



VACCINES IN THE AMERICAS

TEN HUMAN RIGHTS MUSTS TO ENSURE HEALTH FOR ALL

AMNESTY
INTERNATIONAL



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Cover photo: A healthcare worker carries a cooler containing the Sinovac Biotech Ltd. COVID-19 vaccine at a clinic in Montevideo, Uruguay, on March 1, 2021.

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INTRODUCTION

The commencement of COVID-19 vaccination drives in most countries of Latin America and the Caribbean¹ has brought hope to the most unequal region of the world,² and one that has been hit harshly by the pandemic.³ Most countries in the region entered into lockdown with emergency decrees in mid-March 2020,⁴ and a year on continue to battle against infection rates that remain high. Authorities in many cases are struggling, under very difficult circumstances, to bring solutions to the health, economic and human rights crises that were pre-existing in the region and have been exacerbated by the COVID-19 pandemic. Many public servants and health workers continue to work tirelessly to protect the health of the population, in many cases sacrificing their labour rights.⁵

However, very early in the vaccination rollout, alarm signals have already started to emerge: Pharmaceutical companies, while supplying life-saving vaccines, have also undermined transparency in negotiations on pricing and contracts with countries of the region, potentially affecting universal access to vaccines for all. Authorities in several countries have failed to take into account groups that are most at-risk in the pandemic or historically subject to discrimination. Equally important, government officials have used vaccines for political or personal gain, ignoring scientifically driven criteria for vaccine allocation, creating outrage and confusion in some countries, as well as contravening human rights standards.

The year 2021 is an exceptional one in terms of electoral cycles in Latin America and the Caribbean.

In February 2021, **El Salvador** held congressional elections and in March **Bolivia** held regional elections. Another five countries will undergo or culminate the final stages of general (presidential) elections later in 2021 (**Ecuador, Peru, Nicaragua, Chile and Honduras**). **Mexico** will undergo mid-term elections for Congress, several state governors and state congresspeople, as well as **Argentina** which will hold mid-term elections. Media has reported that in **Venezuela** there are tentative plans for elections of governors and mayors across the country during the year.

Election cycles can be moments in which governments may put pressure on certain sectors of society that are critical of them. In such contexts, the use of vaccines for political or personal gain may come to the forefront. Even outside of electoral cycles, irregular actions of those in public office are a commonplace occurrence in the region. Latin America and the Caribbean ranks low in Transparency International's Corruption Perception Index.⁶ In the context of elections and political cycles, corruption could undermine fair access to vaccines, and further erode people's enjoyment of the right to health.

¹ According to media reports and national announcements as of early March 2021, nearly all countries in Latin America had received doses of vaccines, in different amounts and from a variety of vaccine developers. See for example, *BBC Mundo*, "Vacunas contra COVID-19: Los países de América Latina donde todavía no han llegado", 23 February 2021. Available at: <https://www.bbc.com/mundo/noticias-america-latina-56168826>. After this date, in the first week of March, vaccination also commenced in [Guatemala](#), [Nicaragua](#), [Uruguay](#) and [Honduras](#). Of the 17 countries reviewed in this report, to Amnesty International's knowledge, Cuba is the only country that has not started inoculating its population, although it is currently in the final stages of a clinical trial of its own vaccine, according to press reports.

² See United Nations, *World Social Report 2020: Inequality in a Rapidly Changing World*. Available at:

<https://www.un.org/development/desa/dspd/2019/12/wsr2020-summary/>. The report states "Latin America remains the region with the highest levels of income inequality." page 27

³ Latin America and the Caribbean has consistently included some countries with the highest number of deaths of any sub-region worldwide during the COVID-19 pandemic. Several countries register some of the highest death rates per population in the world.

⁴ Emergency decrees or official measures enforcing lockdowns, curfews or emergency sanitary responses in response to the COVID-19 pandemic began in countries of the region on these dates: Honduras: 10 February; Guatemala: 6 March; El Salvador: 14 March; Uruguay: 13 March; Ecuador: 16 March; Peru 15 March Chile: 18 March; Venezuela: 21 March; Paraguay: 16 March; Panama: 13 March; Dominican Republic: 19 March; Colombia: 17 March; Brazil: 6 February and 19 March; Argentina: 20 March; Bolivia: 26 March; Mexico: 30 March; Cuba: 14 April. Amnesty International could find no registry of any emergency pandemic measures implemented by the government of Nicaragua.

⁵ Amnesty International, *The Cost of Curing: Health Workers Rights in the Americas During COVID-19 and Beyond* (Index: AMR 01/2311/2020), 19 May 2020, <https://www.amnesty.org/en/documents/amr01/2311/2020/en/>

⁶ See Transparency International *Corruption Perceptions Index 2020*. Available at: <https://www.transparency.org/en/cpi/2020/index/nzl>. Nearly all countries in Latin America and the Caribbean are below the median point for the rest of the world, and a number are listed on the spectrum of rankings close to the bottom, for countries considered as "highly corrupt."

During the month of February alone, health ministers in the countries of **Peru, Argentina** and **Ecuador** were forced to resign due to reports that they allowed for people to be vaccinated outside of the official allocation plan for priority groups established by their national health authorities.⁷

In mid-February 2021, investigative journalists in **Peru** reported⁸ that hundreds of public servants, university staff and influential figures were inoculated with the Sinopharm vaccine in October 2020, from an extra batch of doses that the company had provided for free during the period of negotiations it was carrying out with the Peruvian state. The outcry following the scandal forced public authorities and the university involved in clinical trials to publish the names of the 487 people who had received the free doses.⁹ The list included the formerly deposed president, Martín Vizcarra, his wife, the former Minister of Foreign Affairs and the highest ranking representative of the Vatican in Peru.¹⁰ An investigative commission released a report recommending the dismissal of several public servants and the investigation of others.¹¹ Months after these 487 people received doses during the negotiation period with the company, in January, the Peruvian president gave a televised address announcing a deal to receive a total of 38 million doses of the Sinopharm vaccine and 14 million doses of the AstraZeneca vaccine¹² at prices per dose that have not been published.

A few days after the Peruvian corruption scandal, people in **Argentina** were outraged at the discovery that a group of political allies, civil servants, businessmen, among others, could ignore the official vaccination plan and get inoculated, without being included among the priority groups or following the steps stipulated by the government.¹³ According to news media reports, at least 10 people received the Sputnik V vaccine in the offices of the Ministry of Health.¹⁴

In **Brazil**, the issue of COVID-19 vaccines has been a source of political dispute between the president, who has made repeated declarations opposing COVID-19 vaccines, causing confusion in the national vaccination strategy, and governors in different parts of the country that have sought to provide vaccines to their local populations.¹⁵ Beyond the political sector, state prosecutors have already started to clamp down on cases of lawyers, powerful businessmen, fashion bloggers, politicians and others obtaining vaccines through illicit means against the overall public interest.¹⁶

⁷ See, for example: Mitra Taj, Anatoly Kurmanaev, Manuela Andreoni y Daniel Politi, “Escándalos de vacunación en América Latina: los poderosos se saltan la fila”, *New York Times* (Spanish edition), 25 February 2021. Available at: <https://www.nytimes.com/es/2021/02/25/espanol/corruptcion-vacunagate.html>. See also, *BBC Mundo*: “Coronavirus en Ecuador: renuncia el ministro de Salud tras el escándalo del plan de vacunación”. 26 February 2021. Available at: <https://www.bbc.com/mundo/noticias-america-latina-56210659>.

⁸ Alexandra Ampuero, “Funcionarios del gobierno de Vizcarra se vacunaron con 2.000 dosis que donó Sinopharm”, *La República*, 14 February 2021, available at: <https://larepublica.pe/politica/2021/02/14/mas-de-50-funcionarios-de-gobierno-de-vizcarra-se-habrian-vacunado-con-las-dosis-extra-de-sinopharm/covid>

⁹ The Peruvian university Cayetano Heredia published the list of personnel that had received the vaccine. 15 February 2021, available at: <https://cde.3.elcomercio.pe/doc/0/1/7/4/1/1741762.pdf>.

¹⁰ *La República*, “Nuncio Apostólico también recibió vacuna contra COVID-19”, 16 February 2021. Available at: <https://larepublica.pe/sociedad/2021/02/16/vacunagate-nuncio-apostolico-nicola-girasoli-tambien-recibio-vacuna-contra-la-covid-19/>

¹¹ *Informe de la Comisión Sectorial Investigadora de la Aplicación de la Vacuna Candidata contra la COVID-19*. Available at: <https://cdn.www.gob.pe/uploads/document/file/1693259/Informe.pdf>

¹² See for example, “Peru inks deals with Sinopharm, AstraZeneca for coronavirus vaccines” *Reuters News Agency*, 6 January 2021. Available at: <https://www.reuters.com/article/us-health-coronavirus-peru/peru-inks-deals-with-sinopharm-astrazeneca-for-coronavirus-vaccines-president-idUSKBN28X2D6>. and Government of Peru, *Message of the President of the Republic to the Nation*, 6 January 2021. Available at: <https://www.youtube.com/watch?v=zi8XP0Wocec>.

¹³ Infobae, “Vacunagate: el escándalo del gobierno argentino en los principales diarios del mundo”, 20 February 2021. Available at: <https://www.infobae.com/politica/2021/02/20/vacunagate-el-escandalo-del-gobierno-argentino-en-los-principales-diarios-del-mundo/>;

¹⁴ In light of these events, Amnesty International requested public information and a meeting with the new Minister of Health to provide human rights input into the vaccination plan. See: Amnesty International Argentina: *Amnistía Internacional pidió una asignación transparente de vacunas contra el COVID-19 y solicitó una reunión con el Ministerio de Salud*. 22 February 2021. Available at: <https://amnistia.org.ar/amnistia-internacional-pidio-una-asignacion-transparente-de-vacunas-contra-el-covid-19-y-solicito-una-reunion-con-el-ministerio-de-salud/>.

¹⁵ Several media reports have outlined the details on these disputes over Brazil’s vaccination strategy, not least among them between the president and the Governor of Sao Paulo. See for example: Jussara Soares and Natália Portinari, *O Globo* “Após Doria iniciar vacinação, Bolsonaro tenta reagir. Entenda a estratégia.” 21 January 2021. Available at: <https://oglobo.globo.com/brasil/apos-doria-iniciar-vacinacao-bolsonaro-tenta-reagir-entenda-estrategia-1-24844693>. See also Tom Phillips, *The Guardian*, “Bolsonaro rival hails Covid vaccinations as ‘triumph of science against denialists’”, 17 January 2021, available at: <https://www.theguardian.com/world/2021/jan/18/bolsonaro-rival-hails-covid-vaccinations-as-triumph-of-science-against-denialists>. In section 5 of this report further details are given about official pronouncements from governors of other states around the country.

¹⁶ Samantha Pearson, “In Brazil, People Illicitly Snag Vaccines and Brag About it”, *The Wall Street Journal*, 17 February 2021. Available at: <https://www.wsj.com/articles/in-brazil-people-illicitly-snap-vaccines-and-brag-about-it-11613563201>. See also: Public Prosecutor’s Office of the state of Amapá MP-AP instaura Inquérito Civil para apurar se agente público teria infringido ordem de prioridade de vacinação da COVID-19 no município de Serra do Navio. Available at: MP-AP instaura Inquérito Civil para apurar se agente público teria infringido ordem de prioridade de vacinação da COVID-19 no município de Serra do Navio. 21 January 2021. See also: Federal Public Prosecutor’s Office,

In **Nicaragua**, the government announced commencement of vaccination in early March. Like the handling of the pandemic, official information about the national vaccination plan is scarce and incomplete. Amnesty International has documented the repression of dissidents during the COVID-19 pandemic and the passage of new laws in December 2020 that silence dissent.¹⁷ In addition, the organization has documented how the Nicaraguan government's response to the COVID-19 pandemic contravenes international human rights law on the right to health and also put health workers at risk through reprisals, harassment and intimidation for simply looking after the health of others.¹⁸ These are dangerous precedents that Amnesty International will continue to monitor during the year in the lead up to presidential elections in November.



A healthcare worker receives a dose of the Russian Sputnik V Covid-19 vaccine in Buenos Aires, Argentina, on January 11, 2021.
© Anita Pouchard Serra/Bloomberg via Getty Images

"Justiça Federal determina publicação da lista de vacinados contra covid-19 em Manaus (AM)", 25 January 2021. Available at: <http://www.mpf.mp.br/am/sala-de-imprensa/noticias-am/justica-federal-determina-publicacao-da-lista-de-vacinados-contra-covid-19-em-manaus-am>.

¹⁷ Amnesty International, *Silence at any cost: State tactics to deepen the repression in Nicaragua* (Index: AMR 43/3398/2021), 15 February 2021, <https://www.amnesty.org/en/documents/amr43/3398/2021/en/>

¹⁸ Amnesty International, *The Cost of Curing: Health Workers Rights in the Americas During COVID-19 and Beyond* (Index: AMR 01/2311/2020), 19 May 2020. Available at: <https://www.amnesty.org/en/documents/amr01/2311/2020/en/> - see page 13 on reprisals of health workers. See also: Amnesty International, *Open Letter to Daniel Ortega, President of Nicaragua, sent by International Organizations*, (Index: AMR 43/2535/2020), 17 June 2020, <https://www.amnesty.org/en/documents/amr43/2535/2020/en/>

METHODOLOGY AND HUMAN RIGHTS FRAMEWORK

The report is based on research on access to COVID-19 vaccines in Latin America and the Caribbean since August 2020, including interviews and correspondence with 34 individuals, including doctors, nurses, vaccine experts, people who have been vaccinated, health worker union representatives, professional medical and nursing organizations, current and former public servants, investigative journalists specialized in the health sector, academics, civil society organizations, representatives of intergovernmental organizations, and patients' rights advocates. The report also draws upon official freedom of information requests, or letters requesting official information, submitted to governments in 17 countries of the region,¹⁹ as well as official public information disseminated in government press conferences and websites. Amnesty International has reviewed official decrees, national vaccination plans, official expert consultation reports and other data published in public seminars. The report also makes use of analysis published in several peer-reviewed academic journals, as well as information reported in news media outlets. Amnesty International has ensured that every news media article cited in this report represents a wider trend reported across multiple media outlets and official sources.

The report offers essential measures that must be adopted to guide vaccination in Latin America and the Caribbean.²⁰ Many of the recommendations can be implemented immediately. These recommendations are based on international human rights law that is binding for States, as well as international human rights standards. All countries in Latin America and the Caribbean have signed the International Covenant on Economic, Social and Cultural Rights (ICESCR) and almost all²¹ are full states parties to this binding treaty, which means they must all "undertake to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its [their] available resources"²², and that these actions must be "deliberate, concrete and targeted".²³ Coupled with the International Covenant on Civil and Political Rights, (ICCPR) of which the countries in the region are also state parties,²⁴ states must take action to protect the rights of their populations, recognizing the indivisibility of all human rights and the fact that the right to health is essential to the enjoyment of other rights.²⁵ Each section of this report will outline the key standards of international law that frame states' obligations in each area of concern. Companies operating in the region have a responsibility to respect all human rights wherever they operate, following the UN Guiding Principles on Business and Human Rights.²⁶ The responsibility of companies extends beyond compliance with national laws and regulations protecting human rights and entails respect for all internationally recognized human rights.

¹⁹ Amnesty International commenced submission of freedom of information requests in November and started by sending them to the countries that had first announced vaccine supply in the region, continuing to submit some final requests or letters through to the month prior to publication of the report. As such, some governments of the region are still within their stipulated timelines to respond to Amnesty International on these information requests. Governments responded in various levels of speed and completeness to those inquiries. Information requests or letters were sent to: Mexico (November 2020), Argentina (November 2020), Paraguay (November 2020), Brazil (letters sent to governments at a subnational level during January and February 2020 and to federal government in early March 2020), El Salvador (December 2020), Colombia (early February 2021), Guatemala (December 2020), Honduras (November 2020), Peru (November 2020), Ecuador (twice – November 2020 and reminder correspondence in February 2020), Bolivia (twice – in November 2020 and reminder correspondence in February 2020), Dominican Republic (February 2020), Cuba (January 2021), Nicaragua (January 2021), Chile (November 2020), Uruguay, (March 2020), Venezuela (letter sent in January 2021 however Venezuelan authorities did not have a system for receiving an electronic copy and the organization was told a letter would only be received physically in person which has not been possible due to lockdown measures in the country).

²⁰ **This report focuses on the region commonly referred to as "Latin America and the Caribbean", which includes 33 countries, however for the purposes of this report, the examples given will be limited to 17 countries that have presented the most cases of COVID-19 and concentrate the majority of the population of the region: Argentina, Bolivia, Brazil, Colombia, Chile, Cuba, Dominican Republic, El Salvador, Ecuador, Nicaragua, Honduras, Guatemala, México, Paraguay, Perú, Venezuela and Uruguay.**

²¹ Cuba is the only state in the region of Latin America and the Caribbean that has not ratified the International Covenant on Economic, Social and Cultural Rights. Nevertheless, as a signatory to the treaty, under international law it is bound to refrain from any actions that would undermine the object or purpose of the treaty, under Article 18 of the 1969 Vienna Convention on the Law of Treaties.

²² Article 2 (1) International Covenant on Economic, Social and Cultural Rights (Adopted 1966, entry into force 1976). Available at: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

²³ UN Committee on Economic, Social and Cultural Rights (CESCR): General Comment 3, Paragraph 2. December 1990. E/1991/23. Available at: <https://www.refworld.org/pdfid/4538838e10.pdf>.

²⁴ Cuba is the only state in the region of Latin America and the Caribbean that has not ratified the International Covenant on Civil and Political Rights, yet it is also a signatory and so, as per footnote 21 above, is bound to refrain from any actions that would undermine the object or purpose of the treaty.

²⁵ United Nations Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14*. (2000). Paragraph 1. Available at: <https://undocs.org/E/C.12/2000/4>

²⁶ UN Office of the High Commissioner for Human Rights, *Guiding Principles on Business and Human Rights*, 2011, available at: https://www.ohchr.org/documents/publications/guidingprinciplesbusinesshr_en.pdf

1. PUT HUMAN RIGHTS BEFORE INTELLECTUAL PROPERTY RIGHTS

There are many reasons why states must ensure that human rights are put first before the demands of companies. The UN Committee on Economic, Social and Cultural Rights (CESCR) – the committee charged with supervising the implementation of the ICESCR - has established that states must align their intellectual property laws with their human rights obligations to ensure that a balance is “reached between intellectual property and the open access and sharing of scientific knowledge and its applications, especially those linked to the realization of other ESCR, such as the right to health.”²⁷



Currently, negotiations within the World Trade Organization give states the opportunity to agree to a waiver on world trade rules in the WTO's Trade Related Aspects of Intellectual Property Rights Agreement (TRIPS). Yet, even before such an agreement is reached globally, states can act immediately by transparently sharing information regarding negotiations and purchases of COVID-19 vaccines.

In May 2020, Costa Rica and the World Health Organization (WHO) launched the COVID-19 Technology Access Pool (C-TAP)²⁸ as a voluntary sharing platform to pool all data, expertise, biological material and intellectual property, and then licence production and technology transfer to other potential producers. In a region like Latin America and the Caribbean, the most unequal region of the world, mechanisms such as this are vital to maximize access to the vaccine; especially as demand is likely to outstrip supply of COVID-19 vaccines for the foreseeable future.

Most countries of Latin America and the Caribbean also have affiliated themselves with the COVAX facility, a WHO-coordinated mechanism by which COVAX seeks to pool global demand around COVID-19 vaccines and distribute two billion doses by the end of 2021. Nevertheless, the supply of vaccines from COVAX will not be sufficient to cover the demand for vaccines in the region.²⁹

At the time of writing, nearly all of the 17 countries analyzed in this report had announced ongoing negotiations and agreements with pharmaceutical companies for vaccines including Pfizer, AstraZeneca, Sinopharm, Sinovac, Cansino, Sputnik V and Coronavac.³⁰ Amnesty International submitted information requests to 17 governments of the region between November 2020 and February 2021,³¹ requesting copies of the contracts signed or agreements reached with these companies, the duration of the contracts, the conditions placed on public financing, the price agreed for each dose, the licensing scheme agreed upon, amongst other points of inquiry. To date, the responses governments have sent to Amnesty International have provided no details in relation to these questions. In addition, no government to date has responded as to whether it took measures to encourage companies to sign up to C-TAP as part of the discussions taking place.

After a verified search and checks with experts, Amnesty International identified only one example of a public institution that has made partially public a contract with a pharmaceutical company developing COVID-19 vaccines; in October by the public organization Fundação Oswaldo Cruz (Fiocruz), linked to the Ministry of Health, in Brazil.³² While this was an important step in the right direction, further details on terms and conditions relating to intellectual property and pricing could be included in the public version of the

²⁷ UN Committee on Economic, Social and Cultural Rights (CESCR), *General comment No. 25* (2020) on Science and economic, social and cultural rights Art. 15.1.b, 15.2, 15.3 and 15.4, E/C.12/GC/25. Paragraph 62. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=9&DocTypeID=11

²⁸ World Health Organization, *COVID-19 Technology Access Pool*, available at: <https://www.who.int/initiatives/covid-19-technology-access-pool>

²⁹ Most countries of the region are self-financing of this framework, given that most of the Latin America and Caribbean is considered middle income, or lower-middle income countries. There are currently some exceptions to this in the region which are Bolivia, Haiti, El Salvador, Nicaragua that are listed within the COVAX Facility for Advanced Market Commitment (AMC) for 92 eligible low- and middle income economies. The initial supplies that will be given to the region will be, according to the Pan American Health Organization (PAHO): “small, due to limited global supplies”.

³⁰ This number was checked using public information announced by governments in press conferences and official releases.

³¹ Op Cit. See footnote 20 above.

³² See “Technological Order Agreement entered into by Fundacao Oswaldo Cruz-Fiocruz, Instituto de Tecnologia Em Imunobiologicos- Bio Manguinhos and AstraZeneca UK Limited”, Term. No 01/20202, available at: https://agencia.fiocruz.br/sites/agencia.fiocruz.br/files/u34/contrato_etec.pdf

agreement.³³ Additionally, this step was unfortunately not enough since **Brazil** has been negotiating with other pharmaceutical companies and did not publish the terms of other agreements. For its part, at the beginning of March, the government of the **Dominican Republic** responded to a freedom of information request by an international organization working on transparency and provided a copy of its contract with Pfizer. The international organization made this contract public, which includes the amount in dollars paid by the government and the total number of doses purchased.³⁴ In the case of **Mexico**, a general description of the contract for acquisition of vaccines from AstraZeneca, signed on 12 October 2020, was published on Mexico's official portal where government contracts are usually published,³⁵ including the overall amount in US dollars that the Mexican government has transferred to the company. Nevertheless, the contract itself remains confidential, as per the general tendency in the region.

Mexico's agreement with AstraZeneca pertains to one of the first deals announced for vaccines in the region. In August 2020 the governments of **Argentina** and **Mexico** announced an agreement with AstraZeneca, to ensure the production and distribution of between 150 million and 250 million doses of the Oxford-AstraZeneca vaccine.³⁶ Mexican authorities announced³⁷ that the financing of this agreement came from the Slim Foundation (*Fundación Slim*), a philanthropic organization of Carlos Slim Helu, a Mexican businessman.³⁸ Under this agreement, Argentina has recently started producing the active ingredient for this vaccine, which was sent for manufacturing in the factory of the Mexican company Liomont.³⁹

In November 2020, Amnesty International submitted freedom of information requests to **Argentina** and **Mexico** requesting copies of any agreements between the governments of both countries, between the governments and AstraZeneca, with the Slim Foundation or Liomont. The Argentinian Ministry of Health responded on 23 December 2020⁴⁰ stating that its negotiations and agreements with AstraZeneca were confidential, per Argentine law. In addition, it responded that it did not have knowledge of whether an agreement had been signed with the Mexican government as to the joint production of the vaccine.⁴¹

The Mexican Foreign Ministry responded stating that it had inspected records for an agreement reached with the Argentinian government, yet no record was found of such an agreement.⁴² The Mexican government also responded to a freedom of information request on 9 December 2020, confirming that "there has been no contract formalized with the Carlos Slim Foundation nor the company Laboratorios Liomont."⁴³

The **Mexican** president himself committed at an official press conference on 12 January to make contracts with pharmaceutical companies public.⁴⁴ Despite this statement, the Mexican government, through its Foreign Ministry, had already responded in December 2020 to various freedom of information requests by Amnesty International and other similar requests, saying that all agreements with AstraZeneca and other pharmaceutical companies were confidential and were classified as reserved information for five years.⁴⁵

³³ See Médecins Sin Frontiers, "MSF Welcomes Fiocruz's step towards transparency of AstraZeneca deal." 3 November 2020, available at: <https://msfaccess.org/msf-welcomes-fiocruz-step-towards-transparency-astrazeneca-deal>

³⁴ See: Knowledge Economy International: *Unredacted Pfizer contract with Dominican Republic, shows broad indemnity provisions for COVID-19*. 3 March de 2021, Available at: <https://www.keionline.org/35485>

³⁵ See Poder Latin America: [Astra Zeneca vende vacunas a México por 309 millones de dólares](https://www.poder360.com/actualidad/2020/10/12/astrazeneca-vende-vacunas-a-mexico-por-309-millones-de-dolares). 19 January 2021. Linking to the official portal of government contracts, *Compranet*:

<https://compranet.hacienda.gob.mx/esop/toolkit/opportunity/opportunityDetail.do?opportunityId=&ncp=1614822068739.3650308-1>

³⁶ BBC News Mundo. "AstraZeneca y la vacuna contra la covid-19: México y Argentina anuncian que producirán y distribuirán para América Latina la vacuna de Oxford". *BBC News Mundo*. August 13, 2020. Available in <https://www.bbc.com/mundo/noticias-america-latina-53761315>.

³⁷ Mexican Ministry of Foreign Affairs, Press Release 229: *Mexico anuncia alianza estratégica para la producción de la vacuna contra COVID-19*. <https://www.gob.mx/sre/prensa/mexico-anuncia-alianza-estrategica-para-la-produccion-de-la-vacuna-contra-covid-19>. 13 August 2020.

³⁸ Carlos Slim Helu is listed in the Forbes 2021 Billionaires index as the 12th richest person in the world during the year of 2020. Forbes Magazine, "The Richest in 2020, Index available at : <https://www.forbes.com/billionaires/>.

³⁹ See, Mexico Ministry of Health statement on official twitter account, 20 January 2021: available at:

https://twitter.com/SSalud_mx/status/1351936439446077448?s=20. However according to international news media, the manufacturing of the vaccines has been held up due to a lack of vials available for the final assembling process of the vaccine. See for example, Enric González, Elías Camhaji, "Millones de dosis de la 'vacuna latinoamericana' de AstraZeneca, demoradas por falta de envases.", *El País*, 25 February 2021.

⁴⁰ Ministry of Health, Argentina, Directorate of Purchases and Contracts: Nota NO-2020-90006191-APN-DCYC#MS in response to freedom of information request NO-2020-84354737-APN-DAJ#MS. 23 December 2020.

⁴¹ Ibid

⁴² Mexican Ministry of Foreign Affairs, *Response to Freedom of Information Request*, 00005002543120, 11 December 2020

⁴³ Mexican Ministry of Foreign Affairs, 9 December 2020. Oficio Núm. UDT-7082/2020. Folio: 0000500253820.

⁴⁴ Alberto Pradilla, *Animal Político*, "Aunque AMLO prometió transparentar contratos, Ebrard aclara que farmacéuticas no lo permiten" 12 January 2021, available at: <https://www.animalpolitico.com/2021/01/amlo-prometio-transparentar-contratos-ebrard-aclara-farmacauticas-no-lo-permiten/>

⁴⁵ Mexican Ministry of Foreign Affairs, *Response to Freedom of Information Request*, Folio 0000500248620, 7 December 2020

Similarly, the Mexican Ministry of Health responded to an information request in the same terms, and said that “if these documents were to be released, this could directly impact in the lack of access to vaccines, which would create a series of economic and social consequences.”⁴⁶ This argument was accompanied by general information on the pandemic in **Mexico**, but the reply did not outline how making contracts public would restrict access to vaccines.

In the case of **Chile**, the government responded to Amnesty International’s request for copies of contracts with pharmaceutical companies in December 2020. The government responded that it first wrote to Pfizer requesting the company to manifest its agreement or opposition to sharing the contract with Amnesty International. The Chilean government notified Amnesty International that Pfizer had opposed sharing a copy of the contract and thus denied the organization a copy of it.⁴⁷

It is concerning that governments of the region are failing to fulfil their responsibility to respect the right of their populations to access information. As these contracts have not been made public, information about the price paid per dose remains hidden, which also makes it difficult to trace the real cost of developing these products. A lack of transparency can also undermine universal access to vaccines at a fair price. According to the United Nations High Commissioner for Human Rights, “transparency enhances the legitimacy of states’ decisions in relation to health and fosters ownership over these decisions and their implications across all members of society.”⁴⁸

Not only do the laws of many countries in the region legally require for government contracts to be made public, but also transparency is vital to ensuring fair access to vaccines. According to the UN Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines,⁴⁹ there should be a presumption in favour of transparency in negotiations and contracts. This presumption “can only be rebutted on limited grounds, such as for confidentiality of personal data.”⁵⁰ Given that revealing pricing and contracts will cause no harm to the personal health or privacy of any patient, there is far more to gain by publishing them than not.

Governments also have the prerogative to negotiate with pharmaceutical companies with the health of their population at the forefront of their decisions. According to news media reports,⁵¹ as part of negotiations with **Argentina** in late 2020, Pfizer had required the country to adopt a special law to allow for legal indemnity in Argentinian tribunals. The Argentinian Congress proceeded to pass a law that rather than give indemnity, allows for a change of jurisdiction for disputes to tribunals abroad.⁵² Nevertheless, according to news reports, Pfizer was not satisfied with the changes made to the law, and requested additional requirements, which consisted in excluding the Ministry of Health from the signature of contracts.⁵³ In addition, as media reports stated, Pfizer requested terms excluding themselves from liabilities for grave consequences.⁵⁴ In response to these alleged conditions, the Argentinian Minister of Health called them “quite unacceptable”.⁵⁵ An investigation by The Bureau of Investigative Journalism, based on official sources, unveiled that Pfizer had

⁴⁶ Mexican Ministry of Health (SSA), *Response to Freedom of Information Request*, Folio 0001200484120, 13 January 2021

⁴⁷ Government of Chile, Under-Secretary of International Economic Relations, Letter to Amnesty International: *Deniega la Solicitud de Acceso a la Información*, No. ACO07T000218, 23 December 2020

⁴⁸ OHCHR, Guidelines for States on the Effective Implementation of the Right to Participate in Public Affairs, www.ohchr.org/EN/Issues/Pages/DraftGuidelinesRighttoParticipationPublicAffairs.aspx

⁴⁹ See Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 11 August 2008, A/63/263. Page 17. Available at: https://www.who.int/medicines/areas/human_rights/A63_263.pdf

⁵⁰ Ibid, paragraph 6

⁵¹ Associated Press, “Argentina: exigencias de Pfizer para vacuna son inaceptables”, *Los Angeles Times*, 15 December 2020. This information was also corroborated with an interview by Amnesty International with an international organization that monitors access to health in the region.

⁵² The Law 27.573 established the extension of jurisdiction in favor of arbitral and judicial tribunals based abroad, available at: <https://www.boletinoficial.gob.ar/detalleAviso/primera/236986/20201106>

⁵³ Associated Press, “Argentina: exigencias de Pfizer para vacuna son inaceptables”, *Los Angeles Times*, 15 December 2020. This information was also corroborated with an interview by Amnesty International with an international organization that monitors access to health in the region.

⁵⁴ Román Lejtman, *Infobae*, “Qué explican Alberto Fernández y Pfizer frente al fracaso de las negociaciones por la vacuna contra el COVID-19”, 21 December 2020, available at: <https://www.infobae.com/politica/2020/12/21/que-explican-alberto-fernandez-y-pfizer-frente-al-fracaso-de-las-negociaciones-por-la-vacuna-contra-el-covid-19/>

⁵⁵ Associated Press, “Argentina: exigencias de Pfizer para vacuna son inaceptables”, *Los Angeles Times*, 15 December 2020, available at: <https://www.latimes.com/espanol/internacional/articulo/2020-12-15/argentina-exigencias-de-pfizer-para-vacuna-son-inaceptables>. This information was also corroborated with an interview by Amnesty International with an international organization that monitors access to health in the region.

requested Argentina to put up sovereign assets, such as federal bank reserves, embassies or military bases, as guarantees or collateral in the negotiations over vaccine purchases.⁵⁶

It is important to recall that public funds are used to purchase vaccines from pharmaceutical companies and one of the tools governments have to encourage companies to act in accordance with human rights standards, in accordance with the principles of transparency and fair access, includes calling on companies to sign up to C-TAP, among other measures.



Shipments of the Russian Sputnik Covid-19 vaccines arrive In Venezuela on February 13, 2021.
© Carlos Becerra/Bloomberg via Getty Images

⁵⁶ Madlen Davies, Rosa Furneax, Ivan Ruiz, Jill Langlois, “Held to Ransom: Pfizer demands governments gamble with state assets to secure vaccine deal”, *The Bureau of Investigative Journalism*, 23 February 2021

2. CONSULT WIDELY AND PUBLISH ACCESSIBLE PLANS

Access to information, transparency, and the right to participate and be consulted on public decisions is an important part of the body of rights that emanate from Article 19⁵⁷ of the ICCPR. Ensuring transparency by publishing official information is a key part of this right.⁵⁸ Similarly, “states must ensure that any decision-making processes around national allocation involve effective participation of representatives of civil society, especially with representation from at-risk populations that could be most impacted by these decisions.”⁵⁹

At time of writing, 13 of 17 countries of the region reviewed in this report, had made public their national vaccination plans for COVID-19 either through decree or an official written document presented to the public.⁶⁰ Amnesty International uses the term “national vaccination plans” to refer to the public documents analyzed here. These plans vary in their level of detail and legal status since some have been published by decree and others not. The WHO has provided guidance and a complete checklist for the considerations which should be considered in these plans, which the WHO terms as “national deployment and vaccination plans.”⁶¹ Several of the 13 plans analyzed do not cover all the considerations outlined in the WHO checklist. Nevertheless they all outline a series of considerations for the timing of vaccine rollout, an explanation of the scale of COVID-19 in the country, as well as an overview of the phases in which different groups of the population will be prioritized for access to the vaccine.

In general terms, countries of the region are being guided by the WHO’s SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines (“SAGE Roadmap”)⁶² by prioritizing health workers for vaccines, either alongside or followed by older people and/or people with at-risk health conditions. There are a number of countries that have not published any official plan or protocol, and have only provided a series of public statements that fail to provide a clear roadmap on the issue, such as in the case of **Cuba, Nicaragua, Ecuador⁶³ and Venezuela. Uruguay**, which during 2020 was held up as an example for its rapid response to the COVID-19 pandemic and its low rates of transmission,⁶⁴ experienced a spike in infections in late 2020 and has provided limited public information on its vaccination rollout. The country started inoculating its population in early March without having published a complete national vaccination plan.⁶⁵

⁵⁷ Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice. It is important to note that the right to access information, can be limited for the purposes of public health (see Article 19, Clause 3 b), - however, these restrictions must be justified and allow for review before competent oversight bodies.

⁵⁸ See United Nations Human Rights Committee, General Comment 43, paragraph 19. CCPR/C/GC/43, available at: <https://www.refworld.org/docid/4ed34b562.html>

⁵⁹ See Amnesty International, *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, (Index: POL 30/3409/2020), 8 December 2020, available at: <https://www.amnesty.org/en/documents/pol30/3409/2020/en/>. Page 24

⁶⁰ For the purposes of this report, Amnesty International has evaluated national vaccination plans that have been announced in official documents in various public formats.

⁶¹ World Health Organization Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines: *Interim Guidance 16 November 2020*. Available at: https://apps.who.int/iris/bitstream/handle/10665/336603/WHO-2019-nCoV-Vaccine_deployment-2020.1-eng.pdf.

⁶² For more information on this Roadmap, see page 21 of Amnesty International, *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, (Index: POL 30/3409/2020), 8 December 2020, available at: <https://www.amnesty.org/en/documents/pol30/3409/2020/en/>

⁶³ Amnesty International submitted official letters to the government of **Ecuador** – once in the month of November, and once in the month of February. The government has not responded to requests on either of these communications, which asked for information about vaccination plans and the protocols in place for vaccine rollout.

⁶⁴ Pan American Health Organization, “El porqué del comportamiento epidemiológico de la COVID-19 en Uruguay”, 25 November 2020, available at: <https://www.paho.org/es/noticias/25-11-2020-porque-comportamiento-epidemiologico-covid-19-uruguay>

⁶⁵ The first announcement about negotiations for vaccine purchases came from a press conference given by the President of Uruguay on 23 January, in which the Minister of Health did not participate, as per the custom of the COVID-19 press conferences in Uruguay until that point. See Presidency of Uruguay: *Declaraciones del presidente Luis Lacalle Pou sobre la adquisición de vacunas contra COVID-19*, 23 January 2021, available at: <https://www.presidencia.gub.uy/sala-de-medios/audios/audios-completos/conferencia-de-prensa-presidente-de-la-republica-de-uruguay>. Days after this press conference, according to press, a representative of pharmaceutical company Sinovac stated that there was no agreement with the Uruguayan government, contrary to what the president had announced, (see *La Diaria*, 27 January 2021, available at: <https://ladiaria.com.uy/politica/articulo/2021/1/intermediario-de-sinovac-en-america-latina-niega-que-exista-acuerdo-con-uruguay-lacalle-pou-aseguro-que-se-firmo-contrato-con-un-representante-autorizado/>). Weeks later the Uruguayan government released a short press release on 22 February, detailing the arrival of vaccines for the first week of March, available at: https://medios.presidencia.gub.uy/tav_portal/2021/noticias/AH_413/Vacunas_Comicado_Arribo.pdf. This press release gave a brief overview of stages of vaccination which were later published on a government website, available at: <https://www.gub.uy/ministerio-salud-publica/uruguay-se-vacuna>

While publishing vaccine plans on the internet is an important first step, the reality is that almost 40% of the households of Latin America and Caribbean have no access to the internet.⁶⁶ According to the Office of the United Nations High Commissioner for Human Rights, in relation to COVID-19 vaccines, “states should also work to ensure the broadest possible access to internet service by taking steps to bridge digital divides, including the gender digital divide.”⁶⁷ Publishing plans on the internet will not be sufficient, and efforts must be made to disseminate the plan on other channels, such as radio, including community radio stations run by indigenous or afro descent populations, not to mention other channels. In addition, the plan must be translated into other languages that exist in the country as quickly as possible. Several countries produced materials in indigenous languages related to COVID-19 during the first year of the pandemic;⁶⁸ and such efforts must be urgently implemented in relation to national vaccination plans.

The WHO Sage Framework outlines also that: “in some contexts, women are disadvantaged in terms of access to health care, political and social status, and decision-making authority due to social structural features in some communities.”⁶⁹ According to the 1995 Beijing Declaration and Platform for Action, the equal access to technology and communication, (including, in this sense, access to internet), is crucial to the advancement and empowerment of women and girls.⁷⁰

Apart from making plans public and easy to access, governments in the region must ensure that any distribution of vaccines is based on strong participation and consultation mechanisms. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), one of the main lessons learned from the HIV/AIDS pandemic is that governments crucially need to “Engage affected communities from the beginning in ALL response measures—to build trust, ensure suitability and effectiveness, and to avoid indirect or unintended harms and ensure the frequent sharing of information.”⁷¹ Lessons from other epidemics, such as the recent Zika virus in various countries of Latin America,⁷² have shown that participation is key to all implementation of disease-response mechanisms. According to the UN High Commissioner for Human Rights, “civil society and communities should be able to participate meaningfully in the development of vaccine distribution protocols and in policies concerning prioritisation of allocations.”⁷³ In addition, the WHO outlines that vaccine plans should be informed by a planning committee from various sectors including civil society.⁷⁴

This is especially important for groups of people who have been historically discriminated against in the region, such as indigenous peoples. The plans to reach them must be culturally appropriate and must be built with them, guaranteeing their free, prior and informed consent. Other groups of people suffering from structural discrimination include afro-descendants, refugees and migrants, LGBTIQ+ people, sex workers and people of low income or living in poverty.⁷⁵

Amnesty International is aware of some countries in the region that convoked expert groups to discuss the design or implementation of vaccine distribution plans.⁷⁶ Nevertheless, few of these examples include disproportionately affected communities, traditionally excluded groups or civil society organizations.

⁶⁶ Conectas, *Without light there is no internet, and without internet there is no virtuality.* . Available at: <https://www.conectas.org/pandemia-sin-luz-sin-internet-sin-virtualidad/>. This report uses international updated data from the International Telecommunication Union

⁶⁷ Office of the United Nations High Commissioner for Human Rights, “Human Rights and Access to COVID-19 Vaccines”, 17 December 2020, page 4, available at: https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf

⁶⁸ Such as **Mexico, Peru, Brazil, Colombia**, among others.

⁶⁹ WHO, “WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply”, page 10. 13 November 2020, available at: <https://www.who.int/publications/m/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply>

⁷⁰ See United Nations *Beijing Declaration, Fourth World Conference on Women*, 1995, article 35. Available at: <https://www.un.org/womenwatch/daw/beijing/platform/declar.htm>

⁷¹ UNAIDS, “Rights in the time of COVID-19. Lessons from HIV for an effective, community-led response”, 20 March 2020, available at: <https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19>

⁷² Rasanathan, Jennifer. “Engaging Human Rights in the Response to the Evolving Zika Virus Epidemic”. *American Journal of Public Health* 2017 April - 107 (4) available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5343716/>

⁷³ Office of the United Nations High Commissioner for Human Rights, “Human Rights and Access to COVID-19 Vaccines”, 17 December 2020, page 4, available at: https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf

⁷⁴ World Health Organization *Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines: Interim Guidance 16 November 2020*. Available at: https://apps.who.int/iris/bitstream/handle/10665/336603/WHO-2019-nCoV-Vaccine_deployment-2020_1-eng.pdf. See: “The authorities and their management teams should include representatives from the MoH at the national, state/provincial and district/local levels, as well as appropriate representatives from other government offices, immunization partners, non-governmental organizations (NGOs), civil society and the private sector.” (Page 12).

⁷⁵ Amnesty International, *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, (Index: POL 30/3409/2020), 8 December 2020, available at: <https://www.amnesty.org/en/documents/pol30/3409/2020/en/>. Pages 22 and 24.

⁷⁶ For example, **Argentina, Mexico, Guatemala, Colombia, Paraguay, Chile and Brazil**

For example, in **Paraguay**, the national vaccination plan brought together a group of experts for its design,⁷⁷ which was entirely composed of public health servants, without any representatives of disproportionately affected communities, patient advocates' groups, academics or civil society organizations. The group includes one observer member of the Pan American Health Organization (PAHO), but without the right to vote on the group's decisions.⁷⁸

In **Mexico**, the initial national vaccination plan was announced in a press conference on 8 December 2020,⁷⁹ in which the chief of Mexico's COVID-19 response said the plan was based on several months of discussion with a committee of experts from various disciplines, including sciences, social sciences and human rights experts.⁸⁰ This group is called the GTAV⁸¹ and includes approximately three dozen experts from government scientific institutions, academia and international organizations.⁸² Nevertheless, seeing that the consultation process had not included any civil society organizations or representatives of the most impacted communities, Amnesty International sent a letter to the Mexican Ministry of Health on 14 December with a series of questions about the draft plan, as well as offering human rights criteria that could be taken into account, inviting dialogue in this respect with the government.⁸³ Mexico's final national vaccination plan was published on 11 January, 2021.⁸⁴ As of mid-March 2021, Amnesty International had not received a response from the Mexican government to its letter of 14 December. Meanwhile, on 11 December 2020, (three days after presenting the initial plan to press), Amnesty International received a response to a Freedom of Information Request from the Ministry of Health that confirmed that "an exhaustive search of registries has been carried out for records [records of consultation meetings carried out to design the vaccination plan], however this information has neither been generated nor registered."⁸⁵ It is concerning that the months of consultation and deliberation by the GTAV have no record within the Ministry, for either this or future pandemics. In this respect, out of the 17 governments contacted, **Guatemala** is the only government that has to date provided Amnesty International with copies of the minutes of the expert meetings carried out to design its national vaccination plan.⁸⁶



The lack of consultation with affected communities and civil society raises the possibility of omitting important details that can be crucial in the implementation of plans.

To Amnesty International's knowledge, **Colombia** is the only country in the region that opened its national vaccination plan to a consultation process.⁸⁷ The draft plan was published at the end of December 2020, following which organizations, experts and communities were invited to submit their comments to the plan during a four-day period in mid-January 2021.⁸⁸ The final published plan underwent changes that made it more comprehensive, for example the inclusion of a specific mention on indigenous peoples in the priority groups for vaccine rollout. Vaccination commenced in Colombia in late February 2021.

⁷⁷ Paraguay Ministry of Public Health: Resolución S.G. N° 618/20 de conformación del Comité Nacional para la incorporación de la vacuna contra el COVID-19, as mentioned in Ministry of Public Health and Social Welfare. "Plan Nacional de Vacunación contra el Covid-19", 30 December 2020, available at <https://www.mspbs.gov.py/dependencias/portal/adjunto/dad534-PlanNacionalPresidenciaVacunaCovid19.pdf>

⁷⁸ Ibid.

⁷⁹ Presidency of Mexico press conference: *Versión Estenográfica. Conferencia de prensa del presidente Andrés Manuel López Obrador del 8 de diciembre de 2020*. Youtube. December 8, 2020. Available at: https://www.youtube.com/watch?v=VJ16J_ZhNLM

⁸⁰ Ibid.

⁸¹ "Grupo técnico asesor para la vacuna". (Technical advice group on the vaccine). Amnesty International analyzed an academic article published by this group which was submitted, also on 8 December 2020, (the day of the announcement of Mexico's national vaccination plan) to an academic journal entitled "Salud Pública México", pertaining to the National Institute of Public Health. (INSP), This article was published online on 24 December 2020, including a list of the members of this GTAV that collaborated on the article. Available at: <https://saludpublica.mx/index.php/spm/article/view/12399>

⁸² Ibid, page 14

⁸³ Letter from Tania Renaum, Executive Director of Amnesty International Mexico, to Dr. Jorge Carlos Alcocer Varela, Minister of Health, 14 December 2020. AIMX/DE/293/2020

⁸⁴ Ministry of Health of Mexico. *Política Nacional de Vacunación contra el virus SARS-CoV-2, para la Prevención de la Covid-19 en México*. January 11, 2021. Available at: https://coronavirus.gob.mx/wp-content/uploads/2021/01/PolVx_COVID_-11Ene2021.pdf

⁸⁵ This response to Amnesty International's request was sent in copy to Dr Hugo Lopez Gatell, Under-Secretary for Health Promotion, who has been the spokesperson for Mexico's COVID-19 response Mexican Ministry of Health (SSA), Subsecretaría de Prevención y promoción de la Salud, *Respuesta a solicitud de Información* Folio 0001200489020, 11 December 2020.

⁸⁶ Guatemalan Ministry of Health, *Resolución Definitiva* (response to Freedom of Information Request), 2283-2020. 15 February 2021.

⁸⁷ In **Argentina**, the government invited Amnesty International to a dialogue meeting in general terms on the issue of vaccines, with various other civil society organizations, on 17 November 2020. However, the government did not open the vaccination plan up to receive general comment or submissions, as in the case of Colombia.

⁸⁸ Ministry of Health and Social Protection of Colombia, "Plan Nacional de Vacunación contra Covid-19", February 2021, available at: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/pnv-contra-covid-19.pdf>. On page 14 of this plan (which was adopted by Decree 109 of 2021 on 29 January), it notes that 430 suggestions from organizations and individuals were received during this time.

3. PROTECT AT-RISK GROUPS AND SAFEGUARD AGAINST DISCRIMINATION AND INEQUALITY



A human rights perspective is particularly important to consider how systemic discrimination has affected the access to health services of marginalized and at-risk groups.⁸⁹ According to the CESCR, it is important to note that certain groups or persons should be especially protected to avoid discrimination, especially in relation to new applications of science, such in the case of vaccines.⁹⁰ According to the United Nations High Commissioner for Human Rights, “access to vaccines and medicines is disturbingly uneven in many places. COVID-19 infection rates and outcomes for minorities and people in vulnerable groups have mirrored these patterns, in part due to structural inequalities and discrimination.”⁹¹

In addition, the Inter American Commission on Human Rights and its Special Rapporteurship on Economic, Social, Cultural Rights has noted that: “states must prioritize vaccinating the groups who are most vulnerable to COVID-19, and also ensure that people under their jurisdiction will not be discriminated against if they have not been vaccinated. Concerning the definition of priority criteria for vaccination against COVID-19, the IACHR and its SRESCER urge States to make decisions based on medical needs and on public health aspects, on the best available scientific evidence, on the national and international human rights standards they are committed to respecting, and on the applicable bioethics principles.”⁹²

The WHO specifically states that during large outbreaks that are considered to be in “community transmission phase”: the goal is to reduce morbidity and mortality, and maintain critical essential services, while considering groups “placed at disproportionate risks to mitigate the consequences of the pandemic”, such as health workers.⁹³

Precise data on the risk in relation to COVID-19 for different groups and regions will be important to evaluate which may be experiencing discrimination in access to health services. This analysis is essential to designing a vaccine rollout that is effective in reducing morbidity and mortality in the spread of the virus as per WHO guidelines. In terms of available data, according to a global overview on the trends posed by inequality in 2020 published by the World Bank, “those persons pushed into poverty by this pandemic may differ from the actual population of the poorest in the world. At a national level, the large part of those living in rural areas make up the majority of the poor, while many of the ‘new poor’ [from COVID-19] will probably live in overpopulated urban areas which can contribute to the propagation of infections.”^{94, 95}

⁸⁹ For more information on this issue, see: Amnesty International *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, 8 December 2020, POL 30/3409/2020, page 22

⁹⁰ CESCR General Comment 25, paragraph 47, available at:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=9&DocTypeID=11

⁹¹ Office of the United Nations High Commissioner for Human Rights, “Human Rights and Access to COVID-19 Vaccines”, 17 December 2020, page 3, available at: https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf

⁹² Inter-American Commission on Human Rights (IACHR), “IACHR and its SRESCER Call on American States to Make Public Health and Human Rights the Focus of All their Decisions and Policies Concerning the COVID-19 Vaccine”, 5 February 2021, available at: http://www.oas.org/en/iachr/isForm?File=/en/iachr/media_center/preleases/2021/027.asp

⁹³ WHO, “WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply”, 13 November 2020, available at: <https://www.who.int/publications/m/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply>

⁹⁴ World Bank. *Poverty and Shared Prosperity 2020: Reversals of Fortune*, available at:

<https://openknowledge.worldbank.org/bitstream/handle/10986/34496/211602ovSP.pdf?sequence=21&isAll>, page 11

⁹⁵ Despite guidelines from the WHO which ostensibly were adopted by Mexico in its vaccination plan: On 14 February 2021, the government of Mexico announced the commencement of vaccination for persons over 65 years old, and began by starting with rural sectors of the country for this age group. This decision was also reflected in Mexico’s final national vaccination plan published on 11 January 2021, which differed from the initial version published on 8 December 2020. In the final plan published on 11 January (Page 24, available at:

https://coronavirus.gob.mx/wp-content/uploads/2021/01/PolVx_COVID_11Ene2021.pdf), it outlines: “immunization will commence with older people in rural areas and gradually continue to smaller cities, finishing in larger metropolitan cities to complete this stage.” According to the Mexican president, 870,000 doses of the Astra Zeneca vaccine were to be distributed in the “most remote, marginalized municipalities, with the poorest population of the country.” (According to a presidential press conference on 14 February 2021, available at: https://www.youtube.com/watch?v=_dQKcQniCx4). At the same time, a report of **investigative journalism was published** to show that these vaccines were being distributed to the areas of the country that had registered less cases of COVID (Aristegui Noticias, “Mapas: Envían vacunas a los municipios más alejados, no a los que tienen más casos o mortalidad por Covid-19”, available at:

<https://aristeguinoicias.com/1402/mexico/mapas-envian-vacunas-a-los-municipios-mas-alejados-no-a-los-que-tienen-mas-casos-o-mortalidad-por-covid-19/>). It is important to also note that the GTAV expert group cited in footnote 79 of this report, specifically outlined that the framework should start with the areas of the country where the virus was most prevalent. Amnesty International wrote to the GTAV group of experts in February 2021 to consult them on the discussions or advice that may have been offered to the Mexican government on the

In relation to the importance of disaggregating data in relation to minority or excluded groups, the CESCR notes that “national strategies, policies and plans should use appropriate indicators and benchmarks, disaggregated on the basis of the prohibited grounds of discrimination.”⁹⁶

In this sense, it is extremely important to work closely with community organizations to ensure that groups that have been historically excluded are not left out of their right to health, especially in cases where the prevalence of COVID-19 is greatest in their communities. In **Brazil**, the impact of the pandemic on *quilombola communities* is particularly instructive in this respect.

Quilombola people are the rural afro-descendent population of Brazil, considered directly descended from the people forcibly brought to Brazil during the slave trade, hundreds of years ago from Africa, essentially making them considered an original part of the population of the Brazilian nation as it is made up today. Data exists in Brazil that suggest that afro-descendent communities have been disproportionately affected by COVID-19, with higher rates of infection.⁹⁷

According to the national vaccination plan released by the Ministry of Health of Brazil, “indigenous people living on demarcated lands, traditional communities and *quilombolas*” were listed as priority groups to receive COVID-19 vaccines.⁹⁸ In the case of Indigenous peoples, the formulation outlined in the plan, through its limitation to Indigenous peoples ‘living on demarcated lands’ has the practical effect of excluding from priority groups those Indigenous peoples living on land yet to be demarcated, or those called *citadinos*, that live in urban areas. In regards to *quilombolas*, in the table that identifies the target population for the first phase of the vaccination campaign and indicates the number of doses estimated for phases 1, 2 and 3 of the rollout, there is no explicit reference to *quilombolas*.⁹⁹ In September, national representatives of *quilombola* people took a constitutional challenge to the Supreme Court on this issue.¹⁰⁰ In February, the Court ruled by majority vote, to partially grant the request to determine that the Federal Government formulate, within 30 days, a national plan for dealing with the COVID-19 pandemic with regard to the *quilombola* population.¹⁰¹ The full resolution of the court is still forthcoming.

Some of the 13 national vaccination plans analyzed in this report include numeric calculations of how many people comprise each of the priority groups, based on census figures, while other plans fail to provide such calculations. Plans must be designed based on comprehensive needs-assessments and accurate public data, especially in relation to at-risk groups. Such calculations are important to make effective public decisions and clearly communicate the reasoning behind them.

Peru’s vaccination plan outlines that in its “Stage 1,” the government will vaccinate all health workers from the public and private sectors, armed forces and police, firefighters, Red Cross workers, cleaners, security guards, health students, and also electoral workers in the lead up to the April 11 elections.¹⁰² Older people and prison populations are outlined for Stage 2 of this plan. Nevertheless, the plan does not provide any estimates of how many people are included in each of these groups. Since the publication of Peru’s plan in October, discussions and public debates continue concerning possible changes to this plan. In mid-February, the health minister announced in a press conference that teachers would be included in Phase

issue of rural or urban rollout of vaccines, as in the initial technical papers offered by the group did not signal rural groups as priority. One academic of the GTAV group responded saying the question had been submitted to the wider GTAV group for a joint response. The academic also noted that the GTAV was not in charge of defining the national vaccination policy, which was a policy led by the president’s office. Based on official data from Mexico’s COVID-19 cases, the prevalence of the virus is overwhelmingly concentrated in cities.

⁹⁶ CESCR General Comment 20, Non-discrimination in economic, social and cultural rights (art. 2, para. 2, ICESCR) (E/C.12/GC/20). Paragraph 41. Available at: <https://www.refworld.org/docid/4a60961f2.html>

⁹⁷ While official data is scarce on this issue, due to lack of data, social movements and civil society organizations have created an alternative way to register infections and deaths, for example: <https://quilombosemcovid19.org/>. More information can be found in this study <https://cebrap.org.br/wp-content/uploads/2021/01/Informativo-6-O-impacto-da-Covid-19-sobre-as-comunidades-quilombolas.pdf> or in the *ADPF 742* (legal claim in the Supreme Court of Brazil filed by *quilombola* communities asking for priority response measures for COVID).

⁹⁸ Ministry of Health of Brazil, 29 January 2021, “Plano Nacional de Operacionalização da Vacinação contra Covid-19”, available at: https://www.gov.br/saude/pt-br/media/pdf/2021/janeiro/29/PlanoVacinaoCovid_ed4_15fev21_cgpmi_18h05.pdf

⁹⁹ Saude IG, “MPF pede esclarecimentos à Saúde sobre vacinação de indígenas e quilombolas”, 19 January 2021, available at: <https://saude.ig.com.br/2021-01-19/mpf-pede-esclarecimentos-a-saude-sobre-vacinacao-de-indigenas-e-quilombolas.html>

¹⁰⁰ The Constitutional Challenge (ADPF 742) was filed in September 2020: See Coordenação Nacional de Articulação das Comunidades Negras Rurais Quilombolas, *Arguição de Descuprimento de Preceito Fundamental com pedido de Medida Liminar*. 9 September 2020, available at : <https://terradereitos.org.br/uploads/arquivos/ADPF-QUILOMBOLA--Assinado.pdf>

¹⁰¹ Supreme Court of Brazil (Supremo Tribunal Federal), 24 February 2021, See: ADPF 742: <https://portal.stf.jus.br/processos/detalhe.asp?incidente=6001379>

¹⁰² Ministry of Health of Peru. *Resolución Ministerial*, 16 October 2020, available at: <https://cdn.www.gob.pe/uploads/document/file/1394145/RM%20N%C2%B0848-2020-MINSA.PDF.PDF>. This Plan was updated twice, once in February 2021 (Resolution 161/2021), to clarify that all health workers on any sort of contract would be vaccinated, and once again, to include for vaccination of the Peruvian president in Stage 1.

2.¹⁰³ Later, responding to public pressure from sectors of society outraged at prison populations receiving the vaccine, the health minister said that the issue of prisoners would be “considered” for a modification.¹⁰⁴ Nevertheless, the health minister did not provide any reasoning behind the possible modification of prison populations from Phase 2 of the priority groups. In this sense, it is worth noting that prisons tend to have a high prevalence of diseases, infections and pathogens due to poor living conditions, which often include overcrowding and unhygienic practices.¹⁰⁵ In addition, physical distancing is often difficult to achieve in prisons and other places of detention.¹⁰⁶

In a separate series of statements reported in press, Peru’s health minister announced that older people would be moved from Phase 2 to Phase 1, yet with no calculation of how this would occur based on census figures or the number of doses of vaccines planned to arrive in shipments.¹⁰⁷ Despite these public announcements, there have been no official resolutions published to officially change the national vaccination plan in these terms. Without clear criteria as to the risk that COVID-19 poses for different groups, public decisions will be more difficult to implement for the benefit of the population and will be more easily swayed to public pressures, especially during electoral periods. This in turn poses risks for those groups which have historically been overlooked in public decisions and are at high risk due to the difficulty of social distancing, such as prison populations, for example.¹⁰⁸

Indigenous peoples in Latin America have systematically experienced exclusion from public policies and have been marginalized for centuries due to discrimination. While a number of countries have included Indigenous peoples as priority groups in their phases for vaccine rollout,¹⁰⁹ out of the 13 countries that have published national vaccination plans in the region, six have made no mention of protocols for Indigenous peoples in their vaccination plans, including **Chile, Dominican Republic, El Salvador, Guatemala, Honduras and Mexico**. Several of these countries have high proportions of Indigenous peoples in their population. Amnesty International followed up on this question in freedom of information requests and letters to these governments, specifically requesting information on any measures to design vaccination protocols for Indigenous peoples and communities, yet to date, none of these governments have provided information in this regard.



*Worker wearing personal protective equipment (PPE) digs a grave at a cemetery in Manaus, Brazil, on January 19, 2021.
© Jonne Roriz/Bloomberg via Getty Images*

¹⁰³ Gestión Perú, “Maestros serán incluidos en la fase 2 del proceso de vacunación, anuncia Ministro Ugarte”, 16 February 2021, available at: <https://gestion.pe/peru/vacunacion-contra-covid-19-maestros-seran-incluidos-en-la-fase-2-del-proceso-de-vacunacion-anuncia-ministro-ugarte-nndc-noticia/?ref=gesr%20>.

¹⁰⁴ El Comercio, “Ugarte sobre norma que incluye a presos en fase 2 de vacunación: “Eso debe ser revisado”, 19 February 2021, available at: <https://elcomercio.pe/lima/sucesos/covid-19-en-el-peru-oscar-ugarte-sobre-norma-que-incluye-a-presos-en-fase-2-de-vacunacion-eso-debe-ser-revisado-video-nndc-noticia/?ref=ecr>

¹⁰⁵ Kate Dolan et al., “Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees”, *The Lancet*, 14 July 2016, [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30466-4/](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30466-4/); and Katherine Herbert et al., “Prevalence of risk factors for non-communicable diseases in prison populations worldwide: a systematic review”, *The Lancet*, 26 May 2012, available at: [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60319-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60319-5/fulltext)

¹⁰⁶ Amnesty International: *Forgotten Behind Bars: COVID-19 and prisons*. March 2021, available at: <https://www.amnesty.org/en/documents/pol40/3818/2021/en/>

¹⁰⁷ *La República*, “Coronavirus en Perú: adelantarán para marzo vacunación de adultos mayores”, 26 February 2021, available at: <https://larepublica.pe/sociedad/2021/02/26/coronavirus-en-peru-adelantaran-para-marzo-vacunacion-de-adultos-mayores/>

¹⁰⁸ Op Cit., footnote 105

¹⁰⁹ Such as **Brazil, Peru, Paraguay, Colombia and Bolivia**.

4. ENSURE ACCESS TO ACCURATE INFORMATION IN THE IMPLEMENTATION OF PLANS

The right to health incorporates various criteria including the need for health to be accessible. According to the CESCR, “accessibility includes the right to seek, receive and impart information and ideas concerning health issues.”¹¹⁰ Within the context of COVID-19, questions surrounding the quality and acceptability of diagnostics, treatments and vaccines have led to debates on the human rights implications of clinical trials, mandatory vaccines and “vaccine hesitancy”.¹¹¹ The principles of transparency and participation are particularly key to these issues. The CESCR also emphasizes the importance of risks and advances of science being made public “in order to enable society, through informed, transparent and participatory public deliberation, to decide whether or not the risks are acceptable.”¹¹² The public must be provided with all information available on the latest scientific evidence in relation to COVID-19 vaccines, so that individuals can make an informed choice as to whether to get vaccinated.¹¹³ In this respect, statements by the president of **Brazil** that people who get vaccinated for COVID-19 “will turn into crocodiles”¹¹⁴ raise concerns around how this may impact people’s ability to make informed decisions around their health even more difficult.

Not only must the public be informed with scientific information on the vaccines themselves, but with ample information about the implementation of national vaccination plans. Changes to vaccination plans may be necessary in times of urgent public need to accurately respond to evolving circumstances. Nevertheless, these changes must be communicated promptly and justified, to generate trust with the public in a changing context. In **Mexico**— despite the fact that it published a vaccination plan that outlined the priority groups to be vaccinated and the stages of vaccination, in the first few weeks of the plan, authorities changed the priority groups that were being vaccinated first, against their own vaccination plan.¹¹⁵ Such changes to announced plans must be communicated in clear terms, and the best way to do this is by publishing fully disaggregated updates on vaccination rollouts.¹¹⁶ States must ensure that the implementation of vaccination plans is informed by collection and analysis of data around the impact of COVID-19 on specific groups and the vaccine application in real time. The WHO provides guidance for how countries should be disaggregating the data on how vaccine uptake and coverage is being applied: by product, geography (at a municipal/locality level upwards), age group, occupation, other risk factors, context (ie. Type of facilities being applied: prisons, educational institutions etc); socioeconomic, linguistic, ethnic and other equity dimensions.¹¹⁷

Currently, authorities in several countries give daily updates on the progress of their vaccination rollout, yet are only announcing the “amount of doses” applied, with very little information based on the WHO recommendations above, nor on the sub-professions of health workers being vaccinated (including hospital and clinic cleaners -which according to the vaccine plans of a number of countries such as **Mexico, Peru, Paraguay, Brazil** must be prioritized. Real time disaggregated updated are also necessary to ensure that

¹¹⁰ CESCR, General Comment 14, paragraph 12. Available at: <https://www.refworld.org/pdfid/4538838d0.pdf>

¹¹¹ Amnesty International *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, 8 December 2020, POL 30/3409/2020, page 29.

¹¹² CESCR, General Comment 25, Paragraph 57, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=9&DocTypeID=11

¹¹³ While the issue of individual choice and compulsory vaccination by law is outside the scope of this report, it is important to note that Amnesty International provides guidance on this issue in *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, 8 December 2020, POL 30/3409/2020, (Page 31) including issues of consent and Bioethics. In general, the 13 vaccination plans analyzed by Amnesty International did not outline that vaccination would be compulsory, except in the case of **Honduras**. The issue of vaccine mandates is something that is pre-existing in various countries of the region, however most countries of the region do not implement punitive measures yet rather restrict other rights, such as access to educational facilities, in relation to vaccination for other diseases. [On this issue, see: Katie Grevanga et. al: “Global Assessment of national mandatory vaccination policies and consequences of non-compliance” *Vaccine* Volume 38, Issue 49, November 2020.] Amnesty International has not yet analyzed the dimensions of this issue as it refers to vaccination of COVID-19 in the region.

¹¹⁴ *Agence France Press*, (AFP), “Brazil’s Bolsonaro warns virus vaccine can turn people into crocodiles”, 18 December 2020. Available at: <https://www.france24.com/en/live-news/20201218-brazil-s-bolsonaro-warns-virus-vaccine-can-turn-people-into-crocodiles>

¹¹⁵ Vaccinations were carried out for, among other groups, teachers in the state of Campeche, one of the states with the lowest rates of COVID-19 in the country, while the entirety of the health work force had still not been finished being vaccinated (which, according to the plan, were to be the first prioritized group in the plan). Claudia Guerrero and Rolando Herrera, “Alteran Orden de Vacunación” *Reforma*, 12 February 2021

¹¹⁶ Data should be disaggregated by sex, gender, age, sexual orientation, gender identity, Indigenous status, ethnicity, work and descent, disability, migrant or refugee status, among other identities and statuses.

¹¹⁷ World Health Organization *Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines: Interim Guidance* 16 November 2020. Page 52. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine_deployment-2020.1

those who most need the vaccine are receiving it first. Amnesty International has received several reports from **Mexico, Peru, Brazil**,¹¹⁸ that administrative or directive staff of hospitals could be receiving the vaccine over those in the hospital who are on the front line treating COVID-19 patients.¹¹⁹ These are serious issues that must be tackled by government action, especially in cases where the supply of vaccines for health workers has already begun to dwindle in the second month of vaccination in the region.



A nurse administers a dose of the CoronaVac vaccine to a medical worker in Sao Paulo, Brazil, on January 17, 2021.
© Rodrigo Paiva/Getty Images

¹¹⁸ This information was collected by a series of interviews with representatives of health workers unions during February 2021.

¹¹⁹ Amnesty International, *COVID-19: Health worker death toll rises to at least 17000 as organizations call for rapid vaccine rollout* (Index: AMR 01/2311/2020), 5 March 2021, available at: <https://www.amnesty.org/en/latest/news/2021/03/covid19-health-worker-death-toll-rises-to-at-least-17000-as-organizations-call-for-rapid-vaccine-rollout/>

5. COORDINATE ACROSS ALL LEVELS OF GOVERNMENT

The CESCR speaks of deploying maximum available resources, which for the purposes of compliance with the ICESCR, mean, “but are not limited to” measures that are “administrative”, “financial”, “social” and “educational” in nature.¹²⁰ In practice, this means that the deployment of resources includes unprecedented coordination of humans across public administrations, especially in times of crisis.



Many countries of the region operate as federal systems, with national governments, state or provincial governments, and also municipal governments.

These systems must be levered as opportunities for coordination rather than a source of confusion.

In **Brazil**, Amnesty International gathered information from a variety of sources¹²¹ suggesting that despite the fact that Brazil has for decades been recognized for its strong national vaccination system,¹²² its vaccination drive for COVID-19 has been wracked by discoordination, disagreements and lack of data. Vaccination efforts have for many years been calendarized in a national fashion, with criteria that is standardized across the country. However, during the first two months of the country’s COVID-19 vaccination rollout, these sources indicated to Amnesty International that the system has been completely different to any other vaccine rollout in the past, and in some cases different cities (of which Brazil has 5,570)¹²³ are coordinating their own plans separately. On 1 March, health ministers from 16 states of the country wrote a letter to the president objecting to the approach taken in the pandemic and urging coordination on the vaccine strategy.¹²⁴

Besides testimonies from health workers federations that Amnesty International has interviewed in Brazil, media sources have also reported that the current vaccine rollout is different from normal vaccination drives in the country, which many report is due to the lack of federal government coordination on the issue.¹²⁵

Argentina is one of the only countries of the region where the health budget is completely decentralized to its 23 provinces. Initially, the Argentinian government did not publish the amount of vaccines received by each province to date, nor the timeline for rollout in the provinces. Nevertheless, as of late February 2021 following controversies involving vaccines given to influential people linked to the Ministry of Health, the Argentinian government created a public monitoring page where information is updated on the number of doses applied in each province and the total number of doses given to each priority group.¹²⁶ While this is an improvement in terms of transparency, the issue of coordination in **Argentina** will remain important to monitor given that many of the provinces have not yet published their own vaccination rollout plans.

By way of contrast, **Chile** currently has the highest rates of its population vaccinated in the region. International media has reported, based on a series of interviews, that the country has presented strong coordination systems among health institutions,¹²⁷ and these reports match the testimonies from the healthcare sector that Amnesty International received from some healthcare worker unions from Chile, with updates as of mid-February.

¹²⁰ CESCR General Comment 3, Paragraph 7. Available at: <https://www.refworld.org/pdfid/4538838e10.pdf>

¹²¹ Interviews with representatives of health worker union representatives covering different states of Brazil, and representatives of civil society organizations, February 2021.

¹²² See, for example, Pan American Health Organization: *Brazil launches world’s largest campaign with fractional-dose yellow fever vaccine*, 25 January 2018, available at: https://www.paho.org/hq/index.php?option=com_content&view=article&id=14065:brazil-launches-worlds-largest-campaign-with-fractional-dose-yellow-fever-vaccine&Itemid=135&lang=en. See also: Carla Magda Allan Santos Domingues et al: “The Brazilian National Immunization Program: 46 years of achievements and challenges,” *Cadernos de Saúde Pública*, Vol. 36, Supl. 2, October 2020, available at: https://www.scielo.br/scielo.php?pid=S0102-311X2020001402003&script=sci_arttext&tlang=en

¹²³ See figures from Brazilian Institute of Geography and Statistics, (IBGE), available at: <https://cidades.ibge.gov.br/brasil/panorama>

¹²⁴ Letter from CONASS, Conselho Nacional de Secretarios de Saude, 1 March 2021: <https://www.conass.org.br/carta-dos-secretarios-estaduais-de-saude-a-nacao-brasileira/>

¹²⁵ Interview by Amnesty International with representatives of services sector unions representing health workers in Brazil in various states, 17 February 2021. In addition, see: Flavia Milhorance, “Brazil health workers accused of giving Covid vaccinations with empty syringes”, *The Guardian*, 18 February 2021, available at: <https://www.theguardian.com/global-development/2021/feb/18/brazil-fake-covid-vaccinations-allegations>. The article quotes a public servant who coordinated vaccination efforts in Brazil from 2011 to 2019, who reflects on the current process saying: “The [current] programme is totally uncoordinated,” Domingues said. “The plan should be organized at the federal level, but the health ministry delegated it to regional authorities.”

¹²⁶ See Government of Argentina, Public Monitor of Vaccination, available at: <https://www.argentina.gob.ar/coronavirus/vacuna/aplicadas>

¹²⁷ BBC, “Coronavirus en Chile: las claves que explican la exitosa campaña de vacunación contra la covid-19 en el país sudamericano”, available at: <https://www.bbc.com/mundo/noticias-america-latina-56026037>

6. COUNT ALL HEALTH WORKERS AND PROTECT THEIR RIGHTS

The ICESCR enshrines the rights of workers in its Articles 6, 7 and 8. These rights entail the right to a secure, healthy workplace, rights to social security and others.¹²⁸

To properly protect their health workers, governments must maintain accurate registers of their workforce. Nevertheless, several governments of the region appear to lack solid registers of their health workforce, let alone the number of health workers that have died from COVID-19. Amnesty International searched for official public registries of the number of health workers that have been infected by COVID-19, as well as the number that have died from the disease. This search was verified with civil society organizations and health workers on the ground from September to December 2020. The countries where public registries could not be found were **Bolivia, El Salvador, Guatemala, Honduras, Nicaragua, Peru and Venezuela**. The countries where public registries were found, included disaggregated data to a certain extent and reasonably frequent updates on the number of health workers affected by COVID-19 were: **Argentina, Colombia, Mexico, Dominican Republic and Uruguay**.¹²⁹ The countries where a public register was found, however the data presented significant gaps in disaggregation, and was infrequently updated were: **Brazil, Chile, Ecuador, and Paraguay**.¹³⁰



After searching for this information on public registries, Amnesty International submitted letters and freedom of information requests to all countries asking for further details, however the only four countries that have responded to date with information on the details of their health workforce were **Paraguay, Peru, Guatemala and Argentina**. Nevertheless, none of these countries provided centralized details as to the numbers of workers that had died from COVID-19 (however in Argentina's case, these numbers were reported in the public registry listed above. In the case of **Guatemala**, the government had no centralized system for counting this number and instead provided Amnesty International with more than 900 pages of registries, hospital by hospital, of workers affected by COVID-19.¹³¹

One salient example in terms of concerning gaps in health worker data and on health worker protection, is **Peru**. During the months of November to February, Amnesty International submitted a number of information requests regarding the number of health workers that had died from COVID-19 during the course of the pandemic. Initially, the Ministry of Health (MINSA – responsible for only one portion of the Peruvian population's public health services, with the other part of the population being provided healthcare through the social security services), responded in December to the information request. The response detailed a list of deaths of health workers in the thousands, which would have meant that Peru had by far the highest number of health worker deaths in the world beyond countries with populations many times its size. Amnesty International continued to question the government on the numbers and as well as other public and medical professional bodies as to the real dimension of the figures provided by MINSA. No public institution to date in Peru has been able to quantify the proportion of the active health worker labour force that has been infected by COVID-19. Based on the research carried out by Amnesty International, it would appear that MINSA provided the organization with a list of deaths that included all current and inactive health workers, and was not limited to those working on the front line in COVID-19 response. Nevertheless, when Amnesty International wrote a second request for information to the MINSA, the organization has so far not yet received a response. This is only one of the many examples that the organization has received during

¹²⁸ For more information on the international human rights framework pertaining to healthworkers, see *The Cost of Curing: Health Workers Rights in the Americas During COVID-19 and Beyond* (Index: AMR 01/2311/2020), 19 May 2020, <https://www.amnesty.org/en/documents/amr01/2311/2020/en/>

¹²⁹ For the links to these governments' websites on these issues, see: Argentina: <https://www.argentina.gob.ar/coronavirus/informes-diarios/sala-de-situacion/informes-especiales>. Colombia: <https://www.ins.gov.co/Noticias/Paginas/coronavirus-personal-salud.aspx>; Mexico: <https://www.gob.mx/salud/documentos/informes-sobre-el-personal-de-salud-covid-19-en-mexico>. Dominican Republic: http://www.digepisalud.gob.do/documentos/?drawer=Vigilancia%20Epidemiologica*Alertas%20Epidemiologicas*Coronavirus*Nacional*Bolet%20Especial%20COVID-19. Uruguay: Ministry of Health, information on COVID-19, available at: <https://www.gub.uy/ministerio-salud-publica/comunicacion/noticias/informacion-situacion-sobre-coronavirus-covid-19-uruguay-144>

¹³⁰ For the links to the official websites that provide information on these issues, go to: Brazil: Ministry of Health website on COVID: <https://covid.saude.gov.br/>. Chile: Ministry of Health, website on COVID statistics, available at: <https://www.minsal.cl/nuevo-coronavirus-2019-ncov/informe-epidemiologico-covid-19/>. Paraguay: Ministry of Health, available at: <https://www.msps.gov.py/reportes-covid19.html>. Ecuador: The last known registry Amnesty has observed from this country was updated in August 2020: Available at: <https://www.primicias.ec/noticias/sociedad/fallecidos-profesionales-primera-linea-coronavirus/>.

¹³¹ Guatemalan Ministry of Health, *Resolución Definitiva* (response to Freedom of Information Request), 2283-2020. 15 February 2021.

the pandemic that highlight the paucity of public data available in Peru on the size and needs of the health workforce. One patients' rights advocate told Amnesty International¹³² that in many parts of the country, records in hospitals regarding doses of medicines and other services were still taken by pen and paper and centralizing records remained a challenge. This assessment matches those in an academic study of Peru's health system which shows that digitalizing records is a challenge in many parts of the country given the poor training given to health staff on record-keeping, as well delays in registering information and differences in handwriting.¹³³ Another challenge of concern in Peru is the significant proportion of its workforce that continues to work under what are essentially informal contracts. These contracts, known in Peru as third-party or service contracts (*contratos de terceros, Servicios No Personales o Locación de Servicios*), allow health workers no social security rights, and at times limited registration as health workers in official records.

In terms of the health sector, it is important to consider the role that women play, given that women make up 70% of the health workers of the region,¹³⁴ yet in many cases are under-represented in decision making bodies in relation to the pandemic response. According to an analysis of 24 countries globally and their decision-making bodies in relation to COVID-19, women are largely under-represented in decision-making bodies in relation to COVID-19.¹³⁵ The study includes an analysis of **Argentina's** Expert committee on COVID-19, in which there are four-times more males than females. Transparency International also notes that "COVID-19 erodes women's voices and political participation."¹³⁶ In this sense, the urgent recommendation remains (as described in the previous section), that disaggregating data by gender, alongside other characteristics, is key to ensuring proper vaccination and also proper participation of women.



Jorge Pérez Ortega (nickname Jorgito) was unfairly dismissed in June 2020 from his job as a cleaner at a public hospital. His dismissal occurred after publicly denouncing that the cleaning staff of the hospital "20 de Noviembre" in Mexico City lacked Personal Protective Equipment, necessary to protect themselves from COVID-19. Jorgito was particularly at risk due to his age. Photo taken on February 4, 2021. © Amnesty International

The situation of nurses in **Venezuela** is also extremely concerning. Nurses in **Venezuela** receive a monthly salary of barely 4 USD (as at currency rate of October 2020) and are subjected to unsafe and precarious working conditions, or even reprisals for speaking out about their lack of protections at work¹³⁷ ¹³⁸. These are extremely difficult conditions on which to base a vaccine drive, and local organizations have denounced even intimidation and threats against aid and humanitarian workers.¹³⁹

¹³² Interview with patient's rights advocate in Peru specialized in access to medicines, 30 October 2020.

¹³³ Helen Palma-Pinedo et. al, "Barreras para la calidad de información en establecimientos de salud de la Amazonía: el caso de tres sistemas de información de VIH/SIDA, hepatitis B y sífilis congénita", *Revista Peruana de Medicina Experimental y Salud Pública*, vol.35 no.1 Lima, 2018. Available at: http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1726-46342018000100005

¹³⁴ PAHO, "PAHO Director warns that damage from COVID-19 disproportionately impacts women", 3 February 2021, available at: <https://www.paho.org/en/news/3-2-2021-paho-director-warns-damage-covid-19-disproportionately-impacts-women>

¹³⁵ Rajan, Dheepa. "Governance of the Covid-19 response: a call for more inclusive and transparent decision-making". *BMJ Global Health*. 29 April 2020, available at: <https://researchonline.lshtm.ac.uk/id/eprint/4656999/1/Governance%20of%20the%20Covid-19%20response%20a%20call%20for%20more%20inclusive%20and%20transparent%20decision-making.pdf>

¹³⁶ Transparency International, *COVID-19 Makes Women more Vulnerable to Corruption*, 21 September 2020, available at: <https://www.transparency.org/en/news/covid-19-makes-women-more-vulnerable-to-corruption>

¹³⁷ Amnistía Internacional, *Venezuela: A las Enfermeras les Pagan con Pobreza Extrema*, 28 October 2020, available at: <https://www.amnistia.org/ve/noticias/2020/10/17084/a-las-enfermeras-les-pagan-con-pobreza-extrema>

¹³⁸ See Amnesty International, *Venezuela: Authorities are repressing and failing to protect health workers as the COVID-19 pandemic gathers force*, 18 August 2020. Available at: <https://www.amnesty.org/en/latest/news/2020/08/venezuelan-authorities-are-repressing-and-failing-to-protect-health-workers-as-covid-19-gathers-force/#:~:text=As%20the%20daily%20number%20of,jailing%20those%20who%20speak%20out>

¹³⁹ Ellsworth, Brian and Sequera, Vivian, "Analysis: Collapsed health system makes Venezuela vaccination campaign an uphill battle", 12 February 2021, available at: <https://www.reuters.com/article/us-health-coronavirus-venezuela-vaccine-idUSKBN2AC1RC>

Some countries appear to be have been making critical reductions to their health sector over recent years, such as **Guatemala**, which according to WHO figures, shrunk dramatically in size between 2009 and 2018, going from 9.3 doctors and 8.6 nurses and midwives per every 10,000 people in the population in 2009, to just 3.5 doctors and 0.7 nurses and midwives per every 10,000 in 2018. It is worth mentioning that in the case of nurses and midwives, these 2018 figures for **Guatemala** are more than 100 times less than those in **Brazil** and **Chile** in the same year.¹⁴⁰ In this respect, Latin America and the Caribbean is extremely varied in terms of its health workforce, as can be seen in the table below prepared by Amnesty International based on WHO figures.¹⁴¹

Country	Number of medical doctors per 10 000 population				Number of nursing and midwifery personnel per 10 000 population			
	2009	2016	2017	2018	2009	2010	2017	2018
ARGENTINA	ND	ND	39.90	ND	ND	ND	26.00	ND
BOLIVIA	ND	15.90	ND	ND	ND	8.33	15.59	ND
BRAZIL	18.17	ND	21.65	21.64	ND	14.67	97.37	101.19
CANADA	ND	23.11	ND	24.10	ND	ND	99.49	99.44
CHILE	10.29	22.94	24.41	25.91	1.00	12.67	121.37	133.25
COLOMBIA	15.67	20.34	21.06	21.85	8.24	8.67	12.71	13.31
CUBA	66.70	79.54	82.95	84.22	ND	91.77	77.29	75.61
ECUADOR	15.98	20.37	ND	ND	18.79	16.59	28.27	25.06
EL SALVADOR	ND	15.66	ND	ND	ND	ND	18.38	18.34
USA	24.47	25.88	26.12	ND	ND	125.93	145.48	ND
GUATEMALA	9.04	ND	ND	3.55	8.70	ND	0.69	0.74
HAITI	ND	ND	ND	2.34	ND	ND	ND	6.80
HONDURAS	ND	ND	3.09	ND	ND	8.60	7.38	7.36
JAMAICA	ND	4.55	13.06	ND	ND	ND	14.67	8.07
MEXICO	19.79	23.24	23.83	ND	23.62	24.12	25.08	23.96
NICARAGUA	7.03	9.54	9.90	9.78	13.03	12.65	15.52	15.33
PARAGUAY	ND	ND	ND	13.54	ND	ND	7.39	16.60
PERU	9.47	13.05	ND	ND	13.08	ND	22.13	24.40
DOMINICAN REPUBLIC	ND	ND	ND	ND	13.25	ND	11.70	13.80
URUGUAY	ND	39.56	50.79	ND	ND	ND	20.41	ND
VENEZUELA	ND	ND	ND	ND	ND	ND	ND	9.42



Table by Amnesty International based on WHO data.

The table above is alarming when taking into the account that the WHO stipulates a minimum threshold of 23 doctors, nurses and midwives per 10 000 population as necessary to deliver even the most basic maternal and child health services.¹⁴² This threshold was originally directed at low-income countries, in their targets to meet the Millennium Development Goals of the year 2015. Nevertheless, many countries of Latin America and the Caribbean continue to have very weak health sectors and have not reached this threshold, despite the fact that within the region, only Haiti is technically classified as a “low-income country” as of the latest World Bank classifications which are based on Gross National Income per capita.¹⁴³ The rest fall within the group of “lower-middle income”, “upper-middle income” countries, or in the case of **Uruguay** and **Chile**, “high-income countries.”¹⁴⁴ Countries of concern in terms of their weak levels of health care workforces are **Paraguay, Guatemala, Honduras, Venezuela, Bolivia and Nicaragua.**

¹⁴⁰ World Health Organization 2018 update, Global Health Workforce Statistics, Geneva, available at: <https://apps.who.int/gho/data/node.main.HWF>

¹⁴¹ Ibid.

¹⁴² World Health Organization. *Achieving the Health Related MDGs. It takes a workforce.* Available at: https://www.who.int/hrh/workforce_mdgs/en/#:~:text=Only%205%20of%20the%2049,maternal%20and%20child%20health%20services.

¹⁴³ See World Bank: *World Bank Country and Lending Groups, for the Fiscal Year 2021*, available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

¹⁴⁴ Ibid.

7. MAKE VACCINES AVAILABLE TO ALL REGARDLESS OF MIGRATORY STATUS

Various countries in the region have either placed significant barriers for migrants and refugees to access vaccines, or overtly blocked their access. According to the United Nations High Commissioner on Refugees “including refugees in the vaccine rollout is key to ending the pandemic.”¹⁴⁵

One of the most evident examples, has been in the **Dominican Republic** where according to media reports President Luis Abinader has publicly stated that migrants and undocumented people will not initially be given the vaccine.¹⁴⁶ In addition, the Dominican Republic’s vaccination plan makes no specific mention of migrants.¹⁴⁷ This is particularly concerning in a country with one of the region’s largest statelessness crisis, in which thousands of people born to foreign parents who were registered as Dominicans at birth were later unrecognized as nationals and remain unable to obtain Dominican identity documents.

¹⁴⁸ The Dominican Republic, like other Caribbean islands, is also now home to thousands of Venezuelan migrants and refugees, some of whom will not have a regular migration status.¹⁴⁹ Such an outright denial of access to vaccines for migrants and undocumented people, if implemented, would fail to draw on the Dominican Republic’s experience of implementing human rights-based responses to other pandemics such as HIV, and stands to undermine its prevention efforts.



As a nation that is only too familiar with the phenomenon of migration both of its own people but those passing through or arriving in its country,¹⁵⁰ it is noteworthy that **Mexico’s** national vaccination plan makes no mention of vaccination for irregular migrants, refugees or asylum seekers. Registration on the website that the Mexican government set up on 2 February for the vaccination of people over 60 years old requires a Unique Population Registration Number (CURP), excluding large numbers of the population who do not have this document, and thus putting public health at risk.¹⁵¹ While the Mexican government later announced¹⁵² that migrants without a CURP would also receive the vaccine, Amnesty International has received a number of reports from migrants rights defenders and foreigners living in Mexico that suggest that administrative hurdles may remain in practice.¹⁵³ In Central American countries such as **Guatemala, El Salvador and Costa Rica**, similar failures have been observed, excluding migrants, deportees and other sectors of the population from vaccination plans, by requiring identity documents that not everyone has.¹⁵⁴

In **Chile**, despite the fact that the country’s authorities responded swiftly with an intensive and rapid vaccination campaign since the 24 December,¹⁵⁵ which originally included every person living in Chile, on 10 February the Ministry of Health issued a resolution that specifies that people “living in Chile” are those of Chilean nationality, and have a residence visa or a pending request for a residence visa, effectively excluding

¹⁴⁵ United Nations High Commissioner for Refugees, “Q&A: ‘Including refugees in the vaccine rollout is key to ending the pandemic’”, 14 January 2021, available at: <https://www.unhcr.org/news/latest/2021/1/5fff1afe4/qa-including-refugees-vaccine-rollout-key-ending-pandemic.html>

¹⁴⁶ See, for example: Jiménez, Karina. “Gobierno adquirió vacunas contra el Covid pensando en dominicanos, no en indocumentados”. *El Caribe*. February 15, 2021. Available at: <https://www.elcaribe.com.do/destacado/gobierno-adquirio-vacunas-contra-el-covid-pensando-en-dominicanos-no-en-indocumentados/>. See also: Anastasia Moloney and Nita Bhalla, *Reuters News Agency* “Analysis: ‘Invisible’ migrants risk being last in line for COVID-19 vaccination”. 21 January, 2021, available at: <https://www.reuters.com/article/us-health-coronavirus-migrants-trfn/analysis-invisible-migrants-risk-being-last-in-line-for-covid-19-vaccination-idUSKBN29Q2A9>.

¹⁴⁷ Ministry of Health of the Dominican Republic. “Plan Nacional de Vacunación Contra el Covid-19”, February 2021, available at: <https://vacunate.gob.do/> and <https://presidencia.gob.do/noticias/gobierno-presenta-el-plan-nacional-de-vacunacion-contra-la-covid-19>

¹⁴⁸ Amnesty International. “‘Without papers, I am no one’ Stateless people in the Dominican Republic”. Amnesty International. 2015. Available at: <https://www.amnesty.org/en/documents/amr27/2755/2015/en/>

¹⁴⁹ See *Coordination Platform for Refugees and Migrants from Venezuela*, (R4V): Available at: <https://r4v.info/en/situations/platform/location/7493>

¹⁵⁰ Amnesty International, *Overlooked and Underprotected: Mexico’s Deadly Refoulement of Central Americans Seeking Asylum*, (Index: AMR 41/7602/2018), 23 January 2018. Available at: <https://www.amnesty.org/en/documents/amr41/7602/2018/en/>

¹⁵¹ Amnesty International, *Mexico: Vaccination registry excludes important sectors of the population by requesting CURP and jeopardizes public health*, 5 February 2021. Available at: <https://www.amnesty.org/en/latest/news/2021/02/mexico-registro-vacunacion-excluye-importantes-sectores-poblacion/>

¹⁵² Government of Mexico, *Press Release*: “Personas migrantes en territorio mexicano también recibirán vacuna contra COVID-19”, 21 February 2021, available at: <https://www.gob.mx/salud/prensa/079-personas-migrantes-en-territorio-mexicano-tambien-recibiran-vacuna-contra-covid-19>

¹⁵³ Correspondence with lawyers defending migrant populations in Mexico and Central America in the second half of February 2021.

¹⁵⁴ *Ibid.*

¹⁵⁵ BBC, “Coronavirus en Chile: las claves que explican la exitosa campaña de vacunación contra la covid-19 en el país sudamericano”, Available at: <https://www.bbc.com/mundo/noticias-america-latina-56026037>

foreigners with irregular status from vaccination in Chile.¹⁵⁶ This was announced to the press in very strong terms by the Minister of Foreign Affairs: people who are staying in Chile as tourists or with an irregular status, cannot get a vaccine.¹⁵⁷ The next day, on 11 February, the head of Chile's migration department contradicted¹⁵⁸ the resolution indicating the vaccination plan included all persons that were already in Chile regardless of their status due to a previous decree from 2016, yet indicated that it would not apply for people who would come afterwards entering Chile as tourists. On the same day, the Ministry of Health outlined that those entering Chile irregularly would receive health coverage and thus vaccines, as long as they arrived in the country and presented themselves immediately to law enforcement authorities as irregular migrants without papers,¹⁵⁹ something which for practical purposes could put migrants at risk of deportation. The confusion caused by public announcements in the days following this resolution could have the effect of disincentivizing the vaccination of people without migratory status in Chile, putting at risk the effectiveness of Chile's vaccine rollout.¹⁶⁰

Colombia's national vaccination plan takes into account migrants, refugees and asylum seekers. In addition, the country recently announced that it will soon be allowing the over one million Venezuelan refugees in the country to formalize their status in the country as residents.¹⁶¹ In the meantime however, there is no information on how long this major transition will take to come into effect. Despite the fact that the Ministry of Health indicated in early February that it was working on a plan to ensure migrants be vaccinated,¹⁶² at least one border official indicated a week later that until people have legal status in the country, they will not receive vaccines.¹⁶³ In addition, Colombia's national vaccination plan is not clear on whether all migrants will receive vaccination, and notes that "the effective inclusion of irregular migrants is a challenge for which alternatives are being explored within the National Vaccination Plan."¹⁶⁴



A medical staff member of the San Jose Hospital assists Venezuelan migrants in a temporary camp in La Guajira, Colombia, on September 30, 2020.
© Nicolo Filippo Rosso/Bloomberg via Getty Images

¹⁵⁶ Ministry of Health of Chile. *Complementa Resolución Extenta N° 1138, de 2020, del Ministerio de Salud, que Aprueba Lineamientos Técnico Operativos Vacunación SARS-Cov-2* Available at https://www.minsal.cl/wp-content/uploads/2021/02/RES.-EXENTA-N-136_.pdf, February 10, 2021.

¹⁵⁷ *SJM Chile*, "Gobierno limita inoculación de extranjeros para evitar «turismo de vacunas», pero expertos piden incluir a personas en situación irregular", 11 February 2021, available at: <https://sjmchile.org/2021/02/11/gobierno-limita-inoculacion-de-extranjeros-para-evitar-turismo-de-vacunas-pero-expertos-piden-incluir-a-personas-en-situacion-irregular/>. The minister later said he "should have been clearer" on the matter: *Cooperativa Chile*, "Allamand y polémica por vacunación de migrantes: "Debí ser más claro para explicar". 14 February, 2021, available at: <https://cooperativa.cl/noticias/sociedad/salud/coronavirus/allamand-y-polemica-por-vacunacion-de-migrantes-debi-ser-mas-claro/2021-02-14/112819.html>

¹⁵⁸ Daniela Silva. La Tercera. "Gobierno Álvaro Bellolio, jefe del Departamento de Extranjería: "Los migrantes que están de forma irregular en Chile son Fonasa A, por lo tanto ellos tienen acceso a la vacunación"". Available at: <https://www.latercera.com/nacional/noticia/alvaro-bellolio-jefe-del-departamento-de-extranjeria-los-inmigrantes-que-estan-de-forma-irregular-en-chile-son-fonasa-por-lo-tanto-ellos-tienen-acceso-a-la-vacunacion/XTSR3KFCONGMRHska44PIMUT4E/>

¹⁵⁹ AA, "Chile aclaró que su plan de vacunación contra la COVID-19 incluye a extranjeros irregulares", 12 February 2021, available at: <https://www.aa.com.tr/es/mundo/chile-aclar%C3%B3-que-su-plan-de-vacunaci%C3%B3n-contra-la-covid-19-incluye-a-extranjeros-irregulares/2142219>

¹⁶⁰ Amnesty International Chile, *Statement to media*, 11 February 2021, available at: <https://twitter.com/AmnistiaChile/status/1359970466463645701?s=20>

¹⁶¹ Foreign Ministry of Colombia, "Presidente Duque anuncia decisión histórica de crear Estatuto de Protección Temporal para migrantes venezolanos en Colombia", 8 February 2021, available at: <https://www.cancilleria.gov.co/newsroom/news/presidente-duque-anuncia-decision-historica-crear-estatuto-proteccion-temporal>

¹⁶² Ministerio de Salud de Colombia, "Colombia trabaja en programa de vacunación para migrantes irregulares", 1st February 2021, available at: <https://www.minsalud.gov.co/Paginas/Forms/DispForm.aspx?ID=9287>

¹⁶³ Statement of Border Control Coordinator of Colombian Presidency, February 8, 2021, Tweet available at: <https://twitter.com/PoliticaET/status/1358907557990068225?s=20>

¹⁶⁴ Ministry of Health and Social Protection of Colombia. "Plan Nacional de Vacunación contra Covid-19". Page 31. Available at <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/pnv-contra-covid-19.pdf>, February 2021

8. ENSURE THE PRIVATE SECTOR DOES NOT UNDERMINE FAIR ACCESS

While states are the primary guarantors of human rights under international treaties, members of the private sector – medical and non-medical – have a responsibility to respect human rights.¹⁶⁵ The UN Guiding Principles on Businesses and Human Rights¹⁶⁶ clarify the interplay of both: the states' obligations to protect against harm by third parties, including private actors, and the responsibility of businesses to avoid infringing on the human rights of others and to address adverse human rights impacts with which they are involved.

While international human rights standards on the right to health do not prohibit the involvement of the private sector in health services,¹⁶⁷ according to the UN Special Rapporteur on the Right to Health, “when elements of a health sector are decentralized or handed over to the private sector, [there must be] sufficient checks and balances to ensure that this transition addresses corruption and, at the least, does not lead to more corruption. There must be adequate oversight, transparency and monitoring of private sector and decentralized provision.”¹⁶⁸ To this end, states should monitor and regulate any initiatives by private entities to ensure that they contribute to fair access to vaccines and that no one circumvents the national COVID-19 vaccination plan by making purchases outside of this framework. Such actions should be prohibited by law and be accompanied by appropriate accountability for breaches.¹⁶⁹

Given the limited global supply of COVID-19 vaccines and a state's responsibility to fulfil the right to health, states must take the lead in purchasing and distributing vaccines for their populations. While private actors may collaborate with the state in service delivery aspects of a national vaccination plans, these entities should not take the lead in purchasing directly from suppliers nor in making decisions regarding the allocation of vaccines. Bilateral procurement deals with pharmaceutical companies risk creating a parallel market that only further jeopardises global access to vaccines and the ability of all countries to access vaccines.



To this end, states should prohibit direct private purchases by law and consider sanctioning individuals or private organizations that circumvent the national vaccination plan or otherwise unduly impede the state's measures to ensure fair access to vaccines.

If private entities are involved in the service delivery of vaccines, a transparent and accountable public procurement process must take place.

To ensure that any rules are strictly observed in line with national vaccination plans, and are human rights compliant, all services by private entities require public oversight both by government and independent audit. Respective laws and regulations must be published and actively promoted by the government.

Independent of the existence of such laws and regulations, business enterprises have a responsibility to respect human rights under international law which requires private actors to pro-actively take measures to

¹⁶⁵ UN Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, 13 February 2003, Paragraph 30, E/CN.4/2003/58. Available at: <https://www.un.org/womenwatch/ods/E-CN.4-2003-58-E.pdf>

¹⁶⁶ UN Office of the High Commissioner for Human Rights, *Guiding Principles on Business and Human Rights*, 2011, available at: https://www.ohchr.org/documents/publications/guidingprinciplesbusinessshr_en.pdf

¹⁶⁷ See for example, UN Guiding Principle on Business and Human Rights 5: (Ibid): “States do not relinquish their international human rights law obligations when they privatize the delivery of services that may impact upon the enjoyment of human rights. Failure by States to ensure that business enterprises performing such services operate in a manner consistent with the State's human rights obligations may entail both reputational and legal consequences for the State itself.”

¹⁶⁸ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Page 21, available at: <https://undocs.org/A/72/137>. 14 July 2017.

¹⁶⁹ According to the UN Guiding Principles on Business and Human Rights, “States should Enforce laws that are aimed at, or have the effect of, requiring business enterprises to respect human rights, and periodically to assess the adequacy of such laws and address any gaps.” In addition: “This requires taking appropriate steps to prevent, investigate, punish and redress such abuse through effective policies, legislation, regulations and adjudication.” See United Nations Office of the High Commissioner for Human Rights: [Guiding Principles on Business and Human Rights](#), 2011. (Op Cit).

avoid infringing on human rights.¹⁷⁰ This means they must refrain from any action that unduly impacts on the state's ability to ensure availability, access and affordability of COVID-19 health products.

During the months from December to date, press reports from various countries have pointed to private sector representatives, at times unrelated to the health services sector, attempting to buy up doses of vaccines directly from international pharmaceutical companies. In **Brazil**, state prosecutors started to clamp down on cases of lawyers, powerful businessmen, fashion bloggers, politicians and others obtaining vaccines through illicit means against the overall public interest.¹⁷¹ Following these events, **Brazil's** Congress passed a law allowing companies to buy vaccines, however requiring for such acquisitions to be fully delivered to the National Vaccination Plan.¹⁷²

In **Venezuela**, the president made statements in mid-February that the issue of a possible private market for vaccines had not yet been contemplated, but the possibility would be discussed with health authorities.¹⁷³

In **Paraguay**, health authorities announced in late February that if the private sector goes ahead and buys up vaccines, the state has the prerogative to ensure that these are reclaimed by the authorities to ensure they go to populations most affected.¹⁷⁴

¹⁷⁰ United Nations [Guiding Principles on Business and Human Rights](#), (Ibid). Principles 11,15.

¹⁷¹ Samantha Pearson, "In Brazil, People Illicitly Snag Vaccines and Brag About it", *The Wall Street Journal*, 17 February 2021. Available at : <https://www.wsj.com/articles/in-brazil-people-illicitly-snap-vaccines-and-brag-about-it-11613563201>. See also: Public Prosecutor's Office of the state of Amapá: [MP-AP instaura Inquérito Civil para apurar se agente público teria infringido ordem de prioridade de vacinação da COVID-19 no município de Serra do Navio](#). 21 January 2021. Available at: <http://www.mpap.mp.br/noticias/gerais/mp-ap-instaura-inquerito-civil-para-apurar-se-agente-publico-teria-infringido-ordem-de-prioridade-de-vacinacao-da-covid-19-no-municipio-de-serra-do-navio> See also: *Federal Public Prosecutor's Office, Justiça Federal determina publicação da lista de vacinados contra covid-19 em Manaus (AM)*, 25 January 2021. Available at: <http://www.mpf.mp.br/am/sala-de-imprensa/noticias-am/justica-federal-determina-publicacao-da-lista-de-vacinados-contra-covid-19-em-manaus-am>.

¹⁷² Brazil Official Gazette. Law 14.125/21. 10 March 2021, available at: <https://www.in.gov.br/en/web/dou/-/lei-n-14.125-de-10-de-marco-de-2021-307639844>. Worth noting also is that the law stipulates that after all priority groups are inoculated, as foreseen in the National Immunization Plan against COVID-19, companies can purchase, distribute and administer vaccines, as long as 50% of the doses are donated (mandatory) to the national health system (SUS) (art. 2 §1º).

¹⁷³ *EFE News Agency*: "Venezuela abre la puerta a la vacunación "privada" contra la COVID-19, 17 February 2021, available at: <https://www.efe.com/efe/america/sociedad/venezuela-abre-la-puerta-a-vacunacion-privada-contra-covid-19/20000013-4467586>

¹⁷⁴ *ABC Color*, "Si el sector privado se adelanta con más dosis, el Estado tiene la potestad de destinarlas a vacunación pública", 24 February 2021, available at: https://www.abc.com.py/nacionales/2021/02/24/si-sector-privado-se-adelanta-con-mas-dosis-el-estado-tiene-potestad-de-destinarlas-a-vacunacion-publica/?fbclid=IwAR1fYI9ZygpC97dNHfhoTLpSCb9_Xp0In-FuqtrxuRJUnmEw7DuCqP7dEp4

9. REFRAIN FROM USING VACCINES AS A TOOL FOR PERSONAL OR POLITICAL GAIN

According to the United Nations Convention against Corruption, a binding international treaty ratified by all countries studied in this report, corruption can manifest itself in a variety of ways, including: embezzlement; misappropriation, theft or misuse of public assets; illicit enrichment; nepotism or cronyism; trading in influence and laundering the proceeds of crime.¹⁷⁵ Corruption frequently results in human rights violations, which in the case of the right to health could even lead to the loss of life in contexts such as the COVID-19 pandemic.



According to the United Nation Special Rapporteur on the right to physical and mental health, “the health sector is extremely vulnerable to corruption at all levels —grand and petty, political and institutional —and occurring in both the public and private sectors.”¹⁷⁶

During 2020, Transparency International documented various cases of irregular purchases by governments of medical supplies in the region. For example, the organization notes that the **Honduras’** government “purchased overpriced mobile hospitals without a clear medical case for doing so”.¹⁷⁷ In addition, the organization released a comprehensive report on the entrenched corruption within the health system of **Venezuela**.¹⁷⁸ In this respect, investigations were also opened by public prosecutors in **Paraguay** concerning alleged irregular purchases of medical supplies using false invoices.¹⁷⁹

In the face of a wave of complaints of corruption and mishandling of public funds during the pandemic, Transparency International also released a series of guidelines in relation to public procurement during the pandemic.¹⁸⁰

According to the UN Special Rapporteur on the Right to Health, in such a context, scrupulous record keeping and oversight, including audits and spot inspections, is necessary, as well as ensuring strong independent and autonomous anti-corruption bodies during the entirety of the pandemic vaccine rollout.¹⁸¹ The Special Rapporteur also notes that ensuring strong protection for whistle-blowers will also be key. This is also echoed by the UN Special Rapporteur on Freedom of Expression, who outlines that “acts of reprisals and other attacks against whistle-blowers and the disclosure of confidential sources must be thoroughly investigated and those responsible for these acts held accountable.”¹⁸² Transparency International similarly calls for governments to “protect citizens who step forward to report wrongdoing and investigate their claims”.¹⁸³ Governments should never bring criminal proceedings or otherwise penalize individuals who, while under an obligation of confidentiality or secrecy, reveal information about human rights abuses for conscientious reasons and in a responsible manner. Moreover, other people, including journalists, who communicate information about human rights abuses should never be subjected to such measures. The same applies as a general rule to revealing or communicating information about other matters of public interest.

¹⁷⁵ See United Nations Convention Against Corruption, (2005) Articles 15-23, available at: <https://www.unodc.org/unodc/es/treaties/CAC/>

¹⁷⁶ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 14 July 2017. Available at: <https://undocs.org/A/72/137>

¹⁷⁷ Transparency International, “Lack of planning in Honduras COVID-19 purchases risks millions in public funds”, 9 July 2020, available at: <https://www.transparency.org/en/blog/lack-of-planning-in-honduras-covid-19-purchases-risks-millions-in-public-funds>

¹⁷⁸ Transparencia Venezuela, *Salud en Venezuela. Cuando la corrupción es el virus*, available at: <https://transparencia.org.ve/wp-content/uploads/2020/11/Salud-en-Venezuela-Cuando-la-corrupcio%CC%81n-es-el-virus.pdf>

¹⁷⁹ See, for example: Public Prosecutor’s Office of Paraguay: *Caso Imedic: Fiscalía presentó imputación por compras de medicamentos en el marco de la lucha contra el COVID-19*, 10 June 2020. Available at: <https://www.ministeriopublico.gov.py/nota/caso-imedic-fiscalia-presento-imputacion-por-compras-de-medicamentos-en-el-marco-de-la-lucha-contra-el-covid-19-5285#:~:text=Caso%20Imedic%3A%20Fiscal%3A%20present%3%B3%20imputaci%3%B3n,lucha%20contra%20el%20COVID%20D19&text=A%20estas%20personas%20se%20les,Comercializaci%3%B3n%20no%20Autorizada%20de%20Medicamentos>.

¹⁸⁰ Transparency International, *Contrataciones públicas en estados de emergencia: elementos mínimos que los gobiernos deben considerar para asegurar la integridad de las adjudicaciones que realicen durante contingencias*, available at: https://images.transparencycdn.org/images/COVID_19_Public_procurement_Latin_America_ES_PT.pdf

¹⁸¹ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 14 July 2017, Paragraph 52. Available at: <https://undocs.org/A/72/137>

¹⁸² UN Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression. 8 September 2015. Available at: <https://www.ohchr.org/EN/Issues/FreedomOpinion/Pages/ProtectionOfSources.aspx>.

¹⁸³ Transparency International, *How Corruption is Making People Sick*, 14 September 2020, available at: <https://www.transparency.org/en/news/how-corruption-is-making-people-sick>

Not only are audits and anti-corruption bodies important, but also the Special Rapporteur notes “enhancing transparency is particularly important not only to address clearly corrupt practices but also to address these harmful phenomena, which obstruct the enjoyment of the right to health.”¹⁸⁴

As such, recent announcements by the Mexican president of plans to extinguish **Mexico’s** National Institute of Access to Information (INAI),¹⁸⁵ the public body responsible for upholding transparency in public office as well as responding to freedom of information requests, would be a significantly negative decision to take with severe consequences for human rights, especially in the middle of a pandemic.

Finally, given the context of elections in various countries of the region, these standards are key to consider. In this respect, it is relevant to note recent declarations by the president of **Venezuela**, commenting that congresspeople, governors and mayors could be included for vaccination in the first stages of inoculation, contrary to the SAGE Roadmap outlined by the WHO.¹⁸⁶

By way of contrast, in **Paraguay**, authorities commenced the country’s vaccination rollout in late February 2020 by saying that any public servant caught making irregular use of COVID-19 vaccines, would be promptly dismissed.¹⁸⁷

¹⁸⁴ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health . Op Cit, Paragraph 41

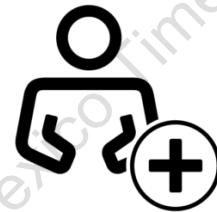
¹⁸⁵ *Proceso magazine*, “En su primera reunión con el gabinete legal y ampliado, AMLO insiste en extinguir INAI e IFT”, 11 January 2021, available at: <https://www.proceso.com.mx/nacional/2021/1/11/en-su-primera-reunion-con-el-gabinete-legal-ampliado-amlo-insiste-en-extinguir-inai-ift-256031.html>

¹⁸⁶ *CNN*, “Maduro anuncia que este jueves 18 comienza la vacunación contra el covid-19 en Venezuela”, 17 February 2021, available at: <https://cnnespanol.cnn.com/2021/02/17/vacunacion-venezuela-comienza-18-febrero-anuncia-maduro/>

¹⁸⁷ *CNN*, “Paraguay comenzó la vacunación contra el COVID-19 con una severa advertencia del ministro de Salud”, 22 February 2021, available at: <https://cnnespanol.cnn.com/2021/02/22/paraguay-comenzo-la-vacunacion-contra-el-covid-19-con-una-severa-advertencia-del-ministro-de-salud/>

10. KEEP VACCINES FREE AT POINT OF CARE AND DEPLOY MAXIMUM RESOURCES FOR THIS

The CESCR is clear in the obligation of states to deploy maximum resources to protect the right to health. Specifically, “the Committee underlines the fact that even in times of severe resources constraints whether caused by a process of adjustment, of economic recession, or by other factors, the vulnerable members of society can and indeed must be protected by the adoption of relatively low-cost targeted programmes”.¹⁸⁸



Leaders and public servants of nearly all countries studied have made statements to confirm that authorities will provide vaccines against COVID-19 free of cost and ensure their gratuity. However, it is concerning that in most cases these are only public statements, that could be subject to change should political or economic conditions in the country vary over the course of the year, even when vaccine supplies could remain limited. In some situations, public statements may provide confusion, such as the statement by President of **Mexico** Andrés Manuel Lopez Obrador on 27 December, in which he both confirms that the government will continue to focus on making the vaccine free to the population regardless of their economic status, yet at the same time states that there would be no problem if companies in Mexico start importing the vaccine and those people that can buy it at a cost, do so.¹⁸⁹ Governments must ensure that cost is never a barrier to accessing COVID-19 vaccines and have a responsibility to utilize all resources at their disposal to ensure that the vaccine is available for free at the point of service or the point of care.¹⁹⁰ Examples of states in the United States that made sure private establishments such as pharmacies provided the vaccine free at point of care, are instructive in this respect.

In only five of the 13 countries' vaccination plans is there a specific mention of the issue of gratuity, or free at the point of care – as in the case of **Bolivia, Colombia, Argentina, Brazil and Guatemala**.¹⁹¹ In other countries, although the vaccination plan does not specify gratuity, other measures have been taken in to ensure vaccines are free during the pandemic. In **Peru**, the Congress passed a law to ensure the gratuity of the vaccine.¹⁹² In **Chile**, COVID-19 vaccines are being applied under an emergency authorization, which allows importing and using them without a complete registration in the National Institute of Public Health (ISP). As long as they are not registered, they cannot be commercialized so it is guaranteed as free.¹⁹³ Once the emergency use of COVID-19 vaccines is declared over in Chile, the wider use of the vaccines once registered for the ISP is not necessarily guaranteed as free. In **Paraguay**, the Congress enacted an amendment to the national vaccination law in mid-December 2020, to change a number of clauses including one to ensure that the nation's budget would include new budget lines to ensure necessary resources to guarantee the gratuity of vaccines.¹⁹⁴ In Honduras, the legislature issued a decree to ensure free access to the COVID-19 vaccine.¹⁹⁵

Latin America and the Caribbean is one of the regions with the least investment in health (public and private) per inhabitant. Central government health funding averages 2.3% of GDP in the 22 countries analysed by

¹⁸⁸ CESCR General Comment No. 3, paragraph 12. Available at: <https://www.refworld.org/pdfid/4538838e10.pdf>

¹⁸⁹ Andrés Manuel López Obrador. Public speech *Evaluación del Plan Nacional de Vacunación contra el Virus SARS-CoV-2* YouTube. December 27, 2020. Available at <https://www.youtube.com/watch?v=W8xvY05wfak>

¹⁹⁰ Amnesty International, *A Fair Shot: Ensuring Universal Access to COVID-19 Diagnostics, Treatments and Vaccines*, (Index: POL 30/3409/2020), 8 December 2020, available at: <https://www.amnesty.org/en/documents/pol30/3409/2020/en/>. Page 27.

¹⁹¹ Brazil's Vaccination Plan mentions that the vaccine for covid-19 is free of charge. Page 10. Available at: https://www.gov.br/saude/pt-br/media/pdf/2020/dezembro/16/plano_vacinacao_versao_eletronica-1.pdf. Argentina's does so on Page 8: Ministry of Health of Argentina. Available at: <https://www.argentina.gob.ar/sites/default/files/coronavirus-vacuna-plan-estrategico-vacunacion-covid-19-diciembre-2020.pdf>, December 23, 2020. In the case of Colombia, its original national vaccination plan makes reference to Law 2064, enacted in December 2020, which in its Article 9 stipulates the gratuity of COVID-19 vaccines. Available at:

<https://www.funcionpublica.gov.co/eva/gestornormativo/norma.php?i=150467#:~:text=Objeto,.Covid%2D19%20y%20otras%20pandemias>. In the case of Guatemala, this issue is mentioned on page 34 of its National Vaccination Plan. Available at:

<https://www.mspas.gob.gt/component/jdownloads/send/891-documento-plan-nacional-de-vacunaci%C3%B3n-contra-la-covid-19/7461-plan-nacional-vacunaci%C3%B3n-contra-covid-19.html>

¹⁹² Peru Official Gazette (*El Peruano*), *Ley No. 31091*, enacted on 17 December 2020 available at:

<https://busquedas.elperuano.pe/normaslegales/ley-que-garantiza-el-acceso-al-tratamiento-preventivo-y-cura-ley-n-31091-1913142-1/>

¹⁹³ See Chilean Institute of Public Health, regulation on COVID-19: <https://www.ispch.cl/isp-covid-19/vacunas-covid-19/>

¹⁹⁴ Congress of Paraguay, “Law that amends Articles 24 and 30 of the National Vaccine Law 4.621” available at: <http://silpy.congreso.gov.py/expediente/122819>

¹⁹⁵ Official Gazette of the Republic of Honduras: Diario Oficial de la República de Honduras, *Decreto No. 162-2020*, 7 December 2020, 2020. Disponible en: <https://www.tsc.gob.hn/web/leyes/Decreto-162-2020.pdf>

ECLAC in its Social Panorama 2020.¹⁹⁶ This stands in contrast to the provisions of the Sustainable Health Agenda for the Americas 2018–2030, which established that moving towards universal health requires achieving a level of public expenditure on health of at least 6% of GDP according to the PAHO.¹⁹⁷ Within the region there are huge discrepancies as well. The budget priority given to health spending by **Central America, Dominican Republic and Mexico** together is less than that countries of South America, also according to ECLAC.¹⁹⁸ And in each country, there are also huge disparities, especially among people that access private or public health-care systems. A similar picture can be painted with social security spending, which is another human right at stake in this crisis.

Deploying public budgets is a key part of the international obligation of states to respond to public health crises such as the current one and doing so will ensure that governments are more capable to ensure vaccines remain free at the point of care, giving priority to those who need it most. Livelihoods have been hit hard by the pandemic, and in an effort to ensure that cost is not a barrier to health, the WHO recommended in June 2020 that states “fund public health by suspending payments or user fees at the point of care for essential health services for all patients.”¹⁹⁹ States must ensure that cost is never a barrier to access COVID-19 health products, and use their maximum available resources and international assistance, if needed, to provide COVID-19 vaccines free at the point of care. States and international institutions should work together to ensure cost is not a barrier anywhere for anyone.



Woman and girl walk through a street during the COVID-19 pandemic in San Salvador, El Salvador on July 10, 2020.
© Camilo Freedman/Bloomberg via Getty Images

¹⁹⁶ ECLAC. “ECLAC Social Panorama of Latin America 2020”. ECLAC. March 2020. Available at: https://www.cepal.org/sites/default/files/publication/files/46688/S2000965_en.pdf

¹⁹⁷ Ibid, Page 19

¹⁹⁸ Ibid, Page 164.

¹⁹⁹ WHO, *Maintaining Essential Health Services: New Operational Guidance for the COVID-19 Context*, 1 June 2020, available at: <https://www.who.int/news-room/detail/01-06-2020-maintaining-essential-health-services-new-operational-guidance-for-the-covid-19-context>

FINAL RECOMMENDATIONS TO ALL STATES

PUT HUMAN RIGHTS BEFORE INTELLECTUAL PROPERTY RIGHTS

- Immediately make public the contracts and agreements entered with pharmaceutical companies, including details of the price paid per doses, licensing details and the duration of contracts.
- Ensure that the compliance with contracts entered with pharmaceutical companies is subject to independent audit.
- Immediately pledge support to the C-TAP (COVID-19 Technology Access Pool) and promote open and non-exclusive licenses that include technology transfer to ensure that the product is available, accessible, and affordable to the maximum number of people. All terms and conditions should be publicly disclosed.
- Ensure intellectual property rights contained in national laws do not prevent any countries from upholding the right to health.
- Urgently pledge agreement with a 'waiver' on certain aspects of the TRIPS agreement for the production of COVID-19 health products.
- Place conditions on public funding to ensure pharmaceutical companies share their innovations, technology and data with other manufacturers.



CONSULT WIDELY AND PUBLISH ACCESSIBLE PLANS

- Implement policies to ensure availability, access, affordability, acceptability, and quality of COVID-19 vaccines for all people. This should be done according to the principles of transparency, participation, accountability, equality, and non-discrimination.
- Devise COVID-19 national vaccination plans to be accessible, fair, inclusive and non-discriminatory, in line with human rights laws and standards. In addition to criteria identified by the World Health Organization SAGE Roadmap, states should consider factors that may heighten an individual's or a community's risk to COVID-19 and pay particular attention to marginalized groups and those with intersecting identities and legal statuses. Factors may include social, environmental and occupational risks, and the impact of systemic discrimination.
- Urgently disseminate national vaccination plans in a variety of formats beyond the internet, implementing measures to ensure that the digital divide, due to socioeconomic status, race or gender, does not pose a barrier to accessing this information. Take immediate steps to make national vaccination plans available in all languages spoken in each country, with particular emphasis on indigenous languages.
- Ensure that any decision-making processes around national allocation are rooted in transparency and the right to information, involving meaningful and effective participation of representatives of civil society, especially with representation from at-risk populations that could be most impacted by these decisions.



PROTECT AT-RISK GROUPS AND SAFEGUARD AGAINST DISCRIMINATION AND INEQUALITY

- Ensure that the implementation of national vaccination plans is informed by collection and analysis of data around the impact of COVID-19 on specific groups including based on ethnicity, race gender, age, context, sexual orientation, and other status. All data must be disaggregated and available in a transparent and accessible manner.
- Ensure specialized protocols are developed for the rollout of COVID-19 vaccines in indigenous populations, ensuring these plans are fully consulted with indigenous peoples and obtain their free, prior and informed consent and are considered culturally appropriate.
- Make every effort to prioritize prisoners and prison guards in their national vaccination plans, ensuring at least that those at particularly high risk of COVID-19 (such as older prisoners and those with comorbidities) are prioritized for vaccination on a par with comparative groups in the general population, particularly given that their confined conditions do not allow them to physically distance.



ENSURE ACCESS TO ACCURATE INFORMATION IN THE IMPLEMENTATION OF PLANS

- Provide accurate information on COVID-19 vaccines based on clear and scientific data, avoiding the dissemination of misinformation that lacks evidence.
- Ensure that the implementation of national vaccination plans is informed by collection and analysis of data around the impact of COVID-19 on specific groups.
- Provide real-time updates on the implementation of vaccination in the country. All data must be disaggregated and available in a transparent and accessible manner.
- Ensure all public institutions charged with ensuring transparency and responses to freedom of information requests, are strengthened in their resources and autonomy.

COORDINATE ACROSS LEVELS OF GOVERNMENT

- Ensure efficient coordination between all levels of government, including municipal, state and national, guaranteeing that public servants are properly informed and trained to carry out the national vaccination plan.



COUNT ALL HEALTH WORKERS AND PROTECT THEIR RIGHTS

- Ensure solid public registries on health workers affected by COVID-19, disaggregated by gender, occupation, geographic location, ethnicity, age and other factors. In compiling this data, ensure that all health workers are vaccinated by COVID-19, including cleaners and other staff essential to the health care workforce.
- Ensure that health systems have sufficient health workers across geographic areas. These workers must be adequately trained to work with individuals and communities, particularly those identified as priority populations for COVID-19 health efforts.
- Ensure that health workers receive fair wages and work under acceptable conditions needed to protect their health and safety, as well as provide a safe and enabling environment to exercise their work free from reprisals, intimidation or threats.
- Investigate any attacks or acts of violence in a thorough, independent and impartial manner. In doing so, states should acknowledge that some health workers may be at additional or specific risk due to their multiple



and intersecting identities, especially women which often make up the majority of a health workforce.

- Invest the maximum available resources to strengthen health systems. In addition to prioritising health workers, investments should be made to address transportation, storage, and vaccine administration. These investments should be made with an eye towards building a more robust national health system that can sustainably increase the availability, accessibility, affordability and quality of health facilities, goods and services for all people.

MAKE VACCINES AVAILABLE TO ALL REGARDLESS OF MIGRATORY STATUS

- Take urgent action to reinforce vaccine distribution for irregular migrants and refugees as well as people working in the informal sector and living in informal settlements.
- Allow for those that do not have a national identity document to register for inoculation with no administrative delays.



ENSURE THE PRIVATE SECTOR DOES NOT UNDERMINE FAIR ACCESS

- Provide for comprehensive whistle-blower protection for those reporting corruption offences in the health sector and beyond, which includes guaranteeing the anonymity and protection of whistle-blowers.
- Prohibit direct private purchases of vaccines by law and consider sanctioning individuals or private organizations that circumvent the national vaccination plan or otherwise unduly impede the state's measures to ensure fair access to vaccines.



REFRAIN FROM USING VACCINES AS A TOOL FOR POLITICAL OR PERSONAL GAIN

- Provide for on-the-spot, independent audits of vaccine rollouts and guarantee that all anti-corruption bodies are well resourced as priority arms of government.
- Provide for comprehensive whistle-blower protection for those reporting corruption offences in the health sector and beyond, which includes guaranteeing the anonymity and protection of whistle-blowers.
- Ensure all public institutions charged with guaranteeing transparency and responses to freedom of information requests are strengthened in their resources and autonomy.



KEEP VACCINES FREE AT POINT OF CARE AND DEPLOY MAXIMUM RESOURCES FOR THIS

- Ensure that cost is never a barrier to access COVID-19 health products, and use all maximum available resources and international assistance, if needed, to provide COVID-19 vaccines free at the point of care.



RECOMMENDATIONS TO COMPANIES OPERATING IN LATIN AMERICA AND THE CARIBBEAN



- Refrain from any action that unduly impacts on the state's ability to ensure availability, accessibility, and affordability of COVID-19 vaccines.
- Immediately make public the contracts and agreements entered into with governments, including details of the price paid per doses, licensing details and the duration of contracts for COVID-19 vaccines.
- Immediately issue open and non-exclusive licenses that include technology transfer; all terms and conditions should be publicly disclosed.
- Immediately join global mechanisms such as C-TAP and publicly disclose disaggregated costs and data related to research, development, production, marketing, distribution, study designs and protocols, data sets, test results, and anonymity-protected patient data around clinical trials in a timely and accessible fashion.



EMBARGOED until 25 March 9:00 am Mexico Time

**AMNESTY INTERNATIONAL
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FOR HUMAN RIGHTS.
WHEN INJUSTICE HAPPENS
TO ONE PERSON, IT
MATTERS TO US ALL.**

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VACCINES IN THE AMERICAS

TEN HUMAN RIGHTS MUSTS TO ENSURE HEALTH FOR ALL

The commencement of COVID-19 vaccination in most countries of Latin America and the Caribbean has brought hope to the most unequal region of the world, and one that has been hit harshly by the pandemic. Most countries in the region entered into lockdown with emergency decrees in mid-March 2020, and a year on continue to battle against infection rates that remain high. This report offers essential measures that must be adopted to guide vaccination in Latin America and the Caribbean. These recommendations are based on international human rights law that is binding for States. Many of them can be implemented immediately.