

**HIGH-LEVEL POLITICAL FORUM FOR THE SUSTAINABLE DEVELOPMENT GOALS 2021 ON THE THEME  
OF**

***'SUSTAINABLE AND RESILIENT RECOVERY FROM THE COVID-19 PANDEMIC THAT PROMOTES THE  
ECONOMIC, SOCIAL AND ENVIRONMENTAL DIMENSIONS OF SUSTAINABLE DEVELOPMENT:  
BUILDING AN INCLUSIVE AND EFFECTIVE PATH FOR THE ACHIEVEMENT OF THE 2030 AGENDA IN  
THE CONTEXT OF THE DECADE OF ACTION AND DELIVERY FOR SUSTAINABLE DEVELOPMENT' AND  
FOCUSING ON SDGS 1, 2, 3, 8, 10, 12, 13, 16 AND 17.***

**SUBMISSION BY THE CHAIRS OF THE UNITED NATIONS HUMAN RIGHTS TREATY BODIES**

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**INTRODUCTION**

The COVID-19 pandemic is exposing and exacerbating existing human rights challenges and inequalities with a devastating effect on all, in particular women, vulnerable groups and societies. To respond to this, the Human Rights Treaty bodies<sup>1</sup> have taken a series of steps to examine the impact of COVID-19 on the enjoyment of human rights and highlight the relevance of protecting and promoting human rights as a means to achieve a sustainable and resilient recovery from the COVID-19 pandemic, in line with the 2030 Agenda and the decade of action and delivery for sustainable development.

The Treaty bodies have done this through issuing advice, guidance notes and statements identifying the impact of the pandemic and recommendations to assist States and other actors to respond to COVID-19. These are available at: <https://www.ohchr.org/EN/HRBodies/Pages/COVID-19-and-TreatyBodies.aspx> Further, the treaty bodies are examining State policies and practices related to COVID-19 under the State reporting procedure and making recommendations to those States under review on how to build back better.

The Chairs of the UN Human Rights Treaty bodies (the Chairs) submit this document as a contribution to the High-Level Political Forum 2021. In doing so, the Chairs reiterate the strong relationship between human rights treaties and the 2030 Agenda and the mutually reinforcing nature of recommendations emanating from the Treaty bodies and the High-Level Political Forum (HLPF).

**IMPACTS OF THE COVID-19 PANDEMIC ON THE IMPLEMENTATION OF THE SDGS UNDER REVIEW**

The Chairs are particularly concerned about the impact of the pandemic on reducing inequality and the principle of leaving no one behind. **The virus poses great risks of leaving behind**

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<sup>1</sup> *The ten United Nations human rights treaties are legally binding treaties, adopted by the UN General Assembly and ratified by States. The ten treaty bodies, or Committees, are the [UN Human Rights Committee](#), [the Committee on Economic, Social and Cultural Rights](#), [the Committee on the Elimination of Racial Discrimination](#), [the Committee on the Rights of Persons with Disabilities](#), [the Committee on the Rights of the Child](#), [the Committee on the Elimination of Discrimination against Women](#), [the Committee Against Torture](#) and its [Subcommittee on Prevention of Torture](#), [the Committee on Enforced Disappearances](#) and the [Committee on Migrant Workers](#). Each Committee has been established through a treaty and is made up of elected independent experts who seek to ensure that States parties fulfil their legal obligations under that legal document. This system of independent scrutiny of the conduct of States by independent experts is a key element of the United Nations human rights system, supported by secretariats in the Office of the High Commissioner for Human Rights.*

**those in most vulnerable and marginalized situations**, including as a result of its impact on the health and well-being of older persons, persons with disabilities, and those with pre-existing conditions. Persons in residential care facilities or common living arrangements, prisons, migrant and asylum-seeker detention facilities and other places of deprivation of liberty are also vulnerable as are people living in informal settlements where access to health care, water, sanitation and products such as soap are lacking. Certain categories of workers face heightened risk of infection, while others are in particularly precarious situations. Migrant workers have, in some situations, been stranded in detention camps, unable to return home in a safe and orderly manner, with reports of ill-treatment and even torture and a heightened risk of being subject to enforced disappearance, as well as a lack of access to medical treatment, clean water and sanitation and access to vaccinations.

**Those who already face structural discrimination are vulnerable to the pandemic and its impact** and have fewer possibilities of accessing COVID-19 testing and taking preventive and remedial measures. These people include indigenous peoples, refugees, asylum-seekers, migrants, groups at high-risk of being trafficked, various ethnic, linguistic and religious minorities among others. In some cases, minorities have faced higher contagion levels and rates of death. The entrenched social, physical and attitudinal barriers confronting persons with disabilities have excluded many from health prevention and response actions as well as accompanying economic and social measures. Certain individuals and groups seen as linked to countries or regions where the pandemic originated or is most present have faced stigmatization and scapegoating, fuelled by racial discrimination, xenophobia, nationalism and populism.

**Years of efforts to tackle poverty and inequality have been set back in a matter of months** with a hundred million more people potentially being pushed into extreme poverty. The economic and health impact of the pandemic has deepened economic and social insecurity and inequality, particularly unemployment, where people in specific professions, such as service professions or the informal sector lose their employment, often without adequate social security nets. Workers in precarious positions, including in the informal sector, the gig economy, independent workers, domestic workers, and migrant workers, including undocumented migrant workers, have either lost or risk losing their employment, often without social protections. Workers placed on partial unemployment have not always had access to social protection. For some in employment, such as health workers and workers in other key positions to combat the virus, health and safety has been put at risk, affecting decent work. While the innovation and application of COVID-19 vaccines holds the greatest hope to combat the pandemic, the concentration of vaccines in developed and high-income countries risks widening inequalities within and between countries, while diminishing the effectiveness of the vaccine itself.

**Measures, such as states of emergency, confinement and limitations on assembly and association, have had to restrict exercise of fundamental freedoms.** Importantly, public health can never be an excuse to derogate from some human rights, such as the right to life and the prohibition of torture and other ill-treatment. While restrictions on some other rights and freedoms on public health grounds are permissible, they are subject to strict limitations. In some situations, restrictions have been broader than acceptable and extended to curtail the critical operations of civil society and political opposition.

Measures have affected the capacity to search for people subject to enforced disappearance, which has had a critical impact on the lives of victims and their friends and relatives, while also making it more difficult for them to seek support services.

**The multi-faceted consequences of the pandemic have affected women more than men**, at the same time placing increased responsibility on women's shoulders, exacerbating gender inequalities. Confinement has placed women and girls at risk of violence, including forced marriage. Pre-existing gender bias in resource allocations in the health system and diversion of funds during pandemics has come at the detriment of women, threatening gender equality in the absence of gender-specific health policies, such as protection of pregnant women.

Women are often highly represented in the health care system taken up by COVID-19 responses and take on a disproportionate burden of care for the sick, older persons, and children. Women are over-represented in informal and unpaid work, many women do not have access to social protection needed to alleviate the economic and social impacts of the pandemic. Finally, many women from ethnic and linguistic minorities, rural communities, indigenous women, women with disabilities, lesbian and bisexual women, trans and non-binary persons, refugee women and other women confronting inequality and discrimination are vulnerable to intersecting and multiple forms of discrimination, in the absence of adequate measures to ensure inclusion and diversity in pandemic response measures.

**Children and adolescents suffer emotionally, physically and psychologically during the pandemic**, in particular during lockdown and states of emergency, and require targeted measures to protect their health and well-being. On-line schooling has widened inequalities between children where access to IT resources and on-line teaching is not available or not available to the same extent. Lockdowns have left many children, who receive their only nutritious meal through school feeding schemes, go hungry and malnourished. In some cases, vaccination drives, birth registration services and/or access to justice services have been suspended. Confinement may expose children to increased physical and psychological violence at home, or force children to stay in homes that are overcrowded and lack the minimum conditions of habitability. Children who were already in vulnerable situations, such as children with disabilities, children living in poverty, children in street situations, children in institutions, migrant, asylum-seeking, refugee and internally displaced children, became even more vulnerable under the circumstances caused by the pandemic. Restrictive measures such as State-ordered confinement over long periods have left many children isolated and sometimes separated from their families. In addition, children have been kept in the margins and their voices have gone unheard during the pandemic.

**The impact of COVID-19 demonstrates the integrated, indivisible and interlinked nature of the SDGs and the interdependence of human rights.** The pandemic has affected not only SDG 10 on reducing inequality, but most if not all SDGs. The analysis above demonstrates how the pandemic has affected specific SDGs that are under review by the HLPF this year, including SDG 1 (no poverty) SDG 3 (good health and well-being), SDG 8 (decent work and economic growth), and SDG 16 (peace, justice and strong institutions). SDG 4 (quality education), SDG 5 (gender equality) and SDG 6 (clean water and sanitation) are also affected. Addressing the impact of COVID-19 on inequality is not only an end in itself but a crucial element of achieving many of the other SDGs over the coming years of the Decade of Action and Delivery for Sustainable Development.

## **ACTIONS, POLICY GUIDANCE AND AREAS REQUIRING URGENT ATTENTION IN IMPLEMENTATION OF THE SDGS**

The Chairs support the call of the United Nations Secretary-General for a New Social Contract to accelerate the achievement of the SDGs through the creation of equal opportunities, in particular between men and women, and guaranteeing human rights for all as well as the Secretary-General's call for a New Global Deal to ensure that power, wealth and opportunities are shared

more broadly and fairly at the international level. To achieve this, the Chairs propose the following priority actions:

- **Address the disproportionate health impact of the pandemic on those at risk of being left behind (SDGs 3, 5, 10, 16)** – those at risk of being left behind should be clearly identified and integrated into national action plans to combat and recover from the pandemic. Bias, including gender bias, in key areas such as health funding, should be addressed to avoid exacerbating the impacts of COVID-19 on those already left behind. Prevention measures should ensure the dissemination of information that is accessible to all, including persons with disabilities and those with limited internet access and in local languages. Protection measures should include those at risk of being left behind in treatment plans with targeted measures such as medical treatment at or close to home, medical treatment in the absence of health insurance, psychosocial counselling and safe transport.
- **Promote equal access to vaccines and treatments for all (SDGs 3, 10 and 17)** - universal access to vaccines and COVID-19 treatments, without discrimination on any basis, including nationality and migrant status, and, at least for low-income people and those living in poverty, free of charge, should be guaranteed. Prioritization of access to treatments and vaccines is inevitable and should be based on objective criteria, including medical need and public health objectives, and through public consultation. For reasons of public health as well as fairness and equality, people in all countries should enjoy equitable access to the vaccine. Wealthy countries in particular should promote fair global access to vaccines, including through supporting the WHO and COVAX Global Vaccines Facility. Intellectual property regimes should support innovation but should not undermine access, particularly by making it economically unaffordable for developing countries. The Chairs encourage the use of compulsory licencing as well as a temporary waiver of relevant WTO/TRIPS Agreement intellectual property provisions to encourage production and distribution of the vaccine.
- **Address stigmatization, discrimination and violence in the context of the pandemic (SDG 5 and 10)** - Clear measures to combat hate speech and harassment are necessary and States should exercise due diligence to prevent and address violence, in particular domestic and gender-based violence. Response plans should ensure implementation of international conventions, prioritize shelters, security systems, hotlines and psychosocial counselling, as well as access to justice and the right to a remedy for victims of violence during the pandemic. States should strengthen phone and online reporting and referral systems as well as sensitization and awareness activities through TV, radio and online channels. Discrimination in the health care system should be addressed to ensure that all people can access treatments in security.
- **Provide socio-economic support for those at risk of being left behind (SDGs 2, 3, 4, 5, 8 and 10)** – COVID-19 response and recovery plans should address, through the implementation of dedicated national action plans, inequalities related to access to food, health, education, work, access to digital technology, water and sanitation, social security and other relevant areas and provide immediate protection measures as well as longer-term measures to include them in the recovery. Measures include financial assistance, tax relief and subsidies, lows-interest loans, protection of jobs, wages and benefits of workers, including undocumented migrant workers, unemployment benefits and other social safety nets, measures in education, including measures that address the digital divide and avoid exclusion of certain children, social relief and income support, rent relief and a moratorium on evictions and mortgage foreclosures. Measures should aim at women’s leadership and empowerment, take into account people living and working in the informal sector, and people in rural and outlying areas, including indigenous peoples.
- **Take specific steps in relation to people placed/living in institutions (SDG 16)** - States should take all measures to deinstitutionalize individuals, such as persons with disabilities, and avoid the arrest and institutionalization of people, including children not respecting pandemic-related

guidance. States should resort to alternatives to detention and imprisonment, including for minor offenders and undocumented migrants. Where deinstitutionalization is not possible, prevention measures, such as running water, hand sanitizers, masks, isolation areas, testing and medical treatment as well as relief measures, such as family visits, should be prioritized.

- **Ensure the participation of persons at risk of being left behind (SDGs 10 and 16)** – Governments, multilateral institutions, the private sector and other actors should ensure meaningful and equal participation of all, including of women, children, persons with disabilities and older persons, indigenous persons, LGBTI persons and others, as relevant, in the formulation of COVID-19 response and recovery. Measures should be based on consultation, including with those most affected by structural discrimination, and should be adapted to the needs of individuals and groups at risk. Measures should ensure inclusive and representative governance, including by ensuring gender parity by 2030. Governments and other actors should treat persons at risk of being left behind as potential actors for change during and post COVID-19, not just beneficiaries of protection measures.
- **Protect fundamental freedoms during and post COVID-19 (SDG 16)** - Freedom of expression and access to information are critical safeguards to ensure early recognition and preparedness to avoid pandemics and to help guarantee that measures taken to confront the pandemic are subject to public scrutiny and debate and are appropriate and sustainable. Everyone should have access to relevant information about treatments and the vaccine. States should undertake appropriate steps to counter misinformation about vaccines. Information should be available in accessible formats and in local and minority languages. Any public-health related restrictions on rights and freedoms should be strictly limited as prescribed in human rights treaties. Likewise, states of emergency should be temporary and conform to the strict parameters set out in international standards and States should ensure they make the relevant notification of the state of emergency to other States, through the Secretary-General.
- **Build strong and effective institutions (SDG 16)** - Chairs encourage State parties to accelerate the implementation of international standards through investments in institutions that collect and disseminate data and monitor the effects of the pandemic and of the restrictive measures taken to counter the spread of the virus. In this regard, National Human Rights Institutions, National Machinery for the Advancement of Women, Independent Monitoring Bodies to Protect the Rights of Persons with Disabilities, and National Preventive Mechanisms for the Prevention of Torture have crucial roles in monitoring the human rights implications of the pandemic, in particular impacts on equality and discrimination, including gender discrimination, and leaving no one behind. While relevant COVID-19 guidance should be followed, the pandemic should not be used as a justification to hinder the operation of institutions charged with monitoring, investigating and prosecuting allegations of human rights abuse, and in searching for disappeared persons. People, including human rights activists and defenders, whose rights are affected by COVID-19 should have access to justice through relevant institutions, including courts, to claim remedies in the case of breaches of their rights.
- **Encourage international cooperation to combat the pandemic (SDG 17)** - The COVID-19 pandemic is a global crisis, highlighting the critical importance of international assistance, coordination and cooperation. As aforementioned, international cooperation in the roll-out of vaccines is essential to ensure an effective, global response to the virus. In addition, States should share best practices in preparedness and in combatting the virus, share medical equipment and supplies, and engage in international scientific cooperation, including the sharing of scientific information and innovations. States should coordinate to reduce the economic and social impact of the pandemic, including through avoiding blocking trans-border supplies of goods to combat the pandemic, considering debt relief and using their voice in international financial institutions to alleviate the burden on people in countries most at need, including least developed countries, fragile States and states in conflict and post-conflict. States should also

ensure the involvement of the civil society and private sector companies in the implementation of sustainable policies.

### **Key messages for inclusion into the Ministerial Declaration of the 2021 HLPF**

The Chairs consider that the Covid-19 crisis creates an opportunity for collective action and efforts to achieve a better world. The Chairs believe that the HLPF provides an important opportunity to inspire much greater international cooperation and assistance and a spirit of solidarity among nations, as established in the 2030 Agenda and international human rights treaties. Such cooperation is essential to respond effectively to a pandemic that, by definition, knows no borders and to build back better by addressing social and economic inequalities within and between nations. Nowhere is this more critical than in relation to the vaccine and the Chairs encourage the Ministerial Declaration to address the need for renewed global cooperation in ensuring rapid and universal dissemination and use of the vaccine, based on principles of equality, non-discrimination, medical need and public health.

In addition, the Chairs encourage the Ministerial Declaration to highlight the imperative of ensuring respect for the principle of leaving no one behind, in accordance with international human rights standards, in responding to the pandemic and in the recovery. This is important, not only as a worthy goal in itself, but also as a means to achieve universal coverage of pandemic responses, without which recovery measures might fail to achieve their goal of combatting the pandemic effectively and sustainably, with dire consequences.

Finally, the Chairs encourage the Ministerial Declaration to refer to the mutually reinforcing relationship between the 2030 Agenda and human rights and the role of international human rights mechanisms, including treaty bodies, as well as national human rights institutions in examining the impact of the pandemic on human rights, including in the context of achieving the SDGs.

The Treaty bodies will continue their work monitoring the impact of the COVID-19 pandemic and related State practices and developing advice, guidance and recommendations to assist States and other actors to address the pandemic and its consequences, while achieving SDGs and respecting human rights.