

# APPLIED RESEARCH PROJECT 2020

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INSTITUT DE HAUTES  
ÉTUDES INTERNATIONALES  
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GRADUATE INSTITUTE  
OF INTERNATIONAL AND  
DEVELOPMENT STUDIES

## “GOOD PRACTICES, SUCCESS STORIES, LESSONS LEARNED AND CURRENT CHALLENGES IN COMBATING POVERTY AND INEQUALITIES”



UNITED NATIONS  
HUMAN RIGHTS  
OFFICE OF THE HIGH COMMISSIONER

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IN DEVELOPMENT STUDIES UNDER THE POWER, CONFLICT AND DEVELOPMENT TRACK

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## THREE PERSPECTIVES ON POVERTY AND INEQUALITY: EXAMINING UNILATERAL COERCIVE MEASURES, ACCESS TO HEALTHCARE, AND GRASSROOTS INITIATIVES

PARTNER: OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
ACADEMIC SUPERVISOR: PROFESSOR MARTINA VIARENGO



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## **APPLIED RESEARCH PROJECT**

**Good practices, success stories, lessons learned and current  
challenges in combating poverty and inequalities**

**“Three Perspectives to Poverty and Inequality:  
Examining Unilateral Coercive Measures, Access to  
Healthcare, and Grassroots Initiatives”**

PARTNER: Office of the High Commissioner for Human Rights  
ACADEMIC SUPERVISOR: Professor Martina Viarengo

## **FINAL REPORT**

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## TABLE OF CONTENTS

LIST OF ACRONYMS	3
LIST OF TABLES AND FIGURES	4
ABSTRACT	5
EXECUTIVE SUMMARY	6
COLLECTIVE INTRODUCTION	8
Research Objectives and Questions	8
SOURCE MATERIALS AND DATA	10
STREAM 1: THE IMPACTS OF THE UNILATERAL COERCIVE MEASURES ON INTERNATIONAL INEQUALITY DURING THE COVID-19 PANDEMIC	11
3.1 Background & Existing Discussions	11
3.2 Methodology	14
3.3 Case Studies	15
3.4 Conclusion	20
STREAM 2: ACCESS TO HEALTHCARE FOR MIGRANTS: NATIONAL OPERATIONS AND POLICY FRAMEWORKS	23
4.1 Background	23
4.2 Methodology	24
4.3 Case Studies	24
4.4 Conclusion	27
STREAM 3: POVERTY REDUCTION: THE CONTRIBUTION OF CIVIL SOCIETY, GRASSROOTS INITIATIVES, & SOCIAL ENTREPRENEURSHIP	29
5.1 Background	29
5.2 Methodology	31
5.3 Case Studies	31
5.4 Conclusion	37
COLLECTIVE CONCLUSION	37
ANNEXURES	39

## LIST OF ACRONYMS

ACA	Affordable Care Act
ASHA	Accredited Social Health Activist
ATD Fourth World	All Together in Dignity Fourth World
EEA	European Economic Area
FSI	Fragile State Index
GHS	Global Health Security Index
IMF	International Monetary Fund
IRCA	Immigration Reform and Control Act
MDG	Millennium Development Goals
NHS	National Health Services
NRHM	National Rural Health Mission
PRWORA	Work Opportunity Reconciliation Act
SDGs	Sustainable Development Goals
SMEs	Small and Medium Enterprises
SNS	Servico Nacional de Saude
UCMs	Unilateral Coercive Measures
WHO	World Health Organization
WIBDI	Women in Business Development Incorporated

## **LIST OF TABLES AND FIGURES**

### *Tables*

Table 1: Coronavirus situation by country, December 1, 2020

Table 2: Global Health Security Index (GHS), 2019

### *Figures*

Figure 1A: Fragile State Index (FSI) overall scores compared, 2010 - 2019

Figure 1B: Public Services indicator scores compared, 2007 - 2019

Figure 2: World Bank, Annual change in extreme poverty rates, November 2019

## ABSTRACT

The report, which is produced in support of the 2020 United Nations Human Rights Council Social Forum, identifies some key good practices, success stories, lessons learned, and current challenges in combating different categories of poverty and inequality while placing COVID-related poverty and inequalities at the front and centre. The report is structured around *three* key streams in the order of global, national and grassroots levels: The first stream analyses the impact of the Unilateral Coercive Measure (UCMs) in the context of the COVID-19 health crisis, while the second stream focuses on the access to healthcare for migrants through the lens of national policy frameworks in the times of COVID- 19. In this regard, these first two streams present cases of top-down challenges and opportunities in combating inequalities on both international and national levels. The last stream, on the other hand, takes an alternative, bottom-up approach by discussing the ways in which civil society comes together to fill institutional gaps.

The research sources used were primarily based on national and organizational reports, and news articles published post-2000. It also incorporates interview content with experts on the ground to corroborate on the evidence collected. In conclusion, the findings of this report suggest that poverty alleviation and inequality reduction require efforts from different actors while also taking into consideration both the external factors (such as global balance of power) and the internal operations (such as the functions of the state and the civil society).

**Keywords:** Unilateral coercive measures, healthcare, migrants, social entrepreneurship, grassroots initiatives, poverty, inequality, COVID-19

## EXECUTIVE SUMMARY

This report produced in support of the 2020 United Nations Human Rights Council Social Forum identifies some key good practices, success stories, lessons learned, and current challenges in combating different categories of poverty and inequality. It explores efforts at the national, regional, and international levels for the promotion of social cohesion based on social justice, equity, and solidarity and on addressing the social dimensions and challenges in times of the Coronavirus disease (COVID-19) pandemic. The three key streams in this report include an analysis on the impacts of the *unilateral coercive measures* that focus on the global level, *access to healthcare for migrants* which focuses on the national level and *civil society, grassroots initiatives, and social entrepreneurship* in poverty reduction.

**Stream 1** analyses the impact of Unilateral Coercive Measures (UCMs) in the context of the COVID-19 global health crisis. Through the case studies in Iran, Cuba, and Venezuela, this stream of the report assesses the restrictions the UCMs pose on target states' ability in efficiently responding to the recent coronavirus outbreak and its further implications on the target nations' poverty and inequality as well as on the global inequality. The case studies find that the UCMs in the context of the pandemic severely compromise the ability of the target nations in their medical functions, treatment, and operation, through the disruption of monetary transfers and of transportation and provision of medical, anti-epidemic and essential resources. These assessed impacts implicate consequences on securing the civilian population's most basic human rights, which would lead to negative consequences on the poverty and inequality within the target nations studied, exposing the vulnerable populations at a greater risk. On an international level, the impacts concerning deterrent effects on trade and diplomatic relations of target states also implicate an exacerbation of global inequality through hindering the right to develop adequate emergency healthcare capacity as well as possibilities for post-pandemic recovery steps for both the target states and other Global South nations. The widely suggested south-south cooperation bears limits to be considered as a feasible solution for the target nations as the third State entities' fear for secondary sanctions led to their over-compliance with the existing measures.

**Stream 2** focuses on the access to healthcare for migrants through the lens of national policy frameworks in the times of COVID-19. The section entails three country case studies- USA, India, and Portugal. The countries were chosen based on the fact that the policies and their implementation varied exponentially among each of them. While the laws for migrants, most of whom were undocumented, have been changing in the USA for decades, there have been schemes like Medicaid which strive to provide adequate services. In the case of India, the migrants have been suffering the brunt of the pandemic as a large number of them were stuck in big cities due to delayed response, and despite numerous efforts it was difficult for them to cope. On the other hand, for Portugal, all migrants were treated as Permanent residents until July 1, 2020 so that they could access public services. Additionally, we suggest that the Universal Health Coverage shall be rendered the primary reference for all countries to ensure protection of migrants in the healthcare sector during the trying times of COVID-19. It has also been identified that according to a framework put forth by Dr. Julio Frenk and Dr. Suerie Moon, there are four essential functions namely- managing the externalities, producing global public goods, mobilizing global solidarity, and stewardship that need to be performed for the protection and advancement of global public health.



**Stream 3** defines civil society, grassroots movements, and social entrepreneurship, explaining why briefly what differentiates NGOs as well from INGOs. It proceeds to present 4 organisational case studies from countries at varying levels of development, as defined by the UN, in: Tanzania, Tajikistan, Pakistan, and Samoa. The focus in each of the provided case studies is primarily on SDGs 1 and 8: “no poverty,” and “decent work and economic growth.” Through the case studies, success stories and strategies directly related to poverty reduction are highlighted. This is followed by an analysis of observed patterns and limitations in this alternative nongovernmental space of development. This stream concludes that social entrepreneurship and grassroots initiatives fulfil a specific need that INGOs, NGOs and sometimes even the state cannot or are not fulfilling. It does however recognise the potential threat that this space can pose to direct investment in state-led development goals but concludes that development is not a zero-sum game and that depending on the design of the grassroots programs, its successes can be beneficial to all.

**Conclusion** reiterates the way in which these three streams speak to each other: the first two streams present cases of top-down challenges and opportunities in combating inequalities on both international and national levels. The last stream, on the other hand, takes an alternative, bottom-up approach by discussing the ways in which civil society comes together to fill institutional gaps. That said, in an ideal society, one would hope all actors involved at every level to be operating in collaboration towards the shared objective of poverty alleviation and the reduction of socioeconomic inequalities. Nevertheless, the report also demonstrates that significant change can still come from all levels of efforts, even those made in isolation. In making the links among these different streams, the conclusions also reflect several elements of the human rights framework, notably the right to development. Building responses to COVID-19 can be fortified by the normative principles of human rights including equality, non-discrimination, participation, accountability, and transparency. By virtue of the right to development, these norms include international cooperation and solidarity and apply both locally and globally.

## 1. COLLECTIVE INTRODUCTION

In contemporary society, where gaps have been growing primarily due to socioeconomic inequalities between different social groups across regions, understanding of and learning from past political processes seems like the one of the few solutions for poverty reduction. In this regard, good practices, success stories, and lessons learned in combating poverty and inequalities are critical in the pursuit and sharing of future practical solutions. They would thus include not only local, national, and regional phenomena but also global phenomena and their interactions, such as multilateral responses through international cooperation and solidarity, including North-South, South-South and triangular cooperation. The report aims to look at issues of poverty and inequality and efforts to redress them through a multidisciplinary lens. It aims to interest not just academics and professionals working in the field of economics, law, and poverty alleviation, but also those working in policy, public health, sociology, and the development sector.

This research project provided support as well as added to the content of the 2020 Human Rights Council Social Forum which was held on the 8th and 9th of October, 2020 at the Palais des Nations in Geneva. The Human Rights Council, in its resolution, 41/24 decided that the 2020 Social Forum should focus on good practices, success stories, lessons learned and current challenges in combating poverty and inequalities. The Social Forum is a unique space at the Human Rights Council for open and interactive dialogue among United Nations Member States, the UN system, intergovernmental organisations, and other stakeholders including the private sector, civil society activists, social and grassroots movements, youth groups, trade unions, academia, students and the media. To this end, this research was presented at a side event, open to the public, on the 9th of October. The research addresses among other things, efforts at the national, regional, and international levels for the promotion of social cohesion based on social justice, equity, and solidarity and of addressing the social dimensions and challenges of globalization.

### *Research Objectives and Questions*

Following the 2020 Social Forum's topic, the research mainly identifies some key good practices, success stories, lessons learned, and current challenges in combating different categories of poverty and inequality. The cases studied are therefore related to the concepts of power, conflict and development and their interactions. However, taking into consideration the

recent development of the worldwide pandemic and its creation of and impact on poverty and different inequalities, the research objective has been adjusted to cover COVID-related poverty and inequalities at the front and centre to reflect the reality of the current times.

The report is structured around three different streams, moving from a more global level (*Stream 1*) to a national/governmental level (*Stream 2*), to finally a local/community level lens (*Stream 3*):

### 1.1 THE IMPACTS OF THE UNILATERAL COERCIVE MEASURES ON INTERNATIONAL INEQUALITY DURING THE COVID-19 PANDEMIC

The first stream analyses the impact of the Unilateral Coercive Measures (hereafter, UCMs) in the context of the COVID-19 global health crisis. Through case studies in Iran, Cuba, and Venezuela, this section of the report assesses the restrictions the UCMs pose to the target states' ability in efficiently responding to the recent coronavirus outbreak and its further consequences on the target nations' poverty and inequality. It also addresses the global-level inequality of opportunities between countries concerning the barriers to trade, procurement of essential medical goods, and the access to international funds to respond to the health crisis.

In that, this stream explicitly questions the following:

1. What are the impacts of UCMs to the target states' ability to address worsening poverty and inequality in emergency situations such as COVID-19?
2. How do UCMs aggravate international inequalities in the ability of States to respond to emergencies like COVID-19?

### 1.2 ACCESS TO HEALTHCARE FOR MIGRANTS: NATIONAL OPERATIONS AND POLICY FRAMEWORKS

The second stream focuses on national organizations and policy frameworks which aim at providing healthcare to migrants, especially in the present trying times of COVID-19. The COVID-19 crisis has led the world to face significant challenges in numerous spheres at once, such as health and well-being, social and economic spheres, amongst others and it is safe to say that though it has affected all the countries in the world, the degree of the impact varies across nations. Even within the nations, there are vast disparities in access to healthcare by

different individuals, groups and communities. Inequality and poverty have massively affected this access. When talking about access one cannot emphasise enough upon questions like ‘Who decides this access?’, ‘Is there a universal set of rules which define this access?’ and ‘Why is this access distributed unevenly, if at all?’

Taking this into consideration, this stream explicitly questions the following:

1. Does access to healthcare vary across countries?
2. What are some of the ways in which countries have modified their policies to provide services to the migrants?

### 1.3 POVERTY REDUCTION: THE CONTRIBUTION OF CIVIL SOCIETY, GRASSROOTS INITIATIVES, & SOCIAL ENTREPRENEURSHIP

The third stream of research will examine poverty reduction efforts on a local level. While most available research focusing on poverty reduction includes the government’s role in the reduction of poverty, this stream will look at alternative sources of economic growth and poverty alleviation which extend beyond the conventional areas of economic and social policy action and examine things from a bottom-up approach. “Across the developing world, states with limited finances, poor governance, and corruption have failed to lead to development for all of their citizens. Within this context, alternative forms of development have been pursued”.<sup>1</sup>

In that context, this stream explicitly questions the following:

1. What are some of the success stories related to poverty reduction, particularly when looking at countries at varying stages of development?
2. Secondary Question: Does the involvement of grassroots and civil society initiatives divert attention from the government’s role and responsibility?

## 2. SOURCE MATERIALS AND DATA

The sources used for the research are primarily academic journals, national and organizational reports, news articles, and interviews. The inclusion criteria of the documents reviewed are primarily from the year 2000 onwards, i.e., the post-MDG and SDG time frame,

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<sup>1</sup> Banks, Nicola, and David Hulme. *The Role of NGOs and Civil Society in Development and Poverty Reduction*. Manchester: Brooks World Poverty Institute, University of Manchester, 2012. p.3.

with a particular focus on academic papers, Human Rights Council resolutions, case studies published between the year 2000 and 2020, and organisational reports.

The interviews conducted supplemented each stream through the additional input of an expert in the relevant field. Each interview was primarily conducted by one team member with the additional support of their co-team members. The interviews were semi-structured with questions mailed out to the interviewees beforehand, but relevant supplementary questions were also posed on the spot.

## **1. STREAM 1: THE IMPACTS OF THE UNILATERAL COERCIVE MEASURES ON INTERNATIONAL INEQUALITY DURING THE COVID-19 PANDEMIC**

### **3.1 Background & Existing Discussions**

#### *Definition*

When assessing the impact of any measure, it is necessary to put forth a clear definition of what it is precisely being assessed. However, there exists no universal definition of the term “unilateral coercive measure”, and the scope remains largely unclear.<sup>2</sup>

For the benefit of the analysis, this report takes the definition of UCMs suggested in the Thematic study (A/HRC/19/33).<sup>3</sup> Thus, UCMs discussed in this report refer to transnational measures taken by states “to compel a change in the policy of another state”, but outside the auspices of the United Nations Security Council. This notion largely includes the economic, trade and banking restrictions such as embargoes, boycott, blockades, and the reduction or withdrawal of economic aid. It also includes individual-targeted measures, such as freezing assets and travel bans, for those considered able to influence the policy of the target nation.<sup>4</sup>

#### *Legality*

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<sup>2</sup> United Nations, Human Rights Council, *Thematic study of the Office of the United Nations High Commissioner for Human Rights on the impact of unilateral coercive measures on the enjoyment of human rights, including recommendations on actions aimed at ending such measures*, A/HRC/19/33 (11 January, 2012). Available from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/100/67/PDF/G1210067.pdf?OpenElement>

<sup>3</sup> Ibid.

<sup>4</sup> United Nations, Human Rights Council, *Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights*, A/HRC/39/54 (10-28 September 2018).

Establishing the scope of UCMs also requires the adoption of legal criteria. Debates on the issue of the legality of UCMs have been around for over two decades but remain rather unsettled. The legal grey area that allows the States to impose these measures mostly has to do with the fact that the exact terminology “unilateral coercive measure” is not adopted in the UN Charter<sup>5</sup>. Hence, arguing for its illegality requires an assessment of measures in relevance to different legal concepts and principles enshrined in the Charter.<sup>6</sup> For the imposing States arguing that some of these non-military measures are not strictly illegal would find a legal leeway; such as in Chapter VI of the UN Charter<sup>7</sup>, which state the vague ways the States can resolve disputes first before taking it to the UN Security Council.

Nonetheless, it is not difficult to find legally problematic aspects of UCMs. For instance, *Articles 24(1)*<sup>8</sup>, *37*<sup>9</sup>, *39*<sup>10</sup>, *41*<sup>11</sup>, and *42*<sup>12</sup> confer the responsibility of the UN Security Council in the maintenance of peace and security as well as the resolution of disputes between States. *Article 53*<sup>13</sup> also reads that “no enforcement action shall be taken under regional arrangements or by regional agencies without the authorisation of the Security Council.” As Abashidze (2015) argues, as far as the UN Security Council holds as the only institution with the enforcement responsibility under the UN Charter<sup>14</sup>, any enforcement measures shall only be taken under the authorization of the UN Security Council.<sup>15</sup> In this regard, the very fact of UCMs being measures taken outside the auspices of the UN Security Council makes them illegal under international law.

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<sup>5</sup> Douhan, Alena. “Fundamental Human Rights and Coercive Measures: Impact and Interdependence,” *State Univ. Int. Relat.* No.1 (2017): 67-77.

<sup>6</sup> Hofer, Alexandra. “The Developed/Developing Divide On Unilateral Coercive Measures: Legitimate Enforcement Or Illegitimate Intervention?” *Chinese Journal Of International Law* 16, No. 2 (2017): 175-214. doi:10.1093/chinesejil/jmx018.

<sup>7</sup> UN Charter, art 33(1). “The parties to any dispute, the continuance of which is likely to endanger the maintenance of international peace and security, shall, first of all, seek a solution by negotiation, enquiry, mediation, conciliation, arbitration, judicial settlement, resort to regional agencies or arrangements, or other peaceful means of their own choice.”

<sup>8</sup> UN Charter, art 24(1). “its members confer on the Security Council primary responsibility for the maintenance of international peace and security...”

<sup>9</sup> UN Charter, art 37 (1). “Should the parties to a dispute of the nature referred to in Article 33 fail to settle it by the means indicated in that Article, they shall refer it to the Security Council.”

<sup>10</sup> UN Charter, art 39.

<sup>11</sup> UN Charter, art 41.

<sup>12</sup> UN Charter, art 42.

<sup>13</sup> UN Charter, art.53(1).

<sup>14</sup> Abashidze, A. “The Negative Impact of Unilateral Coercive Measures on Human Rights, Development, Cooperation, International Relations,” *Law Institute of the People’s Friendship University of Russia.* No. 1 (2015): 64-68.

<sup>15</sup> Douhan, Alena. “Unilateral Coercive Measures: Criteria and Characteristics,” *Belarusian State University.* Accessed October 26, 2020. <https://www.ohchr.org/Documents/Events/WCM/AlenaDouhan.doc>.

Also, UCMs entail political and economic elements of a coercive nature which go against the principle of “non-intervention in one another’s international affairs” (A/1236 (XII)<sup>16</sup>, UN Charter art. 2(7)). As such, Mohamad (2015)<sup>17</sup> explains that unilateral sanctions at their core involve the State’s application of its national legislation, which is “*prima facie* extraterritorial in nature” and thus, go against the principles of international law. Terry (2019)<sup>18</sup> gives the specific case of the US-imposed UCMs to argue that their measures and actions (such as intimidating third country’s businesses and citizens) is an intervention on domestic matters and thus a violation of other target States’ sovereignty.<sup>19</sup> Although it remains difficult to establish a clear boundary as to which constitutes an “*intervention*”<sup>20</sup>, the published UN Resolutions (see, for example, 52/181, 54/200, 56/179, 58/198, 60/185 and 62/183) also agree upon this coercive nature of UCMs. In fact, in the former Special Rapporteur Idriss Jazairy’s own words, UCMs are described as “measures ... imposed by States or groups of States to *coerce* another State in order to obtain from it the subordination of the exercise of its sovereign rights with a view to securing some specific change in its policy” (A/HRC/30/45).<sup>21</sup>

In terms of the consequences of weakening the relative competitiveness of the target nations’ economies in the global trade scene, this can also be qualified as a violation of the mandates of the World Trade Organization.<sup>22</sup> For this, the argument for the illegality of UCMs have gained more momentum in the United Nations as well as in academia.<sup>23</sup>

### *Impacts*

The unsettled debates around the legal stance of specific measures notwithstanding, the many negative impacts they have on target nations and their civilian populations are difficult to dismiss. The numerous General Assembly Resolutions as well as Human Rights Council Resolutions explicitly condemn UCMs for their negative impacts on the enjoyment of human

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<sup>16</sup> United Nations, General Assembly, *Peaceful and neighbourly relations among states. A/1236(XII)* (14 December, 1957). Available from [https://undocs.org/en/A/RES/1236\(XII\)](https://undocs.org/en/A/RES/1236(XII)).

<sup>17</sup> Mohamad, Rahmat. "Unilateral Sanctions In International Law: A Quest For Legality". *Economic Sanctions Under International Law*, 2015, 71-81. doi:10.1007/978-94-6265-051-0\_4.

<sup>18</sup> Terry, Patrick C R. "Letter To The Journal Unilateral Economic Sanctions And Their Extraterritorial Impact: One Foreign Policy For All?". *Chinese Journal Of International Law* 18, no. 2 (2019): 425-435. doi:10.1093/chinesejil/jmz010.

<sup>19</sup> Ibid.

<sup>20</sup> Douhan, Alena. "Unilateral Coercive Measures: Criteria and Characteristics," *Belarusian State University*. Accessed October 26, 2020. <https://www.ohchr.org/Documents/Events/WCM/AlenaDouhan.doc>.

<sup>21</sup> United Nations, Human Rights Council, *Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Idriss Jazairy, A/HRC/30/45* (10 August, 2015). Available from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/177/05/PDF/G1517705.pdf?OpenElement>.

<sup>22</sup> Ibid.

<sup>23</sup> Hovell, Devika. "Unfinished Business Of International Law: The Questionable Legality Of Autonomous Sanctions". *AJIL Unbound* 113 (2019): 140-145. doi:10.1017/aju.2019.20.

rights.<sup>24</sup> Accordingly, the mandate for the Special Rapporteur on the Negative Impact of Unilateral Coercive Measures on the enjoyment of human rights was created by the UN Human Rights Council in 2014 (A/HRC/RES/27/21).<sup>25</sup> In 2018, the former Special Rapporteur Jazairy submitted a report (A/HRC/39/54)<sup>26</sup> stating the negative impacts on four different country cases and putting forth the application of UCMs under international humanitarian law. In more recent years, more explicit addresses on the target nations and the UCMs' specific impacts were found. Alfred de Zayas, then Independent Expert on the promotion of a democratic and equitable international order on his mission to Venezuela and Ecuador, found the UCMs imposed on *Venezuela* to be the main cause of the prolonged economic crisis in the country (A/HRC/39/47).<sup>27</sup> In November 2019 UN General Assembly Resolution on the necessity of ending the economic, commercial, and financial embargo imposed by the United States against *Cuba* (A/RES/74/7)<sup>28</sup> also saw an overwhelming majority of votes in favour (192) and three votes against (Brazil, Israel, and the United States) on the matter.

Thus, against this background, this section brings back the debate on the impacts of unilateral coercive measures and adopts it to the relevant currently ongoing situation of the COVID-19 pandemic. For this analysis, it takes Iran (the Islamic Republic of), Cuba, and Venezuela (Bolivarian Republic of) as case study countries. These three countries have not only been subject to several years of restrictions and pressure from different UCMs but also appear to be struggling with effectively handling the coronavirus outbreak. Hence, unpacking the constraints which the UCMs place on the target nations and thus on international inequality seem both relevant and necessary at this point.

### 3.2 Methodology

In collecting the evidence of the impacts, this study has benefited greatly from the Special Rapporteur's Call for Submissions for the UCM-Study on the impact of unilateral sanctions on human rights during the state of emergency amid the COVID-19 pandemic<sup>29</sup>

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<sup>24</sup> See also, Human Rights Council Resolutions 15/24; 19/32; 24/14; 30/2; 34/13; and the General Assembly Resolutions 69/180; 70/151; 71/193.

<sup>25</sup> United Nations, Human Rights Council, *Human Rights and Unilateral Coercive Measures*, A/HRC/RES/27/21 (3 October 2014). Available from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G14/179/07/PDF/G1417907.pdf?OpenElement>.

<sup>26</sup> United Nations, Human Rights Council, *Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights*, A/HRC/39/54 (10-28 September 2018).

<sup>27</sup> United Nations, Human Rights Council, *Report of the Independent Expert on the promotion of a democratic and equitable international order*, A/HRC/39/47 (30 July 2018), p.2. Available from <https://undocs.org/A/HRC/39/47>.

<sup>28</sup> United Nations, General Assembly, *Necessity of ending the economic, commercial and financial embargo imposed by the United States of America against Cuba*, A/RES/74/7 (12 November 2019). Available from <https://undocs.org/en/A/RES/74/7>.

<sup>29</sup> OHCHR. "Call For Submissions: UCM-Study On Impact Of Unilateral Sanctions On Human Rights During The State Of Emergency Amid COVID-19 Pandemic". *Ohchr.Org*, 2020. <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.



whereby individual target nations were encouraged to submit reports answering the list of questions which publicly addressed the assessed impacts in greater detail. However, noting its imperative political nature, it corroborates multiple news sources and other accessible reports to avoid possible bias in the arguments made in these individual submissions. Further, in search for an expert perspective on south-south cooperation as a possible solution, a semi-structured interview was conducted with Mr Sadati Nejad (Minister Counsellor of Human Rights at the Permanent Mission of the Islamic Republic of Iran to the United Nations Office and other International Organisations in Geneva).

### 3.3 Case Studies

#### *Current Coronavirus Situation*

The situation is fast-evolving; thus, it requires a continuous, careful monitoring over time. However, at the time of writing, Coronavirus disease (COVID-19) cases and death tolls in all three countries, as illustrated in **Table 1** (see below), seem to be critical.<sup>30</sup> Iran is by far the hardest-hit country amongst the three countries listed, as its cases and deaths total per 1 million population are far beyond the global average.

**Table 1.** Coronavirus situation by country - December 1, 2020

	Cases - cumulative total	Cases - total per 1 million population	Deaths - cumulative total	Deaths - total per 1 million population
<i>Global</i>	62,662,181	8,027.119	1,460,223	187.057
Iran	962,070	11,454.18	48,246	574.41
Cuba	8,284	731.37	135	11.92
Venezuela	102,040	3,588.42	894	31.44

*Source: WHO Coronavirus Disease (COVID-19) Dashboard, 2020*

#### *Health Security*

Historically, one of the sectors hit the hardest by the effects of unilateral coercive measures has been the public health sector. Accordingly, the **2019 Global Health Security (GHS) Index**<sup>31</sup> exhibits that these countries were reasonably underprepared to deal with the health crisis of such scale. Venezuela ranked the ‘*least prepared*’ in the entire region (33th/33)

<sup>30</sup> World Health Organization Coronavirus Disease (COVID-19) Dashboard, 2020. <https://covid19.who.int/table> (\*Check for the latest information.)

<sup>31</sup> The Global Health Security Index, April 10, 2020. <https://www.ghsindex.org/>.

and 176th in the world, indicating its overall weakness in its healthcare services. Iran and Cuba were on the ‘*more prepared*’ side of the comparison spectrum, where Iran ranked 97th out of 195 countries with an index score of 37.7 and Cuba as the 110th with an index score of 35.2.

It is noticeable that both Iran and Cuba rated lower than their said-development in healthcare systems, specifically their well-developed public health emergency response plan and above-average preparedness for zoonotic diseases. When looking at the GHSI assessment of specific categories, these results can be explained with two reasons. As the GHS Index takes into consideration the “Risk” category in the overall assessment of the country’s health security, high political and socio-economic risks in these countries brought the weighted average down. In the end, the political, social, and economic stability is a significant factor that can either hinder or strengthen the delivery of health services. In addition, the lack of publicly accessible data simply did not allow for some categories to be filled.

In fact, it is worth noting that the GHS method of basing its scores primarily on publicly accessible resources does not guarantee an accurate evaluation. The margin of error creates a discrepancy between the GHS evaluation and specific countries’ performances, in reality, lowering the overall validity of the Index. Nonetheless, the report utilises the Index as the quantitative measures are useful for comparisons between the studied countries. The takeaway from the result illustrated in Table 2 is the fact that all three countries studied, in their own ways, have been ill-positioned to combat health outbreaks in general, not to mention a pandemic of such scale.

**Table 2.** Global Health Security Index (GHS), 2019

	<b>World rank</b>	<b>Regional rank (Region)</b>	<b>Index score</b>	<b>Classification</b>
Iran	97/195	3/9 (Western Asia)	37.7	More prepared
Cuba	110/195	19/33 (Latin America & the Carribean)	35.2	More prepared
Venezuela	176/195	33/33 (Latin America & the Carribean)	23.0	Least prepared

\*Ranks and scores indicated in the chart are the average values from the scores from six different categories (Prevent, Detect, Respond, Health, Norms, Risks).

\*\*Classification is three-tiered in the GHS Index - Least prepared; More prepared; Most prepared.

Source: *Global Health Security Index, 2020*

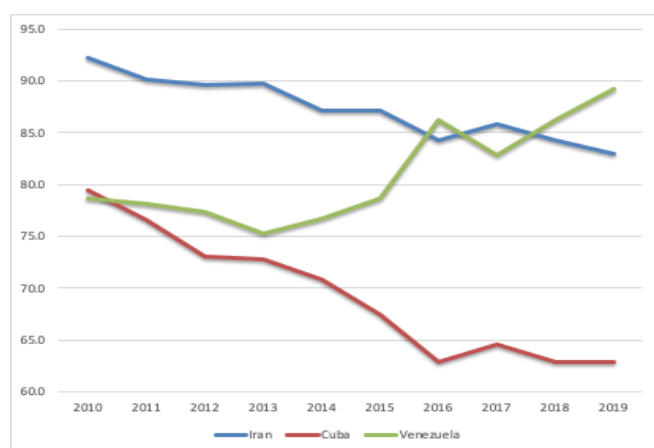
## State Fragility

A similar pattern of result was reflected even in terms of the ability of the states in meeting the needs of the societies (see **Figure 1A**).<sup>32</sup> The Cuban state had reached a substantial development in overall state functions over the past nine years, marking the lowest index score out of the three. Iran, although at a slower pace, also showed a trend of improvement over time. Venezuela, on the other hand, had an increase in state fragility, especially in the last five years.

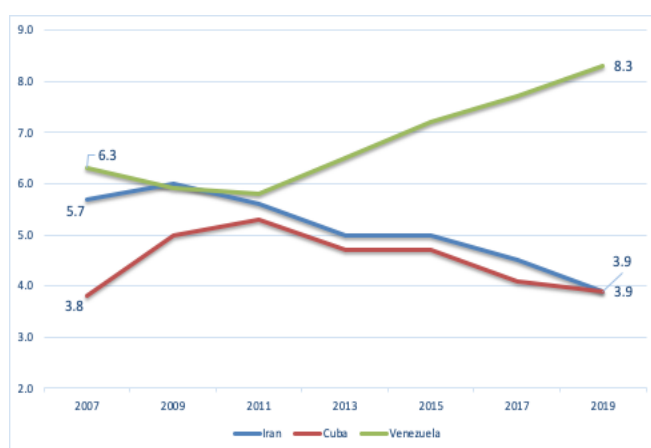
The Public Services indicator (P2)<sup>33</sup> scores also corroborate the narrative mentioned above (see **Figure 1B**). P2 indicator reflects the states' essential functions in protecting the population as well as serving the essential services, such as health, education, sanitation, transport, electricity, and more. **Figure 1B** demonstrates that while both Iran and Cuba have reached similar levels of state functions in public services (3.9), Venezuela lags behind (8.3).

It was possible to detect some root causes of Venezuelan state's severe lag on the Fragile State Index 2019 Annual Report which describes Venezuela as "*The sick man of South America*". It argues that this severe instability over the past six years or so predominantly yields to the current political tension, economic disaster as well as the resurgence of diseases (AIDS and Zika) in Venezuela.

**Figure 1A.** Fragile State Index (FSI) overall scores compared, 2010 - 2019



**Figure 1B.** Public Services indicator scores compared, 2007 - 2019



Source: *Fragile State Index, 2019*

## Case study analysis

<sup>32</sup> Fragile State Index. Washington, 2019. <https://fragilestatesindex.org/>.

<sup>33</sup> Ibid.

Despite some differences found in the level of state functions, however, the impacts from the UCMs experienced by these three countries during the current global health crisis reveal a pattern of similarities.

First, the *de facto* bans on the use of international wire transfer payment systems (e.g. SWIFT system) severely disrupted the target nations' ability to receive humanitarian assistance, especially the financial assistance from donor countries and international organizations. These cases were easily found in all three countries. Back in April 2020, Cuba had its transfer of the Chinese donation from the ALIBABA company, with medical supplies, cancelled last minute as the carrier was a US company.<sup>34</sup> Around the same time, Swiss banks also announced the blocking of donation transfers made by Swiss organizations operating in Cuba (*MediCuba-Suiza* and *Asociación Suiza-Cuba*).<sup>35</sup> Also, Iran's prior requests for receipt of international financial assistance from the World Bank and the International Monetary Fund (IMF) were rejected<sup>36</sup> by the American government due to the administration's disbelief that the fund would be used for coping with the public health crisis.<sup>37</sup> When Iran reached out to the South Korean government for assistance in coping with the country's shortage in medical equipment and medicines during the crisis earlier in March, the request was put on hold as the payment which must be made through an account established in a South Korean bank could not be made due to the measures restricting Iran's transactions via foreign institutions.<sup>38</sup> This time revealed how UCMs fundamentally postponed the donor's assistance decision until the governments could reach a concrete agreement with the US on the possibility of allowing coronavirus-related supply shipments.

In this regard, in their continued struggle to acquire enough financial resources for necessary supplies to protect and treat the civilian population, there only exists a minimal possibility for their governments to secure fiscal space to adopt compensatory measures against the

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<sup>34</sup> Weissenstein, Michael. "Cuba: US Embargo Blocks Coronavirus Aid Shipment from Asia." AP NEWS. Associated Press, April 3, 2020. <https://apnews.com/article/2858fbaa2dd5460fa2988b888fc53748>.

<sup>35</sup> Input made by The Permanent Mission of Cuba to the United Nations Office in Geneva for the Call for Submission, May 4, 2020. Available from <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.

*Corroborated:* France 24. "Firms in Cuba Running Afoul of US Banking Squeeze." France 24. France 24, October 1, 2019. <https://www.france24.com/en/20191001-firms-in-cuba-running-afoul-of-us-banking-squeeze>.

<sup>36</sup> Sputnik. "US Opposes IMF Assistance to Iran amid Ongoing Coronavirus Pandemic." The Nation. The Nation, April 8, 2020. <https://nation.com.pk/08-Apr-2020/us-opposes-imf-assistance-to-iran-amid-ongoing-coronavirus-pandemic>.

<sup>37</sup> Atwood, Kylie. "US Ready to Block Iran's Requests for Coronavirus Aid from the IMF, Officials Say." CNN. Cable News Network, April 9, 2020. <https://edition.cnn.com/2020/04/09/politics/iran-us-imf-corona-aid/index.html>.

<sup>38</sup> Moon, Kwang-lip. "Iran Seeks S. Korea-Made COVID-19 Diagnostic Kits amid US Sanctions." KBS WORLD Radio, March 23, 2020. [https://world.kbs.co.kr/service/news\\_view.htm?lang=e](https://world.kbs.co.kr/service/news_view.htm?lang=e).

pandemic.<sup>39</sup> These compensatory measures include monetary transfers for self-employed and unemployed individuals as well as small and medium enterprises (SMEs) and incentives for medical and security personnel at the frontline.

Furthermore, the ban and restrictions on shipments of medical and pharmaceutical items to target countries directly hindered these states' ability in COVID-19 treatment and operation. Due to the existing UCM suspending supplier companies' cooperation with Iran, several of the big pharmaceutical and medical companies had already discontinued the selling of their products prior to the outbreak<sup>40</sup>; *Air Liquide Medical Systems*, which used to provide anaesthetic and respiratory equipment, being one of many on the list.<sup>41</sup> In the context of the pandemic, the scale of harm from the shortages and lack of adequate medical supplies for the urgent patient treatment would undoubtedly increase. Similarly, in Cuba, some critical medical equipment for the care of COVID-19 patients such as pulmonary ventilators were suspended for imports as the manufacturers (such as *INT MEDICAL AG* and *AUTRONIC*) had US company shares and therefore forbade commercial relations with Cuba.<sup>42</sup> In Venezuela, many of the frontline medical staff were left without the standard protective clothes or masks in the hospitals<sup>43</sup>, as the medical goods that they were struggling to acquire included the most basic medical equipment and products such as intensive-care beds, disinfectants, and soap.<sup>44</sup>

The restrictions on importation of resources and on trades also directly impact the countries' medical functions, as depicted in the Venezuelan case. Approximately two-thirds of the biggest hospitals in Venezuela suffer from water and electricity shortage regularly.<sup>45</sup> According to the International Medical Corps, most hospitals in Venezuela are reported to be relying on water distributions a few times a week, while constant blackouts during the operation of medical facilities became a norm.<sup>46</sup> Additionally, due to the ban on the importation of oil refining

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<sup>39</sup> Input made by The Permanent Mission of Cuba to the United Nations Office in Geneva for the Call for Submission, May 4, 2020. Available from <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.

<sup>40</sup> Anahita Shams & Reality Check team. "Iran Sanctions: What Impact Are They Having on Medicines?" BBC News. BBC, August 7, 2019. <https://www.bbc.com/news/world-middle-east-49051782>.

<sup>41</sup> Input made by the Islamic Republic of Iran for the Call for Submission, 2020. Available from <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.

<sup>42</sup> Input made by The Permanent Mission of Cuba to the United Nations Office in Geneva for the Call for Submission, May 4, 2020. Available from <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.

<sup>43</sup> Bizaer, Maysam. "Neighbours Close Borders with Iran as Virus Concerns Rise." Middle East | Al Jazeera. Al Jazeera, February 23, 2020. <https://www.aljazeera.com/news/2020/2/23/neighbours-close-borders-with-iran-as-virus-concerns-rise>.

<sup>44</sup> Ibid.

<sup>45</sup> International Medical Corps. *Situation Update: Venezuela Complex Emergency Situation Report #11*. International Medical Corps, July 24, 2020. [https://reliefweb.int/sites/reliefweb.int/files/resources/IntlMedCorps-VenezuelaColombia\\_SitRep11.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IntlMedCorps-VenezuelaColombia_SitRep11.pdf).

<sup>46</sup> Ibid.

supplies and gasoline, the severe lack of fuel in the country is found to affect the operation of ambulances significantly.<sup>47</sup> In Carora, Venezuela, there was a report of a one-year-old baby who died as the nearest hospital (*Pastor Oropeza de Carora Hospital*) had no functioning ambulance to transport the baby due to country's lack of gasoline importation.<sup>48</sup> In the time leading up to his death, the baby's family reportedly had spent nearly twenty-four hours looking for someone who could transfer their baby to the coronavirus care hospital. As such, the lack of hospital transportation-means would severely compromise the access to emergency healthcare services for the population residing where there are no accessible healthcare facilities as well as those with personal constraints in accessing the existing facilities.

In the bigger framework, these negative impacts could lead to tremendous consequences beyond the borders of the target nations. With UCMs adding pressure to the already-weak institutional capacity of the Iranian state to deal with the global health crisis, Mr Sadati Nejad emphasises the fact that Iran's failure to respond to the quickly rising cases of coronavirus in its territory<sup>49</sup> would not stop at the Iranian border. The concern transfers to the state of the neighbouring countries including Afghanistan, Iraq, and Pakistan, which are indeed also under-equipped in their state response capacities. Moreover, in the case of Iran, it has been co-dependent on the neighbouring landlocked countries for the creation of job markets for the citizens through rail, road, and energy projects. Hence, in the long term, the impacts cause a major delay in post-recovery steps and development opportunities<sup>50</sup>, placing an immense adverse effect on these Global South nations' right to development.<sup>51</sup>

### 3.4 Conclusion

The impacts of the UCMs in the context of the COVID-19 pandemic assessed in this report have been categorized for the clarity of the analysis. Nonetheless, these impacts are

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<sup>47</sup> Input made by the Bolivarian Republic of Venezuela for the Call for Submission, 2020. Available from <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.

*Corroborated:* Olmo, Guillermo. "Coronavirus: Venezuelans Struggling with Fuel Shortage." BBC News. BBC, May 12, 2020. <https://www.bbc.com/news/av/world-latin-america-52640757>.

<sup>48</sup> Lameda, Richard. "Muere Bebé De Un Año En Carora Por Falta De Gasolina Para Trasladarlo Al Hospital." El Impulso, April 3, 2020. <https://www.elimpulso.com/2020/04/03/por-falta-de-gasolina-para-traslado-muere-nino-en-caroraa/>.

<sup>49</sup> In the interview with Mr Sadati Nejad, the Minister of Human Rights from the Permanent Mission of Iran to the United Nations in Geneva.

<sup>50</sup> An interview is scheduled to collect more evidence on this argument.

<sup>51</sup> Input made by the Islamic Republic of Iran for the Call for Submission, 2020. Available from <https://www.ohchr.org/EN/Issues/UCM/Pages/call-covid.aspx>.

*Corroborated:* Bizaer, Maysam. "Neighbours Close Borders with Iran as Virus Concerns Rise." Middle East | Al Jazeera. Al Jazeera, February 23, 2020. <https://www.aljazeera.com/news/2020/2/23/neighbours-close-borders-with-iran-as-virus-concerns-rise>.

significant on multiple spheres and at multiple levels and are very much intertwined.

Through the disruption of the transportation and provision of medical, anti-epidemic supplies, and necessary resources, the obstacles to the ability of the target states to respond effectively to the pandemic were found to directly impede access to the health aspect of the civilian population. This, in turn, countervails the efforts for poverty and inequality reduction within the target nations studied, affecting the civilian population's most basic human rights, such as (but not limited to) the right to life, right to health, right to an adequate standard of living (including access to basic necessities such as food, water and sanitation, clothing, housing, and medical care) and the right to freedom of hunger. Inevitably, these impacts are far more immense on the lives of the vulnerable population.

On an international level, the extraterritorial impacts from the UCMs lead to an exacerbation of the global inequality in the target countries' opportunities and possibilities for development, contrary to the human right to development which calls for equality of opportunity for all nations and individuals who make up nations. Due to the deterrent effects posed by the UCMs on the trade and diplomatic relations between the target nations and the neighbouring Global South countries, the target countries' right to develop adequate crisis response measures and preventative measures for the post-pandemic recovery steps are sacrificed.

### *Moving Forward*

Over many years, and especially during the pandemic and its multiple crises, the international community continues to urge all States to lift and suspend all forms of sanctions until the "common threat" is eliminated. Indeed, the pandemic constitutes a global challenge and thus requires all states' urgent actions to save lives. However, the challenge requires considerations and solutions that are stronger and more concrete than the mere urge for better "global solidarity". The international community has so far pondered upon the ways in which it can help achieve an immediate lift of all forms of UCMs, especially in times of global crisis like the ongoing COVID-19 pandemic. Moving forward, it is pivotal to question how these target nations can best deal with the UCMs to mitigate their implications on human lives and livelihoods, poverty and inequality and multiple violations of human rights - civil, cultural, economic, political, and social as well as the right to development, in the meanwhile.

As the world is struggling with the severe health, economic and social impacts from the pandemic, the importance of inter-and intra-regional cooperation is once again highlighted.<sup>52</sup> Especially as the bigger South economies such as China and India have taken the lead in adopting various modes of collaboration<sup>53</sup>, a strategic partnership amongst the Southern countries is now sought to be one of the more reliable strategies to sustainable recovery from the COVID-19 shock. The pandemic indeed placed the target countries in an even more difficult position; yet the only instrument around the stringent measures, the humanitarian exemptions, is proved to be ineffective and inadequate<sup>54</sup>. As such, Carlos María Correa (the Executive Director of the South Centre) suggested for more ‘south-south cooperation’ between the target nations to mitigate through the UCMs’ negative impacts at the 2020 Human Rights Council Social Forum. The question now is whether the south-south cooperation in these countries under strict trade bans would lead to attributable results.

Yet, in exploring the feasibility of this recommendation, this report finds that the construction of an effective model of cooperation is rather tricky in the cases of the countries targeted by UCMs. Mr Sadati Nejad from the Permanent Mission of Iran to the United Nations in Geneva claims the cause to be the threat of extraterritorial nature of UCMs on the engaging third States, as the imposing states (namely the United States) has shown a pattern of counteracting any engagements with secondary sanctions. There have been a few cases of inter-regional exchanges over the course of the pandemic such as the Chinese donation of surgical masks to Iran<sup>55</sup>; however, the increasing fear of being subject to secondary sanctions by the powerful nations greatly hinders the initiatives and follow-ups by the private and legal entities of third States. In addition, Mr Sadati Nejad carefully suggests that the unequal power dynamic may weigh in as well, whereby the businesses of those South countries with political and economic ties to the imposing States are often hesitant to pursue stronger solidarity with target countries. The context of the COVID-19 pandemic shows the extraterritoriality of the UCMs reaching far enough that it compromises *one* of the few proposed solutions.

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<sup>52</sup> Nkala, Denis, and Xin He. “Compounded Challenges: How Developing Countries Are Coping with the COVID-19 Pandemic in Asia and the Pacific.” United Nations Office for South-South Cooperation (UNOSSC), 2020. <https://www.southsouth-galaxy.org/wp-content/uploads/2020/11/Compounded-Challenges-How-Developing-Countries-are-Coping-with-the-COVID-19-Pandemic-in-Asia-and-the-Pacific.pdf>.

<sup>53</sup> Ibid.

<sup>54</sup> OHCHR. “Unilateral Sanctions Make It Harder to Fight COVID-19, Must Be Dropped, Says UN Expert.” OHCHR, October 16, 2020. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26393>.

<sup>55</sup> UNOSSC. “UNOSSC Newsletter: Special Addition, April 2020.” United Nations Office for South-South Cooperation, April 2020. <https://www.southsouth-galaxy.org/wp-content/uploads/2020/10/UNOSSC-Cities-Project-Newsletter-Q2.pdf>.



As the COVID-19 pandemic reassures that effectively containing the virus requires a solidarity amongst all nations, it provides a unique opportunity for identifying and reflecting on the way forward. Given the immense impacts of existing UCMs on the higher vulnerability and lower response capacity of the target nations to the COVID-19 pandemic, it seems then necessary to put in place multi-stakeholder negotiations and relevant policy frameworks to enable effective transfer of key products and to provide a longer-term planning horizon to south-south cooperation in times of emergency.<sup>56</sup>

### **3. STREAM 2: ACCESS TO HEALTHCARE FOR MIGRANTS: NATIONAL OPERATIONS AND POLICY FRAMEWORKS**

#### **4.1 Background**

The constitution of the World Health Organization states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”<sup>57</sup> This emphasises that access to health shall be made universally available without discrimination of any sort.

According to Universal Health Coverage, “the right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship.”<sup>58</sup> No one should be troubled because they are poor, or because they cannot access the health services they need. The Universal Health Coverage states that one’s financial conditions shall not be the barrier to basic, satisfactory healthcare. This has been largely challenged in many countries during COVID-19 as we shall see in the forthcoming sections.

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<sup>56</sup> UNCTAD. “South-South Cooperation at the Time of COVID-19: Building Solidarity Among Developing Countries.” United Nations Conference on Trade and Development, 2020. [https://unctad.org/system/files/official-document/gdsinf2020d4\\_en.pdf](https://unctad.org/system/files/official-document/gdsinf2020d4_en.pdf).

<sup>57</sup> World Health Organization, *Human Rights and Health*, December 29, 2017, <https://www.who.int/news-room/factsheets/detail/human-rights-and-health>

<sup>58</sup> World Health Organization, *Universal Health Coverage*, [https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1)

## 4.2 Methodology

The report will be based on existing academic literature in this field but to enhance the quality of our research we will also seek inputs from experts. We have interviewed Prof. Ishita Dey from the South Asian University, India to further examine the access to healthcare that the migrants in India have. This interview was semi-structured and based on previously agreed upon questions, to ensure transparency on both ends. This format of the interview also allows more room for in-depth, two-way communication. It lasted for a duration of 30 minutes on 27th November 2020 and was recorded through a secure connection. One of the challenges that one may have to encounter whilst conducting research on this section is the consistency of data as one shall be largely referring to official documents. Hence, there is a possibility of having a celebratory tone to the policies which may pave way for bias.

## 4.3 Case Studies

Three country case studies - USA, India and Portugal have been chosen to further examine how the access to health care for migrants has differed based on the level of development of the country which stems from the different stages they are at in terms of alleviation of poverty and inequality. The level of development of a country has been classified on the basis of UN country classification that marks the distinction by measuring per capita gross national income.<sup>59</sup>

### *United States of America*

The USA is a developed nation with a mixed economy wherein privately-owned businesses and governments both play a vital role. Drastically higher healthcare costs in the US have led to shifts in healthcare coverage and redefined eligibility criteria for migrants. There have been three turning points in history which showcase the transformation of access to healthcare in the country - Immigration Reform and Control Act (IRCA) in 1986, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, and the Patient Protection and Affordable Care Act (ACA) in 2010.

IRCA included an amnesty program that granted permanent legal status to about 3.1 million people. This legislation had wide-ranging and sweeping impacts. They were able to access their

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<sup>59</sup> United Nations, "Country Classification," *World Economic Situation and Prospects 2014* (New York: United Nations publication, 2014), 143-150, <https://www.un.org/development/desa/dpad/publication/world-economic-situation-and-prospects-2014/>

healthcare coverage and regularize their status via IRCA's amnesty if only they met certain eligibility criteria such as age and income for government health programs such as Medicare and Medicaid. In contrast, one decade later, the pendulum swung the other way towards a more restrictive plan after PRWORA was signed into law. The legislation, which was also known as welfare reform, introduced further restrictions for benefits of eligibility. Undocumented migrants continued to be ineligible for government health benefits, except for emergency medical services funded through Medicaid and immunization of communicable diseases, and only legal permanent residents were deemed eligible for public benefits by the year 2013.

Eligibility criteria for migrant women and children varied according to their legal status based on pre- and post-enactment of PRWORA. Gradually, programs, states, cities, and some private institutions have adopted sanctuary policies that attempt to turn a blind eye to the presence of undocumented migrants and refuse to cooperate in accordance with deportation activities. Some of the examples being New York City, Los Angeles, Chicago, Philadelphia, San Diego, and Miami. In addition to providing the undocumented migrants with safe haven, some sanctuary cities also extend social and health benefits, either by decoupling eligibility from legal status or by establishing these benefits program directly through state funding.<sup>60</sup>

Provisions like Medicaid which provide health coverage to people with low income and resources are a source of relief to the people. It is administered by the states as per the federal requirements and is jointly funded by the two. President Obama's Patient Protection and Affordable Care Act or Obamacare 2010 expanded healthcare and provided coverage even to uninsured, undocumented migrants.

### *India*

India is one of the fastest growing economies in the world and with the onset of the COVID-19 pandemic, the migrant workers of the country are one of the worst-hit communities. The dire conditions of the migrant workers have come to light in the past few months. They have faced harsh impacts of COVID-19 as they were stuck in big cities, with no means of income, limited food resources and basic necessities and were without the support of their families. The countrywide lockdowns with restrictions on public transportation systems might inevitably become the social impediments to access health care services. A huge number of

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<sup>60</sup> Van C. Tran and Katharine M. Donato, "The social provision of healthcare to migrants in the US and in China," *China Population and Development Studies* 2 (2018): 83-107, <https://link.springer.com/article/10.1007/s42379-018-0006-z>

daily-wage labourers decided to embark upon a journey to make their way back to their homes on foot despite the terrible conditions put forth by physical inconvenience of heat, shortage of food and water; and the fear of police crackdowns.<sup>61</sup>

Being stranded in big cities makes them more vulnerable to the virus as the facilities which cater to the needs of the working class are limited. Prof. Ishita Dey remarks that one of the major challenges faced by the migrant workers is finding adequate shelter. Over the years, the number of migrant workers has gone up while the number of shelters available for them has gone down. Another roadblock has been to identify the distinction between minimum and living wage in India as the undocumented, migrant workers are often relatively underpaid. It is estimated that more than 90% of working people in India are engaged in the informal economy and nearly half the workers are not eligible for social security benefits.<sup>62</sup> Unionisation of these workers can be a way to tackle the problems faced by them. According to Prof. Dey, lack of documentation has often proven to be a hindrance to access of healthcare as they have had to struggle to negotiate for medical leave causing further difficulty for undocumented workers due to the multiple levels of subcontracting that is entrenched into the system. These inequalities cannot be analysed in isolation; Prof. Dey states that gender cannot be delinked from caste and religion in India, and that many migrant workers are often forced to change their names in documents to avoid potential discrimination they may face at work. Lower caste workers may face additional challenges as they are sometimes expected to perform certain tasks due to their caste identity

A flagship program towards equitable access to healthcare services of the Government of India, has been the involvement of community health workers. ASHA (Accredited Social Health Activist)<sup>63</sup> workers as part of the NRHM (National Rural Health Mission) have been a success story. It primarily consists of literate women who provide assistance with first-contact healthcare and promote public health care programmes in their villages. Support to promote nutrition, sanitation and hygiene are also provided at a very low cost under this scheme.

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<sup>61</sup> Ketto, *Relief For India's COVID-19 Migrant Crisis*, [https://www.ketto.org/fundraiser/aid-for-the-migrant-workers-in-india-impacted-by-the-covid-19-pandemic?fmd\\_id=156394](https://www.ketto.org/fundraiser/aid-for-the-migrant-workers-in-india-impacted-by-the-covid-19-pandemic?fmd_id=156394)

<sup>62</sup> Champa Patel, "COVID-19: The hidden majority in India's migration crisis," *Chatham House*, July 13, 2020, <https://www.chathamhouse.org/2020/07/covid-19-hidden-majority-indias-migration-crisis>

<sup>63</sup> Health Mission, Ministry of Health and Family Welfare, GoI, *About Accredited Social Health Activist (ASHA)*, <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226>

## Portugal

For the third case study, Portugal, it is important to note that the government began by issuing three separate measures for different regions based on their condition. The Ministry of Internal Affairs also went to tell the news agency Euronews that all migrants in Portugal were to be treated as Permanent residents until July 1, 2020 so that they could access public services. They stood by the guidelines of the Universal Health Coverage - rights of the migrants must be guaranteed and people shall not be deprived of their Right to Health and social security only because their application was not yet processed.<sup>64</sup> Portugal is a developed democratic republic with the lowest GDP per capita in Western Europe and has still managed to provide adequate healthcare access to the public and temporary citizenship rights to migrants so they could access public health services.<sup>65</sup> Prof. Dey remarks that this may be because in Europe, health infrastructure often translates into equitable healthcare services.

The High Commission for Migration in Portugal began by issuing information in 8 languages other than Portuguese,<sup>66</sup> it included an updated assessment of the situation and displayed the cultural tolerance of the Government. The National Health Services (NHS) or *Serviço Nacional de Saúde* (SNS) ensures access to healthcare to all residents of Portugal and all temporary visitors hailing from the European Union (EU) and European Economic Area (EEA).<sup>67</sup> People who do not have a residency title (card) yet and have overstayed their time limit for legal permanence in Portugal may access some types of healthcare in the same billing conditions that apply to SNS beneficiaries.

## 4.4 Conclusion

The ongoing COVID-19 pandemic has given us the opportunity to learn from the mistakes made during past crises and be better prepared to combat challenges in the sphere of global health. According to a framework put forth by Dr. Julio Frenk and Dr. Suerie Moon, there are four essential functions that need to be performed for the protection and advancement

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<sup>64</sup> Euronews, *Coronavirus: Portugal grants temporary citizenship rights to migrants*, March 29, 2020, <https://www.euronews.com/2020/03/29/coronavirus-portugal-grants-temporary-citizenship-rights-to-migrants>

<sup>65</sup> Ibid.

<sup>66</sup> Europa, *Portugal: More multilingual information on Covid-19 for migrants*, July 1, 2020, <https://ec.europa.eu/migrant-integration/news/portugal-more-multilingual-information-on-covid-19-for-migrants>

<sup>67</sup> Jacquineau Azétsop and Michael Ochieng, "The right to health, health systems development and public health policy challenges in Chad," *Philosophy, ethics, and humanities in medicine* 10, February 15, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4336701/>

of global public health.<sup>68</sup> This framework puts the larger picture of the global crisis into a single frame and may help to collect numerous stances.

In this case, the first function of managing the externalities was undertaken by the national government of different countries which enforced regulations regarding lockdowns and travel bans amongst others through regularized surveillance; this has been fairly successful in most countries as the ‘stay at home’ policy has managed to facilitate the flattening of the curve in some cases.<sup>69</sup> The second function of producing global public goods can be observed by looking at private partnerships, pharmaceuticals, transparency of research, and development and diagnostics which reflects global cooperation. For example, this has been visible in the case of India and the EU which discussed collaborations as on April 4, and the ties between Taiwanese health experts and the WHO. Mobilizing global solidarity in terms of exchange of masks, and humanitarian assistance, facilitating of foreign travellers from one country to another has been an example of good performance on the category as a whole. And lastly, WHO has carried out the stewardship role wherein it has enabled dialogue between countries and published guidelines which are advised to be followed by everyone. The four functions are interdependent, and neither can be performed without the other.

Among migrants, legal status not only provides important access to resources and social provisions, but it also helps protect against poor mental health and psychological well-being. The Universal Health Coverage will be one of the most important sources that should be cited, implemented and acted upon in this section as it seeks to ensure access to affordable, needful services of adequate quality to one and all. Hence, the public health policymakers, while framing COVID-19 pandemic policy, need to pay adequate attention to the psycho-social issues of the internal migrant labourer. Pre-existing health disparities will be magnified if one chooses to ignore the discriminatory, uneven impact of the pandemic on internal migrant workers and will have a huge impact whilst attempting to prevent and control future spread of COVID-19. Building a holistic intervention system including screening for psychological stress, and targeted intervention is essential to reduce psychological distress and prevent future mental health consequences. Along with health professionals and general medical practitioners,

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<sup>68</sup> Julio Frenk and Suerie Moon, “Governance Challenges in Global Health,” *The New England Journal of Medicine* 368 (2013): 936-942, <https://www.nejm.org/doi/full/10.1056/NEJMra1109339>

<sup>69</sup> Brian Krans, “Washing Hands, Staying Home, and Flattening the Curve with COVID-19 Explained,” *Healthline*, March 23, 2020, <https://www.healthline.com/health-news/washing-hands-staying-home-flattening-the-curve-with-covid-19-explained>

trained community health workers should also be integrated with the public health services to tackle the upsurge in illnesses in the internal migrant workers.

#### **4. STREAM 3: POVERTY REDUCTION: THE CONTRIBUTION OF CIVIL SOCIETY, GRASSROOTS INITIATIVES, & SOCIAL ENTREPRENEURSHIP**

##### **5.1 Background**

There are certainly many ways to go about poverty reduction at varying levels of sustainability, in various contexts of development, and depending on the specific obstacles to development. Therefore, this stream does not claim that social entrepreneurship and grassroots movements are the end-all solution to poverty reduction. It would seem instead that they fulfil a specific gap that cannot be met by INGOs, nor perhaps by NGOs.

Despite the legitimacy of examining the reasons behind poverty as a factor to reducing poverty, this stream does not set out to do so, but rather instead to focus on examples of practical solutions. The four organisational studies demonstrate a direct link between livelihood creation and opportunities for economic advancement. Before beginning, it is vital to this stream to provide some helpful definitions.

Civil society and grassroots movements are defined as bodies with country-level and grassroots-knowledge such as small informal community-based organisations, profit-driven organisations, or local NGOs. In other words, they are entities that are not government-run and not principally led or funded by outside actors. Another defining feature of civil society movements are that they are more democratic and less hierarchical forms of governance and accountability.<sup>70</sup> Janet Nelson from ATD Fourth World described grassroots movements as being different in that, “[they don’t] necessarily have any kind of legal identity: [they] may not be registered... [They] may not even include any funding [nor] registration, etc. It can be much more informal.”<sup>71</sup>

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<sup>70</sup> Banks, Nicola, and David Hulme. *The Role of NGOs and Civil Society in Development and Poverty Reduction*. Manchester: Brooks World Poverty Institute, University of Manchester, 2012. p. 23.

<sup>71</sup> See Annex 3

Civil society and grassroots movements as well as NGOs stand out in that they are owned and controlled by constituents through active membership rather than a top-down structure centred at a headquarters which is perhaps abroad. Instead, they gain legitimacy by having an active local membership base “that identifies and participates in development activities”.<sup>72</sup> It is, however, important to note that civil society movements have their drawbacks: Gray et al. write that “people retain only such power as the State and the Market is willing to cede them”.<sup>73</sup>

NGOs, though they have their own shortcomings, do still make the cut. Despite their leaning towards avoiding establishing strong connections with socio-political movements, as well as their tendency to give into pressure by donors to set aside “radical messages,” NGOs do have their major strengths.<sup>74</sup> They are able to design services and programmes based on their grassroots linkages which engage community participation,<sup>75</sup> and importantly, they have influence. It is indeed this significance which leads to “walking a fine line” in their ties to funding bodies, the State, and corporations. In doing so they “risk their independence, legitimacy and the trust of their grass roots support” in a struggle to maintain their integrity.<sup>76</sup>

INGOs have further challenges in representing their constituencies. INGOs have shifted away from representing civil society with weakening ties to the grassroots. The linkages which remain tend to be overly concerned with instrumental accountability rather than structural ties to the constituencies and their empowerment.<sup>77</sup> The effects of reliance on foreign funding in civil society organisations have been destructive, negatively affecting their membership and their members’ regular cooperative behaviour. One study shows that organisations not rooted in their local populations struggle to establish strong membership.<sup>78</sup>

It is within this scope that the focus of this stream has been on tangible examples which demonstrate humanity’s tenacity and creativity in reducing poverty and inequalities. Special

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<sup>72</sup> Kamat, S. The privatization of public interest: theorizing NGO discourse in a neoliberal era. *Review of International Political Economy*, 2004. p. 167

<sup>73</sup> Gray, Rob, Jan Bebbington, and David Collison. NGOs, civil society and accountability: making the people accountable to capital. *Accounting, Auditing & Accountability Journal*, Vol. 19 No. 3, 2006. p. 328.

<sup>74</sup> Stiles, K. International support for NGOs in Bangladesh: some unintended consequences. *World Development*. p. 835-846.

<sup>75</sup> Banks, Nicola, and David Hulme. *The Role of NGOs and Civil Society in Development and Poverty Reduction*. Manchester: Brooks World Poverty Institute, University of Manchester, 2012. p.24.

<sup>76</sup> Gray, Rob, Jan Bebbington, and David Collison. NGOs, civil society and accountability: making the people accountable to capital. *Accounting, Auditing & Accountability Journal*, Vol. 19 No. 3, 2006. p. 328.

<sup>77</sup> Ibid.

<sup>78</sup> Bano, M. Dangerous correlations: aid’s impact on NGOs’ performance and ability to mobilize members in Pakistan. *World Development*, 2008. p 2297-2313.



attention has been given to innovative community entrepreneurship and participatory programs. Community entrepreneurs fill institutional gaps with the objective of serving the vulnerable and disadvantaged members of society. Though the goals of social entrepreneurship are primarily for the benefit of society in creating new structures and processes which are otherwise lacking, it is oftentimes central to these programs that they be financially sustainable, if not even profitable.<sup>79</sup>

## 5.2 Methodology

As previously mentioned, a semi-structured interview was conducted with interviewee Janet Nelson-Arazi, Vice-President of the International Movement ATD Fourth World. ATD Fourth World works with people living in extreme poverty and is among the NGOs that worked with the Human Rights Council on examining the relationship between human rights and extreme poverty.<sup>80</sup> A set of 6 questions were sent to Ms. Nelson beforehand, with a few clarifying additional questions posed to her on the spot which she very thoughtfully answered.

## 5.3 Case Studies

Towards the end of 2019, the World Bank published an article answering the question: “Where in the world has poverty reduction been most successful?”<sup>81</sup> The graph that went along with it shows 15 countries that experienced the largest annual average percentage point declines in extreme poverty rate between the years 2000 and 2015.

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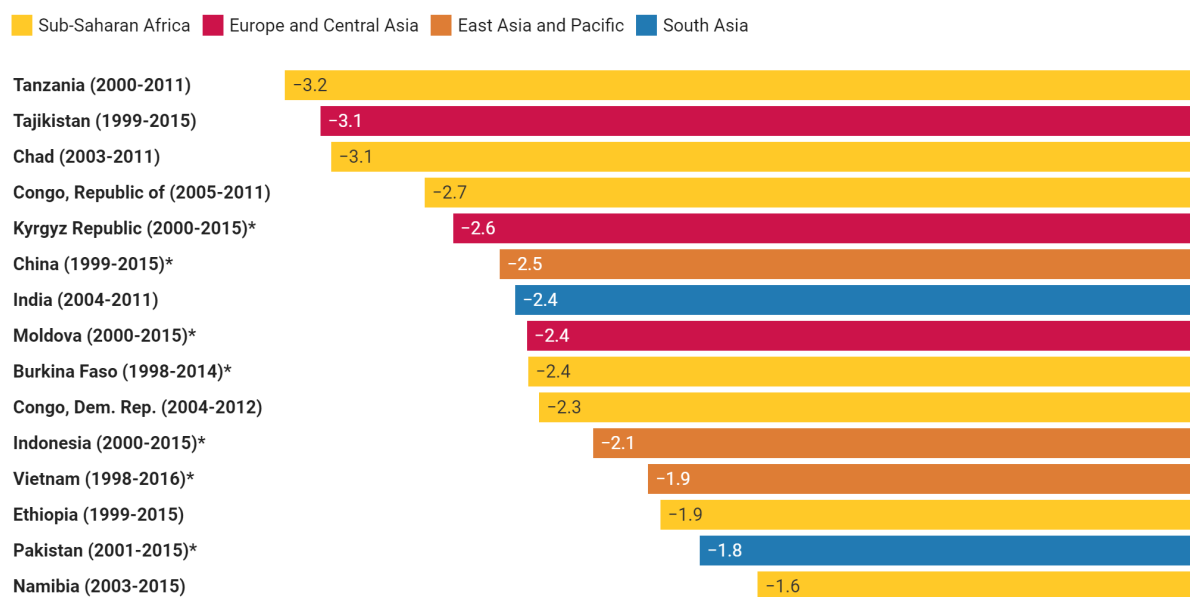
<sup>79</sup> Gray, Brendan James, Suzanne Duncan, Jodyanne Kirkwood, and Sara Walton. “Encouraging Sustainable Entrepreneurship in Climate-Threatened Communities: a Samoan Case Study.” *Entrepreneurship & Regional Development* 26, no. 5-6 (2014): 401–30. <https://doi.org/10.1080/08985626.2014.922622>.

<sup>80</sup> “Human Rights.” ATD Fourth World, February 29, 2016. <https://www.atd-fourthworld.org/what-we-do/human-rights/>.

<sup>81</sup> “Which Countries Reduced Poverty Rates the Most?” World Bank Blogs, November 12, 2019. <https://blogs.worldbank.org/opendata/which-countries-reduced-poverty-rates-most>.

**Figure 2.** World Bank, Annual change in extreme poverty rates, November 2019

Average of total extreme poverty percentage points change over the circa year 2000-15 (start year - end year), top 15 countries.



\* indicates data is not fully comparable between the start and end year

Source: World Bank PovcalNet

Source: World Bank<sup>82</sup>

The list was then used to determine 4 organisational case studies from different categories of development, as defined by the UN.<sup>83</sup> Tanzania was chosen under the heading of “Least Developed Country,”<sup>84</sup> Tajikistan under “Landlocked Developing Country”<sup>85</sup> (though it also features under “Economies in Transition), Pakistan as a “Developing Country,”<sup>86</sup> with the final choice, not figuring on the list, is Samoa under the category of “Small Island Developing State”.<sup>87</sup> Samoa used to be on the list of Least Developed Countries in 2001 but was then removed from the list following the fourth United Nations conference on LDCs in 2011,<sup>88</sup> making it an interesting country of focus.

### *Tanzania (Least Developed Country): Anza*

Anza is a Tanzanian organisation which aims to raise leaders who make a difference in their community through job creation and innovation. Using personalized and strategic capacity building as well as providing affordable capital and networking opportunities, Anza

<sup>82</sup> “Which Countries Reduced Poverty Rates the Most?” World Bank Blogs, November 12, 2019.

<https://blogs.worldbank.org/opendata/which-countries-reduced-poverty-rates-most>.

<sup>83</sup> “Country Classifications.” In *World Economic Situation and Prospects 2019*, 167–206. New York, NY: United Nations, 2019.

<sup>84</sup> *Ibid.*, p.173.

<sup>85</sup> *Ibid.*, p.174.

<sup>86</sup> *Ibid.*, p.194.

<sup>87</sup> *Ibid.*

<sup>88</sup> “LDC-IV - Home.” United Nations, United Nations, [www.un.org/en/conf/lcdc/](http://www.un.org/en/conf/lcdc/).

created 1600 jobs in 2019, served about 520 entrepreneurs (36% of whom were women), and saw the average income of their entrepreneurs increase by 20%.<sup>89</sup> It is important to note that the jobs created by Anza's opportunities have a wide impact on the families and communities of those with whom they work, though there are no numbers to show for it.

Anza provides intensive business training programs, an "Investment Accelerator" for helping small businesses to have higher impact and upscaling of growth, growth funds which are more affordable and flexible than other available means of capital in Tanzania, as well as the largest co-working space in the country, among other services.<sup>90</sup>

Their most recent report states that Anza is mostly financially self-sufficient, earning a revenue that is higher than money coming in from philanthropic sources, and aiming to reach 65% financial sustainability by this year.<sup>91</sup>

#### *Tajikistan (Landlocked Developing Country): Arvand*

Arvand is one of the leading microfinance institutions in Tajikistan. They offer small loans to help borrowers start and grow their businesses. With the purpose of stimulating economic growth in Tajikistan, they provide financial services to low-income families and micro-entrepreneurs to increase their income and improve their living standards.<sup>92</sup>

The Arvand bank provides support for new entrepreneurs who want to introduce their business project and have further development ideas. They use a simplified system of collateral, allow for the possibility of a grace period for repaying the loan, the possibility of early repayment without penalties, and a relatively low interest payment of 25% for actual used days.<sup>93</sup> They also provide crop cultivation loans, livestock loans, education loans, etc.

In 2016 they had 37,591 loan clients 43% of whom were women, 61% of rural clients, and an average loan amount of EUIR 645. Arvand itself has about 70 service points and employs about 900 workers.<sup>94</sup>

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<sup>89</sup> "Read the Anza Annual Report 2019." Anza, May 22, 2020. <https://anzaentrepreneurs.co.tz/annual-report-2019/>. p. 20.

<sup>90</sup> "About Us." Anza, January 27, 2020. <https://anzaentrepreneurs.co.tz/about-us/>.

<sup>91</sup> "Read the Anza Annual Report 2019." Anza, May 22, 2020. <https://anzaentrepreneurs.co.tz/annual-report-2019/>. p. 24.

<sup>92</sup> Акилов, Азим. "About CJSC Bank 'Arvand.'" ЗАО Банк "Арванд", n.d. <https://arvand.tj/en/bank/arvand>.

<sup>93</sup> Акилов, Азим. "Business Loan." ЗАО Банк "Арванд", n.d. <https://arvand.tj/en/cl/loans/business>.

<sup>94</sup> "Arvand." Welcome to Triodos Investment Management, October 18, 2017. <https://www.triodos-im.com/articles/projects/arvand>.

*Pakistan (Developing Countries): Plan Bee*

Supported by the Hashoo Foundation (a Pakistani family foundation), Plan Bee provides rural women in isolated northern Pakistan who are struggling to make a decent living with the training and provision of beehives and production kits. Plan Bee capitalises on local resources, the abundantly available flora and fauna, and uses a culturally appropriate business plan. Plan Bee farmers earn more than twice the price they would in the local market.<sup>95</sup>

The program uses a sustainable social-business model. They link small scale honeybee businesses with local and national markets. The foundation has successfully trained over 1,116 women in honeybee farming as well as aided the start-up of 36 honey business groups, some of which have developed their own brands entities.<sup>96</sup> The foundation itself purchases some of the honey which is marketed and distributed across Pakistan, particularly targeting hotels.<sup>97</sup>

*Samoa (Small Island Developing State): WIBDI, Women in Business Development Inc.*

WIBDI was formed by seven women who gathered to reassess their focus and reach out to the women suffering in their communities due to incomes that had been eliminated by natural disasters in Samoa.<sup>98</sup> Crucial to their vision was that a Samoan model of development must incorporate Samoan values, tradition and culture.<sup>99</sup>

WIBDI provides organic certification and international markets for their clients.<sup>100</sup> They gather a large number of small producers in order to supply the amount of produce required by international clients. Currently they are working towards family farms supplying the majority of restaurants' agricultural needs instead of importing 70% of their products.<sup>101</sup>

WIBDI provides small business training, conducting discussions with farmers about Samoa's economy, highlighting the role of small business in moving away from foreign aid, and

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<sup>95</sup> "Honey Bee Farming." Hashoo Foundation, n.d. <http://hashoofoundation.org/thematic-areas/economic-development/honey-bee-farming/>.

<sup>96</sup> Ibid.

<sup>97</sup> Ismailimail. "World Challenge 2008 – Plan Bee The Hashoo Foundation – Pakistan." Ismailimail, October 26, 2008. <https://ismailimail.blog/2008/10/26/world-challenge-2008-plan-bee-the-hashoo-foundation-pakistan/>.

<sup>98</sup> "29 Years of Development." 29 years of development - Women In Business Development, n.d. <https://www.womeninbusiness.ws/page/266952>.

<sup>99</sup> "Our Vision." Our Vision - Women In Business Development, n.d. <https://www.womeninbusiness.ws/page/266954>.

<sup>100</sup> "Organics in Samoa." Organics in Samoa - Women In Business Development, n.d. <https://www.womeninbusiness.ws/organics.html>.

<sup>101</sup> "Farm to Table Samoa." Farm to Table Samoa - Women In Business Development, n.d. <https://www.womeninbusiness.ws/farm-to-table.html>.

discussing subjects such as product development using their local resources, quality control, pricing, budgeting, communicating with potential partners/clients, business plans, and more.<sup>102</sup>

### *Case Study Analysis*

The scope of the research followed certain limitations. Many of the examples of innovative civil society and social entrepreneur programs did not provide sufficient organisational information about their funding, impact, staffing dynamics, etc. Furthermore, in a world that is increasingly globalised, it was quite challenging to pinpoint examples of organisations that are not principally funded by international donors.

Oftentimes those receiving international financing are the ones with the most accessible reports, which therefore excluded them from the set scope of the research since it focused on programs at least principally locally funded. Another (perceived) limitation was the slanting of many grassroots movements towards aiding a specific demographic; namely, women. For the sake of the research goals, an attempt was made to diversify the targeted demographic in the provided organisational case studies.

The chosen case studies are all the products of local solutions to local problems. Each of them saw their problem area as an opportunity for growth. In all 4 case studies the staff are primarily local nationals, and the funding is mostly, if not entirely both locally sourced and sustainable. These projects are all profitable, even if their main objective is not profit-making. While the case studies range from organisations to businesses, to a bank, the common thread of locally-sourced inceptions, innovativeness, job and opportunity creation, and stimulation of the economy runs in all of them.

Despite these organisations' work and successes in poverty reduction, the question arises of how this fits into the larger picture of state development. When organisations arise out of a need which is not being met by the state, namely the needs of employment, decent wages, and equal opportunities to overcome poverty, does that ultimately help or impede state development? Should these needs be met by innovative grassroots solutions, or rather by a state which provides for its people as seen in the Universal Declaration of Human Rights in *Articles*

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<sup>102</sup> "Small Business Training." Small Business Training - Women In Business Development, n.d. <https://www.womeninbusiness.ws/page/284538>.

23.1<sup>103</sup>, 23.2<sup>104</sup>, 23.3<sup>105</sup> and 25.1<sup>106, 107</sup> the Declaration on the Right to Development in *Articles 2.3<sup>108</sup>, 3.3<sup>109</sup> and 8.1<sup>110</sup>*, and the International Covenant on Economic, Social and Cultural Rights *Articles 6.2<sup>111</sup> and 11.1<sup>112</sup>*?<sup>113</sup> Nelson spoke about this dynamic, explaining,

“NGOs are forced to step up because the government is not doing [it’s job]. It’s... an easy way out for the government to say we have lots of NGOs taking care of that problem therefore we don’t need to do it. But it’s an excuse. It’s an excuse by the people in government not to be responsible for their citizenry, and not to implement the human rights that they’ve all ratified: the right to education, to decent living wages.”

The question ultimately becomes whether civil society’s investment in alternative modes of development slows down or takes away from resources (be they people, ideas, time, finances, etc.) that could have instead been directed at state development of welfare programs (for example). And secondly, whether these two offshoots are growing in opposite directions or rather working to reinforce one another.

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<sup>103</sup> UN Charter, art 23(1) “Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.”

<sup>104</sup> UN Charter, art 23(2) “Everyone, without any discrimination, has the right to equal pay for equal work.”

<sup>105</sup> UN Charter, art 23(3) “Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.”

<sup>106</sup> UN Charter, art 25(1) “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

<sup>107</sup> “Universal Declaration of Human Rights.” United Nations, United Nations, 10 Dec. 1948, [www.un.org/en/universal-declaration-human-rights/](http://www.un.org/en/universal-declaration-human-rights/).

<sup>108</sup> UN Charter, art 23(3) “States have the right and the duty to formulate appropriate national development policies that aim at the constant improvement of the well-being of the entire population and of all individuals, on the basis of their active, free and meaningful participation in development and in the fair distribution of the benefits resulting therefrom.”

<sup>109</sup> UN Charter, art 23(3) “States have the duty to co-operate with each other in ensuring development and eliminating obstacles to development. States should realize their rights and fulfil their duties in such a manner as to promote a new international economic order based on sovereign equality, interdependence, mutual interest and co-operation among all States, as well as to encourage the observance and realization of human rights.”

<sup>110</sup> UN Charter, art 8(1) “States should undertake, at the national level, all necessary measures for the realization of the right to development and shall ensure, inter alia, equality of opportunity for all in their access to basic resources, education, health services, food, housing, employment and the fair distribution of income. Effective measures should be undertaken to ensure that women have an active role in the development process. Appropriate economic and social reforms should be carried out with a view to eradicating all social injustices.”

<sup>111</sup> UN Charter, art 6(2) “The steps to be taken by a State Party to the present Covenant to achieve the full realization of this right shall include technical and vocational guidance and training programmes, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual.”

<sup>112</sup> UN Charter, art 11(1) “The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.”

<sup>113</sup> “Declaration on the Right to Development.” OHCHR, 4 Dec. 1986, [www.ohchr.org/en/professionalinterest/pages/righttodevelopment.aspx](http://www.ohchr.org/en/professionalinterest/pages/righttodevelopment.aspx).

## **5.4 Conclusion**

These programs were born of a need for contextualized, culturally sensitive solutions and opportunities. Their trust built between the leadership and members of the aforementioned organisations seems to be a necessary component to their success. Social entrepreneurship and grassroots initiatives in this way fulfil a specific need in empowering their populations, offering them employment opportunities, as well as the possibility to expand their businesses or turn simple ideas into reality.

Though it may seem as though the independence of these movements and organisations from the government poses a threat to development since the resources of the people are geared away from the government rather than into it, it is important to note that development is not a zero-sum game in which the government does not benefit from civil society investment in people and in the economy. This is especially true considering each of these organisations is doing its part to stimulate economic growth, push towards favouring local production, as well as do its part to lift the shared burdens of poverty and inequality.

## **5. COLLECTIVE CONCLUSION**

While the first two streams have put a finger on the ways in which trying circumstances not only exacerbate but also create new forms of poverty and inequality, they present cases of top-down challenges and opportunities in combating inequalities on both international and national levels. The third stream has taken an alternative, bottom-up approach of assessing sources of economic growth and methods of combating poverty and inequalities, depending solely on the practical efforts of non-governmental bodies.

Through the analysis of the negative effects of external, international factors (UCMs) as well as the positive internal policy-based decisions (such as in the case of Portugal) of state response to the COVID-19 global health crisis, the state has been presented in a way which highlights both its helplessness in the face of uncontrollable circumstances, as well as its proactiveness in shaping how crises such as that of the ongoing pandemic can be dealt with when a wholesome understanding of combatting inequalities is taken into account. Alternatively, a third local response shows the potential results of civil society coming together to fill the institutional gaps which are the result of a state that is not adequately providing for its people.

The findings of this report suggest that the ways to alleviate poverty and reduce inequality cannot be done through one actor nor on a single level. They require efforts from different actors that take into consideration both the external circumstances (such as global balance of power) and the internal operations (such as functions of the state and the civil society). That said, in an ideal society, one would hope all actors involved at every level to be operating in collaboration towards the shared objective of poverty alleviation and the reduction of inequalities. Nevertheless, the report also demonstrates that significant change can still come from all levels of efforts, even those made in isolation.



## ANNEXURES

### Annexure 1

#### INTERVIEW QUESTIONS- Stream 1

##### GENERAL INTERVIEWEE INFORMATION

**Date of Interview:** 26/11/2020

**Location of Interview:** Virtual (GoogleMeets)

**Name of Interviewer:** Hye Rim Jeon

**Name of Interviewee:** Seyed Mohammad Sadati Nejad

**Nationality:** Iranian

**Organisation:** Permanent Mission of the Islamic Republic of Iran to the United Nation Office and other International Organisations in Geneva

**Position:** Minister of Human Rights

[Begin Transcript 00:01:02]

**Okay. So, I would like to then refer to questions that I sent you earlier and go through them in order.**

Okay.

**So the first one being, the challenges and addressing the UCMs and its impact on national poverty and inequality in the case of Iran.**

Yeah. If you allow me to respond to this question by stating this point... that if you look to the Constitution of the Islamic Republic of Iran, after the resolution submitted in 1979, you can see that justice and equality to eradicating poverty are three main pillars of the Constitution. And we have reference to justice, equality and poverty eradication in many articles in our Constitution. And public welfare and social justice in general have been the main objectives in Iranian Constitution after the revolution. And since the revolution in 1970, many policies, law, regulations have been put in place in order to, I mean, ensure achieving these goals and objectives. And if I give you an example, for example, in Article 29, Iranian Constitution, it asks the government to provide adequate financial support and social services for all Iranian citizens in need. In particular, for example, retired, unemployed, disabled persons, and those

affected by natural disasters. And since then, many entities and institutions, in addition to governmental ministries and departments and judiciary have been created to ensure the achievements of these goals. I mean, justice, equality, and poverty eradication. Many NGOs and civil society organisations have been also active in this field. For example, if I refer to some of the, for example, institutions that have been established, relief organisations, ...

These are some examples and initiatives that after the revolution that created to help better achieve poverty eradication, equality, and justice. And since the revolution, the government, with the approval of the parliament, has developed six development programs on five annual basis. And we can consider that... this around thirty years that this national development programs have been in place with their approval of the parliament to help poverty eradication and to establish justice and equality all throughout the country. The judicial forces and the islamic parliament also have been played their roles in facilitating, I mean, the work and securing development and also the legal grounds and also to combat corruption. And all these organisations meant to continue to poverty alleviation through development projects, education, cultural programs, healthcare and education, direct financial aid, for example, to all Iranian in particular to vulnerable people. To abolish social inequalities and creating, distribution, redistribution mechanisms that benefit particular law in all citizens. But with this background, unfortunately, the unilateral coercive measures by the United States have negatively impacted the above mentioned, I mean, programs and objectives, and the rate of poverty in Iran have been increased, because of these unilateral coercive measures. And inflation, falling purchasing power of the currency, decline in capital income, for example, has been some of the negative aspect of these unilateral coercive measures against Iran which have resulted in a new rate of poverty and causing more inequality in Iran. For example, according to the statistics base on the World Bank, Iran's poverty headcount ratio was reduced from 1.1 percent of the total population in 2009 to 0.1 in 2013. This, based on the World Bank figures, I mean statistics, show how the Iranian governments have been successful in, I mean, reducing the poverty and inequality in the country. And this has been the result of the government and the state endeavors but unfortunately, because of unilateral coercive measures, major inflation, I mean, have been caused to increasing, I mean, the poverty and adversing this rate which has been the result of mass endeavors by the Iranian governments. Unilateral coercive measures have increased uncertainty about the future in economic domains and these has led to the lack of investment by foreign companies, for example. And also by hampering the exports and imports of goods and commodities, even for humanitarian purposes like, I mean, pharmaceutical items, medical, I mean, equipments, and needs. And the vulnerable workers in

low income, for example, have been affected by these uncertainties, and some people have lost their jobs and their wages. So this, for example, is as a result of negative impacts of unilateral coercive measures that illegally and in defiance to the international calls for lifting the sanctions in particular during the COVID-19. You know that the Secretary-General, the High Commissioner for Human Rights, the Committee for Human Rights, many Special Rapporteurs, Special Rapporteurs on development and health, on UCMs, the independent expert on foreign debts.. Many, many.. They have requested to list the sanctions at the time of the COVID-19, but unfortunately not only it was not lifted but even increased. This was very briefly... I tried to respond to the first question.

**Great, thank you so much. Umm.. So if I, if I could summarise the main points that I jot down from your answer is that... from.. although the Iranian government has input a lot of efforts in combating inequality and poverty on a national level, the UCMs and its impacts are indirectly, and to an extent, very much directly hampering these efforts by the government.**

Yes, yes.

**Okay perfect. Second question on the list was: What do you think are the possible ways Iran can mitigate through these implications from UCMs on its overall poverty and inequality in the current state that there has not been a complete ban and prohibition of UCMs by states like the United States of America?**

**Interviewee:** Yeah, I think if you go to the... I mean umm.. background and when the summit revolution was started. 1970. You know that Iran has been under strict US sanctions since 40 years ago. And unfortunately, American sanctions has been, year by year, increased and strengthened. And now we are facing an embargo and comprehensive sanctions and unilateral coercive measures. But despite all of these sanctions, Iran succeeded to limit the effects of sanctions as non-US companies continue to work with Iran to do business affairs with Iran. And Iran's economy was not cut off from global markets. Despite all, I mean, the illegal efforts by the United States. Besides, Iran adopted, year by year, declare to adopt a policy of 'self-reliance', and the Iranian government adopted the policy of 'resistant economy'. They call it 'resistant economy' which means, while you are working with abroad, at the same time, you know that you should secure the main needs from inside. And you should adopt your policy of

self-reliance because of, I mean, this uncertainties as a result of unilateral coercive measures. And to mitigate the negative impacts of unilateral coercive measures on enjoyment of human right, the government has done its utmost to mitigate the economic damages and to contain the civilian pain as much as possible. Despite the devastating unilateral coercive measures, Iran improved, in the previous forty years in social conditions, in the area of health and education. And it is not all cities WHO that states that the health system of Iran is among the best in the middle east. And this is the same with the educational system. UNESCO confirms that the Iranian education system is one of the best, at least, in the region of Middle East. These are, I mean, the results of, I mean, continuous efforts by the Iranian government. According to the World Bank, the poverty rate was caught from 40 percent to 20 percent from 1979, it means at the time of the revolution, to 1989. And even after that, in the, I mean, afterward in the next two decades, also the same trend continued despite all these sanctions by the United States. Umm... and the... But unfortunately, you know, in the last decade, I mean, in particular during the Trump administration, this unilateral coercive measure has been tremendously increased. Without any, I mean, regulations and without any legitimacy. Daily by daily, even now that... if you follow the news, you see each day., even by this, latest, I mean, I mean months of the administration, they are establishing new, I mean, round of sanctions and coercive measures against the Iranian entities, persons, and institutions. But despite of all the efforts that the government have done, the humanitarian effects are definitive. And we know that the government has done its utmost to reduce its impacts as much as possible, and um... Iran also has followed the issue at international level to defend the brides to human rights of the Iranian people. And has raised the issue in every occasion within the human rights mechanisms, Human Rights Council with special procedure mechanisms.. in every occasion, here in Geneva, in New York, in other international forum. The Iranian government and each representatives, they have raised this issue of negative impacts of UCMs and mentioning that UCMs are in violation of basic and fundamental human rights of the Iranian people. and even the government raised this issue with ICJ. I'm sure you're aware that ICJ issued an order in 2018, but unfortunately, in defiance in all international calls and even in defiance of these orders of International Court of Justice, the US did not, I mean, lift the sanctions, even did not facilitate the channels for humanitarian channels, humanitarian hemisphere of pharmaceutical items and medicines. And this is really a breach of human rights and also humanitarian law, and also the Charter of the United Nation and international law.

**Great, thank you. Umm.. this has made me perhaps a side question to one of the things you referred in answering this question. It's about having, I've actually read this article about... on the WHO expats who went to Iran for five days amid COVID earlier in March, and they've concluded that Iran is heading in the right direction and has great healthcare facilities. But seeing the record of the COVID cases and how it's quickly rising from the beginning til, til today, where would you find the loophole in the system? Where is this, in a way, loophole coming from within their healthcare system? Why is there such a high fatality rate as well as the infection that is just kind of out of control at the moment? In your personal opinion.**

Yeah, you know.. As I said, and as you mentioned also based on the WHO report that Iranian healthcare is one of the best in the region, but this is a reality that, because of Unilateral coercive measures, there is no possibility for transfer of medical equipments. The Americans are saying that there is humanitarian exceptions, but on the ground, there is no humanitarian exemptions. The banks, the transport system, the financial system, the insurance system... none of them are working so in practice, there is not any possibility for transfer of pharmaceutical items and medical equipments because for securing this COVID-19, you need to.. new equipments. And because of the large scale of the pandemic, no one can, I mean, can handle, can treat the issue alone. So all countries, they need to cooperation. But unfortunately, because of these unilateral coercive measures, the reality is that, in practice, there is no way, even the Iranian money is blocked outside and those country, because of secondary sanctions, they fear even to help Iran to use those money, those moneys that are blocked in those country to use for transfer of humanitarian equipment at the time of the pandemic. This is, I mean, the reason.

**Okay. It's great that you mentioned the humanitarian efforts from outside, from the international agency as well as other countries in the neighbouring areas. I was wondering - were you able to identify some cases of international humanitarian efforts during the pandemic, the COVID-19 pandemic, that you consider to be very much helpful and successful. And if so, in what way would that be?**

You see, the US claim that it has implemented exemptions for importation of humanitarian aid by Iran. But in reality, even in situations when humanitarian exemptions are applicable, because of the limitations and fear of secondary sanctions for banks and I mean transport insurance and some financial issues, the companies are reluctant to, I mean, help, I mean, Iran facilitate the

transactions of humanitarian goods and items to Iran. Because of massive, I mean, sanction regime. So the US claim does not really conform to reality because the Iranian companies and hospitals have been facing problems to purchase medicine and medical equipment since 2018, particularly after the US withdrew from JCPOA. And in addition to that, you know that the instrument in support of trade exchange, they call it "INSTEX" it was one of the mechanisms created in 2019 by France, Germany and United Kingdom, to foster trade between Europe and the Islamic Republic of Iran against the US illegal sanctions. This, in addition to this, there was another initiative which was the... called the Swiss Humanitarian Trade Channel to allow Swiss-based companies to send medicines and other vital goods, pharmaceutical items to Iran despite US sanctions. But none of these initiatives are working on the ground. This is not something that, I mean, Iran says. The UN Special Rapporteur... I mean, only one UN Special Rapporteur, the UN has special procedures in 7th August 2020. They issued a news release and said that the humanitarian exemptions are not working. Despite the previous call in April to list the sanctions but nothing has happened on the ground and they said sanctions are proving, during the COVID-19, any humanitarian exemptions are not working on practice. Just, if I give you as an example, for example, more than 25 innocent children affected by EV, they died. The innocent children. 3 years, 4 years, 2 years, 5 years... They died because of lack of access to specific bondages which was previously exported by a Swedish, I mean, company to Iran. You know, this is the reality, and as the UN has said, in place of time-consuming, and often costly procedures for getting humanitarian exemptions for sanctions, exemptions should be granted on the presumption that the stated purpose is actually humanitarian with the burden of proof on others to show it is not. The UN expert also emphasised that, to guarantee human right and solidarity in the course of pandemic, licenses for delivering humanitarian aid should be provided in the easiest way preferably, automatically upon request, and individuals and humanitarian organisations involved in the delivery of such aid should, in no way be subject to secondary sanctions. But in reality, they are subject to subject to secondary sanctions. And secondary sanctions are one of the main problems which avoid humanitarian agencies to help Iran. There should be no delusion or illusion about the sweeping effects of unilateral coercive measures and the fact that there is absolutely no such thing as 'humanitarian exemption' on the ground. Humanitarian exemptions, to say, is really nothing more than a public relations sham to allay criticisms against unilateral coercive measures. I mean, it is used only as an umbrella to say that, "Don't worry. There is humanitarian exemptions so the UCMs are not affecting the innocent people." But in reality, they do have impacts.

**So I think you've also covered the last question part on the South-South cooperation as well. I was just wondering if these exemption requests are required even for international organisations or international agencies like the UNOSSC and WHO? If they require exemptions from the UN to deliver these humanitarian assistances to countries like Iran?**

Uhh.. Well... You know, the reality is that even the UN agencies, they have problem. Even, you know, the Iranian diplomatic missions in Geneva and in New York, in other countries they even have problems. So how you can imagine ways on diplomatic conventions, it is a must that the host country should secure the, I mean, atmosphere for ensuring that all missions and embassies they can do their diplomatic job. But this is not the case in reality, and all of them, they are referring to secondary sanctions. They have... they are raising... they have the fear that if we facilitate, we cooperate... So this is the same with the UN agencies with humanitarian agencies. Even if they want to transfer humanitarian items to Iran, they cannot. Because in reality, there is a process that is very lengthy, sometimes more than two or three months, they do not respond and they make the process as, I mean, finally ending up with negative, I mean... response or with negative, I mean.. action to do humanitarian, I mean, transfer to Iran. If I touch upon the last point that you mentioned for South-South cooperation, I explain a little bit more on that. You know, the point is that there are several challenges toward South-South cooperation, to fight sanctions, and the extraterritoriality of unilateral coercive measures and overcomplicate with already-massive sanctions regimes by private sectors and increasing use of cyber technologies are the main challenges in line with the cooperation of the South-South in regard to sanctions. You know, the broad scope of the notion of extraterritoriality with regard to unilateral coercive measures has legal qualification of extraterritorial activity has huge negative impact on the third states and on cooperation of South-South. If fear of third states, for the nationals and for their legal entities, has led to the over-compliance of many of the South countries and blocked any tangible resolve and cooperation between the South countries to tackle unilateral coercive measures. There might be some various small examples of cooperation, but it has never reached to the model of cooperation. And even those small examples have finally become the target of the US attacks and US secondary sanctions.

**Yes, and few of the case studies that I've... uhh.. found on South-South cooperation between Iran and another country.. I've seen a lot of examples of China donating surgical masks or... the other example was giving technical assistance and what not. Whereas the South Korean donation to Iran has been blocked. And I was wondering if, although some**

**international agencies like the South Centre would contend South-South cooperation simply as a conduct between two different Global South nations helping each other, it's really about the political interests that lie between these nations. Countries like South Korea who have been and are heavily dependent on America politically would have much lower initiations and thresholds in terms of helping Iran, say.. Compared to China. Would that also be something that you would consider is the case?**

Yeah, actually. This has been, I mean, one of the solutions that has been suggested by the... many. But as I said, because of over-compliance of countries to the unilateral coercive measures and the fear that the private companies and, I mean, entities of the third countries, they have... they are really reluctant to any kind of cooperation with the targeted countries. So even if there are some examples as you also mentioned some of them, or for example, even the cooperation between the targeting states, like the one between Iran and Venezuela for swap of fuel, for example.. but you know, as I mentioned, you follow the news that what happened and how the US tried to, I mean, sue, I mean, these kind of actions and cooperations to block and to prevent from the occurrence in other occasions in other countries. So this is the point. I mean, even the south south cooperation, there is not, I mean, very open atmosphere or horizon because of these over-compliance and because of the extraterritorial... I mean... application of the unilateral coercive measure. But I would say that nowadays, in particular, during the pandemic, there is a lot of understanding of the inhuman nature of UCM. Because before pandemic, maybe people but not so much up there. But because of COVID, and you know, because.. the point is that.. even if you care for yourself, and if a country, a developed country, or any country, if it cares for itself and for its people, it should help the targeted countries to treat, to contain the COVID. Because the COVID does not block in one country.

**Of course.**

It goes to other countries. So if Iran is not successful in containing the COVID, the COVID will not stop in Iran. It will go to other countries. It will go all over the world. So you know, and this was something that even the High Commissioner, the Secretary-General, and many other at international level, they raised it but unfortunately, in defiance of all of these calls, the US not only has not stopped but even increased on daily basis. So as a result of this development, now many states, many people, many... I mean... human rights activists, they are aware of the inhuman nature of the unilateral coercive measures, and the only hope that one



has is that this alarmed and this one is raising finally, I mean, to condemn the unilateral coercive measures. And as the Special Rapporteur on UCMs is doing to try to define what are those sanctions that are legal and what are those sanctions which are illegal because some countries they are saying that the use of sanctions as a legitimate tool for, I mean, our political objectives. But even those countries, they are reaffirming that we are not agree with violating the human rights of people. and they say that we shall make sure that the sanctions are not hampering the innocent people, the vulnerable people. So if that is the case, we all agree that sanctions shall not violate the human rights of people, I think we can't find ... And I hope that the activities that the Special Rapporteur on unilateral coercive measures is doing and following finally.. could reach to positive results and conclusions.

## Annexure 2

### INTERVIEW QUESTIONS- Stream 2

#### GENERAL INTERVIEWEE INFORMATION

**Date of Interview:** 27/11/2020

**Location of Interview:** Virtual

**Name of Interviewer:** Anandita Pavagadhi

**Name of Interviewee:** Ishita Dey

**Nationality:** Indian

**Organisation:** South Asian University

**Position:** Faculty

**Job description:** Assistant Professor

**Experience with migrant health, if any:** in the capacity of helping the domestic workers organisation in Delhi and right now I am conducting a research project for Calcutta research group on migrant workers health and all of that in the capacity of the researcher and invited member of a domestic workers' organisation.

1. **Do you think access to healthcare is on a uniform playing field across the countries?**
  - a) **IF yes**
    - i) **Is there standardised guideline for the same?**
  - b) **IF no**
    - i) **Do you think it should be**
    - ii) **Why?**
    - iii) **How can this be done and what is the role of national Governments?**

- Um, I think, um, one of the recent moves that he has seen, uh, of course it is, yeah, it should be a right, but if it does at a uniform level is something that remains to be seen given that that there is the state withdrawing from its responsibility of healthcare. And what I mean by it is that the thing that should be a public private partnership, the primary right is basic healthcare and we have seen in the recent times, you know, uh, in States, vis a vis health is not only going down, but we have also seen States are partnering with non- state bodies, uh, to support healthcare. And one of the interesting shifts we have seen is a rise of insurance schemes. Presence of insurance schemes for healthcare is not equal to healthcare.
2. **Does the Universal Health Coverage play a role in providing equal access to health services for all?**
  - a) **To what extent and how?**

- Um, yes. Universal health coverage could play a role only if uh, uh, let me put it this way there's an equitable access to health care and health facilities. So, uh, you know, I think this is what both I think Veena Das's research shows, and both I think other research shows for instance, you know one of the things that I was looking at, um, one of the section of people who has, who will never be recognized at the frontline health workers are, the non- registered doctors. Like non-registered doctors have also played an important role in this critical times, particularly even in, um, even in CSTs, like my work is in Delhi, and in Delhi, there's a larger portion of, you know, uh, non- registered doctors.

**3. Do you think access to health care is part of a larger Right such as,**

- a) Right to a decent standard of living**
- b) Right to Development**

- Yes, absolutely. I think access to healthcare is right to life itself. You know, if I were to, you know, combine right to a decent standard of living or right to development its right to life for me. Yeah.

**4. Are there any Good practices adopted by the Indian Government?**

- I think, uh, I think one of the, um, let's say, uh, one of them, one of the flagship programs of the Indian government has been, uh, involvement of community health workers. I think involvement of community health workers be it the Asha worker, particularly the Asha worker has played a very, very critical role, um, in, um, you know, [in the times that we live in, of course, and also it has seen a huge role particularly as per, as prenatal healthcare, et cetera. Okay. So I think, uh, community health workers, um, particularly the Asha program is, is, is I think one of the flagship programs. Having said that lets also put it this way. Um, if there's a good practice, Asha has been one? Asha has been a success story as part of this healthcare. Also I think the vaccination programs. uh, I think, uh, the vaccination program and if I were to separate health infrastructure and healthcare services. So in terms of health care services, I think Polio vaccination is one of the successful, uh, programs.

**5. Are there any Success stories in India?**

- Absolutely, absolutely. See, for the migrant workers, see, let me put it this way, there are flagship programmes, and then whether they have managed to reach the migrant workers, the migrant construction worker, in today's day and time. And this is something I have been doing, you know, just two months ago. Okay. Ended up going to the local unregistered doctor, uh, interestingly they call Bengali doctor. And this is something that's there in Veena Das's work as well. So, um, and, you know, for them because its 30 rupees, no one will assure both diagnosis and

medicine, right. And, uh, it's my research that shows that within 30- 50 rupees, they, uh, you know, their headaches, taken care off. They didn't the muscle pain gets taken care off and you know these are the basic ailments. And you know, um, for this, then someone will ask me, where is my documentation? And I think, uh, you know, that documentation has played, uh, has actually been a hindrance for migrants to access healthcare. And particularly for the construction work sector, you know, uh, say it's a heavily dominated by migrant workers, they face a lot of problems, even, even domestic workers. If you really look at domestic workers, uh, at least for the construction workers, let me put it this way. You know, um, there is an awareness and acknowledgement that they can fall ill. The domestic workers that knows standard policy of medical aid, or whether they are working eight hours. And this is, this is, I think if you talk to anyone from work, be it domestic workers to women's association or anyone, if you talk to a migrant domestic workers associations, they'll be telling you the struggle that, you know, they have faced to negotiate for medical leave. It's always at the behest of the employer, uh, so there is no uniform policy, or there are no minimum guidelines that our employer can't throw the migrant worker out if uh, you know, they fall ill, in the case of domestic work and domestic workers, uh, yes.

**6. What are the current challenges in combating poverty and inequality in terms of the disparities faced by the migrant workers?**

- See, um, I think one of the biggest challenges we saw in the case of, uh, you know, particularly post lock down, I mean, we all woke up to that image of thousands of migrant workers taking on the road, right. Uh, I think, um, one is that, uh, precarity, um, I know um precarity of work, precarity of life uh, right to shelter, and particularly migrant workers come to urban areas, but there are no shelters for migrant workers. And since we were from Delhi before Jama Masjid, you know, like before the beautification of Jama masjid and around those parks many, uh, you know, let's put it this way, you know, those used to be taken over by homeless people, right. However, the number of homeless is going up and the shelter homes have gone down. Right. And, um, and this has been a challenge. This has been a challenge that, you know, where do people stay. Right. So like just below the flyover was even though is, because of a certain paradigm of aviation. So there's a certain organization, let me put it this way. There's a certain pattern of urbanization that we are making witnessing that goes against the interest of the book, the poor is shifted to the periphery. Um, you know, like once, you know, you are in a sort of an illegal colony, there is force and it's a repeated narrative that you have come across in your readings and in your own research work, so that has been. So right to shelter has been one of the basic challenges precarious workforce also. [we talk about a minimum wage but is that also a living wage is something that is a challenge.

## **7. Have any lessons been learnt from the same?**

- I think one of the lessons that have been learned, uh, of course was translated into the, uh, National Rural Employment Guarantee Program. Right. So that was like one of the huge lessons learnt. And you see people going back there, isn't very explicit acknowledgement of seasonal labour migration and this is something they should have access to. Right. So I think the National Rural Employment Guarantee Program is something that, uh, one of the lessons learned, um, yes, that is the only one I can think of right now.

## **8. Does the diversity within the migrant workers in terms of**

**a) Gender**

**b) Caste**

**c) Religion**

**factor in determining the inequalities?**

- Absolutely. Because you really look at, I think gender cannot be, gender cannot be de linked from caste and religion as well, right? Many migrant workers are forced to hide their names while working and are forced to have different names in their documents of work. There is an interesting scholar by the name of Rama Mukhopadhyay, who is a PhD scholar at Delhi School of Economics who is doing a fascinating study on Sundarbans and in one of her pieces that came out right after lockdown, he actually points to you know these migrant workers felt vulnerable when the anti- citizenship protests were happening because of it surnames, right. Because of their religious background, and then, you know, um, and then they become, you know, one of the victims of this because of the lockdown. And this turns into a case of double vulnerability because that is Sundarbans. Most scholarship shows that women are not even counted as the migrant workforce. They are migrating for themselves they are always seen as attachments of the family. But, women are also migrating by themselves as well, there is an acknowledgment that women are migrating. You know, women are migrating for work and are important part of the migrant workforce. Uh, it's something that it's something, it's something that is very difficult I understand to figure out, they should be recognised. So in determining the inequality. So within the migrant workers, of course, from the lower caste, um, people are forced to join a line of occupation thinking that was “it because of my caste identity”, right. And, uh, the number of deaths to do with the sanitation workers have been mostly to do with people of a certain caste, uh, so of course caste plays a very important role. Gender plus caste also plays a very very important role and in today's time unfortunately, religion has also started playing a very important role. And to emphasise religion plus gender plays a very very important role as well as migrant domestic workforce is important in terms of their own qualities.

**9. i) In your opinion, how do you think the access to healthcare services varies across Asia, Europe and North America?**

**ii) Why so?**

- See, um, I think, and I think I mean if you could add a dimension here, it is important to kind of have a distinction between that whether health infrastructure is you know, adequate health infrastructure inherently means that it has an equitable framework to it. Europe goes slightly far ahead compared to other countries because healthcare remains a basic right, let me put it this way, at least you know, in the Scandinavian countries. I think, I think better health care remains means the basic right. Or not whether you have basic free services, in terms of healthcare. So probably North America has, you know, uh, I mean, I, I, I, I wouldn't be able to comment on the health infrastructure, but the adequate infrastructure need not translate into, uh, equitable healthcare services because interestingly, the paradox of India is that India has emerged as a important destination of medical tourism, right? You have hospitals across 3-4 metros, but still they have, you know, a lot of population suffering from eye diseases. They might not have access to that famous eye hospital. Right. So this is where, uh, this is what the paradox lies off and who are the owners of that health infrastructure. Is state the owner of health infrastructure or they are non-state actors.

**10. Why are the migrant workers in India one of the worst hit communities in the country?**

- Uh, one is of course, uh, that, I mean, one of the reasons, let me put it this way by migrant workers, why uh, became the worst hit like I said, that, you know, there is no way of, documentation remains one of you're a documented worker or an undocumented documented. What do you do with that documentation, that knowledge is important and extremely low wages that are paid to migrant workers. I mean at times, they are forced to work below the minimum wage. Particularly in the brick kiln industry they are forced to give their documents and work also like a bondage labourer for the contract period. And the fact meaning, uh, there is layers and layers of sub-contracting that is taking place. It is very difficult, you know, in today's time, um, to actually figure out it is very easy to shift the blame in the hiring process. So who do we hold responsible. Right. I think, uh, uh, I think there are fantastic organizations working to unionise the migrant workers, but, uh, there's a lot of scope in India, uh, for the migrant workers, uh, to unionize themselves, yeah.

### **Annexure 3**

#### **INTERVIEW QUESTIONS- Stream 3**

##### **GENERAL INTERVIEWEE INFORMATION**

**Date of Interview:** 7/12/2020

**Location of Interview:** Virtual

**Name of Interviewer:** Nadine Morcos (all bolded text is the interviewer)

**Name of Interviewee:** Janet Nelson-Arazi

**Nationality:** USA

**Organisation:** ATD Fourth World

**Position:** Vice President

**Would you mind telling me a little bit more about your job description at ATD Fourth World?**

Well I'm currently vice president there's this there are two vice presidents and I'm one of the vice presidents but I'm also the main representative to the UN in Geneva, so I'm you know in touch with missions, with the High Commissioners Office as you saw from the Social Forum, but also with the other NGO coalitions that we work with around the Human Rights Council.

**You've been with ATD Fourth World for a long time right?**

Yeah, yeah since 2003. Before that I was with UNICEF, and then when I retired by then ATD asked me if I would be willing to help them on a volunteer basis which is what I've been doing then since 2003, so yeah, it's been a long time now.

**OK then, I'll just jump straight into the first question which was: Would you define civil society and grassroots movements as being different from NGOs and INGOs?**

In the civil society area probably know that civil society usually doesn't like to be mixed in with the private sector because some people just talk about civil society and government, you know, whereas most people in civil society would like to say, 'no there's civil society, private sector, and government' because the private sector has very different objectives from civil society. But civil society for me would include grassroots movements as well as NGOs and INGOs. Civil society is the big term and then within that term the difference between grassroots movements and NGO's and INGO's is that a grassroots movement springs up from the local level and is basically, you know, rooted in that local level, whereas an NGO or especially an INGO may send someone in from the outside to a specific country or community, you know, to carry out a job or to mobilize, advocate, train etc. etc. so it's different in that it can be something that is coming in from the outside into a situation here rather than something that comes from the bottom up- that would be a grassroots movement. A grassroots movement doesn't necessarily have any kind of legal identity: it may not be registered and they may just

carry out the organization just to mind themselves, may not even include any funding or no registration etc. so it can be much more informal, whereas an NGO has to have, you know, a legal basis, board of directors, all that kind of formal structure.

**Excellent yeah as I was sort of reading into it there seems to be this dichotomy between civil society and NGOs and INGOs and everyone's got a different viewpoint on whether they're one thing or separate things-**

Grassroots movement can become an NGO real as it grows- I mean ATD just began with the work of one man in France and now it's an international NGO, but that's not the way it began.

**Thanks, Janet. So, the second question was: What have you seen to be most effective in combating poverty: altering policies, or grassroots efforts to alleviate it? (I understand that measuring the effects of altering policy is complex, as it may be preventative and therefore difficult to assess).**

You know, I think that um, when you talk about poverty, you really have to talk about the different levels of poverty. I think this is where the guidelines on extreme poverty and human rights are very important because if you read those guidelines one of the things it says is that there's different levels of poverty, and at the deepest level those people cannot lift themselves out of poverty without outside assistance, which is not the same for people that are just below the poverty level- there's a big difference between someone who lives in the village and has a little plot of land and two goats, and someone who's homeless on the street in the city. The man who has a plot of land and two goats, you know, he can manage maybe working with others or establish a Co-op or somebody comes in and gives him a little bit of capital he could take off on his own. That person who's been homeless in the city is going to need -and who's already been crushed, discouraged, lost her self-confidence, feels humiliated- is going to need a *lot* more support in order to be able to lift themselves out of poverty. And so I would say that in order to combat *extreme* poverty and this is where if you're just talking about poverty in general or *extreme* poverty you're going to need both: you're going to need policies to make it possible to work with people, you know, in all levels of poverty, but you're *going* to need grassroots efforts to support people who've been so crushed that they don't have the self-confidence anymore to do it on their own. But if you don't have the right government policies that can completely annihilate all of the work of grassroots movements, you know. For instance if you talk now about climate change, right, you have all kinds of NGOs working in Africa, which they say is going to be the countries that are going to be the most hit by climate change, they can be doing all kinds of wonderful projects, you know, at the grassroots level, but if the government doesn't do something in order to build levees against floods or to help put in irrigation systems because of the drought, those grassroots movements, their efforts are just going to be washed away. You've got to know, if you really want to do something about poverty, you've gotta have both, and one of the big things that, you know, that image you probably know that's being pushed is the whole idea of social protection because that's one of the things that pandemic has shown, is the enormous, devastating impact this is having on people's health as well as their income and so there's a big push for social protection because people need that kind of financial support just in order not to starve to death when the pandemic



is taking away their sources of livelihood, and even though you have food banks out there and all kinds of organizations trying to help, they can't necessarily feed and clothe and house everybody who's losing their jobs right and left in rich countries as well as in poor countries. So you really need to have a combination of both, and *ideally* would be to have government policies that are supportive of grassroots initiatives.

**So it almost sounds like you're saying you need the policy as a foundation before you kind of have the input of grassroots-**

No, no, I didn't say *before* because the policy's need to be based also on the input of the grassroots movements because over and over and over again, and you see this especially in our rich countries, you have policies to combat poverty that don't work *because* they were developed by people who don't know the reality of what it is to live in extreme poverty. You know, these days, none of our governments, at least in the West, would ever think of developing a policy around the disabled for instance, anymore, without consulting with organizations for the disabled. The same with women, same with the elderly, but they *regularly* put in place policies to combat poverty without consulting people who live in poverty, so their policies don't necessarily *really* take into consideration- they don't really understand all of the complexities of it, and this is where, I don't know if you saw their recent report that they put out when they did a mapping exercise with Oxford University- Did you see that report on identifying the multiple dimensions of poverty?

**Yeah, I briefly scanned through it**

Where they also talk about the social and institutional mistreatment of people in poverty. And so a lot of the policies that supposedly are aimed eradicating poverty actually end up mistreating people in policy, and so that's why I don't think it's first one and then the other. Government policies really need to be based on input from the social movements that have developed pilot projects that show what works, what doesn't work, etc. But also, what's really difficult, is that most of the governments are working on the neoliberal approach that's been pushed by the rich countries, which means that they've been convinced that small government is best, and what they're seeing now is that even though some governments, like, you know, the USA, put in a lot of money to alleviate the impact of the pandemic, it was like a one shot thing, and now some of them are already going back to austerity measures, you know, when people are still reeling from unemployment from their businesses going under. I mean how many restaurants and theaters and things, even in the U.S. will never open their doors again? Yeah but they're already going back to austerity measures because the current neoliberal policy is small government is better and that the free market will cure all ills and solve all problems. And we live now in a world that's facing global challenges like climate change, and pandemics, where the private sector isn't going to solve those problems by itself, it's impossible, and so I think that's one of the reasons why we're in a period where there's one crisis after the other, you know, because the governments really need- there needs to be a major shift in the whole approach, and so that means that then rather than governments seeing their role as being to just favor the free market and make it easy to start businesses, you know, that's where I would say it's not governments first and then the grassroots efforts, they *need* to see the feedback that

they're getting from the grassroots that the current system doesn't work. That's just like the mouvement de gilets jaunes in France, you know, where people are struggling in a way that they haven't in the past, you know, 20 years ago, and they're trying to tell the government 'it's not working for us.'

**Thank you, that was a very helpful clarification. The third question is: Can those living in poverty (be it poverty or extreme poverty) consider beginning their own initiatives/movements/enterprises to lift themselves out of poverty, or is this a luxury? If they cannot, does this mean social entrepreneurship always needs to be initiated by those who are wealthier/have the means? or with external (foreign) support. You kind of touched on this already, but if you have anything else you want to add to it..**

I mean here again, living in poverty, yes, living in extreme poverty, no, you know, and so social entrepreneurship, I mean people living in extreme poverty often show solidarity, you know, like they will help somebody else living in extreme poverty, but it can't go beyond just that interpersonal contact rather than starting a whole social entrepreneur initiative because they don't have the time and the resources- their whole day is spent just trying to survive and so there's no time and resources left, but here again you would have to make a distinction between poverty and extreme poverty because people living in poverty, yes like for instance, the whole movement of domestic workers began domestic workers unions. Those came out of people who are domestic workers themselves and who felt really abused by their employers so that was a social movement that began by the people themselves but once again they weren't in extreme poverty, and so it makes a difference.

**So, number 4: Should citizens' needs be met by innovative grassroots movements which perhaps bypass the state or by good governance/a state which provides for its people?**

You need both because a state can provide a certain number of services, but there's so many people's needs that need a personal input and personal contact or a long-term involvement that the state is not going to be able to provide, you know, they could provide the resources, but that person-to-person contact that is needed especially by vulnerable groups where there's a disabled person or an elderly person who's, you know, alone in their apartment, or a person living in extreme poverty, you know, or a child with special needs- all of those kinds of things need a more personal kind of contact that a government cannot provide. It needs to provide the resources and the structures, but there's a lot of people-to-people initiatives that are needed when I think about the people that ATD works with, you know, and if you look at those guiding principles I mean just the fact that people have had so much of their self-confidence eroded by the stigma attached to being in poverty means that they need to be accompanied by someone who believes in them, who shows that they believes in them, who supports them in everything that they're doing. I mean the social welfare systems that we have in place in most countries - and that's in France, it's in the USA- they've been put in place to control people, not to support them. I mean I know for instance, one of the side events that we organized at the UN, there was somebody from France is you know like friends one of the site and so we organized the UN there was somebody from France who was talking about the fact that in France with the social welfare allocations, they allocate so much, for instance, for a family, and they have to report in

every month. Well there was a case for instance where the daughter of that family managed to get a scholarship to go onto University, so then when they reported in that the daughter got this scholarship, they said, 'ah, ok, you have some more money coming in. Right, that means that we will reduce your monthly allocation by that amount.' So she said, 'well then OK, then I gave up my scholarship because I wasn't going to go off to University and know that my family was in even worse situation because of that.' I mean it was just completely a stupid reflex. So rather than supporting them to get out of poverty, it's like a ceiling that they have put on them, you cannot have any -if you want our help- you cannot have any other source of income whatsoever or we are going to take away your help. But that doesn't help people get out of poverty if you do that. Here she had a chance to go off to University which means that she would have had a chance of no longer living in poverty and helping her parents, and they eliminated that possibility- completely stupid- so the systems, at least in the richer countries as they've been put into place, or put into place before human rights even existed, as it came in after World War Two, in order to help all of the orphans or the families devastated by the World War, and they really seem to be based more on control rather than supporting people to actually get out of poverty. And they justify this by all kinds of stereotypes against people living in poverty, a lot of stigma: they're poor because they don't really want to work, or they're lazy or stupid or they're alcoholics or this or that or the other.

**There's almost incentive to be stuck within the system because, you know, if you try to break out of it then there's the risk of losing that financial support and so it's just cyclical.**

That's right, and if your initiative doesn't work then how long is it going to take you to get back into the system and to get your unemployment benefits again, so rather than saying 'OK we will guarantee this amount of income and all the better for you if you can launch initiatives, we will keep supporting you until those initiatives reach a certain level, and *then* maybe cut it off, where every little bit, even though they're still living in a miserable situation with these social allocations are very low, you know, in all of these countries, people live really, their kids can't go on a school outing because they don't have the money to pay the extra for the school outing, they don't eat very good food, their housing is lousy, but even so, to maintain them at that level of misery and not let them take any initiatives to improve it is really counterproductive. So then it takes all of the fight out of them and then they're treated as their (muffled)... poverty when actually the system teaches them that there's no point in taking any initiatives because you're going to be punished for it even. So that's what ATD is always saying is the policies need to be developed with people living in extreme poverty but at the Social Forum, did you go to the Social Forum?

**Yeah, I did**

I thought that the final statement by the guy who represented UNCTAD, when he said, the people living in poverty, it's not that people are being left behind, it's that their systems have made the decision to throw them under the bus, there's a conscious decision, for economic reasons, to just leave people's situation so they can be easily exploited. And so, how do you change that? So the first question to me is how do you get our societies to decide to no longer throw people under the bus, but you see it makes sense economically because it means that you

have a whole group of people that you can exploit. You don't have to pay minimum wages. You can say why are they being exploited if they're on unemployment, but it gives a source of low wage people that you can hire for little while, and then you can fire them again when you don't need them, and you don't have to pay them very much, and they work in all different kinds of sectors, I mean, look at all the outsourcing, where people work home but it's outsourced- anyway, it's just a whole system that, like he said, I mean I thought that his whole speech was excellent, where he said, our economic systems are based on throwing some people under the bus

### **And having this whole level of society that is expendable**

Yeah, that's right. And now there's this fear that with robotization they will now become completely useless which means that they will have actually no power whatsoever. I mean we'll see, maybe robotization would create other kinds of jobs, but anyway there's a lot of concern about it.

**(In line with the last question) Do you see current grassroots movements in combating poverty to be working with or despite their governments? If they are working despite their governments, what kinds of long-term consequences do you think this will have?**

I mean for all the reasons we just talked about; I think that a lot of them are working despite their governments. I mean just like the gilets jaunes in France. How long have they been demonstrating? A year?

### **Yeah, more**

And the government isn't responding. Or like if I think about Haiti, where ATD has developed a health insurance Co-op so that people can pay for their health where they just give a tiny bit every month but then it means that when they do have a healthcare problem, they can take out from that little fund in order to pay for the medications or the treatment that they need etc. But you know the government could take that pilot project and go national with it but they're not going to do it. It's "despite" in a lot of countries. Now that's not true in every country, like the Sarvodaya Shramadana Movement in Sri Lanka which began at the grassroots level and which has become a huge movement. I mean now it works with government and it goes into the schools... so it's not true everywhere because of course, you know, there's a wide variety of governments. But when you say what kinds of long-term consequences this will have, I mean this is what people are hoping, is that we're in a transition period, and that we're going to come out with a better system on the other side of this transition period. But they keep on talking about the fact that this is a period that is probably just as important as the transition from agricultural societies to industrial societies. They were very painful, for a long time as you know: people were working in factories six days a week, 14 hours a day, including children, until then they'd established the unions and the legislation and that we're going to go through something similar now that may be very painful, just as painful as that transition was, but hopefully on the other side will come out something that's based more on cooperative approaches rather than the big corporations that dominate that will be based more on local

initiatives more on the whole concept of the Commons that is coming back in in the whole climate change movement. So who knows because otherwise if they're not able to change the current system the long-term consequences, the other possibility people are afraid of, is we will have more and more autocratic governments that will crack down on anybody who dares protest what they're doing and we're going to end up being a society, a group of oligarchic societies. We're all going to become banana republics where we have a Marcos regime in the Philippines where Mrs. Marcos has 2000 pairs of shoes and the regular Filipinos are running around barefoot.

**You spoke about being in this period of transition, are you referring to globalization?**

It kind of began with globalization in the 80s, it began slowly, globalization. Globalization brought a lot of good things, but we weren't able to harness the negative impacts, it's had a lot of negative impacts also, but we're not gonna be able to go back. We're in a globalized world and so now this period of transition is to see how do we make societies that are based on globalization, on high tech, on digitalization, work for people in general, rather than just working for you know a super, super, super rich and powerful class. Where now there are some people who have more money than a whole government budget has. So, how do you instead make these systems work to improve the wellbeing of everybody and not just everybody becomes so easily exploited by a super-rich class. So it began in the 80s with globalization and now we've reached a very painful point that the pandemic has highlighted even more, so are we going to be able to begin to put into place some systems that are going to operate differently. And it will take a while-- I don't know how long it took us to get through the painful industrial revolution. I don't remember from my history class how long it took us, but it probably it may take us another 30-40 years to get to the end of it.

**OK we'll then move on to the last question: Does capacity-building (as well as the use of other resources: time, people, finances,) in grassroots movements and civil society in addressing poverty impede the development of those same competencies on a state level? Or does one reinforce the other?**

I think that they have to reinforce each other because usually it's grassroots movements and civil society that are innovative, more innovative than government is. Often, government is coming along behind the innovations that are coming out of either the industry or civil society movements. Like if you talk about microcredit, microcredit came from a University professor in Bangladesh. It didn't come out of the banking system, it didn't come out of the government. Now you have some banks that are offering some similar services in developing countries, but the initial idea did not come from the government, it came from individuals coming up with innovative ideas and so the same about capacity-building. [Rereads the question] I'm trying to think of whether or not it's impeded the development. In some countries, the governments, especially if they believe in small government, they can say, 'well, you know, that's not our role, we leave that up to the nonprofit sector to do that' and so it can do that where then the NGOs are forced to step up because the government is not doing it. It's kind of an easy way out for the government to say we have lots of NGOs taking care of that problem therefore we don't need to do it. But it's an excuse. It's an excuse by the people in government not to be

responsible for their citizenry, and not to implement the human rights that they've all ratified: the right to education, to decent living wages, to clean water, etc. etc. It can be an excuse not to do things that they would rather not spend money to do, but otherwise if the government isn't looking for excuses it shouldn't impede the development of those same competencies at the state level. They should be working together, which they do do in some countries, where government is supporting local initiatives and the government is very interested in learning from the initiatives which are at the grassroots level and very interested in working together. It shouldn't impede it unless the government is looking for an excuse not to do it.

**My thinking was also does it funnel certain people who have the skills to make a difference and who have innovative ideas towards, you know, civil society movements rather than working with the government. Have you ever seen that that has taken away from resources that could have gone into more directly bettering government systems?**

I think that that happens only if the government is corrupt enough that they see that they cannot do it through governments. Like I think of for instance of people that have gotten their education in Europe or in the states, people from developing countries, and I personally know a good many that then went back to their countries and wanted to put that knowledge into use there and they were not able to because the local power structures didn't want to be threatened by *any* newcomers and so some of them ended up leaving their countries of origin and then coming back to Europe or the US because they were not able, because of their government, to do anything there. But they would have been willing to either work in government or with an NGO- they just wanted to do something for their country whether it's putting in, you know, building alternative energies because it's kind of ridiculous thinking about Africa to be importing coal or oil to develop power plants instead of using solar energy for instance, so as engineers they could have either worked for the government or for an NGO, whoever was willing to use their skills. But if the government isn't interested or open to that then yes, they will go, to an NGO, or just give up and come back to Europe. Like I said I've known several who've done that because they saw they couldn't do anything.

**No, that there was no place for them**

There was no place for them because the power structures didn't want any competition.