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Commission on  
Human Rights

# COVID-19 vaccines and inter-American human rights obligations

RESOLUTION 1/2021



**REDESCA**  
Special Rapporteur for Economic,  
Social, Cultural and Environmental Rights



Office of the Special Rapporteur for  
Freedom of Expression

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RESOLUTION NO. 1/2021

**COVID-19 VACCINES AND INTER-AMERICAN  
HUMAN RIGHTS OBLIGATIONS**

(Approved by the IACHR on April 6<sup>th</sup>, 2021)

**A. INTRODUCTION**

The pandemic caused by the virus that causes COVID-19 has led to an unprecedented health, economic, and social crisis, both globally and regionally. The development, approval, manufacture, and distribution of safe and effective vaccines are decisive steps toward: i) addressing the risks to life and health posed by the pandemic; ii) reducing the excessive burden on healthcare systems; and iii) mitigating the effects of the public health measures that have been implemented to contain the spread. The measures have had a particularly adverse effect on the enjoyment of economic, social, cultural, and environmental rights (ESCR), with a differentiated and disproportionate impact on vulnerable groups in the Americas, as well as by persons with COVID-19 and their relatives.

One year since the beginning of the COVID-19 pandemic, a global effort has led to the development and distribution of safe and effective vaccines that have been approved by the competent health authorities. However, the immunization of a critical mass of the world population — crucial to control the pandemic — is facing a new series of challenges, including new dangerous strains of the virus, the global competition for a limited supply of doses, and public skepticism toward the vaccines. In this scenario, only some States of the region have made rapid progress in immunizing their populations, while there are others where access to doses is limited or the process has not yet begun. According to the Organization of American States (OAS), 90% of people in low-income countries will not have access to any COVID-19 vaccine by 2021.<sup>1</sup>

In this context, it is imperative for the Inter-American Commission on Human Rights (Hereinafter “the Commission or the IACHR”) to promote the just and equitable distribution of the vaccines, particularly with regard to accessibility and affordability for middle and low income countries. Equity must be a key component, not only among countries but within countries, in order to put an end to the severe phase of this pandemic.

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<sup>1</sup> OAS Permanent Council, CP/RES.1165 (2312/21) "The Equitable Distribution of COVID-19 Vaccines," February 17, 2021. See also, OAS, Declaration of the Secretary General of the Organization of American States on the Equitable Distribution of Vaccines. March 9, 2021.

According to the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination, the overarching goal for the vaccines is to contribute significantly to the equitable protection and promotion of human well-being. Therefore, the vaccines for preventing this virus should be a global and regional public good and be available to all persons, with equity and without discrimination.<sup>2</sup>

The decisions made by the States of the Americas on approval, acquisition, distribution, and access must be informed and governed by their international human rights obligations, as applicable, under the American Declaration of the Rights and Duties of Man, the American Convention on Human Rights (ACHR), and the Additional Protocol to the ACHR in the area of economic, social, and cultural rights (Protocol of San Salvador). They also must take a public health approach that is based on the best scientific evidence available.<sup>3</sup>

This Resolution is framed within the continuous work the IACHR has been developing in response to the pandemic from a human rights approach, particularly with the adoption of Resolution 1/2020 regarding Pandemic and Human Rights in the Americas and Resolution 4/2020 Establishing Inter-American Guidelines on Human Rights of Persons with COVID-19. Also, the Commission takes note of Resolution No. A/HRC/46/L.25/Rev.1 of 17 March 2021, adopted by acclamation by the United Nations Human Rights Council, in which it calls for ensuring equitable, affordable, timely and universal access by all countries to vaccines to address the coronavirus disease pandemic (COVID-19), as well as the statements of the United Nations Committee on Economic, Social and Cultural Rights in light of the obligations of States parties to the International Covenant on Economic, Social and Cultural Rights.<sup>4</sup> It also takes note of the joint guidance on equitable access to COVID-19 vaccines issued by the Committee on the Rights of Migrant Workers together with other mandates, including the IACHR Rapporteurship on Migrant Persons.<sup>5</sup>

The **objective** of this Resolution is to help States grasp the scope of their international obligations in the context of decisions on vaccination in order to protect human rights, especially the right to health and life. For such purposes, this document offers specific recommendations based on the principles of equality and nondiscrimination, human dignity, informed consent, transparency, access to information, cooperation, and international solidarity.

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<sup>2</sup> World Health Organization, WHO SAGE Value Framework for Vaccine Allocation and Prioritization of COVID-19 Vaccination. September 14, 2020.

<sup>3</sup> In its Resolutions No. 1/2020 and No. 4/2020 and other pronouncements made within the framework of its SACROI-COVID19, the Inter-American Commission on Human Rights (IACHR) has set forth the main obligations of States and recommendations for addressing the pandemic with a rights-based approach, in light of the Inter-American human rights legal framework.

<sup>4</sup> Committee on Economic, Social and Cultural Rights. Statement on Universal and Equitable Access to Vaccines for COVID-19. E/C.12/2020/1, 27 November 2020. Statement on universal affordable vaccination for COVID-19, international cooperation and intellectual property. E/C.12/2021/1, 12 March 2021.

<sup>5</sup> UN Committee on Migrant Workers (CMW) et alia, Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants, 8 de marzo de 2021.

## **B. CONSIDERATIONS**

AFFIRMING that, in accordance with the principle of equal protection and nondiscrimination, universal and equitable access to the vaccines available constitutes an obligation requiring immediate compliance by States, under which vaccines, technologies, and treatments developed to address COVID-19 must be considered public health goods that are freely accessible to all.

HIGHLIGHTING that, interdependently and intersectionally, the rights to health, to enjoy the benefits of scientific progress, to access information, and to the principle of equal protection and nondiscrimination are intimately related to the decisions that States must take with regard to the COVID-19 vaccines.

TAKING INTO ACCOUNT that, from a joint reading of these rights and the correlating State obligations, it can be concluded that the vaccines are health goods and services that must comply with the standards of availability, accessibility, acceptability, and quality under the right to health.

OBSERVING that current limitations on vaccine production and supply lead to scarcity that reduces options for acquiring and allocating vaccines among States and requires the development of criteria for prioritizing groups within them, adjusted to each national or regional context, which must be adopted transparently and in a participatory manner.

BEARING IN MIND that a number of particularly vulnerable groups face differentiated impacts as a result of structural problems of exclusion and discrimination, which are reflected in greater difficulties accessing healthcare—worsened in the context of the pandemic—and therefore, States must adopt measures that include differentiated approaches to factors of discrimination, such as age, internal and international human mobility situations, statelessness, gender, gender identity and expression, disability, cultural affiliation, ethnicity, race, socioeconomic status, and context of deprivation of liberty. In addition, special attention should be paid to the situation of the elderly in shelters and care centers, persons detained in prisons or police detention centers, persons with disabilities in psychiatric hospitals and other long-stay institutions, as well as the different spaces, territories and situations experienced by migrants, refugees, asylum seekers, displaced persons, stateless persons, victims of human trafficking and in other contexts of human mobility.

TAKING INTO CONSIDERATION that States have an enhanced duty to apply Inter-American standards on transparency, access to public information, and combating corruption. This applies to information on mechanisms for acquiring, distributing, and administering the vaccine, as well as on the resources available and mobilized to guarantee their populations access to the vaccines. For the IACHR, the availability of information on the vaccines saves lives and contributes to the deliberations and public decision-making during the pandemic.

CONSIDERING that free, prior, full, and informed consent derives from the rights recognized in the Inter-American system, including the right to health, to receive and access information, and to not suffer arbitrary interference in privacy, and additionally, is a central aspect in the development of human rights bioethics—understood as a necessary tool for framing how to resolve the challenges and dilemmas associated with the pandemic.

HIGHLIGHTING that the full effectiveness of the right to health and other ESCER depends on having a maximum of resources available, and therefore, these resources must be protected by effective mechanisms of responsibility, accountability, and control by public institutions, as well as civil society.

RECOGNIZING that acts of corruption such as state capture, undue influence, and abuses of power by persons exercising public functions and/or by private actors constitute obstacles to the equitable distribution of vaccines under conditions of equality and non-discrimination.

UNDERLINING that States, in the context of the pandemic, have an enhanced obligation to respect and guarantee human rights in the framework of business activities, including the extraterritorial application of that obligation. Likewise, that States may be responsible for human rights violations resulting from business activities that they do not properly regulate, supervise, or oversee, or should they fail to adopt measures to prevent impacts from the actions of businesses on the enjoyment of human rights by the persons under their jurisdiction, as developed in detail by the IACHR and its REDESCA in the report “Business and Human Rights: Inter-American Standards.”

TAKING NOTE that pursuant to the Doha Declaration of the World Trade Organization on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and public health (2001), the intellectual property regime must be interpreted and applied in a way that supports States’ duty to “protect public health.”

REAFFIRMING that intellectual property is a social product, and therefore has a social function, for which reason the recognition of intellectual property, patents, and trade secrets cannot constitute an impediment to human rights, particularly the right to health in the context of a pandemic.

TAKING INTO ACCOUNT that States have the duty to require private actors involved in the health sector to respect human rights and act with due diligence in the execution of their operations, which includes, among other things: i) providing health services; ii) the undertaking of scientific research activities; iii) the production, sale, and distribution of medical biosafety materials, such as vaccinations; and iv) the adoption of measures to prevent companies from causing shortages or disproportionately increasing prices for health goods and services.

STRESSING that international cooperation is crucial for ensuring that equitable distribution of vaccines meets the realities and needs of all States in the region, especially those with less financial, institutional, and technological capacity, it is therefore crucial to orient efforts toward facilitating the implementation of tools and mechanisms that seek to guarantee the development and production of COVID-19 tests, treatments, and vaccines, such as C-TAP and COVAX.

## C. OPERATIVE PART

The Inter-American Commission on Human Rights, under the auspices of the Office of the Special Rapporteur on Economic, Social, Cultural, and Environmental Rights (REDESCA) and with the support of the Office of the Special Rapporteur for Freedom of Expression (RELE) and the Executive Secretariat—in exercise of the functions conferred by Article 106 of the Charter of the Organization of American States, in application of Article 41(b) of the American Convention on Human Rights and Article 18(b) of its Statute—resolves to adopt the following recommendations for Member States:

### I. Access to vaccines, health goods and services pursuant to the principle of equal protection and nondiscrimination

1. States must ensure the distribution of vaccines and their equitable and universal access, through the development and implementation of a national vaccination plan; and consequently, refrain from discriminatory treatment through the removal of normative, regulatory or any other type of obstacles that could lead to this practice, as well as create conditions of real equality for groups whose rights have been historically violated, or who are at greater risk of suffering discrimination.
2. In their vaccination plans and/or public policies, States must guarantee economic accessibility or affordability for all people, which implies free access to vaccines. In principle, for those living in poverty or with lower incomes, so that the level of income or purchasing power is not a determining factor that prevents or favors their immunization.
3. With respect to groups in situations of special vulnerability or groups that have been historically discriminated against, based on the principle of equality and non-discrimination, States must adopt public policies that respond to differentiated, intersectional and intercultural approaches that allow them to address multiple discrimination that can accentuate people's obstacles in accessing health care and vaccines. Similarly, factors associated with existing digital divides should be considered, particularly those derived from generational aspects that disproportionately affect older people. The above issues should be considered without prejudice to others, resulting from factors associated with socioeconomic status, disability, among others.
4. States must address the particular needs deriving from factors of discrimination, such as age (older persons), migratory status or migratory documentation, gender, gender identity and expression, disability, cultural affiliation, ethnicity, race, socioeconomic status, and contexts of deprivation of liberty. Likewise, vaccination policies must take into consideration geographic particularities and mistrust toward such measures, particularly from vulnerable groups like persons of African descent and indigenous persons.
5. It is imperative to ensure that all persons under the jurisdiction of States can physically access vaccines. For such purposes, the States must have the means to strengthen the necessary infrastructure and logistics, including transportation, facilities, and storage for

the distribution of vaccines throughout their territory. States must take special consideration of individuals and groups, such as indigenous and tribal peoples, and peasant communities, who live in remote areas in contexts of profound disparities in terms of the availability of health goods and services compared to other areas of the country, as can occur in rural areas compared to urban areas, or in the peripheries. Likewise, States must guarantee accessible environments for people with disabilities and reduced mobility in their vaccination schemes.

6. The States must also not lose sight of the exacerbation of illnesses associated with poverty, the impact of social determinants on health, and how they must avoid setbacks in public health campaigns, like regular vaccinations for children, pregnancy care, sexual and reproductive health, cancer prevention, etc. Likewise, they must bear in mind the need to continue on with nonpharmacological measures of prevention, carrying out public campaigns aimed at improving habits of healthy living and strengthening the immune systems of persons. Such measures have a direct impact on the mental health of the population and on reducing chronic lifestyle diseases that worsen the prognosis for people with COVID-19 while also having a significant impact on public health budgets.

## **II. Distribution and prioritization of vaccine doses**

7. While the context of scarcity and limitations in access to vaccines is overcome, the States must prioritize the vaccination of persons at greater risk of infection and those who are at greater risk from the pandemic. The criteria and parameters that States implement must take into consideration the SAGE<sup>6</sup> principles set forth by the WHO, which include healthcare workers, older persons, persons with disabilities, and persons with pre-existing medical conditions that put their health at risk, as well as persons who, for underlying social, labor, or geographical reasons, are at greater risk from the pandemic, including indigenous persons, afro-descendants, persons in conditions of human mobility, and persons living in urban over-populated areas of poverty or extreme poverty. Without prejudice to the prioritization that States establish, the main purpose of this public policy is to guide planning for the distribution of the vaccine using a human rights and equity approach.
8. Along the same lines, States must consider the special situation of vulnerability faced by persons in contexts of deprivation of liberty, including older persons in shelters and care homes; persons detained in prisons or jails; persons with disabilities in psychiatric hospitals and other long-term institutions; and persons in contexts of human mobility detained for strictly migratory reasons. A special focus should be placed on the population held in detention, which also belong to the group of persons with pre-existing medical conditions, and consequently are at greater risk of contracting COVID-19.

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<sup>6</sup> The WHO SAGE value framework is intended to provide guidance at the global level on the allocation of COVID-19 vaccines among countries and at the country level with respect to determining priority groups to receive COVID-19 vaccines within countries while supply is limited. The framework is intended to support policy makers and expert advisors at country, regional and global levels as they make decisions on the allocation of COVID-19 vaccines and the prioritization of groups to receive them. See WHO, WHO SAGE value framework for allocation and prioritization of COVID-19 vaccination, September 14, 2020.

9. Respect of the prioritization criteria for access to the COVID-19 vaccination, the applicable parameter must take into account the medical needs of public health, which should be based on: i) the best scientific evidence available; ii) applicable national and international human rights law; iii) applicable bioethics principles; and iv) criteria developed through an interdisciplinary exchange. These criteria must also be established based on the principle of maximum dissemination, ensuring the process and the parameters for its adoption are transparent. The prioritization criteria must be subjected to accountability mechanisms, including judicial review should they be discriminatory or violate other rights.
10. States must ensure that the persons under their jurisdiction are not discriminated against due to shortages of inoculation materials and supplies, and as vaccine distribution efficiency increases, human rights guarantees must be observed, in particular the right to life and health.

### **III. Active dissemination of adequate and sufficient information on the vaccines and combating disinformation.**

11. The obligation to provide and disseminate adequate and sufficient information on the vaccines to prevent COVID-19 rests with the States. The mistrust that may arise from civil society and the disinformation on vaccines should be counteracted by actions to strengthening the security of public health institutions and on science-based knowledge. In this regard, the information disseminated must be of good quality, objective, and timely, and it must also take into consideration information on the safety and effectiveness of the vaccines that is based on the best scientific evidence available. It is crucial for institutional representatives to have proper training and updated information to prevent official voices from becoming vectors of disinformation.
12. To ensure the availability and accessibility of adequate and sufficient information on the vaccines, States must conduct public campaigns to counteract disinformation or misinformation on the vaccines. Given that the side effects of the vaccines are related to the disinformation, States are required to provide the information available on side effects to address doubts about the safety and effectiveness of the vaccines.
13. States must proactively provide actionable, understandable, useful, accurate, and reliable information on all aspects of public interest related to the vaccines. The public dissemination of content on the vaccines—and in particular, on the vaccination campaigns—must include the use of open formats with differentiated approaches that take into consideration, among other things: i) cultural affiliation, particularly for indigenous peoples, persons of African descent, and tribal communities; ii) native languages; iii) accessibility for persons with disabilities, older persons, and persons in situations of human mobility; and iv) the availability of information in the languages of migrant persons, refugees, and other residents of the country. Likewise, vaccination campaigns must aim to be universal in scope, accounting for the particularities of rural and remote areas.
14. Regarding indigenous peoples and prior consultation, States must conduct informational campaigns and distribute vaccines on their territories in coordination and participation

with them, through their representative entities, leadership, and traditional authorities, in order to ensure the effectiveness and cultural appropriateness of the measures, as well as respect for their territories and self-determination. Additionally, with regard to persons with disabilities, the States must make reasonable adjustments and adopt accessible communication strategies on the vaccination policies that directly involve this group in their design and execution.

15. Additionally, the States must guarantee that vaccination information and campaigns—especially regarding priority populations, phases, and progressive access to vaccines—actively prevent xenophobia, stigmatization, and other forms of discourse that promote hate, violence, or blame of migrant persons, groups, or populations, refugees, stateless individuals, or other persons in contexts of human mobility.

#### **IV. Right to free, prior, and informed consent**

16. All COVID-19 vaccinations that the State administers must be subject to the free, prior, and informed consent of the individual being vaccinated. This means that everyone has the right to receive from their medical service providers information on the COVID-19 vaccines they may be receiving. This information must be timely, comprehensive, understandable, clear, jargon-free, reliable, culturally appropriate, and take into account the particularities and specific needs of the individual.
17. In situations when consent is not possible to be obtained, due to an individual’s health or legal competence, the consent must be obtained from their relatives or legal representatives to administer the COVID-19 vaccines. This rule only applies as an exception in emergency situations where the individual is at imminent risk and it is impossible for them to make a decision on their own health. A situation that is “urgent” or an “emergency” means risk is imminent—that is, administering the vaccine is necessary and cannot be postponed. It excludes cases in which it is possible to wait to obtain consent. Regarding persons with disabilities, informed consent should be secured using decision-making support systems.
18. States must protect personal data and information included in health records—including biographical and biometric information collected by medical services—as the information collected through other procedures related to the vaccination. Additionally, guarantees must be provided to protect the personal information of migrants, refugees, and other persons in contexts of human mobility, in view of the risk the information could be used for migration control purposes.
19. The duty to protect confidential data cannot undermine States’ obligation of maximum disclosure regarding the vaccination procedures, in accordance with the provisions of the following section.

## V. Right to access to information, transparency, and combat against corruption

20. Pursuant to the obligation of active transparency, States must proactively release information on vaccination records, studies, and plans, and generally provide information on the procurement, import, distribution, prioritization, and administering of vaccines, as well as the processes and procedures used for oversight and control. The allocation of public resources for procuring vaccines gives rise to obligations on access to information, and therefore, those who receive or execute—either in whole or in part—those public resources for the manufacture, sale, distribution, and/or use of the vaccines must also proactively release information on these activities associated with the vaccination process.
21. States have the obligation to eradicate corruption in the distribution and application of vaccines, seeking to prevent and punish their use as gifts or personal and/or political favors, particularly in electoral contexts. Likewise, they must protect people who report crimes and other offenses in the health sector or in other sectors.
22. Under the right of access to public information, States must deploy monitoring and oversight mechanisms to supervise the manufacture, procurement, access, distribution, and use of the vaccines. These mechanisms must take into consideration the right of access to justice and allocate resources for conducting serious, timely, and diligent investigations into potential acts of corruption, attempts at State capture, influence, and improper pressure and/or abuse by public or private actors to the detriment of human rights and the equitable distribution of vaccines.
23. The States must comply with the strict inter-American regime of exceptions to the disclosure of information, in applying reservations or grounds for confidentiality of information related to vaccines. In order for any limitations on access to information to be compatible with the American Convention, the IACHR has established that they must pass a tripartite proportionality test, meaning they must: i) pursue one of the legitimate objectives that justify them; ii) demonstrate that the disclosure of information effectively threatens to cause substantial harm to that legitimate objective; and iii) demonstrate that the harm to the objective outweighs the public's interest in having the information. To this end, the States should take into account the standards set in the Interamerican Model law on Access to Public Information, particularly those contained in articles 27, 28, 35, and 36:
  - a. When invoking the existence of grounds for confidentiality, they must offer “proof of harm” by demonstrating in writing: i) that the release of the information could cause real, demonstrable, and identifiable harm; ii) that there is no less restrictive measure than keeping the information confidential; iii) that the risk of harm posed by the release of the information outweighs the public's interest in the material being disseminated; iv) that the limitation adheres to the principle of proportionality and represents the least restrictive means available for avoiding harm; and v) that the requirements of timeliness, legality, and reasonability are all met.

- b. When invoking the existence of grounds for confidentiality, the “public interest test” must be applied to resolve a conflict of rights based on the elements of suitability, necessity, and proportionality. Understanding: i) “suitability” to mean the legitimacy of the right that wins out, requiring it be adequate to achieve a constitutionally-valid aim or apt for securing the end sought; ii) “necessity” to mean the lack of an alternative measure less harmful than releasing the information; iii) “proportionality” to mean that the balance between cost and benefit leans in favor of the public interest protected, such that maintaining confidentiality would pose a benefit that outweighs the cost that openness and release of the information could pose to the population.
- c. Exceptions to the dissemination of information cannot be applied in cases of grave human rights violations or crimes against humanity. Information cannot be kept confidential or classified when it is related to acts of corruption by public officials, pursuant to current law and in accordance with the Inter-American Convention against Corruption.

## **VI. Business and human rights as regards the COVID-19 vaccines**

- 24. States must guarantee that businesses’ decisions on developing, using, and distributing vaccines take into account cross-cutting human rights principles like transparency, information, equal protection and nondiscrimination, accountability, respect for human dignity, and the fundamental Inter-American standards on businesses and human rights established in the thematic report on the subject.
- 25. In order to comply with their international human rights obligations to respect, guarantee, progressively implement, and cooperate, with regard to the rights to health, life, and personal integrity, it is crucial for States to include this focus in their plans and policies for the enjoyment and exercise of these rights, including where private agents or businesses are involved in producing, commercializing, and distributing medications, vaccines, technology, and health equipment or goods essential for COVID-19 care and treatment.
- 26. Regarding the extra-territorial scope of State obligations in the framework of business activities related to the COVID-19 vaccines, the States where the businesses that produce, distribute, or commercialize these vaccines are domiciled have the duty to regulate, supervise, prevent, or investigate their actions that may affect the realization of human rights beyond their borders. Omissions or actions on the part of States with regard to these obligations may entail international responsibility for facts that do not take place strictly within their jurisdictions.
- 27. Without prejudice to the reasonable compensation that these businesses and public research institutions deserve for the investments and research they have undertaken, given the magnitude of the pandemic and the danger it poses to global health, national and international intellectual property regimes must cease to be an obstacle preventing the production of safe and effective vaccines, guaranteeing universal and equitable access to them, as set forth in this Resolution. It is therefore urgent for States to take the measures

necessary to add flexibility and exceptions in those regimes where public health is at risk, along with other pertinent complementary measures. Specifically, the IACHR joins the call made by the special mandates of the UN Human Rights Council and ESCR Committee to grant temporary exemptions from some provisions of the TRIPS Agreement<sup>7</sup> for vaccines and treatments for COVID-19 that some States have proposed to the World Trade Organization, and it urges the States of the Americas to support the exemptions' swift adoption.

28. Also, with regard to intellectual property regimes, States are called upon to promote the exchange of information on the development of vaccines and ensure that economic value and regulations do not pose obstacles to the acquisition of supplies, technologies, and vaccinations. The harm and public interest tests described in paragraph 23 of this resolution must be applied when intellectual property, trade secrets, and the right of access to information are found to be in conflict.
29. Decisions of a commercial or other nature adopted by States in this context must seek the best outcome in terms of public health and human rights, avoiding a competitive approach between countries that impact those that are at an economic and financial disadvantage. States must therefore avoid health nationalism in the context of the pandemic by promoting actions that enable them to eliminate obstacles to acquiring supplies, medical technology, and vaccines, obstacles that prevent access by middle- and low-income countries and by—in particular—persons living in poverty and extreme poverty. Preventative measures must be taken with the application of flexibility clauses in patent and intellectual property regimes, along with other measures aimed at preventing and combating speculation, private hoarding, or improper use of such goods.
30. States must require businesses to include workplace vaccination as a collective measure of protection in the vaccination programs they establish in their business health and safety documents, enforcing the requirement and ensuring they provide adequate information in this regard. These programs must recognize the biological risk posed in workplaces, free availability of vaccinations, and the scientific confirmation of their effectiveness. Businesses play a key role in these contexts and their behavior must be guided by the applicable human rights principles and norms in order to protect the right to health and life of their workers, pursuant to the terms of Resolution 1/2020 on Pandemic and Human Rights in the Americas.
31. The effective implementation of these duties impacts businesses, which have a responsibility to respect human rights; therefore, even when States are not complying or not adequately complying with their obligations regarding the COVID-19 vaccines, businesses must orient and guide their actions and processes based on the applicable international human rights standards. This means that they must avoid committing, contributing to, facilitating, encouraging, or worsening human rights violations and should address the adverse human rights impacts with which they are involved, whether through their own activities, commercial relationships, or corporate structure. This

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<sup>7</sup> The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) of the World Trade Organization (WTO) is a multilateral instrument that establishes minimum levels of protection that each government must grant to the intellectual property of other WTO Members. See WTO, Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS).

recommendation is also applicable to multilateral finance and investment bodies, export credit agencies, or investment agencies that may be involved in purchasing and distributing COVID-19 vaccinations.

## VII. International cooperation

32. The development of extensive and effective spaces for international dialogue is crucial for establishing and consolidating channels for exchanging timely information on successful strategies and public policies with a human rights approach, as well as challenges in carrying out vaccination plans. These spaces must foster the participation of civil society, national human rights institutions, academia, and individuals or entities specializing in areas including human rights, public and global health, bioethics, and scientific research.
33. It is urgently needed to coordinate effective regional actions based on a human rights approach and centered on international solidarity so as to ensure regular exchange of information on vaccinations and on technologies and knowledge about vaccines and treatments against COVID-19. To this end, the role of the different multilateral organizations is vital to foster cooperation and synergies between the different state, private and civil society actors in general.
34. States must facilitate and strengthen implementation of COVAX<sup>8</sup>, C-TAP<sup>9</sup>, and other mechanisms developed globally and regionally to promote equitable access to vaccines and ensure the exchange of information and technologies. Additionally, the IACH urges to International Community and OAS Member States to design, finance, and establish effective frameworks for international cooperation through their own organization or other forums so as to facilitate compliance with the objectives set forth in this resolution. These mechanisms must seek to promote strategies for closing gaps in access to vaccines between countries with greater financial, institutional, and technological capacity and those with lower incomes so the latter are able to acquire, develop, and distribute vaccines to their populations and avoid sanitary isolationism.

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<sup>8</sup> COVAX is the vaccine pillar of the Access to COVID-19 Tools Accelerator (ACT Accelerator), which is implemented through the Coalition for Promoting Epidemic Preparedness Innovations (CEPI), the Gavi Vaccine Alliance (Gavi) and the World Health Organization. See WHO, COVAX: Collaboration for equitable global access to vaccines against COVID-19.

<sup>9</sup> The COVID-19 Technology Access Pool Platform (C-TAP) is intended to serve as a means to accelerate the development of the products needed to fight COVID-19 and to drive the development of the products needed to fight COVID-19 to accelerate the development of the products needed to combat COVID-19 and to drive the widespread production and the removal of barriers to entry, so that the products can be made available worldwide products are available worldwide. See WHO, WHO COVID-19 Technology Access Pool: Concept Note, October 27, 2020.

35. International cooperation must be guided by the principle of international solidarity, and thus measures associated with restrictions on human mobility in the context of the pandemic—such as the issuance of health passports or other documents to demonstrate COVID-19 immunization—must adhere to the principles of equal protection and nondiscrimination, as well as the particularities of the vaccination plans of their countries of origin.

The IACHR recalls that all public policies with a human rights focus aimed at preventing, addressing, and containing the pandemic must take a broad and multidisciplinary approach through mechanisms of cooperation. In this regard, the IACHR and its Special Rapporteurships express their willingness to provide technical assistance to States, regional bodies, social organizations, and other institutions for strengthening institutions and health policies with a human rights approach based on applicable inter-American and international standards.

The Inter-American Commission on Human Rights has prepared this Resolution within the framework of SACROI-COVID19, with the main support of the Office of the Special Rapporteur on Economic, Social, Cultural and Environmental Rights (REDESCA) and the contributions of the Office of the Special Rapporteur on Freedom of Expression (RELE). The Commission and its Special Rapporteurships are at the disposal of the member states of the OAS to contribute with their efforts in applying this resolution in all instances and mechanisms at their disposal.