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C/O Mr. Guillaume Pfeifflié
Office of the High Commissioner for Human Rights (OHCHR)
Palais des Nations
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Re: Questionnaire on Obstacles to Multilateralism and COVID-19 Response and Recovery

Dear Mr Sewanyan:

Further to your letter of 3 May 2021 and the questions regarding multilateralism in the context of COVID-19 response and recovery, below is a brief WHO submission with respect to its work on promoting multilateralism in the response to COVID-19, emphasizing in particular WHO's leadership in advocating for global solidarity and international cooperation in ensuring universal, equitable access to COVID-19 diagnostics, treatment and vaccines, consistent with Member State obligations and commitments under international human rights law, including the right to development, and the political commitments made in incorporating human rights, gender equality and the transformative Leave No One Behind (LNOB) pledge in progress on the 17 Sustainable Development Goals (SDGs), noting in particular SDG 10 on reducing inequalities within and among countries and SDG 17 on reviving global partnerships for sustainable development.

I. Background: WHO, multilateralism, and the response to COVID-19

1. WHO's mission to promote health, keep the world safe, and serve the vulnerable is based on Sustainable Development Goal (SDG) 3 and the associated Triple Billion Goals, reflected in WHO's 13th General Programme of Work, 2019 – 2023 (GPW13).¹ GPW13 stresses the importance of the impactful integration of gender, equity and human rights as critical for progress on the Leave No One Behind (LNOB) pledge across all three levels of WHO, including the need for multisectoral "whole of society", "whole of government" and "Health in All Policies" approaches that deal comprehensively with all determinants of health. As stated in GPW13:

"No single actor operating alone can achieve these [Triple Billion] Goals. Contributions are required from many partners – principally Member States themselves, but also non-State actors and the WHO Secretariat. Consequently, there is a need for both collective action and accountability, as well as for demonstrating the contribution made to outcomes and impact. In setting these three "1 billion goals", WHO is signalling its ambition and extending an invitation to members of the global health community to work with the Organization in order to optimize and implement these SDG-based goals".

2. In April 2020 WHO, together with the European Commission, France and The Bill & Melinda Gates Foundation (BMGF), launched the Access to the COVID-19 Tools (ACT) Accelerator with two goals: (1) the rapid development of vaccines, diagnostics and therapeutics; (2) equitable access to those tools. This set the basis for the formation of a partnership among WHO, BMGF, the Coalition for

¹ One billion more people with access to universal health coverage (UHC); one billion more people better protected from health emergencies; one billion more people achieving improved health and well-being across the life course. At: [thirteenth-general-programme-of-work-2019---2023](#).

Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Unitaaid, the Foundation for Innovative New Diagnostics (FIND), the Wellcome Trust, the World Bank Group, and UNICEF as an implementing partner. WHO and its partners have joined forces with Member States, industry, civil society, private sector and others to speed up an end to the pandemic by supporting the development and equitable distribution of the tests, treatments and vaccines the world needs to reduce mortality and severe disease, restoring full societal and economic activity globally in the near term, and facilitating high-level control of COVID-19 disease in the longer term.

3. This initiative and the intensive advocacy to adequately finance the ACT Accelerator, which currently has a funding gap of USD\$19 Billion, is facilitating the research, development and WHO emergency use listing of COVID-19 vaccines, diagnostics and other technologies and the delivery of these tools to the most vulnerable in low and middle-income (LMIC) countries. COVAX, a core pillar of this effort, and based on the fundamental principal of equitable access, had the first Emergency Use Listing authorisation of a vaccine candidate issued in December 2020 and have since moved forward on 3 others to date, with more in the pipeline. WHO's collaboration with partners, through the COVAX Advance Market Commitment mechanism, voluntary patent pooling through the COVID-19 Technology Access Pool (C-TAP) and advocacy is facilitating the acquisition and delivery of vaccines to lower income countries, guided by the ***Fair Allocation Framework for COVID-19 vaccines***, the ***WHO Strategic Advisory Group on Immunization and Vaccines (SAGE) Values Framework for the allocation and prioritization of COVID-19 vaccination*** and ***Roadmap For Prioritizing Use Of COVID-19 Vaccines In The Context Of Limited Supply***. This guidance expressly incorporates human rights, gender equality and equity considerations in the acquisition and distribution of vaccines among and within countries, informed by research on vaccine hesitancy and the gendered impacts of COVID-19 on women, particularly given they comprise 70% of the global health workforce. The Country Readiness and Delivery workstream of COVAX developed the ***Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines***, supporting national vaccine delivery and planning.²

4. As affirmed in WHO's Constitution, the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights, the right to health is a fundamental human right and – as our collective experience with COVID-19 unequivocally demonstrated - inextricably linked and interdependent on other legal, social, economic, civil and political rights, including the right to development. The right to health includes, as WHO has repeatedly stated, the right of everyone to benefit from advances in scientific progress and its applications, including global public health goods such as COVID-19 vaccines. As Dr Tedros stated at the Human Rights Council 46th Session High Level Panel on Human Rights Mainstreaming, of particular concern is the disproportionate impact on women, girls, Afro-descendants and ethnic minorities and the need to redouble efforts to ensure gender equality, human rights and the LNOB commitment are integrated across WHO and in our collective work on advancing the 2030 Agenda to ensure no one is left behind.³

5. WHO Director-General (DG) Dr Tedros Ghebreyesus stated in December 2020, in delivering the University of Nottingham's Human Rights Law Centre *Annual Lecture on Global Health and Human Rights*: "Integrating human rights protections into the response to COVID-19 is not only a moral

² WHO (2021). COVID-19 Vaccines. At: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>.

³ WHO (2021). Remarks by the Director-General: WHO's Human Rights Mainstreaming, the Durban Declaration and Leave No One Behind. Human Rights Council 46th Session: High Level Panel on Human Rights Mainstreaming and the Durban Declaration in the Context of COVID-19 (22 February 2021). Available at: <https://www.youtube.com/watch?v=lcDVHVizlkg>.

imperative, it is a binding legal obligation. Respect for all human rights will be fundamental to the success of the public health response”.⁴

II. Question 1: Key Obstacles to a more effective, inclusive, networked multilateralism to handle the COVID-19 response

6. Inadequate financial resources for the ACT-Accelerator, including the COVAX facility for COVID-19 vaccines, and insufficient international assistance and cooperation in supporting equitable delivery of COVID-19 tools, including vaccines, to low and middle-income countries is hampering the COVID-19 response and delaying recovery. Effective, inclusive multilateralism is essential in responding to a global health emergency and requires the committed engagement not only of the UN system, but of all Member States, civil society, the private sector and other stakeholders. While there have been recent, positive developments in that regard, such as the recent announcement by the United States President to temporarily waive intellectual property rights for COVID-19 vaccines,⁵ and the pledge by G7 countries to contribute 870 million vaccine doses (in addition to the one billion pledged in February 2021),⁶ the reality is that while high income countries have significantly reduced new cases through public health measures and comprehensive vaccination campaigns, the situation continues to be dire in low and middle-income countries (LMIC), where in some both the reported cases and morbidity and mortality are increasing.⁷ As of 25 June 2021, an unprecedented mobilization of sovereign funders and private sector, philanthropic and multilateral contributors has galvanized commitments of USD \$17.8 billion for the ACT Accelerator. These pledges, together with cost adjustments since September 2020, bring the remaining funding gap for 2021 to USD \$16.8 billion.⁸

7. The growing inequalities and inequities in access to public health goods as a result of COVID-19 informed WHO’s decision to dedicate a year-long campaign, launched on World Health Day 2021, with Five Key Actions to address growing health inequalities and inequities within and among countries, with an aim to build fairer, more equitable health systems and societies.⁹

8. The COVAX Facility has delivered over 45 million doses to 120 participants including 60 LMIC, demonstrating that COVAX is a proven mechanism to shift the needle towards vaccine equity. However, we must acknowledge that despite this pace – and our collective best efforts – we are still far from achieving equitable global access to COVID-19 vaccines.

9. While there have been recent increases in financial commitments, both to the ACT-AWHO remains deeply concerned regarding the inadequacy of current financial support to the ACT-Accelerator initiative and the gross inequities that persist in access to vaccines. Along with the Secretary-General, WHO DG, Dr Tedros, WHO’s Chief Scientist, Dr Soumya Swaminathan and other senior WHO leadership have repeatedly warned about the dangerous implications of “vaccine

4 WHO (2020). Keynote Address by Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, University of Nottingham Human Rights Law Centre Annual Lecture on Global Health and Human Rights. WHO, 11 December 2020, Geneva. Available at: <https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-university-of-nottingham-human-rights-law-centre-annual-lecture-on-global-health-human-rights---11-december-2020>.

5 WHO (2021). WHO Director-General commends United States decision to support temporary waiver on intellectual property rights for COVID-19 Vaccines. WHO, 5 May 2021, Geneva. Available at: [DG commends US decision on waiver of IP rights for COVID-19 vaccines](#).

6 WHO (2021). News Release: G7 Announces Pledges of 870 million COVID-19 vaccine doses, of which at least half to be delivered in the last half of 2021. WHO, 13 June 2021, Geneva. Available at: <https://www.who.int/news/item/13-06-2021-g7-announces-pledges-of-870-million-covid-19-vaccine-doses-of-which-at-least-half-to-be-delivered-by-the-end-of-2021>.

7 WHO. WHO Coronavirus (COVID-19) Dashboard. WHO, Geneva. Updated data available at: <https://covid19.who.int/>.

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9 WHO (2021). Director-General’s Opening Remarks at the World Health Day webinar. WHO, 7 April 2021. At: [DG opening-remarks-world-health-day](#).

nationalism”, including the potential of emerging variant strains of SARS-CoV-2 to undermine the efficacy of currently approved vaccines.¹⁰ This issue has been raised by the WHO Director-General through interventions at the Human Rights Council 46th Session, in public speeches and briefings, and in work at both the strategic and technical level with UN human rights mechanisms, including treaty bodies, special procedures and Human Rights Council resolutions on universal equitable access to COVID-19 vaccines, including the right to development and the right to benefit equitably from scientific progress and its applications.¹¹ WHO has underscored the existing inequalities among and within countries and the urgent need for global solidarity and collective action, consistent with Member State human rights obligations under the International Covenant on Social, Economic and Cultural Rights, the Declaration on the Right to Development, and political commitments by all Member States in establishing the 17 SDGs in 2015, including SDG 10 on reducing inequalities within and among countries and SDG 17 on revitalizing the global solidarity and partnerships required for achieving these goals.¹²

III. Question 2: What are the solutions to overcome such obstacles in a fair and sustainable manner?

10. While WHO continues to lead the global health response to COVID-19, as noted above, global solidarity, required for an effective and inclusive multilateral response to COVID-19 response and recovery, continues to be a challenge to a comprehensive and coordinated response. To address this challenge, in January 2021, WHO Director-General issued a ***Call to Action for Vaccine Equity***, inviting Member States, civil society, private and public sector organizations and multilateral entities to work together in solidarity to address the lack of supply and inequitable distribution of vaccines, which remains the biggest threat to ending the pandemic and driving a global recovery. The economic, social and human rights crises that rapidly followed the global public health crisis revealed by the COVID19 pandemic, exploited and exacerbated existing inequalities within and among countries. It has as well, like epidemics before it, revealed the social and economic fault lines of our societies. Global solidarity is not only a moral imperative, it is in everyone’s interests. The development of viral mutations, such as the Delta strain, underscores the need for a rapid, scaled-up and coordinated global response.

11. While WHO continues to collaborate with its partners in advocating for global solidarity and strengthened multilateralism as fundamental to progress across all 17 SDGs, it is also imperative that, as a global community, we learn from COVID-19 – and the pandemics that preceded it. The pandemic has illustrated the extent to which we exist in an interconnected and interdependent world, in which rising inequalities across sectors affect the very social contract between state and citizen, and in turn between governments and multilateral institutions, including the UN system, undermining social, economic and political stability and reversing gains in targets across the 17 SDGs. While vaccines, diagnostics and therapeutics and other COVID-19 tools can end this epidemic, there is no vaccine for hunger, inequality, poverty or discrimination. Effective multilateral engagement, development cooperation and investments from Member States and other partners are key to ending the health and economic crisis and to building stronger, more resilient and equitable health systems. However, the multilateral system ultimately depends on the sustained engagement and commitment of Member States in addition to a robust, adequately financed and responsive UN system.

¹⁰ WHO (2021). Science Conversation Episode No.34: Vaccines, variants and mass gatherings.

¹¹ Human Rights Council, 46th session (2021). Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic. Geneva, 24 March 2021, Res 46/14, UN Doc [A/HRC/RES/46/14](#).

¹² United Nations General Assembly (2015). Transforming Our World: the 2030 Agenda for Sustainable Development. New York, UNGA Res. 70/1, 21 October 2014, [A/RES/70/1](#).

IV. Question 3: What are your views on a new international treaty for pandemic preparedness and response?

12. Pursuant to World Health Assembly (WHA) Resolution 73.1: *COVID-19 Response*, which called for, *inter alia*, the creation of an independent evaluation of the global COVID-19 response, in addition to ongoing assessments of the COVID-19 response pursuant to mechanisms under the International Health Regulations (IHR) and WHO Health Emergencies Programme, several reports were submitted in advance of the 74th WHA (24 – 31 May 2021) for discussion. These included the Director-General's Report on Implementing WHA Res. 73.1,¹³ the final report of the Independent Panel on Pandemic Preparedness and Response,¹⁴ the report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response,¹⁵ and the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.¹⁶

13. The IPPR report recommended establishing an international convention on pandemic preparedness and response and WHA 74 discussion was preceded by calls by global leaders and other stakeholders on the need for a pandemic treaty.¹⁷ As the Director-General noted in his remarks in advance of WHA 74, ultimately the decision on whether to proceed with an international pandemic preparedness and response convention or treaty rests with Member States.

14. Following WHA 74 review of reports, recommendations and discussion, WHA Member States passed WHA Resolution 74.7: *Strengthening WHO preparedness for and response to health emergencies*.¹⁸ WHA 74.7 establishes a Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and, in considering the multiple reports and discussions at WHA 74, to submit a report with proposed actions for the WHO Secretariat, Member States, and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.

With best regards,



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¹³ WHO 74th WHA (2021). Report of the Director-General: Update on implementation of resolution WHA73.1 (2020) on the COVID-19 response. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_15-en.pdf.

¹⁴ WHO 74th WHA (2021). COVID-19 Response: Main Report of the Independent Panel on Pandemic Preparedness and Response. A74/INF./2. WHO, Geneva, 12 May 2021. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_INF2-en.pdf.

¹⁵ WHO 74th WHA (2021). Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. A/74.9 Add.1. WHO, 5 May 2021, Geneva. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add1-en.pdf.

¹⁶ WHO 74th WHA (2021). Report of the Independent Oversight and Advisory Committee: WHO Health Emergencies Programme. A74/16.

¹⁷ WHO (2021). News Release: Global leaders unite in urgent call for international pandemic treaty. (30 March 2021). Available at: <https://www.who.int/news/item/30-03-2021-global-leaders-unite-in-urgent-call-for-international-pandemic-treaty>.

¹⁸ WHA 74 (2021). WHA Resolution 74/7: Strengthening WHO preparedness for and response to health emergencies. (32 May 2021). Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf.