HUMAN RIGHTS IN THE NEW PANDEMICS INSTRUMENT
KEY MESSAGES

1. The COVID-19 pandemic spotlighted human rights gaps in our societies and demonstrated that stronger protection of human rights is an essential ingredient for pandemic prevention, preparedness and response. The substantive integration of human rights is essential to make a new pandemics instrument fit for purpose.

2. The Intergovernmental Negotiating Body should urgently facilitate the meaningful, inclusive and safe (virtual and in-person) participation of all stakeholders from all regions, including civil society organisations, communities and community health workers, in the process to develop a new pandemics instrument. Participatory mechanisms, structures and processes should reflect the diversity of society and ensure the representation of all populations and groups, in particular those at risk of being excluded or marginalised. The right to participate should also be incorporated substantively into any new instrument.

3. Pandemics are health emergencies with the potential for devastating socio-economic and other adverse human rights consequences. Women, girls and people in vulnerable situations, including LGBTIQ+ people are among those likely to be hardest hit in such situations. As such, it is imperative that future efforts to prevent, prepare for, respond to and recover from pandemics be fully grounded in States’ human rights obligations.

4. Strong, resilient health systems, with universal health coverage and primary health care, are crucial for effective pandemic prevention, preparation and response. National pandemic prevention preparedness and response plans should ensure that health facilities, goods, services and information, are available and accessible to all, including people in vulnerable situations and remote areas, without discrimination. They should include the provision and continuation of essential health services such as the prevention and treatment of noncommunicable diseases (which account for 41 million premature deaths annually), mental health services, sexual and reproductive health services and treatment for HIV. Occupational health and safety for health workers and auxiliary personnel should be a priority, and mental health support services for them should be made readily available. All planning should ensure attention to maintaining essential health services in humanitarian settings as well.

5. Robust measures to shore up the protection of economic, social and cultural rights are essential. Key actions include: (a) universal, comprehensive, human rights based social protection systems that guarantee at least a basic level of social security for all, over the entire life cycle; (b) ensuring access to essential services such as water and sanitation and adequate housing; and (c) a thoroughgoing examination of austerity policies to align the legal and

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1See:https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases#:~:text=Noncommunicable%20diseases%20(NCDs)%20kill%2041,%2D%20and%20middle%2Dincome%20countries.
policy framework with the duty to respect, protect and fulfil economic, social and cultural rights.

6. Prevention, preparedness and response plans should be gender-sensitive, and women and girls should participate fully, equally and meaningfully in decision-making and in the development of local, national, regional and global pandemic response policies. States should take positive steps to ensure that women and girls belonging to marginalised groups are provided with opportunities to participate meaningfully.

7. A human rights-based approach to data should be an integral part of pandemic prevention, preparedness and response, and should be properly resourced. Such an approach requires the participation of relevant population groups in the data collection exercise, data disaggregation on relevant characteristics, self-identification, transparency, privacy, confidentiality of personal data and accountability for upholding human rights in data collection and use.

8. Non-discrimination and equality should be fundamental principles of all strategies for pandemic prevention, preparedness and response, with special attention given to the protection of groups and populations in vulnerable situations, including older persons, persons with disabilities, minorities, persons in detention, LGBTIQ+ people and migrants. These groups and populations should not be left behind in any pandemic-related programming or campaigns.

9. Responding effectively to future pandemics requires international solidarity and cooperation, policy coherence, coordination and integrated approaches at all levels. It requires that the international community act together with unity and renewed multilateralism to create an enabling global environment free of structural obstacles, where human rights can be protected in times of crisis. As called for in ‘Our Common Agenda’ and the UN Secretary General’s Call to Action for Human Rights, international cooperation should be inclusive, networked and human rights-centred.

10. Universal and equitable access to vaccines, medicines and treatments is essential to reversing the trajectory of any pandemic, where these are available. The new instrument should provide for a well-coordinated global approach to the development and distribution of vaccines, medicines and treatments based on solidarity and cooperation, and taking into account the commitment to leave no one behind and reach first those who are furthest behind. This includes priority attention to Least Developed Countries, Small Island Developing States, landlocked developing countries and other poor or vulnerable regions including countries in conflict and post-conflict situations. The benefits of scientific and technological development must be fairly shared, both within and between nations as set out in the United Nations Declaration on the Right to Development.

11. Effective pandemic prevention, preparedness and response is undergirded by the free flow of and unfettered access to timely and accurate information, in a safe, pluralistic environment conducive to building trust between communities and the authorities implementing health measures.

14 July 2022