

**Save the Children Submission to the
Call for inputs: High Commissioner’s report on human rights implications of and
good practices and key challenges of equitable and universal access to and
distribution of COVID-19 vaccines**

I. Introduction

- I.I. Save the Children welcomes the decision by the High Commissioner for Human Rights (OHCHR) inviting Member States, relevant regional and international intergovernmental organizations; national human rights institutions, United Nations funds, programmes, and specialized agencies, and other civil society organizations, experts, academia and any other interested party to provide written input on the draft and to contribute to its development.
- I.II. Save the Children’s founder Eglantyne Jebb wrote the Declaration of the Rights of the Child, the first inter-governmental human rights treaty, informing the United Nations Convention on the Rights of the Child (UNCRC)ⁱ. Almost every country in the world has signed up to the UNCRC - and real progress has been made in areas such as under-5 child mortality, access to education and absolute poverty. But many countries still fail to prioritise and promote children’s rights.
- I.III. This submission draws on Save the Children’s experience of working with and for children and communities in 118 countries across both humanitarian and development contexts. With children’s rights at the heart of our mission, our focus has always been to ensure that children’s rights (among them to health and nutrition) are ensured.

II. Health is a fundamental human right, including access to COVID-19 vaccines

- II.I. States parties in the International Covenant on Economic, Social and Cultural Rights recognize “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.
- II.II. Save the Children wants to highlight that health is a fundamental human right indispensable for the exercise of other human rights, as stated in *Article 24 of the United Nations Convention on the Rights of the Child (UNCRC)*: “1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.” and as adopted in a general comment No.15 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24) by the UNCRC in 2013.ⁱⁱ
- II.III. Save the Children highlights the commitments by countries worldwide to ensure the right to health as part of the Agenda2030 for the Sustainable Development Goals, namely to “substantially increase health financing”ⁱⁱⁱ as well as the Political Declaration on Universal Health Coverage (2019), committing countries to “pursue health financing policies...to respond to unmet needs and to eliminate financial barriers to access...” (item 39).^{iv} Save the Children understands both commitments to include policies and financing, ensuring affordable, timely, equitable and universal access and distribution access and roll-out to COVID-19 vaccines.

- II.I. Access to equitable and universal access to and distribution of COVID-19 vaccines is imperative to ensure the human right to health and wellbeing for all. Save the Children strongly believes in COVID-19 vaccines, and other COVID-19 related commodities, to be global public goods, which as such should be accessible to all people, especially those most impacted by inequalities and discrimination.

III. Global COVID-19 vaccine inequity hampered children's rights

- III.I. Many people could not fully realise their right to health during the pandemic (and beyond). Both through our work in 118 countries worldwide as well as our policy and advocacy work, Save the Children observed stark inequities in access to COVID-19 vaccines – between and within countries. Only 37% of health care workers in low-income countries have received their primary course of vaccines and most have not received booster doses^{vii} WHO estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths.^{viii}
- III.II. Both the direct effects and indirect impacts of the COVID-19 pandemic have led to the violation of children's rights. Even though children were not the primary receivers of COVID-19 vaccines, global vaccine inequity denied them full realisation of their rights. This is because global inequities related to COVID-19 vaccines prolonged the measures taken by governments to mitigate the effects of the pandemic, such as lockdowns and schools' closures, putting children and their caregivers at greater risk of physical and mental health conditions and leading to secondary effects of the pandemic such as disruptions to essential health and nutrition services.
- III.III. Save the Children research found that over 90% of households that have lost half their income during the pandemic experienced challenges in accessing healthcare and medicines.^{viii} According to the World Health Organization (WHO), 90% of countries have faced disruptions to essential health services during the pandemic, with low- and middle-income countries (LMICs) worst affected.^{ix}
- III.IV. Even though there has been significant progress in reducing child mortality over the past decades, more than 50 countries today are not on track to achieve the Sustainable Development Goals relating to child survival.^x COVID-19 led to routine immunisation services witnessing the largest sustained decline in approximately three decades placing 25 million children at risk from vaccine preventable diseases.^{xi}

IV. Good practices and key challenges in ensuring affordable, timely, equitable and universal access and distribution of COVID-19 vaccines

IV.I. Key challenges

Save the Children together with other civil society organisations, has identified a number of challenges to COVID-19 vaccine access through research and interventions carried out among 176 countries^{xii}. The challenges identified can be grouped around structural, social and individual barriers to access, all of which are impacted by gender.

Structural barriers^{xiii} include lack of access to vaccination centers, particularly for rural and marginalised communities by way of transport or other infrastructure constraints. Such constraints can also impede access to vital information regarding the vaccine and where to obtain it. In many settings, women in

particular face limited mobility due to lack of independence (where social norms require that men must accompany them), compounded by a lack of time. The absence of a formal requirement for people to get vaccinated can further compound the impact of structural barriers, reinforcing individual or social hesitancy around vaccinations.

With regard to social barriers, social norms and limited decision-making power of certain social groups may drive down access to and uptake of COVID vaccines. In many social settings, women's lack of decision-making power compared to men's may act as a barrier to getting vaccinated. Social influence and community dynamics can impact decisions on taking the vaccine or accessing information. For example, where community leaders, healthcare workers or other peers refuse the vaccination, this could deter others.

On individual barriers, in many low- and middle-income countries (LMICs) local communities face other existing challenges such as conflict, social and economic instability and other emergencies such as natural disasters. Because of this COVID-19 is not perceived as a large threat for individuals within those contexts. On the other hand, misinformation, lack of trust in institutions and/or peers, as well as general anxiety over the long and short-term effects of the vaccine may slow uptake. Women who are either pregnant or wish to have children may also have fears that the vaccine will have negative impact on their health or fertility. Other factors include communities where women largely remain at the home results in a lower perceived risk of catching COVID-19.

IV.II. Good Practices

In response to the COVID-19 pandemic Save the Children has been delivering interventions with partners. Such interventions have included the provision of oxygen, personal protective equipment (PPE) and supplies, hygiene kits as well as risk communication and community (RCCE) activities and training with health workers. Save the Children has also been supporting and rolling out COVID-19 vaccination campaigns, including COVID-19 vaccination for children aged 15-18 years.

Some good practices which have been effective in tackling the key challenges addressed are as follows:

- Implementation of a two-way communication strategy to combat social and individual barriers. The strategy has been effective in addressing vaccine hesitancy due to fear, lack of trust, myths and misinformation. By ensuring two-way communication feedback is exchanged between the community and implementing organisation for understanding concerns and responding to those. This has empowered the community in decision-making, as well as effectively engaged gatekeepers, and traditional and religious leaders to promote vaccination. For example, in Zambia, Save the Children in partnership with the Ministry of Health was able to increase the rate of vaccination for eligible people, in one district, from 6% to 26%.
- The use of surveys, interviews and various research methodologies for contextualizing interventions. For instance, Save the Children and partners^{xiv} have developed rapid assessment and evaluation tools to help tailor interventions to individual and social context. These include questions based on profile of the target population groups (e.g. education level, caregiver, income level etc.), location, planned intervention and questions to guide reflection on the likely impact and feasibility of the selected intervention. Based on assessment using these tools, where women are found to face specific structural barriers, Save the Children proposes measures to address these, such as bringing vaccine sites closer to places and events where women are most likely to be (i.e. homes, women's group meetings, markets or bazaars etc.). Such evaluations and rapid assessments have enabled Save the Children and partners to provide the appropriate intervention to target areas, as well as develop specific messaging for reducing vaccine hesitancy based on varying perceptions.

- As part of Save the Children’s mission to reach those groups most impacted by discrimination and inequality, we advocate for inclusion of migrant and displaced populations. In 2021 Save the Children as lead of the National Inter-Agency Working Group on South Africa’s COVID-19 vaccine roll out, commended the national government for committing to an inclusive national COVID Vaccine plan. The inclusivity of vaccine access within national plans regardless of citizenship, or residence status is essential for scaling up vaccine access and uptake.

V. Save the Children recommendations

Save the Children calls on member states, UN agencies, and civil society to ensure fulfilment of the right to health and to guarantee equitable access to COVID-19 vaccines by:

Legal frameworks and policies

- **Adhering to the right to health as enshrined in various global legal frameworks.** This includes the United Nations Convention on the Rights of the Child (UNCRC), general comments of the United Nations Convention on the Rights of the Child (UNCRC), the Universal Declaration of Human Rights affirms and the International Covenant on Economic, Social and Cultural Rights.
- **Adhering to the right to health as committed to at national level.** Countries need to strive for policies and legislation that ensure that every person can access health services, including COVID-19 vaccines. Countries need to respond to unmet needs and eliminate financial (and non-financial) barriers to access.

COVID-19 vaccine equity and increasing supply

- Using all the tools at government’ and manufacturers’ disposal to increase global vaccine manufacturing capacity to provide more autonomy within each world region to manufacture COVID-19 vaccines. This includes supporting the sharing of patents, information, technology and knowhow through the COVID-19 Technology Access Pool (C-TAP).
- Prioritizing investment and collaboration with emerging market manufacturers to boost manufacturing capacity in low- and middle-income countries.

Introduction and rollout of COVID-19 vaccines and integration into immunization services

- Strengthening national systems to roll out COVID-19 vaccines, including investing in and strengthening existing health systems, supply chains, infrastructure, and health personnel to ensure vaccines, alongside other essential health and nutrition services reach those most in need. They must also ensure routine health and nutrition services are not disrupted by the introduction of COVID-19 vaccines and that COVID-19 vaccine investment supports long-term sustainability and reach of other routine services.
- Systemically embedding COVID-19 vaccinations into immunisation services, and both into national primary health care (PHC) strategies and operations and as an essential component of PHC to reach universal health coverage.

Financing

- Advocating and increasing awareness of COVID-19 immunization financing needs at international, national and subnational levels to ensure adequate financial support for vaccine procurement through to services delivery.
- Prioritizing funding to support equitable access to COVID-19 tools; including by funding and supporting the updated [WHO’s global COVID-19 vaccination strategy](#). This is especially valid for donors, multilateral development banks and other financing institutions.

CSO participation

- Systematically including CSOs in international and national coordination mechanisms and engage on the ground to reach communities without access to COVID-19 vaccines.

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- ⁱ United Nations, (1989). Convention on the Rights of the Child <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
- ⁱⁱ UN Committee on the Rights of the Child, (2013) General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art.24) <https://www.refworld.org/docid/51ef9e134.html>
- ⁱⁱⁱ United Nations, (2015) Transforming our world: the 2030 Agenda for Sustainable Development <https://sdgs.un.org/2030agenda>
- ^{iv} United Nations, (2019) Political declaration of the high-level meeting on universal health coverage <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/311/84/PDF/N1931184.pdf?OpenElement>
- ^v World Health Organization, (2022) Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update [Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update \(who.int\)](https://www.who.int/publications/m/item/global-covid-19-vaccination-strategy-in-a-changing-world-july-2022-update)
- ^{vi} World Health Organization, (2021) The impact of COVID-19 on health and care workers: a closer look at deaths <https://apps.who.int/iris/handle/10665/345300>
- ^{vii} Global Change Data Lab, (2022) Share of people who received at least one dose of COVID-19 vaccine <https://ourworldindata.org/grapher/share-people-vaccinated-covid?country=High+income~Upper+middle+income~Lower+middle+income~Low+income>
- ^{viii} Edwards J. (2020) Protect a Generation: The impact of COVID-19 on children's lives [Protect a Generation: The impact of COVID-19 on children's lives | Save the Children's Resource Centre](https://www.savethechildren.org.uk/protect-a-generation-the-impact-of-covid-19-on-childrens-lives)
- ^{ix} World Health Organization, (2022) Essential health services face continued disruption during COVID-19 pandemic <https://www.who.int/news/item/07-02-2022-essential-health-services-face-continued-disruption-during-covid-19-pandemic>
- ^x World Health Organization, (2020) Children: improving survival and well-being (webpage) <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>
- ^{xi} Results UK, (2022) Routine immunisation amidst the COVID-19 pandemic <https://www.gavi.org/vaccineswork/routine-immunisation-amidst-covid-19-pandemic>
- ^{xii} Save the Children, (2022) COVID-19 Vaccine Response – Civil Society <https://app.powerbi.com/view?r=eyJrIjojN2FkZDg0ODgtMjAxMS00YzA1LTlmZmYtMTRhN2Q0ZmQxNmZlIiwidCI6IjM3ZWYzZDE5LTE2NTEtNDQ1Mi1iNzYxLWRjMjQxNGJmMDQxNi1mMi0j9>
- ^{xiii} Guirguis, S., Jalan, A., et al. (2021) The Little Jab Aid: 5 Ideas to increase COVID-19 vaccination for teachers in Middle East and North Africa (MENA) <https://resourcecentre.savethechildren.net/pdf/The-Little-Jab-Aid-for-Teachers-in-MENA.pdf/>
- ^{xiv} Guirguis, S., Jalan, A., et al. (2021) The Little Jab Aid: 5 Ideas to increase COVID-19 vaccination for women in Middle East and North Africa (MENA) <https://resourcecentre.savethechildren.net/pdf/The-Little-Jab-Aid-for-Women-in-MENA.pdf/>