vaccines. The representative of Australia encouraged States to design, implement and invest in more inclusive and accessible COVID-19 recovery programmes, and stressed the need to engage those in vulnerable situations as active participants and leaders in decision-making at the community, national and international levels. Australia continued to oppose the linking of technical assistance and capacity-building with national concepts such as mutually beneficial cooperation, which it considered to have no agreed meaning in multilateral forums. Australia welcomed, however, joint and individual efforts to offer technical assistance and capacity-building, noting the interconnectedness of all human rights.

41. During the pandemic, the Government of Togo had undertaken a number of decisive actions for vulnerable persons. One example was the *Novissi* (solidarity) programme, which allowed electronic monetary transfers and had provided financial assistance amounting to 13.3 billion CFA francs (approximately €20.2 million euros) to 820,000 people. The Government had also covered expenses relating to water and electricity supplies for vulnerable persons, and reduced connection costs. Support for technical and financial partners was vital, such as that provided by the World Bank, to reinforce the Government's urgent economic aid for vulnerable populations. Togo had welcomed the opportunity to report on the progress it had made and the challenges it had overcome in protecting and promoting human rights during the universal periodic review held in January 2022.

42. The representative of Tunisia pointed out that the COVID-19 pandemic had affected all human activity and everyone, in particular the most vulnerable. From the very outset of the pandemic, Tunisia had warned against its repercussions and called upon States to strengthen solidarity and cooperation to combat it. This appeal took the form of resolution 2532 (2020) adopted on 1 July 2020 by the Security Council as a joint initiative with France. Tunisia reaffirmed the importance of working collectively, bolstering technical cooperation and establishing capacity-building programmes to back up national efforts for the protection and promotion of human rights, as this was the only way forward to an effective and fair response to the pandemic. Tunisia expressed its appreciation for having been chosen by WHO as one of the six African countries to manufacture COVID vaccines, which would in turn help the African continent to provide sufficient vaccines. It underscored the importance of continuing to provide financial support to United Nations bodies to promote and protect human rights.

43. Costa Rica recognized the commitment that the reconstruction of the post-pandemic world represented. International cooperation and capacity-building were the two pillars that addressed the serious inequalities generated by the COVID-19 pandemic. The representative of Costa Rica pointed out that the rights of vulnerable groups had been disproportionately affected and that a multilateral and more inclusive approach should be adopted, under the guidance of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, to leave no one behind. The recognition of the right to a clean, healthy and sustainable environment was also a catalytic factor in promoting cooperation. Each country should have sufficient resources to face health emergencies and address subsequent socioeconomic crises; it was therefore vital to achieve equitable access to vaccines and transfer of health technologies. Costa Rica, together with WHO and 42 States, had launched the COVID-19 Technology Access Pool (C-TAP) initiative, an example of international cooperation to ensure fair access to medical products and services for everyone globally.

44. The representative of Viet Nam pointed out that technical cooperation and capacity-building were essential to enhance capacities of States to fulfil their duties on human rights for inclusive recovery from the pandemic, and such a process should be undertaken constructively and in response to the needs of the States concerned. In Viet Nam, the public and private sectors and international partners had mobilized extensive social and financial support packages for vulnerable groups. With international support, Viet Nam had secured

the vaccination of 97 per cent of its adult population, and had been selected as a recipient country of messenger RNA (mRNA) vaccine technology by WHO. Viet Nam would contribute to vaccine supply regionally and internationally. It called upon fellow States and other stakeholders to commit to multilateralism, international solidarity and cooperation with regard to vaccines and other medical products and services, and considered it the only way to overcome the pandemic and to ensure the enjoyment of human rights by vulnerable groups.

45. The representative of Malaysia remarked that the promotion and protection of the human rights of vulnerable groups was a priority commitment of its membership of the Human Rights Council. Malaysia had implemented various initiatives to improve the lives of vulnerable groups, including by providing financial assistance to eligible recipients. The Government had recently passed a \$24 million dollar allocation under the 2022 budget to fund various social programmes for vulnerable groups in education, income generation and mental health. Malaysia called upon all countries to cooperate and strengthen efforts in ensuring the equitable distribution of vaccines and increasing immunization for countries in need. It stressed the importance of prioritizing post-pandemic recovery, which had to be resilient and sustainable, and expressed its commitment to further engage in mutually beneficial capacity-building programmes in this regard.

46. Georgia reiterated its support to Ukrainians in the light of the ongoing Russian military operations in Ukraine, and called upon the Russian Federation to immediately stop its operations, as accountability must be ensured. In response to the continued pandemic and its devastating consequences, the Government of Georgia had implemented an anti-crisis plan and other relevant national mechanisms to support the most vulnerable, including its disability-friendly format of information and hotline services, as well as a “stay home” programme that provided grocery delivery services and home-care assistance to older persons living alone. Georgia regretted that the occupation of the Abkhazia and Tskhinvali regions by the Russian Federation prevented Georgia from protecting the human rights of people remaining behind the occupation line, where violations of freedom of movement and the denial of emergency medical evacuations had aggravated negative humanitarian impact, and the socioeconomic conditions of the people there were deteriorating continuously. Georgia had opened a multi-functional hospital near the occupation line for residents of the Russian-occupied Abkhazia region to support unhindered access to medical care for COVID-19 patients.

47. The representative of Algeria pointed out that the COVID-19 pandemic was constantly spreading, and expressed its concern at its negative impact on the enjoyment of human rights, including increasing impoverishment, the inability to benefit from technologies, and racial discrimination, particularly in the case of marginalized and vulnerable groups. Algeria voiced its concern at inequalities in vaccine distribution between developed and developing countries, which had deprived the entire international community of the chance to overcome the pandemic in a reasonable time frame, and had undermined progress in achieving the Sustainable Development Goals. Algeria considered it essential to supply vaccines and to allow access to them, as well as the relevant technologies and techniques, on a just and equitable basis.

48. Maldives echoed the concerns raised by the Human Rights Council in its resolution 46/13, on how the COVID-19 pandemic perpetuated and exacerbated existing inequalities. The Government of Maldives and social sector institutions had taken several measures to mitigate the impact of the pandemic on vulnerable and marginalized persons. Employers had been mandated to provide special paid leave to staff who tested positive for COVID-19 or were suspected cases; temporary government shelters had been created for victims of domestic, sexual and gender-based violence; more than 500 migrant workers had been transferred to more suitable accommodation facilities and provided with basic needs; older persons with high-risk chronic conditions had been allowed to renew their prescriptions online and have their medicines delivered to them; while all homeless persons in Maldives without access to food or housing during the lockdown had been provided with temporary shelter, along with all essential services. Maldives renewed its commitment to protecting the rights of vulnerable groups, including migrant workers, to ensure that no one was left behind.

49. The response of Cambodia to the COVID-19 pandemic had placed human rights at its core. Women were at the forefront of pandemic control and recovery efforts. Social

protection interventions were oriented towards disadvantaged and vulnerable populations, including in the form of cash schemes for the impoverished, monthly support income for employees in the field of tourism and women-dominant garment factories, and cash subsidies for those affected by the pandemic. With international cooperation, the free national inoculation campaign had benefited more than 90 per cent of the population, well ahead of the target set by WHO. More than 85 per cent of older persons and those with disabilities had been fully vaccinated. As a result, the country had re-opened and socioeconomic activities had fully resumed since November 2021. Cambodia had also donated millions of masks and vaccines, and other medical products, to several countries. To “build back better”, Cambodia had launched a post-COVID-19 economic recovery plan for 2021–2023 alongside a “shock-responsive” social protection framework.

50. According to Egypt, the COVID-19 pandemic had multidimensional consequences and had exacerbated existing inequalities. In particular, those working in the informal sectors had seen their vulnerability aggravated and their enjoyment of human rights worsened, especially their right to health. Egypt had increased financial allocations to enhance health coverage and earmarked more resources to improve equipment in laboratories and health facilities. With regard to vaccination, the State had achieved a coverage of 70 per cent of the population; in particular, older persons were being vaccinated. Egypt continued to undertake its responsibilities in the humanitarian sphere, providing help to other countries in the field of health, such as the ongoing “100 Million health” initiative in cooperation with WHO. Cooperation was vital to overcome the pandemic.

51. The representative of the United Nations Human Settlements Programme (UN-Habitat) agreed that the COVID-19 pandemic had exacerbated pre-existing inequalities and marginalization. Locations such as migrant districts, informal settlements, refugee camps and Indigenous communities were often the most affected by overcrowding or lack of services, which had led to a disproportionate spread of COVID-19. Mobility restrictions for low-income neighbourhoods, evictions and demolitions had invariably affected the most vulnerable. Adequate housing and good water, sanitation and hygiene facilities mitigated the effects of COVID-19 and other infectious diseases, although a rapid increase in evictions was becoming evident as emergency measures ended. UN-Habitat stressed that the world should not retreat from the efforts made in the previous two years. It echoed the Secretary-General’s call for a renewed social contract for adequate housing and basic services, and committed to do its utmost to support Member States and governments at all levels to reach the Sustainable Development Goals.

52. The Sovereign Order of Malta presented its “Doctor to Doctor” project, which it had launched in 2020, and constituted a network of medical experts and policymakers. The initiative aimed to allow medical personnel, scientists and health authorities of different countries confronting the same unprecedented health crisis to learn from one another, to share the latest medical advances, to promote more effective protocols in the treatment of COVID-19 patients, and to discuss containment strategies. Many health-care specialists had confirmed that they had benefited from the information provided by the project, which had since become an example of a mechanism for cooperation. The Sovereign Order of Malta was convinced that the best way to overcome such a global challenge was through a united, transversal response.

53. The representative of the National Human Rights Commission of India pointed out that the world was recovering from the third wave of the pandemic, and gave several examples of how technology was used in various forms in India to protect the human rights of vulnerable and marginalized groups: direct benefit transfer via bank accounts and mobile phones, a scheme by which the Government could transfer monetary relief to the needy; India Stack, a unified software platform that had been made available to other countries to provide scalable and secure services; the Aarogya Setu app, and the Aadhar and E-sanjeevani portals, for COVID-19-related monitoring and medical services; an e-platform and a dedicated helpline for legal services; the e-Sharam portal, for workers’ welfare; and a public food distribution system. The Commission had issued 23 advisories on the above services, specifically targeting marginalized communities. India was committed to achieving the Sustainable Development Goals and stood in solidarity with the international community under the philosophy of *Vasudeva Kutumbakam* – the world is one family.

54. The Independent National Commission on Human Rights of Burundi had closely followed the effects of the COVID-19 pandemic on human rights and had taken steps to ensure that its services continued to operate, to the benefit of the entire population. Certain groups of people, however, still faced challenges: for persons with disabilities, the rehabilitation centres had had to close owing to the lack of essential equipment; people who used sign language were not always able to obtain information about measures taken; and visits to persons in residential homes were limited. The Commission had organized a session with statistical and media institutions to raise awareness of the role they played during the pandemic, and had also accelerated a voluntary repatriation programme and one for asylum seekers who had been affected by the restrictive measures introduced during the pandemic.

55. The representative of the International Harm Reduction Association, speaking also on behalf of Amnesty International, the Global Initiative for Economic, Social and Cultural Rights, the Global Network of Sex Work Projects, the HIV Legal Network and STOPAIDS, stated that many of the restrictions implemented by emergency executive powers for pandemic control were unnecessary or disproportionate, and pandemic control strategies lacked transparency, accountability and the meaningful participation of community and civil society. Experts and health professionals had been sidelined in decision-making, and law enforcement forces or even the military had moved to centre stage. The result was a pandemic of human rights abuses, particularly for vulnerable and marginalized groups. The Association was concerned about the negotiations on a “pandemic treaty”, given that the current discussions paid little attention to safeguarding human rights or transparent and meaningful civil society engagement. It stressed the responsibility of the Human Rights Council and its members to ensure that human rights were streamlined into negotiations; in that regard, it asked how that would be done.

56. The International Lesbian and Gay Association made a joint statement, also on behalf of Federatie van Nederlandse Verenigingen tot Integratie Van Homoseksualiteit (COC Nederland) and the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights. The Association recalled its statement to the Human Rights Council at its forty-fourth session, in June 2020, on behalf of 187 organizations, drawing attention to the situation of LGBTI persons and those who defended their rights in the context of the COVID-19 pandemic. It emphasized that these groups had seen their rights particularly affected, including their access to health and well-being, freedom from discrimination, and civic space. It welcomed the convening of the present meeting and the report of the Independent Expert on sexual orientation and gender identity on the COVID-19 pandemic.⁴ It recalled principles such as equality and non-discrimination, participation, empowerment and accountability, and fundamental processes, such as acknowledging diversity, deconstructing stigma and involving LGBTI organizations in decision-making, as noted by the Independent Expert in his report. It also raised questions about the impact, measures taken and ways and means of follow-up to protect the rights of the LGBTI population.

57. The representative of the Lutheran World Federation thanked the United Nations High Commissioner for Human Rights for her report on the human rights implications of the lack of affordable, timely, equitable and universal access and distribution of COVID-19 vaccines and the deepening inequalities between States,⁵ which had confirmed many of the organization’s experiences. The Federation emphasized that global inequality in access to COVID-19 vaccines was the reason why the pandemic was persisting, and reiterated that, without equitable and universal vaccine access, the impact of the pandemic on human rights might worsen, such as on girls’ right to education, the protection of refugees and displaced persons, gender-based violence, poverty and a range of other economic, social and cultural rights. Prevalence of vaccine inequity also hindered economic recovery and progress towards the Sustainable Development Goals. It called upon all stakeholders to take action to ensure equitable and universal vaccine access.

58. The representative of the International Network for the Prevention of Elder Abuse pointed out that the COVID-19 pandemic had exposed and exacerbated systemic everyday discrimination against older persons in every country. Ageism and arbitrary age-based

⁴ A/75/258.

⁵ A/HRC/49/35.

measures had led to the denial of treatment or non-admittance to hospital, and had deprived older persons of equal access to political, economic, social and family life. On the other hand, older persons in communities and countries that had in place age-friendly policies had fared better. Examples included an increasing number of older persons using information and communications technology and good intergenerational relations and solidarity. Existing international legal frameworks had failed to protect older persons' rights in the context of the pandemic; the Network therefore called for a United Nations convention on the rights of older persons. It also raised questions to stakeholders about how to protect and promote older persons' rights and to eliminate ageism.

59. Owing to lack of time, the representatives of Bangladesh, Botswana, China, Cuba, Indonesia, Iraq, Kenya, the Lao People's Democratic Republic, the Russian Federation, Senegal, Uganda and the United States of America; of the United Nations Population Fund and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); and the non-governmental organizations Fundación Abba Colombia, World Vision International, the China NGO Network for International Exchanges, the Chinese Association for International Understanding and the China Foundation for Poverty Alleviation were unable to deliver their statements.⁶

IV. Concluding remarks

60. **The Permanent Representative of the Plurinational State of Bolivia, Maira Mariela Macdonal, reiterated the disproportionate impact of the COVID-19 pandemic on developing countries, and especially on women, children and vulnerable groups, aggravated by lack of access to vaccines and medicines. She observed that the crisis exacerbated the suffering of those who experienced pre-existing forms of violence in the domestic sphere, at the workplace and in economic life.**

61. **Ms. Macdonal stated that strengthening international cooperation was vital, and emphasized the need to promote structural changes, such as in access to vaccine patents, the transfer of technology and capacity-building. She also highlighted the importance of recovering traditional medical knowledge from Indigenous communities and of compiling experiences and best practices that could contribute to greater equity in the world when integrated into the drafting of a binding instrument on the pandemic response, facilitated by WHO.**

62. **WHO had indicated that 50 per cent of the world population was vaccinated, while in low-income countries the vaccination rate was only 9 per cent. Ms. Macdonal emphasized the need for solidarity among States for intersectional work with a human rights-based approach, centring on vulnerable populations, including peasants, migrants, Indigenous peoples, refugees, women, boys and girls, people of African descent, persons with disabilities, LGBTI persons and older persons, among other groups who had been historically marginalized.**

63. **The Special Representative for Human Rights of the Ministry of Foreign Affairs of China, Li Xiaomei, thanked the panellists, delegations and other participants for their contributions to the discussion. She considered it encouraging that delegations had shared many thoughts on the importance of paying special attention to vulnerable groups. She pointed out the efforts made by China in this area, pointing out that, during the two "sessions" currently being held in China, namely by the National People's Congress and the Chinese People's Political Consultative Conference, President Xi had attended the discussion on how to assist vulnerable groups. According to the Premier's report submitted to the National People's Congress, the Government of China intended to take a more coordinated approach to COVID-19 recovery.**

64. **The meeting had achieved what the Human Rights Council had intended in its resolution, namely, to share best practices and to hold a constructive dialogue on mutually beneficial cooperation and enhancing technical cooperation and capacity-**

⁶ The statements are available from <https://hrcmeetings.ohchr.org/HRCSessions/RegularSessions/49session/Pages/Panel-discussions.aspx>.

building. China was ready to continue to work with partners in this regard. In closing, Ms. Li recalled the upcoming International Women's Day.

65. The Deputy Director of the Social Protection Department of ILO, Valérie Schmitt, echoed the comments made by other participants with regard to the effects of the COVID-19 pandemic, which had increased poverty and exacerbated inequalities, and the importance of establishing good public systems to assist vulnerable persons. She emphasized that the universal social protection systems should cover the whole population and provide an adequate level of protection, which depended on different needs that varied by country and by person.

66. Ms. Schmitt emphasized that investment in social protection was insufficient and should be increased. In order to reach a basic social protection floor, low-income countries had a yearly shortfall of \$70 billion to make up, equivalent to an average 15.9 per cent of their gross domestic product. Greater solidarity within and between countries was needed to achieve that goal. Technical as well as financial support was necessary, and development assistance should be enhanced. More resources should be made available to developing countries so that they could further develop their social protection systems based on law and international standards, sustainable in both social and economic terms.

67. According to Ms. Schmitt, building universal social protection would contribute to the inclusive recovery envisaged by the Secretary-General. ILO was also working to ensure that people had decent jobs, and would request joint efforts in this respect.

68. In addition to emphasizing that vaccines should be made public goods, Peter Herrmann, as a member of the European Academy of Science and Arts, stressed that public space should also be provided as public goods. A new approach to solidarity was needed – it was not just about giving, but also about recognizing the need for responsible behaviour by States and corporations in relation to access to vaccines. He underscored the importance of community involvement, not only in terms of educating people but also in learning from them, as had been observed in relation to the role of Indigenous peoples. In some countries with highly industrialized medical systems, people on the ground could do the work that these systems could not.
