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**Seminar on good practices, key challenges and new developments relevant to access to medicines and vaccines**

**Opening Statement by Michelle Bachelet, UN High Commissioner for Human Rights**

8 December 2021

Excellencies,  
Colleagues and Friends,

I am pleased to open this seminar on access to medicines and vaccines – one of the key elements of the universal right to the highest attainable standard of physical and mental health.

COVID-19 was not yet in sight at the time the Council adopted [resolution 41/10](https://undocs.org/A/HRC/RES/41/10), which called for this intersessional seminar to be convened by my Office. Since then, the pandemic has killed at least five million people, and thrown every State and community into turmoil.

The people most affected are those who suffer systemic discrimination and pervasive inequalities – both within nations, and among them.

Globally, access to COVID-19 vaccines has been shockingly unequal. By [1 December](https://data.undp.org/vaccine-equity/), barely 8% of adults had received one dose of vaccine in low-income countries, compared to 65% in high-income countries.

This is profoundly unjust and immoral, as the Secretary-General has pointed out. It is also deeply counterproductive. New spikes of infections, and the recent detection of the Omicron variant, are a concrete demonstration of the dangers of vaccine inequity. New variants such as Omicron are far more likely to emerge among largely unvaccinated populations – and they pose a threat to everyone.

I will say this once again: None of us is safe until all of us are safe. The lack of universal and equitable access and distribution of vaccines right now is prolonging the pandemic. This pandemic is a major global crisis, and it requires a united, global response.

We have been profoundly fortunate that medical research has so swiftly developed vaccines and medications that effectively prevent the most severe forms of COVID-19.

They have made it possible for WHO and other partners to draw up an effective and affordable initiative to vaccinate the world – the COVAX facility for pooled research, development, manufacturing and equitable distribution.

But currently, it seems very unlikely that the WHO COVID-19 vaccination target of protecting 40% of the world's population by the end of 2021 will be met. The target of 70% by mid-2022 is also threatened.

The result will be many preventable deaths and long-term disabilities arising from the "long COVID" syndrome, which is still not fully understood.

And beyond these health considerations, which are grave, the human rights impact of our global failure to vaccinate widely enough is profound. It is driving sharply divergent economic recoveries from the first waves of the pandemic. This heightens the risks that developing countries will not fall further behind – but be pushed further behind.

Setbacks to development threaten all of us. They harm people, they harm economies, they harm societies, and they lead to growing tensions and conflict. Neglect of global vaccination is a threat to us all.

Vaccines against COVID-19 are a global public good. We need to urgently prioritise action to eliminate all obstacles to ensuring that vaccines reach everyone – including licensing processes that are unduly complex and restrictive. All options need to be explored to expand vaccine production capacity – such as voluntary licenses and technology transfers, patent pooling, and flexibility on intellectual property rights.

Efforts must urgently be stepped up to ensure a massive increase in supply to COVAX for low and low-middle income countries. States should take emergency steps to bolster the production of vaccines, as well as of tests, protective equipment, treatments and oxygen. Transnational research and exchange between developed and developing countries should be increased, in order to increase and diversify production.

We also need to ensure universal access to the full benefits of treatments that are being developed. This includes ensuring that factual and timely information on the COVID-19 pandemic and response can reach all people, without exception, so as to increase the uptake of vaccines when they become available. At times of crisis such as this, censorship and restrictions on the right to freedom of information and the work of free and independent media are profoundly harmful.

Excellencies,

As more States move to considering compulsory vaccination, it is important to consider the ramifications of such measures. Human rights do not bar vaccine mandates, but they do impose substantial limits on when and how they are applied.

First, I want to emphasise that available and affordable vaccines are indispensable to any policy that makes vaccines mandatory. Unless all people have access to vaccines, vaccine requirements will not be consistent with human rights. Under these conditions, it may be acceptable to condition the exercise of certain other rights and liberties – such as access to schools or public spaces – on vaccination. However, in no circumstances should people be forcibly administered a vaccine. A person’s refusal to comply with a mandatory vaccination policy may also entail other legal consequences, including, for example, appropriate fines. Where penalties are imposed, they should be proportionate and subject to review by judicial authorities.

Overall, vaccine mandates must comply with the principles of legality, necessity, proportionality and non-discrimination. They should be provided for by law, with appropriate procedural safeguards – including the right to seek an exemption and the right to appeal any form of penalty before a fair and independent authority. Vaccine mandates should be employed only when necessary for public health, and they should only be considered when less intrusive measures such as mask-wearing and social distancing have demonstrably failed to meet the health needs. These mandates must be subject to frequent official review to ensure they remain necessary, proportionate and non-discriminatory. Of course, the vaccines employed must also be sufficiently safe and effective to achieve their public health aim, and no-fault compensation should be in place, for all, to address any vaccine-related harms that may occur.

Excellencies,

This pandemic is far from over. Already, it has damaged the lives and human rights of billions of people. We will not stem that damage, and we will not recover from it, until vaccines and treatments are available for all, in every country, without any form of discrimination.

Action to this effect is clearly a human rights obligation, incumbent on every State. The past two years have proved to us the unbearable costs of widespread inequalities and human rights gaps. They also demonstrate, with painful clarity, that human rights measures make all of us safer and stronger.