



SHEM STATEMENT FOR THE 49TH REGULAR SESSION OF THE UNITED NATIONS HUMAN RIGHTS COUNCIL

The Sustainable Health Equity Movement, a civil society organization that brings together 150 institutions in the areas of science, public health, medicine, nursing, and other civil society entities from around the world, representing, as a whole, more than five hundred (500) institutions and around 20 million professionals and activists, offers the following suggestions for UN Human Rights Council (HRC) action at its 49th session. These suggestions should be read with the sense of urgency that the immense health inequities that the COVID-19 pandemic has exposed and exacerbated.

Cross-cutting suggestions in relation to COVID-19 and its impact on human rights and human rights and equality concerns that have arisen during the pandemic. To close the health inequalities that pervade the items before the HRC, from disproportionate levels of death and infection of poor and marginalized populations from COVID-19 to health consequences of rights deficits that primarily or especially affect these populations, such as the rights to food and nutrition, access to potable water and waste sanitation, housing, and education – inequalities at odds with the right to health and other rights – we propose that the HRC:

- Adopt a resolution calling for a collaborative process between the United Nations and WHO to begin negotiations on a global treaty on the right to health, such as the proposed Framework Convention on Global Health.[1] That treaty would be based on the right to health and aimed at closing national and global health inequalities. It would accelerate right to health implementation through more precise standards for key principles such as equality, participation, and accountability, and standards for implementing ICESCR funding obligations, while expanding resources for the right to health and

operating across sectors – all backed by a comprehensive regime of accountability.

- Encourage countries to develop comprehensive analyses and action plans, covering health services and the social determinants of health, for addressing health inequalities through an inclusive, participatory process co-led by the government and members of marginalized populations. The HRC should also engage in a dialogue with WHO about these health equity plans of action about ways that both institutions could catalyze and support countries in developing and implementing them.
- Request that the Office of the UN High Commissioner for Human Rights develop a Forum for Health Inequalities, Human Rights, and State Obligations, building on the Forums on Human Rights, Democracy, and the Rule of Law and on Minority Issues, and the Social Forum. The Forum for Health Equality, Human Rights, and State Obligations would 1) provide a platform for dialogue and cooperation to advance health equality within and across countries, 2) facilitate networking among health equity advocates, governments, and global institutions (including UN agencies), 3) identify good practices, and 4) reach common understandings on and promote national and global mechanisms and strategies to advance health equity. Its mandate would also 5) encompass working towards agreement on standards – based on human rights and the equal right to the highest attainable standard of health for all people – government’s obligations to advance the right to health and other human rights related to health equality, both domestically and with respect to international assistance and cooperation.
- Recommend to the UN Secretary-General to hold a High-Level Meeting on “Complex-determination and an integral and collaborative response to the COVID-19 syndemic”, during UNGA 77, recognize that COVID-19 is best characterized as a syndemic, i.e, a synergy of several diseases with social and environmental macro-processes which requires multiple, multisectoral, and transformative measures in a whole-of-government/whole-of-society approach.

Agenda item: Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the COVID-19 pandemic

- Encourage countries to provide the funding and technical know-how, including encouraging or using their legal authorities to require technology sharing and licensing from patent holders, to establish regional COVID-19 vaccines hubs capable of producing mRNA vaccines and to adopt to using vaccine technologies that may prove more effective as new vaccines continue to be developed and tested. These hubs should be capable of delivering at least 8 billion vaccines to low- and middle-income countries every six months, sufficient for universal, equitable, rapid rollout of COVID-19 booster shots as needed, including as may be required to address variants of concern.
- Call upon countries to urgently fill the gap of \$6.9 billion for COVID-19 readiness and delivery costs in low- and middle-income countries (as of mid-November, based on modeling and country-specific costs, and required to achieve the WHO target of 70% global COVID-19 vaccine coverage by June, and without damaging other health services).[2]
- Endorse the 2020 proposal from South Africa and India to waive certain TRIPS provisions for medical products used to diagnose [contain], prevent, or treat COVID-19.[3]

Agenda item: Effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights

- Call upon high-income and other G20 countries to 1) resume a moratorium on debt-servicing for low-income countries through at least 2022, 2) offer significant debt restructuring and cancellation to lower-income countries, with mechanisms to ensure funds are used to advance human rights, and 3) work with lower-income countries, civil society organizations, and international financial organizations to develop a comprehensive debt restructuring and cancellation framework.

Agenda item: Promoting mutually beneficial cooperation in the field of human rights

- Enhance capacity-building to advance human rights of marginalized populations as a result of COVID-19 – and beyond – by calling for governments, in close cooperation with foundations and civil society organizations, and with the leadership of civil society, to establish a right to health capacity fund – or broader human rights fund – to support civil society right to health, and possibly other human rights, advocacy. Such a fund could also support community-based and national mechanisms for participation and accountability.

[1] Framework Convention on Global Health Alliance. <https://fcghalliance.org>.

[2] COVAX Readiness and Delivery Working Group on Delivery Costing, Costs and Predicted Financing Gap to Delivery COVID-19 Vaccines in 133 Low- and Middle-Income Countries (New York: UNICEF, January 2022). <https://www.unicef.org/documents/costs-and-predicted-financing-gap-deliver-covid-19-vaccines-133-low-and-middle-income>.

[3] Council of Trade-Related Aspects of Intellectual Property Rights, World Trade Organization, Waiver From Certain Provisions of the TRIPS Agreement for the Prevention, Containment and Treatment of COVID-19: Communication From South Africa and India, WTO doc. IP/C/W/669. October 2, 2020. <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669.pdf>.