

The Human Rights Implications of Global COVID-19 Vaccine Distribution

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Introduction

The novel coronavirus has spread rapidly around the globe, infecting more than 100 million people and killing more than two million, with the toll rising daily. There are more than 25 million cases of COVID-19 and more than 450,000 deaths in the United States alone.¹ Meanwhile, new coronavirus variants originating from Brazil, South Africa, and the United Kingdom that appear to be even more transmissible are spreading rapidly and have been found in many countries, threatening to undermine vaccine effectiveness and to increase the already staggering death toll.

The development and distribution of effective COVID-19 vaccines provides much-needed hope in an era increasingly defined by sickness, death, and economic instability. At the same time, vaccine allocation and distribution are reinforcing deeply ingrained domestic and global inequities and threatening the health and rights of health care and other essential workers, as well as marginalized populations. A shocking number of health care workers still do not have basic workplace safety protections or access to the equipment they need. Such conditions force them to take on unnecessary, unjust, and disproportionate risk to themselves and their families. In many countries, despite a seeming consensus that health care workers should be prioritized in vaccine distributions, many will not receive vaccines until 2022 or even 2023. Some are facing attacks and abuse merely for speaking out in defense of a basic level of safety and human rights protections for themselves and others.

Marginalized and historically disadvantaged populations are also being left behind. In the United States – which has the highest global rates of incarceration² – people in federal, state, and local prisons are often unable to follow public health mitigation measures, and are provided inadequate treatment and care.³ Asylum seekers and immigrants who have committed no crime are unnecessarily and unjustly detained without adequate protection and care, and in many cases face threats and abuse that reinforce their traumas.⁴ Globally, low- and middle-income countries in Africa⁵ and across the world⁶ are at risk of being excluded from vaccine distribution, as are refugees⁷ and populations in conflict zones.⁸ Without concerted action, the selective and discriminatory distribution of COVID-19 vaccines will reinforce global inequities, compromise critical rights protections, and fail to stop the global pandemic from spreading.

Why Following a Human Rights Framework for COVID-19 Vaccine Distribution Is Important

While governments are bound by international law to respect, protect, and fulfill human rights obligations when responding to the global pandemic, there are additional reasons for a human rights framework to govern global COVID-19 vaccine distribution.

- Crises like the COVID-19 pandemic create heightened levels of fear and panic that can produce an environment ripe for human rights abuses; this requires a commensurate dedication to upholding basic, universal human rights, especially for marginalized groups that are most likely to be ignored or abused in times of crisis.⁹

Any global vaccine distribution that does not respect human rights, justice, and equity cannot be effective.

Why Following a Human Rights Framework for COVID-19 Vaccine Distribution Is Important (continued)

- Without justice, accountability, and adequate remediation, human rights abuses committed in times of crisis – including during the COVID-19 pandemic – can become normalized and institutionalized in law, policy, or government practice well after the crisis has subsided. Emergency laws that suspend or restrict rights are often made permanent and broadened to impact an even greater population than originally intended.¹⁰
- Any global vaccine distribution that does not respect human rights, justice, and equity cannot be effective. While the spread of the novel coronavirus is disproportionately impacting communities of color, people of lower socio-economic status, and other marginalized groups – a major human rights concern in and of itself – the virus knows no borders and does not discriminate based on legal status. Any vaccine distribution that does not prioritize marginalized groups is likely to extend the global pandemic and make it more difficult to achieve the effective levels of herd immunity.¹¹

What Are the Human Rights Considerations for COVID-19 Vaccine Distribution?

The human rights framework embodied in the Universal Declaration of Human Rights and articulated in international human rights law sets forth the human rights that all governments must respect, protect, and fulfill. Here are few of the key rights that implicate the global distribution of coronavirus vaccines:

- **The Right to Health.** Governments must use available resources to ensure that every person has access to timely, affordable, quality health care, as well to key determinants of health, such as safe and potable water, sanitation, food, housing, and health-related information and education.¹²
- **The Right to Safe and Healthy Working Conditions.** Governments must minimize workplace conditions that can compromise workers' physical and mental health, and provide for the resources, equipment, information, and training to protect workers from harm.¹³
- **The Right to Freedom of Expression.** Every human being has a right to express themselves and provide and receive information without interference, punishment, intimidation, or censorship by governments.¹⁴ The Right to Freedom of Expression also includes the right to internet access and prohibits governments from censorship or placing arbitrary restrictions on the internet or any other means of sharing information.¹⁵
- **The Right to Non-Discrimination and Equal Treatment.**¹⁶ People must be able to enjoy their human rights without discrimination based on their race, religion, sex, ethnicity, national origin, or any other status; special measures must be taken to account for present and historical discrimination against marginalized people.¹⁷ The principles of non-discrimination and equal treatment inform the rights of people in marginalized and minority groups, who are entitled to protect and promote their cultures and identities and participate in decision-making processes that impact their communities.¹⁸

Applying a Human Rights Framework to COVID-19 Vaccine Distributions

Protecting Front Line Health Care Workers

- Frontline healthcare workers are risking their health and safety to treat and protect others in the context of the COVID-19 pandemic. In many cases, they do not have access to the resources and equipment they need to have adequately protected working conditions.¹⁹ Governments must immediately identify and fill these gaps.
- Health care workers – irrespective of where they are from or are currently residing – must be prioritized in global and national vaccine distributions. Younger, healthier populations in rich countries are currently slated to get vaccines before many health care workers in lower-income countries.²⁰ This is unacceptable.

Vaccines should be considered a global public good and provided free at the point-of-care.

Applying a Human Rights Framework to COVID-19 Vaccine Distributions
(continued)

Protecting Marginalized and Historically Disadvantaged Communities

- In a number of contexts, marginalized and historically disadvantaged communities are most at risk and are being disproportionately impacted by the pandemic, reinforcing and amplifying historical injustices.²¹ Additional attention and resources must be allocated to ensuring that marginalized groups have access to vaccines administered with care and sensitivity to the relevant social, economic, and cultural contexts. This includes Black, Indigenous, and other Communities of Color, LGBTQI people, and immigrants regardless of immigration status.
- On a global level, special attention and focus must be given to all migrants and displaced people – including refugees, asylum seekers, stateless persons, and internally displaced people – as well as people residing in conflict zones. They should be included in national and multilateral vaccine distribution plans.
- Asylum seekers and all other immigrants who do not pose a danger should be immediately released from immigration detention, where they are being retraumatized and, in some cases, subjected to unsafe conditions and abuse. All individuals who remain incarcerated in immigration or any other form of detention must be afforded the ability to practice public health measures, including being given access to effective medical care, appropriate testing, effective sanitation, and vaccines for COVID-19.
- National health ministries should give special attention, consideration, and accommodation to ensuring access to vaccines for people with mental health issues²² or physical disabilities.²³ Additional consideration should be given to account for and bolster the key determinants of health for these individuals, such as safe and potable water, sanitation, food, housing, and health-related information and education.
- With all marginalized communities, special attention should be given during vaccine distribution and administration to good governance principles needed to realize their human rights: transparency, responsibility, accountability, and responsiveness.²⁴

Ensuring an Equitable Global Distribution of Vaccines

- Vaccines should be considered a global public good and provided free at the point-of-care. There can be no equitable distribution of vaccines until there is a major increase in supply on a global scale. National and multilateral mechanisms must include measures to ensure that vaccines are developed and manufactured in adequate supply and distributed to populations throughout the world.
- Pharmaceutical corporations and research institutions that are producing COVID-19 vaccines must share the science, technology, and intellectual property to maximize production so that vaccines are freely available globally. They should cooperate with the World Health Organization's (WHO) global mechanism for sharing such technology, C-TAP. National authorities should take all necessary action as quickly as possible to increase the production of vaccines.²⁵
- Without immediate action, the world's richest countries will continue to buy up the vast majority of the available supplies of vaccines, leaving very little for lower-income countries that may not have the financial resources to secure sufficient supplies.²⁶ Not only does this reinforce the effects of historical injustices and human rights violations, it compromises the global effort to stop the spread of COVID-19.²⁷
- High-income countries like the United States must commit to meeting the needs of people living in countries that cannot secure vaccines for their populations on their own, particularly lower- and lower-middle income countries, countries with fewer resources and influence, and those affected by conflict. The starting point must be increased support from the United States and other rich countries for the World Health Organization-led COVID-19 Vaccines Access Facility (COVAX).²⁸

Vaccines should be accessible on a non-discriminatory basis and in a manner that is physically and economically accessible.

Applying a Human Rights Framework to COVID-19 Vaccine Distributions (continued)

Ensuring an Equitable Global Distribution of Vaccines (continued)

- In administering the vaccines globally, governments and multilateral institutions should ensure that health care providers abide by four standards for health care service delivery required by the Right to Health: Availability, Accessibility, Acceptability, and Quality.²⁹ Specifically:
 - Vaccine centers and doses – and the necessary health care workers to administer them – should be available in sufficient quantity to allow for all individuals to receive a vaccine consistent with national allocation plans.
 - Vaccines should be accessible on a non-discriminatory basis – without financial, physical, organizational, social, or cultural barriers – and in a manner that is physically and economically accessible. All information necessary to access vaccines should be provided.
 - Vaccine distribution should be acceptable to the communities that receive them, which requires that vaccines be distributed in an ethical and culturally appropriate manner.
 - Vaccines that are distributed should be scientifically validated and of the highest quality possible.
- The WHO, national health entities, and other key leaders and institutions should ensure that populations have access to evidence-based, clear information about vaccines and other key COVID-19 health products and should make concerted efforts to counter mis- and dis-information about the vaccines.

Endnotes

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