Organizer: Major Groups and other Stakeholders HLPF Coordination Mechanism

Background
The ongoing COVID-19 pandemic has revealed and exacerbated existing social and economic vulnerabilities and inequalities at the national, regional and global levels, including in access to vaccines. More than two years into the pandemic, around 40% of the world population has not received a single dose of a COVID-19 vaccine. According to UNDP and WHO, 66% of people in high-income countries have received at least one dose, while only 9% of people in low-income countries have received a dose.

The COVAX platform created by WHO to ensure access to vaccines worldwide has fallen far short of its target to have countries vaccinate 40% of their populations by the end of 2021 and, at the current pace, is also not likely to meet the target of having 70% of the population in each country vaccinated by mid-2022.

Despite 10 billion doses of vaccines delivered globally, and as countries in the North have started to deliver third or even fourth doses of vaccines to their populations; in many parts of the world, in particular in Africa and in low income countries in other regions, even health care workers and frontline workers are yet to be vaccinated, a situation which is further compounded by the emergence of the Omicron variant, which is ravaging countries with lower vaccination rates with more serious consequences in terms of hospital admissions as well as in number of deaths.

High-income countries have donated less than 20% of their promised doses according to the People's Vaccine Alliance in October 2021. Furthermore, donations have been mostly ad hoc, unpredictable and uncoordinated including not accompanied by essential accessories like syringes, and therefore, have failed to fulfill the purpose of access to vaccines. While there is a severe shortage of the vaccines, it is estimated that 100 million doses would have gone unused and would have expired by the end of 2021.

The persistent gap between supply and demand, “vaccine nationalism” and vaccine export restrictions are severely limiting progress in vaccination programmes in poor countries.
Stockpiling of vaccines is counterproductive and risks prolonging the pandemic instead of ending it. A focus by many countries and vaccine manufacturers on bilateral or selective deals has pushed the poorest countries to the side, while vaccine manufacturers are raking in huge profits. Vaccine equity cannot be achieved through market-driven mechanisms alone.

Differences also exist within the countries between rich and poor as rich can afford vaccines, poor populations are still waiting for a free vaccine.

COVID-19 is not only a health and economic crisis, but also a human rights crisis with disproportionate gender impacts. It needs concerted international cooperation and solidarity to ensure that everyone, everywhere is protected; the multiple crises in the wake of the pandemic are mitigated; and the pandemic itself is effectively controlled and curbed. Central to this effort is equal, non-discriminatory global access to COVID-19 vaccines, medicines, and other products, and the removal of policy and institutional barriers that block access and exacerbate the adverse impacts of the pandemic. The continued crisis is a failure of the member States commitment to not only the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights but also under the UN Charter. Transformative solutions like patent waiver under the TRIPs of the WTO, open sharing of technology, boosting mass production of vaccines, expedited vaccine donations, effective deployment and absorption, and increased financial support to the low- and middle-income countries are needed quickly to prevent virus from mutating into more dangerous variants.

The event will explore following questions:

1- How can the support provided by the UN and its Member States to low- and middle-income countries be strengthened to expand coverage of COVID-19 vaccines?
2- What is the role of the high-income countries and what form of partnerships are needed between critical stakeholders like COVAX/WHO, low- and middle-income countries, and vaccine manufacturers to end vaccine inequity?
3- How can Member States and the UN General Assembly more effectively respond to the challenge of vaccine inequity?
4- Who is being left behind in the response to the pandemic, considering aspects related to sex/gender, race, ethnicity, disability, migrant status, sexual orientation, occupation and others?
5- Sharing of technology and information for the detection, prevention, treatment and control of the pandemic and for vaccine production is essential. How can restrictions arising from intellectual property rights be eased to allow manufacturing in developing countries, including temporarily waiving obligations under the TRIPS Agreement?
6- What lessons from COVID-19 can help a global treaty on preventing and preparing for future pandemics or other health crises?

Format: Panel Discussion

Speakers:

1. President of the ECOSOC, H.E. Amb Mr. Collen Vixen Kelapile
2. Sylvia Paola Mendoza Elguea, Second Committee Delegate, Permanent Mission of Mexico to the United Nations
3. Dr. Gita Sen, Feminist Campaign for a peoples’ Vaccine
4. Ms. Sangeeta Shashikant, Third World Network, TWN- FfD
5. Mr. Ajay Jha Co-Chair, MGoS CM

Moderators:
- Ms. Mabel Bianco Co-Chair, MGoS CM
- Dr. K.N. Gunalan, Chair WFEO UN Relations Committee

Development
- Opening 3min
- Keynote address by the President of the ECOSOC H.E. Amb Mr. Collen Vixen Kelapile
- Speakers ask to answer a questions 5 min each to answer
- Comments by participants and speakers
- Closing