**Maat for Peace’ Submission on Ensuring Global Equitable Access to COVID-19 Vaccines**

**Preamble**

**Maat for Peace, Development and Human** **Rights** welcomes this opportunity to inform the Office of the High Commissioner for Human Rights and provide its input, in its capacity as an association holding a special consultative status with the UN Economic and Social Council. Guided by the Commission, this contribution addresses the human rights implications of the COVID-19 pandemic; the good practices and key challenges in ensuring access to and distribution of affordable, timely, equitable, and universal COVID-19 vaccines; and their impact on the right of everyone to enjoy the highest attainable standard of physical and mental health. Kindly note that the examples provided herein are only a few; so that we don’t go over the word limit set by the Commission.

**First: the Covid-19 effects on human rights**

The Coronavirus (COVID-19) pandemic has had a devastating toll on all human rights, but it affected some rights disproportionately, such as the right to education, the right to freedom of opinion and expression, the right to peaceful assembly, and the right to life for health workers. Moreover, it generally affects the right to health.

1. **Education**

Even before the outbreak of the pandemic, disparities in access to education existed between high-income countries, developing countries, and least developed countries. Half of the ten-year-olds in low-income countries could not understand a written sentence, and more than 250 million children were out of school[[1]](#footnote-1). With the outbreak of the pandemic, three out of every four students and young people, who study and work, faced the problem of school closures. However, not all have been able to shift to online or virtual learning because of the digital gap between high-income countries, developing countries, and least developed countries. That has increased the disparity between children in high-income countries and their peers in poor and least developed countries. The pandemic has also led to students dropping out of education. In Chile, for example, a survey by the University of Chile found that student participation decreased by 14% in public schools, even after easing restrictions and adopting distance education methods[[2]](#footnote-2).

1. **Freedom of opinion and expression**

Unjustified restrictions on freedom of opinion and expression have been imposed during the pandemic and periods of closure after multiple mutations of the virus, which have undermined the right to access information. For example, Maat has reviewed reports revealing that the Chinese government has opened a criminal investigation against 1,550 people who spread information about the outbreak under the pretext of intentionally spreading false and harmful news. In Myanmar, at least five writers were killed by junta security forces after participating in a peaceful demonstration. In India and Iran, many human rights defenders have been jailed for simply criticizing the government over crisis management during the pandemic, and laws related to combating disinformation during the pandemic are still in place. Hundreds of people were imprisoned on allegations of acting against national security or belonging to terrorist groups during the pandemic.

1. **Peaceful assembly**

The right to peaceful assembly has faced restrictions during the pandemic. Some governments have found the pandemic an opportunity to close space for civil society organizations and political parties to object to government policies. In Kazakhstan, conferences, training courses, and other youth-led educational events were banned and a state of emergency declared by the government after the pandemic has been granted by banning any peaceful gatherings. In Malaysia, five people faced criminal charges after gathering to protest the safety of hospital workers and the lack of protective equipment.

**4. The right to life of health workers**

Maat noted that health workers were exposed to risks during the pandemic, including a lack of personal protective equipment. These unsafe conditions in many countries, especially in the least developed countries, have led to an estimated 150,000 deaths among health workers as of May 2021[[3]](#footnote-3). Maat estimates that the actual numbers are more than that, given that some countries have not disclosed statistics on deaths in the health sector. Maat also reviewed reports that the shortage of nurses may worsen to about 13 million nurses by 2023, compared to about 6 million nurses before the epidemic outbreak. That affects the population’s receipt of health care in different regions of the world and delays the implementation of the objectives of sustainable development goals[[4]](#footnote-4), especially because many nurses have left this profession after unprecedented pressure during the pandemic[[5]](#footnote-5).

**Second: Good Practices**

Maat noticed a range of good practices during the outbreak of the Covid-19 in different countries, among which are:

1. **Civil Society’s Valued Efforts**

Civil society played a commendable role during the outbreak of the pandemic; they organized various awareness-raising campaigns, carried out training, and provided emergency services. Maat, for example, held a training course entitled “Strengthening Human Solidarity through Interreligious Dialogue in Facing the COVID-19 Pandemic,” which targeted leaders and active youth in religious institutions. This course aimed at qualifying young people to spread health awareness to prevent the pandemic and to focus on discourses aimed at peace. The course also resulted in initiatives to combat misinformation and campaigns against the escalating hate speech under the Coronavirus[[6]](#footnote-6).

Some other organizations have distributed food and aid to people who were unable to work or earn their living during the lockdowns. These organizations have raised funds for emergency relief, medical supplies, and personal protective equipment for health workers. In India, Maat has accessed reports revealing that NGOs have outperformed local governments in some states in providing humanitarian relief to migrant workers and the poor who have lost their income in nearly 13 states.

In a related context, women human rights defenders, especially women's rights defenders, presented an assessment of the gender-specific items in the budgets of some countries and called for action to address violence against women and girls and to improve access to public services. Among these examples are the Roundtable Gender and COVID-19, with 79 CSOs in Chile[[7]](#footnote-7), and the Women's Gathering in the Brazilian Legislature calling for publicizing facilities that help women and girls who experience violence from essential public services[[8]](#footnote-8).

1. **Remote litigation to reduce pressure on court infrastructure**

Maat noted that the pandemic has made some judicial authorities with the Ministry of Justice in some countries resort to remote litigation projects, which speeds up litigation procedures and relieves pressure on court infrastructure. In the United Arab Emirates, three courts in Dubai adopted a remote litigation strategy, and these courts succeeded in hearing 11,520 cases remotely from March 29 to June 30, 2020[[9]](#footnote-9). On October 18, 2020, the Egyptian Ministry of Justice, in cooperation with the Ministry of Communications, implemented the remote litigation project. But it was limited to the renewal of cases of pretrial detention and the judge’s communication with the accused inside their prison through closed circuit television “video conference” through rooms designated for this in each prison, linking these prisons to many courts[[10]](#footnote-10). The implementation of the remote litigation mechanism and service has contributed, albeit in a small way, to controlling the spread of the Coronavirus epidemic within the judicial system and among prisoners who come to the courts to consider their cases.

1. **Social protection measures during the Pandemic**

According to the International Labor Organization, a comprehensive social protection scheme, maternity benefits for all women, benefits for all persons with severe disabilities, and Universal old-age pensions cost an average of 1.6 percent of a developing country's GDP. However, in conjunction with the outbreak of the epidemic, various mutations of the virus followed, which led to economic, social, and health effects. Many countries have initiated expanded social protection measures to support those most affected during the pandemic. More than 1,600 social protection measures were reported in almost all countries and territories between February 2020 and January 2021[[11]](#footnote-11). These actions have exposed more than two million people to extreme and multidimensional poverty.

1. **Debt Service Suspension Initiative (DSSI)**

In conjunction with the pandemic outbreak in most countries, the World Bank and the International Monetary Fund called for the suspension of debt services in the least developed countries. The G-20 Debt Service Suspension Initiative granted 73 countries temporary debt service payment relief through December 2021 of $12.9 billion in outstanding debt service payments[[12]](#footnote-12). However, the private sector's participation in this initiative has been very limited, despite the World Bank's appeal to the private sector to interact with this initiative[[13]](#footnote-13).

**Third: Key challenges to ensuring access to vaccines**

1. **Disparity in access to vaccines**

COVID-19 is entering its fourth year, yet there is a gap in access to vaccines for people in low-income countries, and only 17% of people in low-income countries are vaccinated as of August 2022[[14]](#footnote-14). The WHO target of 70% vaccination met by the world's population by 2022[[15]](#footnote-15). Failure to manage the coronavirus pandemic and equitably is prolonging the epidemic. It contradicts Resolution No. 25/49 adopted by the Human Rights Council in April 2022 and with the purposes of the Charter of the United Nations aimed at international cooperation in solving problems of a humanitarian nature. It also undermines the general principle of the 2030 Agenda that no one is left behind.

1. **Some groups are not included in vaccination plans**

Maat reported that only 47 countries included stateless persons in their national epidemic vaccination plans out of 157 countries that have seen the UNHCR on the plans and programs for the pandemic vaccination. In addition, in the 47 countries mentioned, we have not been able to access vaccines for these people in practice. It appears that stateless persons have been excluded from immunization programs either intentionally or de facto because they lack identity documents or legal residency in the country in which they live.

1. **Some groups are afraid of applying for vaccinations**

Maat noted the fear of some vulnerable and marginalized groups from applying for vaccinations because they do not have legal identity documents. Often these people belong to minority groups or are stateless persons, migrants or asylum seekers. It seems to these people, and sometimes they are right, that in the event of applying for vaccinations and dealing with the administrative apparatus in the state, they may be subjected to arrest or detention.

**Maat recommends the following**

* Stop using the pandemic as an excuse to impose restrictions on freedom of opinion and expression;
* Ensuring the provision of adequate protection and equipment to health workers to ensure that they continue to perform their work and prevent the loss of more lives in their ranks;
* Developing recovery plans to also include economic aid packages that target the neediest groups and those who have lost their sources of income. It specifically targets those working in the informal sector, women, minority groups, and stateless persons;
* Repealing all exceptional laws issued after the outbreak of the epidemic that is used as a pretext to restrict freedom of peaceful assembly;
* Release all persons detained on charges of spreading false news following the outbreak of the epidemic;
* Launching the second phase of the debt suspension service, which ended in December 2021;
* Urging the High Commissioner for private creditors to participate in the debt relief process.
1. MPACT OF COVID-19 AND RESPONSES IN LANDLOCKED DEVELOPING COUNTRIES, Page 57, <https://www.un.org/ohrlls/sites/www.un.org.ohrlls/files/impact_of_covid19_and_responses_in_lldcs.pdf> [↑](#footnote-ref-1)
2. Page 43, <https://www.wipo.int/edocs/mdocs/copyright/en/wipo_cr_covid_19_ge_22/wipo_cr_covid_19_ge_22_study.pdf> [↑](#footnote-ref-2)
3. ICN says 115,000 healthcare worker deaths from COVID-19 exposes collective failure of leaders to protect global workforce, ICN - International Council of Nurses, <https://bit.ly/3BelOPZ> [↑](#footnote-ref-3)
4. New report calls for global action plan to address nursing workforce crisis and prevent an avoidable healthcare disaster, <https://bit.ly/3QJZweS> [↑](#footnote-ref-4)
5. Ibid [↑](#footnote-ref-5)
6. <https://bit.ly/3BeXddW> [↑](#footnote-ref-6)
7. Human Development Report 2021/2022: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World, Page 204, <https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf> [↑](#footnote-ref-7)
8. Ibid [↑](#footnote-ref-8)
9. محاكم دبي في ظل جائحة كوفيد -19، ص 10، 11، على الرابط التالي: <https://bit.ly/3okt05G> [↑](#footnote-ref-9)
10. وزارة العدل تطلق نظام تجديد الحبس الإلكتروني عن بعد، المصري اليوم، 18 أكتوبر 2020، للمزيد على الرابط التالي: <https://www.almasryalyoum.com/news/details/2066093> [↑](#footnote-ref-10)
11. WorldSocialProtectionReport2020–22, Page 68, <https://bit.ly/3QE6lhP> [↑](#footnote-ref-11)
12. Debt Service Suspension Initiative, <https://www.worldbank.org/en/topic/debt/brief/covid-19-debt-service-suspension-initiative> [↑](#footnote-ref-12)
13. <https://d3n8a8pro7vhmx.cloudfront.net/eurodad/pages/768/attachments/original/1610355046/DSSI-briefing-final.pdf?1610355046> [↑](#footnote-ref-13)
14. How can we boost COVID-19 vaccine coverage in lower-income countries? , <https://www.gavi.org/vaccineswork/how-can-we-boost-covid-19-vaccine-coverage-lower-income-countries> [↑](#footnote-ref-14)
15. <https://www.who.int/news/item/22-07-2022-who-releases-global-covid-19-vaccination-strategy-update-to-reach-unprotected> [↑](#footnote-ref-15)