



HUMAN RIGHTS COUNCIL - 47th SESSION

High-Commissioner Report on the Central role of the State in responding to pandemics and other health emergencies – 21 June 2021

Full OHCHR Report here: [A/HRC/47/23](https://www.ohchr.org/en/hrb/docs/HRC/47/23)

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Over a year ago now, billions of people in the planet had their lives turned upside down virtually at the same time. As of last week, there had been **over 176 million confirmed cases of COVID-19** reported globally to the World Health Organization, WHO, with **over 3.8 million deaths**.

The economic cost of the pandemic has been catastrophic. Around **255 million jobs** are estimated to have been lost during 2020, nearly four times the figure of the global economic crisis in 2008. **Women have been more severely affected** than men in all regions and all income groups.

The pandemic may have pushed up to **150 million people into extreme poverty** by the beginning of 2021. Global hunger is also on the rise. Over **130 million people became more vulnerable to undernourishment** last year. **Informal sector workers**, most of whom are women, have been hit particularly hard. In some regions, they could have **lost up to 81 per cent of their income**.

Groups that have been long marginalized by systemic discrimination and pervasive inequalities have been affected the most. The impact on **women and girls, older people, people with disabilities, LGBTI, people deprived of liberty**, among other groups, has been particularly severe.

Vaccines against COVID-19 must be considered as a global public good. The universal and equitable access and distribution of vaccines is likely the strongest determinant of whether and how soon we can control the pandemic.

It is concerning that a **wave of new austerity** is likely to affect around 85 per cent of the global population by next year. Many low-income countries already in **debt distress** face severe fiscal limitations to respond effectively to the pandemic and its impacts. Consequently, many developing countries are trapped in a **dilemma between a debt crisis and a development and human rights crisis**.

Perhaps most egregious is the **exclusion of women from COVID-19-related policymaking** and decision-making, which has led to policies that generally fail to adequately address the gendered social and economic consequences of the pandemic.

Civil and political rights, such as the **rights to participate** in public affairs, **freedom of expression** and **freedom of association**, must also be upheld. **Emergency measures** that may result in **restrictions** on human rights must be time-bound and meet the requirements of **non-discrimination, legality, necessity** and **proportionality**.

Stimulus packages, for example, should be developed and assessed through a human rights lens. Proposed **fiscal and economic reforms** should be gender-transformative, address pre-existing inequalities and avoid creating new ones. In other words, what we need is a **human rights economy**.

More than an assessment of the multiple impacts of the pandemic and the needs generated by it, this report offers **concrete recommendations on how to recover better with human rights-based recovery efforts**. In that sense, it is also a guide to ensure we are more resilient and better prepared for **potential future health emergencies**.



INTERACTIVE DIALOGUE (Full recording here on UN WEB TV [PART 1](#) ; [PART 2](#))

90 States took the floor during the Interactive Dialogue

States emphasized the **negative impact of COVID-19** on the realization of the **2030 Agenda globally**. They underlined that the pandemic was not only a health crisis, but also a **wide socio-economic crisis** with **long term consequences** on the human rights of our societies. Thereby, States highlighted the need to **put human rights at the centre** of the efforts to combat the pandemic as well as into the recovery efforts when **building back better**.

A majority of States raised concerns about **unequal distribution of vaccines**. They stated that vaccine must be a **global public good** that should be **universally and fairly distributed** worldwide. Indeed, several States raised concerns about “**vaccine nationalism**” operated by high-income states, while a vast majority of **low-income states is still struggling** to vaccinate its population.

In this regard, many States declared that **vaccine was the new frontier on the road to equality**. It was stated that the pandemic **exacerbated inequalities within societies and between States**. A majority of States thereby emphasized the **need of a multilateralism based on cooperation and solidarity**.

Several delegations were concerned by the fact that the pandemic was used as a **pretext** by many other States **to violate human rights, weaken democratic institutions, media freedoms, freedom of expression and judiciary independence**, in total **impunity** and without **accountability**.

Many delegations emphasized the **negative impact of the pandemic on vulnerable groups** such as **women and girls, children, migrants, refugees, elderly persons, persons with disabilities and indigenous peoples**. States underlined the need to take these vulnerable populations in account when responding to the pandemic. In this regard, several States affirmed the **central roles of States**.

Several low-income countries have demanded the **facilitation of debt relief and cancellation**, during the pandemic, so that they do not **choose between saving their populations and paying back debt**.

Delegations that took the floor during the Interactive Dialogue (90 delegations):

Paraguay (on behalf of a group of countries), Estonia (on behalf of a group of countries), Cameroon (on behalf of the Group of African States), Mauritius (on behalf of a group of countries), Azerbaijan (on behalf of the Non-Aligned Movement), European Union, Indonesia (on behalf of a group of countries), Denmark (on behalf of a group of countries), Côte d'Ivoire (on behalf of a group of countries), China (on behalf of a group of countries), Egypt (on behalf of the Group of Arab States), Kuwait, Qatar, Cuba, Switzerland, Germany, Senegal, Indonesia, Australia, Ecuador, Fiji, Bangladesh, Montenegro, Costa Rica, China, Syria, Brazil, Japan, Bahrain, Armenia, Iraq, Libya, Togo, Chile, India, Moldova, Mexico, Maldives, Algeria, Venezuela, UNFPA, Egypt, United States of America, Kenya, Jordan Nepal (video statement), Uruguay, Saudi Arabia, Namibia, Botswana, South Africa, Zimbabwe, Azerbaijan, Sudan, Ireland, Pakistan, Bolivia, Timor-Leste, Belarus, Georgia, United Kingdom, Ukraine, El Salvador, Ethiopia, Chad, Afghanistan, Croatia, Cooperation Council for the Arab States of the Gulf, Mauritania, Thailand, UN Women, Kazakhstan Mozambique, Russia, Niger, Philippines, Uganda, Poland, Mauritius, Colombia, Tunisia, Albania, Cambodia, Barbados, Trinidad and Tobago, Morocco, Iran, Mali.

2 NHRIs and 10 NGOs took the floor during the Interactive Dialogue:

National Human Rights Council of India, National Human Rights Council of Morocco, China Foundation for Poverty Alleviation, CIVICUS, COC Nederland, IDDH, International Commission of Jurists, iuventum e.V, Medical Aid for Palestinians, Minority Rights Group, Universal Rights Group, World Evangelical Alliance

Civil society highlighted the **use of pandemic to undermine human rights**, the impact of pandemic on **LGBTI+ people**, the **vaccine inequalities** as a **new poverty divide**, the inequitable distribution of **vaccine between Israeli and Palestinians**, **stigmatization of Christians minorities** during COVID.