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HOW'S YOUR COUNTRY'S COVID-19 VACCINE ROLL-OUT? FIVE QUESTIONS TO CHECK FOR EQUALITY AND NON-DISCRIMINATION

In many countries around the world, people from groups who face discrimination or marginalization, or who have been subject to oppression historically, are facing unique and additional challenges to access Covid-19 vaccines. This is because of insufficient or inadequate consideration of their circumstances, needs and vulnerabilities, and includes women, people of diverse sexual orientations and gender identities, people from Indigenous, descent based and racialised communities. Across the globe, the national and local authorities need to be making much greater efforts to ensure non-discrimination and equality in their vaccine distributions.

International human rights law and standards establish that states must respect, protect and fulfil the right to life and the right to health. States must abide by principles of non-discrimination and equal access in the enjoyment of all rights. As part of this, they are required to ensure substantive equality, which in practice means that states must pay sufficient attention to those who suffer historical or persistent prejudice, as this has an impact on the effective enjoyment of their rights,[1] and they must take special measures in order to bring them at the same substantive level as others.[2]

In the context of providing non-discriminatory and equal access to Covid-19 vaccines, states must ensure that vaccines are not only available in sufficient quantities, but also that they are accessible to all populations.[3] Each state must use the maximum of its available resources to take deliberate, concrete and targeted actions[4] for ensuring equal and non-discriminatory access to Covid-19 vaccines for all.[5]

This is particularly crucial now with the detection of the new coronavirus Omicron variant highlighting yet again that the pandemic is likely to continue for the foreseeable future, and as an increasing number of states are imposing restrictions based on the vaccination status of people. States need to double down to make sure their vaccine roll-outs promote full equality.

Here are five key questions to assess your own states Covid-19 vaccination roll-out for equality and non-discrimination.

1. IS THERE DISAGGREGATED DATA COLLECTION ON INFECTION AND VACCINATION RATES TO INFORM NATIONAL ROLL-OUT PLANS?

COLLECTING AND RESPONDING TO DISAGGREGATED DATA IN PRIORITISATION DECISIONS

[1] UN Committee on Economic Social and Cultural Rights (CESCR*), General Comment No.20 Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights*), paragraph 8 (b), 2 July 2009, available at: https://www.refworld.org/docid/4a60961f2.html; UN Committee on the Elimination of Discrimination against Women, General recommendation No. 25, on article 4, paragraph 1, of the Convention on the Elimination of All Forms of Discrimination against Women, on temporary special measures, par.8, available at: https://www.refworld.org/docid/453882a7e0.html.

[2] CESCR, *General Comment No. 16: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights (Art. 3 of the Covenant)*, paragraph 15, 11 August 2005, available at: https://www.refworld.org/docid/43f3067ae.html; UN Committee on the Elimination of Discrimination against Women, General recommendation No. 25, on article 4, paragraph 1, of the Convention on the Elimination of All Forms of Discrimination against Women, on temporary special measures, 2004, available at: https://www.refworld.org/docid/453882a7e0.html.

[3] CESCR, *Statement on universal and equitable access to vaccines for the coronavirus disease (COVID-19)*, E/C.12/2020/2, 15 December 2020, available at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJkWuaq4cQpQv6lITVLtxnVJXSPaoQw4sk4hLso%2BxppPSLMq5FKpqwvX2OdrCRfmFw8OwEDCBDpubC4wy8gyzz9; UN Committee on Economic, Social and Cultural Rights (CESCR), *Statement on universal and equitable access to vaccines for the coronavirus disease (COVID-19)*, E/C.12/2020/2, 15 December 2020, available at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJkWuaq4cQpQv6lITVLtxnVJXSPaoQw4sk4hLso%2BxppPSLMq5FKpqwvX2OdrCRfmFw8OwEDCBDpubC4wy8gyzz9

[4] CESCR, *General Comment No.3*, E/1991/23, paragraph 2, 2 December 1990, available at: https://www.refworld.org/pdfid/4538838e10.pdf

[5] CESCR, *Statement on universal and equitable access to vaccines for the coronavirus disease (COVID-19)*, E/C.12/2020/2, 15 December 2020, available at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJkWuaq4cQpQv6lITVLtxnVJXSPaoQw4sk4hLso%2BxppPSLMq5FKpqwvX2OdrCRfmFw8OwEDCBDpubC4wy8gyzz9

A review of existing data conducted by Amnesty International indicates that states collecting disaggregated data on the basis of ethnicity or race, such as Brazil[6], Canada[7], United Kingdom[8] and the United States[9], often report higher Covid-19 infection and death rates of racial and ethnic minorities compared to other groups across the country. It is very possible that this pattern is occurring globally however, countries collecting and reporting on data disaggregated data by race and ethnicity remain scarce.[10]

Collecting and responding to disaggregated data on the basis of ethnicity or race is crucial to understand how different groups are affected by Covid-19 and to take active measures for addressing its disproportionate effects on particular populations. The Office of the High Commissioner for Human Rights has explained that: "States must recognize and provide for the differences and specific needs of groups that generally face particular health challenges, such as higher mortality rates or vulnerability to specific diseases. (…) Positive measures of protection are particularly necessary when certain groups of persons have continuously been discriminated against in the practice of States parties or by private actors."[11] Similarly, the WHO has also advised states to prioritize access to vaccines while taking into account the risks, needs and vulnerabilities of disadvantaged or persecuted ethnic, racial, gender and religious groups that are exposed to a higher risk from Covid-19.[12]

For example, Canada recommended to its' provinces/territories and local health units to prioritise adults living in Indigenous communities where infection could have disproportionate consequences, alongside all adults over 70 years of age and frontline health workers in their first immunisation stage.[13] This decision came as a result of data showing a rise in cases of infection in Indigenous communities and the likelihood of higher risk from Covid-19 for communities living in remote or isolated areas.[14] Data from past pandemics was also taken into consideration, such as the disproportionate impact on Indigenous communities by the H1N1 influenza pandemic.[15]

In the second immunisation stage, Canada recommended prioritising Indigenous communities that were not included in the first stage, together with racialized and marginalized communities disproportionately affected by Covid-19.[16] This decision was based on a number of factors, including available data in Canada showing that ethno-culturally diverse neighbourhoods showed higher rates of Covid-19 infections, deaths and hospitalisations.[17] For example, in Ontario hospitalisation and intensive care admissions were four times higher for ethnically diverse populations compared to the rest of the population, and mortality rates were twice as high.[18] Socio-demographic data in Ottawa showed that Covid-19 has had a disproportionate impact on racialised groups, particularly Black communities.[19]

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[6] In Brazil, Black communities and Indigenous peoples have suffered higher mortality rates in comparison to their white counterparts. See: The Lancet – Global Health, Pedro Baqui, PhD, Ioana Bica, MPhil, Valerio Marra, PhD Ari Ercole, PhD, Prof Mihaela van der Schaar, PhD, Ethnic and regional variations in hospital mortality from COVID-19 in Brazil: a cross-sectional observational study, 02 July 2020, available at: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30285-0/fulltext

[7] Canada has also reported that ethno-culturally diverse neighbourhoods, including Indigenous and South Asian people, have faced higher rates of COVID-19 infections, deaths and hospitalizations. Public Health Ontario, "COVID-19 in Ontario – A focus on diversity", 14 May 2021, https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en. See also: https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-key-populations-covid-19-vaccination.html; Disaggregated data on the basis of ethnicity or race is sometimes inconsistently reported from different provinces in Canada, see: https://www.cbc.ca/news/canada/how-tracking-ethnicity-and-occupation-data-is-helping-fight-covid-19-1.6060900.

[8] Public Health England, Disparities in the risk and outcomes of COVID-19, 2020, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

[9] In the United States, according to the Centres for Disease Control and Prevention (CDC), Black and Latino Americans are hospitalised four times higher than their white counterparts. See: CDC, *COVID-19 Hospitalization and Death by Race/Ethnicity*, 30 November 2020, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html. See also: The Guardian, *Exclusive: indigenous Americans dying from Covid at twice the rate of white Americans*, 4 February 2021, https://www.theguardian.com/us-news/2021/feb/04/native-americans-coronavirus-covid-death-rate

[10] According to a study by the Lancet, which analysed 29 publications and national surveillance reports on notifications and outcomes of COVID-19, found that only two (7%) of them collected disaggregated data by ethnicity. According to Lancet's findings, none of the ten states that have reported the highest rates of COVID-19 cases (as of 21 April 2020), collect data related to ethnicity. The Lancet, Ethnicity and COVID-19: an urgent public health research priority, 21 April 2020, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30922-3/fulltext.

[11] OHCHR/WHO, *Fact Sheet No.31: The Right to Health,* https://www.ohchr.org/documents/publications/factsheet31.pdf.

[12] WHO Strategic Advisory Group of Experts, *Values framework for the allocation and prioritization of COVID-19 vaccination*, 14 September 2020, https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1

[13] Government of Canada, *Guidance on the prioritization of key populations for COVID-19 immunization*, https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-key-populations-covid-19-vaccination.html#a34.

[14] Ibid; Statistics Canada, *Epidemiological summary of COVID-19 cases in First Nations communities,* data as of 24 August 2021, https://www.sac-isc.gc.ca/eng/1589895506010/1589895527965

[15] Government of Canada, *Guidance on the prioritization of key populations for COVID-19 immunization*, https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-key-populations-covid-19-vaccination.html#a34.

[16] Ibid.

[17] Statistics of Canada, *COVID-19 mortality rates in Canada's ethno-cultural neighbourhoods*, 28 October 2020, https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00079-eng.htm

[18] Public Health Agency of Canada, *Interim guidance on continuity of immunization programs during the COVID-19 pandemic*, available at: https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/interim-guidance-immunization-programs-during-covid-19-pandemic.html

[19] Ottawa Public Health, *Report: Covid-19 and Racial Identity in Ottawa February to August 2020,* November 2020, https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/covid-19/Special-Focus/Report---COVID-19-and-Racial-Identity-in-Ottawa-2020.pdf

Criteria of vaccine prioritisation has to be established through a transparent and adequate public consultation process and should also rely on medical needs and public health grounds.[20] The Committee on Economic Social and Cultural Rights (CESCR) has stated that prioritisation may be given to "health staff and care workers, or to persons presenting greater risks of developing a serious health condition if infected by SARS-COV-2 because of age, or preexisting conditions, or to those most exposed and vulnerable to the virus owing to social determinants of health, such as people living in informal settlements or other forms of dense or instable housing, people living in poverty, indigenous peoples, racialized minorities, migrants, refugees, displaced persons, incarcerated people and other marginalized and disadvantaged populations." [21] International human rights standards dictate that states need to also account for the fact that intersecting identities and statuses compound on discrimination and inequality.[22]

COLLECTING AND RESPONDING TO DISAGGREGATED DATA ON VACCINATION RATES

Apart from collecting and responding to disaggregated data regarding Covid-19 infections, hospitalisation and death rates, states should also collect, and report disaggregated data regarding vaccine uptake. This is crucial, to be able to monitor whether there is equality in access to vaccines, or whether and the extent to which some groups of people are being left out or not fully benefitting from vaccination roll-outs.

As of 16 November 2021, Centers for Disease Control and Prevention in the U.S. reported that race/ethnicity was known for 62% of people that received at least one dose of the Covid-19 vaccine.[23] Nearly two thirds of them or 60% were white, 11% were Black and 17 % were Hispanic.[24] Compared to their percentage within the population more broadly, Black people are less likely to get vaccinated, leaving them at heightened risk from the virus.[25]

Similarly, in England, vaccine uptake varies across ethnic groups. According to data collected between December 2020 and April 2021, all ethnic minority groups had lower uptake rates in comparison with the white British population.[26] People identifying as Black Caribbean and Black African had the lowest vaccination rates (66.8% and 71.2% respectively), followed by people from Pakistani backgrounds (78.4%).[27]

In Lebanon, available data from early 2021 suggested that Syrian refugees have died from Covid-19 at a rate more than four times the national average and Palestinian refugees have died three times more than the national average.[28] Nevertheless, according to data from early 2021 from the government's Covid-19 vaccine registration and tracking platform, only 12% of those vaccinated are non-Lebanese,[29] despite the fact that they constitute at least 30% of the population.[30]

Information collected by Amnesty International over the course of 2021 shows that numerous states are not collecting any data on vaccine uptake disaggregated by ethnicity or race.

The UN Committee on Economic, Social and Cultural Rights (CESCR) stated that "disaggregation of health and socio-economic data according to sex is essential for identifying and remedying inequalities in health".[31] According to a civil society Covid-19 Sex-Disaggregated Data Tracker, which collects and reports data from official sources of 204 countries and territorial entities on Covid-19 vaccinations, testing, positive cases, hospitalizations, ICU admissions and deaths, only 49 of 204 monitored countries and territorial entities report sex-disaggregated data on

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[20] CESCR, *Statement on universal and equitable access to vaccines for the coronavirus disease (COVID-19)*, E/C.12/2020/2, 15 December 2020, available at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJkWuaq4cQpQv6lITVLtxnVJXSPaoQw4sk4hLso%2BxppPSLMq5FKpqwvX2OdrCRfmFw8OwEDCBDpubC4wy8gyzz9

[21] Ibid.

[22] CESCR, *General Comment No.20 Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights*), paragraph 27, 2 July 2009, available at: https://www.refworld.org/docid/4a60961f2.html; CEDAW, *General Recommendation No.35 on gender-based violence against women, updating general recommendation No. 19*, CEDAW/C/GC/35, 2017, available at: https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf; Committee on the Elimination of all forms of Racial Discrimination, General Recommendation 27 ondiscrimination against Roma, UN Doc. CERD/C/GC/27, Para 1.6, available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download. aspx?symbolno=INT%2fCERD%2fGEC%2f7499&Lang=en.

[23] Centers for Disease Control and Prevention, *Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States*, last accessed on 27 October 2021, https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic

[24] Ibid.

[25] Kaiser Family Foundation, *Latest Data on COVID-19 Vaccinations by Race/Ethnicity*, 26 October 2021, https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/

[26] Office of National Statistics, Coronavirus and vaccination rates in people aged 50 years and over by socio-demographic characteristic, England: 8 December 2020 to 12 April 2021, last accessed on 1 December 2021, https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/coronavirusandvaccinationratesinpeopleaged70yearsandoverbysociodemographiccharacteristicengland/8december2020to12april2021

[27] Ibid.

[28] Reuters, *Palestinian refugees in Lebanon three times more likely to die with COVID-19*, February 2021, https://www.reuters.com/article/us-lebanon-refugees-health-trfn-idUSKBN2AG22M; Reuters, *Lebanon's COVID-19 vaccine drive hit by row over MPs' queue-jumping*, 23 February 2021, https://news.trust.org/item/20210223150529-d9fjo/

[29] Government of Lebanon, *Inter-Ministerial and Municipal Platform for Assessment, Coordination and Tracking*, https://impact.cib.gov.lb/home?dashboardName=vaccine

[30] Human Rights Watch, 6 April 2021, *Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout*, https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout

[31] CESCR, General Comment No.14, *The Right to the Highest Attainable Standard of Health (Art.12)*, E/C.12/2000/4, paragraph 20. Available at: https://www.refworld.org/pdfid/4538838d0.pdf

individuals that have received at least one dose.[32] The data collected by the tracker shows that generally, with some variations among countries, men are less likely than women to get tested for Covid-19, however they are more likely to be hospitalised and to die from the virus.[33] Amongst countries reporting sex disaggregated vaccination rate data, women and men have received similar vaccination rates.[34] However, the vaccine uptake varies in different countries for example in Barbados 59% of vaccinated people are women, whereas in Gabon only 22% of vaccinated individuals are women[35] and in South Sudan only 40% of those vaccinated are women.[36] Also, it remains unclear how many countries are collecting data through an intersectional lens which is essential to understanding and addressing barriers in accessing vaccines for persons facing intersectional discrimination.

The current global data gap on sex/gender is hindering an adequate understanding of how patriarchal societal, community and family dynamics affect Covid-19 immunization programs.[37]

Very few states collect data on sexual orientation and gender identity with regards to vaccination. Austria for example, is reporting Covid-19 vaccination data that includes data on non-binary populations.[38] A few states or districts in the U.S.A. collect and report on some data on sexual orientation and gender identity, including Washington D.C., Rhode Island and Pennsylvania.[39]

Amnesty International calls on governments to collect and analyse disaggregated data on Covid-19 on reported cases, deaths and vaccine uptake rates disaggregated by sex/gender, sexual orientation[40], gender identity,[41] age, Indigenous status, race, ethnicity, work and descent, disability, among other identities and statuses, as well as collect and analyse data on intersectional identities.

Amnesty International also calls on states to collect and analyse data on Covid-19 new positive cases, deaths and vaccine uptake rates disaggregated by migrant or refugee status, while guaranteeing that accessing health services will not be linked to the legal status and ensuring that personal data collected by health and humanitarian providers will not be shared with law enforcement and used for immigration enforcement.

Providing any data disaggregated by sex/gender, age, Indigenous status, race, ethnicity, work and descent, disability, sexual orientation, gender identity, migrant or refugee status, among other identities and statuses, should always be voluntary and anonymous. Data collection should not allow states to trace the data provided back to the individuals or particular communities. All data collected should be made available to the public in a transparent and accessible manner.[42]

2. IS THERE ADEQUATE ACCESS TO INFORMATION ON COVID-19 AND NATIONAL ROLL-OUT PLANS IN RELEVANT LANGUAGES AND ACCESSIBLE FORMATS IN CULTURALLY APPROPRIATE WAYS?

The right to health encompasses non-discriminatory access to health facilities, goods and services, including "the right to seek, receive and impart information and ideas concerning health issues."[43] All people, without exception, should have access to relevant information on Covid-19 and the state response, including national vaccine allocation plans in order to be able to make informed decisions about their health.[44] States must ensure that vaccination plans are available in formats and languages that are understandable for their respective populations, including languages national or ethnic, religious, linguistic communities, Indigenous languages, as well as languages spoken by refugees, asylum seekers, and migrants.

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[32] The Sex, Gender and Covid-19 Health Policy Portal, *The COVID-19 Sex-Disaggregated Data Tracker*, last update: 1 December 2021, https://globalhealth5050.org/wp-content/uploads/October-2021-data-tracker-update.pdf
[33] Ibid.
[34] Ibid.
[35] Ibid.
[36] Republic of South Sudan, Ministry of Health, *Covid-19 Vaccination Reports and Dashboard*, last accessed on 1 December 2021, https://app.powerbi.com/view?r=eyJrIjoiYzZkMGRmYjQtZTQzYS00MTVjLWEzNzItMDI0YzU4NGQ5NjJlIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9
[37] WHO, Hedari, Goodman, *Critical sex and gender considerations for equitable research, development and delivery of Covid-19 vaccines*, 19 April 2021.
[38] Bundesministerium, Soziales, Gesundheit, Pflege und Konsumentenschutz, *Corona Schutzimpfung in Österreich, Dashboard*, last accessed on 16 December 2021, available at: https://info.gesundheitsministerium.at/
[39] New York Times, *In Covid Vaccine Data, L.G.B.T.Q. People Fear Invisibility*, 7 May 2021, https://www.nytimes.com/2021/05/07/health/coronavirus-lgbtq.html
[40] States criminalizing sexual orientation or gender identity should not collect data on sexual orientation and gender identity from their respective populations. Amnesty International calls on these states to review and amend or repeal all legislation which could result in the discrimination, prosecution and punishment of people solely for their sexual orientation or gender identity.
[41] Ibid.
[42] Amnesty International, *A fair shot, ensuring universal access to covid-19 diagnostics, treatments and vaccines*, 2020, https://www.amnesty.org/download/Documents/POL3034092020ENGLISH.PDF
[43] CESCR, *General Comment No.14, The Right to the Highest Attainable Standard of Health (Art.12)*, E/C.12/2000/4, paragraph 12. Available at: https://www.refworld.org/pdfid/4538838d0.pdf
[44] OHCHR, *Human Rights and Access to Covid-19 Vaccines*, 17 December 2020, available at https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf. See also: Amnesty International, *A fair shot, ensuring universal access to covid-19 diagnostics, treatments and vaccines*, 2020, https://www.amnesty.org/download/Documents/POL3034092020ENGLISH.PDF

During the first year of the pandemic countries including Mexico, Peru, Brazil and Colombia published materials related to Covid-19 in Indigenous languages and Amnesty urged them to do the same with national vaccination plans, as well as take additional steps to ensure the information reaches the people it is intended for.[45] For example, in Latin America and Caribbean, 40% of the households have no access to internet.[46] Amnesty International acknowledged that publishing the plans on the internet is an important first step but has called on governments to disseminate information on vaccination plans through other channels such as radio stations run by Indigenous or afro-descendant populations, or other channels.[47]

Worldwide it is estimated that only 51% of the world population is connected to the internet.[48] Those without access to internet are disproportionately poor, rural, older and female.[49] In addition to the overall limited or lack of connection to the internet, women in many settings face more barriers in accessing health facilities and services or vaccination sites compared with men, including more limited access to information on vaccines.[50] Additionally, women and gender diverse people may face sexual harassment and gender-based violence when accessing health goods and services, including vaccines.[51] The WHO has stressed that addressing gender-related barriers in the vaccine planning and roll out process is a must, particularly for the most marginalised groups.[52] Logistic planning around vaccine delivery has to rely on context-specific knowledge of health seeking behaviours of women, men and gender diverse people.[53]

In Uganda, information related to Covid-19 prevention, restrictions and other measures has not been announced in Indigenous languages, leaving many Indigenous people without access to crucial public health information on Covid-19.[54] A member of an Indigenous group in Uganda told Amnesty International about cases of Batwa people who were arrested for breaching imposed lockdown measures and held overnight in detention, without being previously informed of such measures in a language they understand or in a culturally appropriate way.[55]

In Namibia, Indigenous San people face major obstacles in the realisation of their right to health because of language barriers between them and the healthcare providers.[56] This has continued to be a challenge during Covid-19. Various respondents in community discussions have told Amnesty International that they did not receive information about the pandemic in San language.[57]

Amnesty International calls on states to provide broad access to vaccine allocation plans and implement pro-active information campaigns in languages and formats understandable and reachable to their respective populations in order to ensure everyone free, unhindered and easy access to information that is credible, reliable and objective.[58]

3. IS THERE AN EFFORT TO ADDRESS BARRIERS TO PEOPLE GETTING VACCINATED, INCLUDING DISTRUST IN HEALTH INSTITUTIONS BY HISTORICALLY MARGINALISED GROUPS AND THE SPREAD OF FALSE OR MISLEADING INFORMATION?

In the context of the pandemic, states have a particular obligation to conduct public health information campaigns about Covid-19 and vaccines. This is a crucial component of the right to health, as individuals can only make informed decisions about their health when they are given accurate, timely and accessible information. To make this information truly accessible, states should make every effort to ensure it reaches all social groups, particularly the most marginalized and ensure no-one is left behind.

TACKLING THE SPREAD OF FALSE AND MISLEADING INFORMATION

[45] Amnesty International, *Vaccines in the Americas: Ten human rights musts to ensure health for all*, 1 March 2021, page 13, available at https://www.amnesty.org/en/documents/amr01/3797/2021/en/

[46] Conectas, *Without light there is no internet, and without internet there is no virtuality*, available at: https://www.connectas.org/pandemia-sin-luz-sin-internet-sin-virtualidad/. This report uses international updated data from the International Telecommunication Union. See also: Amnesty International, *Vaccines in the Americas, Ten Human Rights Musts to Ensure Health for All*, 1 March 2021.

[47] Amnesty International, *Vaccines in the Americas: Ten human rights musts to ensure health for all*, 1 March 2021, page 13, available at https://www.amnesty.org/en/documents/amr01/3797/2021/en/

[48] International Telecommunication Union, *Percentage of female and male population using the Internet*, 2019, https://www.itu.int/en/ITU-D/Statistics/Pages/ff2020interactive.aspx

[49] OHCHR, *Report: Promotion, protection and enjoyment of human rights on the Internet: ways to bridge the gender digital divide from a human rights perspective*, A/HRC/35/9, 5 May 2017, https://undocs.org/A/HRC/35/9

[50] Ibid.

[51] WHO, *Expanding reach: Addressing gender barriers in COVID-19 vaccine rollout*, 3 May 2021, https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-covid-19-vaccine-rollout

[52] Ibid.

[53] Ibid.

[54] Amnesty International, *Interview a member of an Indigenous group in Uganda*, April 2021.

[55] Ibid.

[56] Amnesty International, *Namibia: "We don't feel well treated": Tuberculosis and the Indigenous San peoples of Namibia*, 6 October 2021, https://www.amnesty.org/en/documents/afr42/4784/2021/en/

[57] Ibid.

[58] Amnesty International, *A fair shot, ensuring universal access to covid-19 diagnostics, treatments and vaccines*, 2020, https://www.amnesty.org/download/Documents/POL3034092020ENGLISH.PDF

In the UK, misinformation campaigns targeting ethnic minority groups have used religious concerns to spread false information stating that Covid-19 vaccines contain pork or alcohol, that they are a method of population control or that they could change the DNA of the recipient.[59] The UK government committed to allocating over 23 million pounds to local councils and other groups in England to encourage people most at risk to take the Covid-19 vaccine, including minority groups, through trying to tackle misinformation.[60]

Widespread misinformation campaigns have also falsely claimed that the Covid-19 vaccine has an impact on fertility in women[61] seen in a number of countries, including UK[62], the U.S.A.[63] Australia[64], Montenegro,[65] South Sudan,[66] Nigeria and others.[67] There is no evidence that would support claims that the Covid-19 vaccine causes infertility.[68] Nevertheless, the spread of false claims about the risks of infertility from the vaccine has caused many women to be sceptical about Covid-19 immunisation.[69] In Australia, the government launched a Covid-19 vaccine information campaign targeting primarily women aged 30-39, after health department research found that they are most vaccine-hesitant group in Australia.[70]

Around the world, there have been reports indicating that the Covid-19 vaccine may cause short-term side effects on menstruation cycles.[71] The absence of official information in relation to such side effects has been used by some anti-vaccine campaigners, who have used people's personal experiences to falsely claim that vaccines are part of a sterilisation plot led by global elites.[72] Despite this, there is insufficient dissemination of targeted information messages from public health institutions in regard to the potential impact on the menstruation cycle from the Covid-19 vaccine, which has contributed to fuel misinformation.

Research shows that pregnant women/pregnant people are more likely to develop severe illness from Covid-19, in comparison to those who are not pregnant.[73] At the initial stages of Covid-19 vaccine roll-out, contradictory information on safety of Covid-19 vaccines during pregnancy was provided by global and national public health organisations such as the WHO and the U.S.'s CDC.[74] This came mainly as a result of a historical practice excluding pregnant and breastfeeding women from vaccine clinical trials and biomedical research, which is now being challenged.[75] The limited data and different official recommendations on the safety of the Covid-19 vaccine for pregnant women/people created the conditions for the spread of misinformation and conspiracy theories about the risks of the vaccine for pregnant women and false claims about its impact on fertility.[76]

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[59] Guardian, *Vaccine hesitancy: what is behind the fears circulating in BAME communities?,* 26 January 2021, https://www.theguardian.com/news/audio/2021/jan/26/vaccine-hesitancy-what-is-behind-the-fears-circulating-in-bame-communities-podcast See also: https://thehill.com/blogs/pundits-blog/healthcare/347780-black-americans-dont-have-trust-in-our-healthcare-system

[60] UK Government, *Community Champions to give COVID-19 vaccine advice and boost take up*, 25 January 2021, https://www.gov.uk/government/news/community-champions-to-give-covid-19-vaccine-advice-and-boost-take-up

[61] USA Today, *Fact check: A false post on social media claims COVID-19 vaccine causes infertility in women*, 14 December 2020, https://www.usatoday.com/story/news/factcheck/2020/12/14/fact-check-no-evidence-covid-19-vaccine-causes-infertility-women/3884328001/

[62] UK Parliament, *COVID-19 vaccine misinformation*, 26 April 2021, https://post.parliament.uk/covid-19-vaccine-misinformation/

[63] https://edition.cnn.com/2021/05/10/health/covid-vaccine-infertility-myth-wellness/index.html

[64]Australian Government, Department of Health, *Is it true? Do COVID-19 vaccines cause infertility?,* last accessed on 2 August 2021, https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true/is-it-true-do-covid-19-vaccines-cause-infertility

[65] Amnesty International, *Information from contacts on the ground, Ulqin, Montenegro*, 9 May 2021.

[66] Anadolu Agency, *Women in South Sudan shy away from COVID-19 jabs*, 28 September 2021, https://www.aa.com.tr/en/africa/women-in-south-sudan-shy-away-from-covid-19-jabs/2376603

[67] In late 2020, claims without providing any evidence that Covid-19 vaccines cause infertility in women were raised by a petition to Europe's medicines regulator calling to halt Covid-19 vaccine clinical trials. The petition was co-authored by a semi-retired British scientist, Michael Yeadon - a former vice president of Pfizer. Reuters, *Special Report-The Ex-Pfizer scientist who became an anti-vax hero*, 18 March 2021, https://www.reuters.com/investigates/special-report/health-coronavirus-vaccines-skeptic/

[68] CDC, *COVID-19 Vaccines While Pregnant or Breastfeeding*, 11 August 2021, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html; See also: New York Times, "No, There Isn't Evidence That Pfizer's Vaccine Causes Infertility", 10 December 2020, https://www.nytimes.com/2020/12/10/technology/pfizer-vaccine-infertility-disinformation.html

[69] 19th News, "Women may be more worried about COVID-19 vaccines. Experts say addressing their fears is essential", 2 February 2021, https://19thnews.org/2021/02/women-may-be-more-worried-about-covid-19-vaccines-experts-say-addressing-their-fears-is-essential/

[70] The Guardian, '*There is a lot of distrust': why women in their 30s are hesitant about the Covid vaccine,* 30 January 2021, https://amp.theguardian.com/society/2021/jan/31/there-is-a-lot-of-distrust-why-women-in-their-30s-are-hesitant-about-the-covid-vaccine?CMP=Share_iOSApp_Other&__twitter_impression=true&fbclid=IwAR3KbgeZ31zsQzX0bl6SmAsx9jJZBucmJmR99gaIDIlwzOfP8ItxoGtwHgc. However, this governmental measure was criticized for not examining and addressing the reasons behind the vaccine hesitancy of women.

[71] BBC, *Covid vaccine: Period changes could be a short-term side effect*, 13 May 2021, https://www.bbc.com/news/health-56901353

[72] Ibid.

[73] CDC, *COVID-19 Vaccines While Pregnant or Breastfeeding*, 11 August 2021, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html

[74] New York Times, *Pregnant Women Get Conflicting Advice on Covid-19 Vaccines*, 28 January 2021, https://www.nytimes.com/2021/01/28/health/pregnant-women-covid-vaccines.html.

[75] Devin D. Smith, Jessica L. Pippen, Adebayo A. Adesomo, Kara M. Rood, Mark B. Landon, Maged M. Costantine Am J Perinatol, *Exclusion of Pregnant Women from Clinical Trials during the Coronavirus Disease 2019 Pandemic: A Review of International Registries,* 19 May 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7356075/; U.S. Food and Drug Administration, *Global Regulators Envision Paradigm Shift Toward Inclusion of Pregnant and Breastfeeding Women in Clinical Research for Medicines and Vaccines,* 19 July 2021, https://www.fda.gov/news-events/fda-voices/global-regulators-envision-paradigm-shift-toward-inclusion-pregnant-and-breastfeeding-women-clinical

[76] BBC, *Covid: Claims vaccinations harm fertility unfounded*, 13 February 2021, https://www.bbc.com/news/health-56012529

Data from the U.S. shows low vaccination rates of pregnant people in general, and even lower vaccination rates among Hispanic and non-Hispanic Black women who are pregnant.[77] As of 11 August 2021, CDC has recommended Covid-19 vaccination for people who are pregnant, breastfeeding, trying to get pregnant or those who might become pregnant in the future.[78] Similarly, in England, pregnant women have been urged to get vaccinated against Covid-19 after data from Public Health England and General Practitioners suggested that the majority were not vaccinated.[79]

Providing credible, objective, evidence-based, timely and accessible information through public information campaigns and ensuring vaccine side effects are thoroughly assessed is an essential step to address the challenges posed by misinformation and its impact on vaccine hesitancy. Individuals should be able to make informed decisions about their health based on the best available scientific and public health information. To make this information truly accessible, states should make every effort to ensure it reaches all social groups, particularly the most marginalized and ensure no-one is left behind. An open debate about the advantages, risks, information gaps would ensure that individuals have the tools and the information necessary to make informed decisions.

Amnesty International calls on states to take active steps to identify and address concerns and questions around Covid-19 vaccine safety that have been caused by the spread of false and misleading information, particularly those targeting ethnic minority groups, women and people who can become pregnant, amongst others.

ADDRESSING DISTRUST IN HEALTH INSTITUTIONS BY MARGINALISED GROUPS

In the UK, surveys show that Black, Asian and other minority groups are less likely to express interest in getting the Covid-19 vaccine than white people.[80] According to a national UK study which surveyed 12,035 people, 71.8% of Black and 42.3% of respondents belonging to Pakistani and Bangladeshi ethnic groups said they were "unlikely or very unlikely" to take the Covid-19 vaccine.[81] Similarly, in North Macedonia, only 11.5% of Roma people said they plan to take the Covid-19 vaccine, while this number is lower in Hungary with only 9% of Roma people planning to take the vaccine.[8283]

42% of LGBTQ adults responding to a study carried out in the United States early in the course of the pandemic said that they are likely to get vaccinated, while only 27% of Black LGBTQ adult respondents and 32% of bisexual women said they would likely get the Covid-19 vaccine.[84] Like the majority of countries, most States in the USA do not collect or report on vaccine uptake data disaggregated by sexual orientation or gender identity.

Different social, economic, cultural, geographic and environmental factors influence Covid-19 vaccine access and uptake for women, racial, ethnic minority groups, LGBTI people, and other marginalised groups, including structural inequalities and mistrust in health care institutions due to historic discrimination and abuse by health care providers.

> "Any population that hasn't been given enough information and is being asked to do something by a system that has historically mistreated and given sub-standard service and treatment to, will be distrustful. So, I don't think it's a hesitancy specifically to the vaccine, but a hesitancy to blindly trust a healthcare system that has proven itself to be insufficient."
> Dr. Jade Tamatea, Senior Lecturer, Department for Māori Health - Te Kupenga Hauora Māori, University of Auckland in New Zealand and member of the National Māori Pandemic Group - Te Rōpū Whakakaupapa Urutā
> Amnesty International, Interview with Dr. Jade Tamatea, 24 September 2021

For example, Romani women in Europe have been subjected to forced sterilisation for over 50 years, primarily in Czechia and Slovakia.[85] The discriminatory treatment of Roma continued during the Covid-19 pandemic, when the authorities in Slovakia imposed quarantines on Roma settlements, raising concerns over proportionality and lack of adequate socio-economic support. In the context of widespread discrimination in

[77] CDC, *Percent of Pregnant People aged 18-49 years receiving at least one dose of a COVID-19 vaccine during pregnancy overall, by race/ethnicity, and date reported to CDC - Vaccine Safety Datalink, United States*, data as of 21 August 2021, last accessed on 28 August 2021, https://covid.cdc.gov/covid-data-tracker/#vaccinations-pregnant-women
[78] CDC, *COVID-19 Vaccines While Pregnant or Breastfeeding*, 11 August 2021, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html
[79] BBC, *Pregnant women urged to get jab as majority* unvaccinated, 30 July 2021, https://www.bbc.com/news/health-58014779
[80] New York Times, *In U.K., Concern Grows Over Vaccine Hesitancy Among Minority Groups*, 25 January 2021, https://www.nytimes.com/2021/01/25/world/europe/covid-vaccine-minorities-uk.html. See also: https://www.theguardian.com/world/2021/jan/25/meera-syal-and-adil-ray-among-celebs-in-video-urging-covid-vaccine-take-up-by-ethnic-minorities
[81] Robertson, S Reeve, L Niedzwiedz et al., *Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study*, May 2021, based on information collected between April 15, 2020 to January 23, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7946541/
[83] The Lancet, *COVID-19 vaccination among Roma populations in Europe*, July 2021, https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00155-5/fulltext
[84] Human Rights Campaign, *Covid-19 and the LGBTQ community: Vaccinations and the Economic Toll of the Pandemic,* https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/COVID-Vaccines-Brief-030821.pdf?mtime=20210308082122&focal=none, based on information collected between April 15, 2020 to January 23, 2021.
[85] Gwendolyn Albert & Marek Szilvasi, *Intersectional Discrimination of Romani Women Forcibly Sterilized in the Former Czechoslovakia and Czech Republic,* www.ncbi.nlm.nih.gov/pmc/articles/PMC5739354/; Al Jazeera, Zeljko Jovanovic, *Roma mistrust in governments is an obstacle to COVID-19 recovery,* 1 June 2021, https://www.aljazeera.com/opinions/2021/6/1/roma-mistrust-in-governments-is-an-obstacle-to-covid-19-recovery: See also: Deutsche Welle, *Slovakia issues apology for forced sterilizations of Roma women*, 25 November 2021, https://www.dw.com/en/slovakia-issues-apology-for-forced-sterilizations-of-roma-women/a-59926198

access to education, employment or healthcare, including segregation of Romani women in the maternity wards, neglect, physical restraint and abuse during childbirth,[86] some members of Romani communities, particularly women, are reported to distrust health care institutions.[87] Discrimination and stigma towards Romani people in accessing other health services also compounds their reluctance to take the Covid-19 vaccine.[88] Slovakia and Czechia do not collect data on Covid-19 vaccine uptake disaggregated by ethnicity or gender. In August this year, the Covid-19 vaccination rate of Romani people in Slovakia was estimated to be only 7%, far below the national average of the general population.[89]

Other marginalised groups such as LGBTI populations in some countries also have a history of medical mistreatment and amongst other barriers may face outright denial of care due to discrimination.[90]

The CESCR has stated that States should acknowledge and take into account in their decision making processes around the delivery of health services, the impact of systemic discrimination particularly for "Indigenous people, ethnic, religious and linguistic minorities, groups experiencing racial discrimination, refugees, migrants and internally displaced people, communities discriminated on the basis of work and descent, people living in prisons and detention centres, people living with disabilities and people living in informal settlements, amongst others" [91].

The lack of trust in the healthcare system by marginalised and at-risk groups and those who have faced historic-discrimination shows that deep structural changes must be made to tackle discrimination and guarantee equal access to healthcare for all. **As an urgent immediate step, Amnesty International calls on states to address the mistrust in health care institutions by racialized and ethnic minority groups, Indigenous and ethnic minority people, LGBTI people and other marginalized groups by providing targeted culturally sensitive messages related to vaccines and by ensuring participation of people from these communities in providing health care services and implementing vaccination plans.**

4. IS THERE AN EFFORT TO ENSURE THAT ELIGIBILITY CRITERIA AND REGISTRATION PROCEDURES DO NOT CREATE NEW BARRIERS FOR ALREADY MARGINALISED GROUPS?

Inadequate and insufficient dissemination of information on procedures around accessing Covid-19 vaccines and procedures requiring online registration or identification numbers and/or identification documents have placed new practical barriers for different marginalized groups in many countries. In Jordan[92], Egypt[93] and Lebanon,[94] for example, online registration requirement for accessing Covid-19 vaccines have, at least at some points of time, placed a new barrier for people with no internet and/or technology access. Refugees in several of these countries are facing the same or exacerbated challenges to register for vaccination as they do not have access to a smart phones and/or lack internet access.[95] Similarly, in April this year, Amnesty reported that in many countries in South Asia where people must register online to access Covid-19 vaccines, marginalised groups including Dalits, ethnic minorities, daily workers, garment workers, tea plantation workers are facing barriers in accessing Covid-19 vaccines due to limited access to technology.[96]

Another barrier to access vaccines for some marginalized groups is requiring identification documents, an official address or a national health card to register for vaccination. This is a particular barrier for people who are less likely to carry an identification document including ethnic minority

[86] Poradňa pre občianske a ľudské práva (Center for Civil and Human Rights), *Submission to the UN Special Rapporteur on violence against women concerning violations of reproductive rights of women belonging to Roma ethnic minority in Slovakia*, May 2019, https://www.ohchr.org/Documents/Issues/Women/SR/ReproductiveHealthCare/Center%20for%20Civil%20and%20Human%20Rights%20Slovakia.pdf

[87] Al Jazeera, Zeljko Jovanovic, *Roma mistrust in governments is an obstacle to COVID-19 recovery*, 1 June 2021, https://www.aljazeera.com/opinions/2021/6/1/roma-mistrust-in-governments-is-an-obstacle-to-covid-19-recovery

[88] Ibid.

[89] The Slovak Spectator, *Someone faints, everyone else leaves. Roma are often scared of vaccination*, 31 August 2021, https://spectator.sme.sk/c/22732564/someone-faints-everyone-else-leaves-roma-are-often-scared-of-vaccination.html

[90] New York Times, *In Covid Vaccine Data, L.G.B.T.Q. People Fear Invisibility,* 7 May 2021, https://www.nytimes.com/2021/05/07/health/coronavirus-lgbtq.html

[91] CESCR, *Statement on universal and equitable access to vaccines for the coronavirus disease (COVID-19),* E/C.12/2020/2, 15 December 2020, available at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPIF1vfPMJkWuaq4cQpQv6lITVLtxnVJXSPaoQw4sk4hLso%2BxppPSLMq5FKpqwvX2OdrCRfmFw8OwEDCBDpubC4wy8gyzz9

[92] Amnesty International, *information from contacts on the ground*, March 2021.

[93] Amnesty International, Egypt: Haphazard and flawed Covid-19 vaccine rollout fails to prioritize most at-risk, 29 June 2021, https://www.amnesty.org/en/latest/news/2021/06/egypt-haphazard-and-flawed-covid-19-vaccine-rollout-fails-to-prioritize-most-at-risk/

[94] Amnesty International, *Public Statement, Refugees and COVID vaccinations: Part of the solution not always part of the plan*, 12 May 2021, https://www.amnesty.org/en/documents/pol30/4082/2021/en/

[95] Amnesty International, *Refugees and COVID vaccinations: Part of the solution not always part of the plan*, 12 May 2021, https://www.amnesty.org/en/documents/pol30/4082/2021/en/; Amnesty International, Egypt: Haphazard and flawed Covid-19 vaccine rollout fails to prioritize most at-risk, 29 June 2021, https://www.amnesty.org/en/latest/news/2021/06/egypt-haphazard-and-flawed-covid-19-vaccine-rollout-fails-to-prioritize-most-at-risk/

[96] Amnesty International*, South Asian governments must ensure equitable access to Covid-19 vaccines*, 13 April 2021, https://www.amnesty.org/en/latest/news/2021/04/south-asian-governments-must-ensure-equitable-access-to-covid-19-vaccines/

groups for instance undocumented Roma throughout Europe[97] or undocumented migrants[98]. In Spain, civil society organizations have reported that different groups were practically excluded from accessing vaccines including elderly people legally reunited by family members residing in Spain, immigrants in an irregular administrative situation, who are mostly women, or homeless people.[99]

In South Africa, a series of surveys examining current vaccine acceptance and hesitancy rates have found that people living in rural areas and informal settlements are less likely to get vaccinated because of lack of transportation to vaccine facilities.[100]

Amnesty International calls on states to account for the different circumstances and needs of marginalized groups in decision-making processes around registration procedures for accessing vaccines and to ensure that registration requirements do not create new logistical barriers for accessing Covid-19 vaccines for already marginalized groups.

Amnesty International calls on states to ensure non-discriminatory access to vaccines by providing alternative registration procedures and providing access to information around vaccination procedures, amongst others, for people who have no or limited access to internet or technology, people without formal identification documents or addresses, people living in rural and isolated areas, people with difficulties accessing transportation, and other people facing practical barriers in accessing Covid-19 vaccines. States should undertake targeted efforts to communicate information on registration procedures for accessing Covid-19 vaccines in languages spoken in that country and in culturally appropriate ways.

5. IS THERE EFFECTIVE PARTICIPATION OF CIVIL SOCIETY, PARTICULARLY REPRESENTATIVES OF AT-RISK GROUPS, IN THE DECISION-MAKING AROUND NATIONAL VACCINE ALLOCATION AND ROLL-OUT PLANS?

> "In order for the Covid response to work for Māori it needs to be led by Māori and for Māori. Māori have suffered worse in every previous epidemic or pandemic event. Because of our 50-year Māori-led revival, we are stronger than at any other time in our history to fight against a pandemic. During Covid, Māori-led strategies overcame a deficit in testing, the strength of our support for families means we have for the first time the lowest ratio of cases than any other group. Last year the rate of Covid in areas with Māori-led checkpoints was half that of other areas without Māori checkpoints."
> Dr. Rawiri Taonui, writer, researcher and expert on Indigenous Peoples' rights from New Zealand
> Amnesty International, Interview with Dr. Rawiri Taonui, 4 September 2021

The UN High Commissioner for Human Rights emphasised that "civil society and communities should be able to participate meaningfully in the development of vaccine distribution protocols and in policies concerning prioritisation of allocations".[101] Transparency, the right to information and meaningful effective participation of civil society representatives and representatives from at-risk populations must be at the core of decision-making processes on national vaccine allocation plans.[102]

At the present time, progress in the Covid-19 vaccine roll out differs amongst countries, some have made substantial progress and others are only now beginning their vaccination roll-out. Depending on their different contexts, countries creating or updating their vaccination plans should consult widely civil society representatives and representatives from at risk populations. Likewise, civil society and at-risk groups should be involved at all stages of implementation of the roll-outs plans, including monitoring and evaluation.

In August 2020, Indigenous and human rights organisations in Ecuador, in the Amazon region said they were not adequately consulted in the development of the Protocol for the prevention and care of Covid-19 amongst Indigenous people, and that it did not reflect their demands.[103] They also said they had been excluded from the Emergency Operations Committees responsible for implementing the plan.[104] To Amnesty Internationals'

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[97] The Lancet, Ed Holt, *COVID-19 vaccination among Roma populations in Europe*, July 2021, https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00155-5/fulltext
[98] Marlene Panara, *COVID-19: The long road to vaccination for undocumented migrants*, 4 June 2021, https://www.infomigrants.net/en/post/32689/covid19-the-long-road-to-vaccination-for-undocumented-migrants
[99] Amnistia International, *ONG reclaman que las poblaciones vulnerables tengan garantizado su acceso a las vacunas de la Covid-19 en España*, 29 April 2021, https://www.es.amnesty.org/en-que-estamos/noticias/noticia/articulo/organizaciones-de-la-sociedad-civil-reclaman-que-las-poblaciones-vulnerables-tengan-garantizado-su-acceso-a-las-vacunas-de-la-covid-19-en-espana/.
[100] Mail & Guardian, *Low vaccination rates due to access issues and misinformation*, 21 August 2021, https://mg.co.za/health/2021-08-21-low-vaccination-rates-due-to-access-issues-and-misinformation/
[101] OHCHR, *Human Rights and Access to Covid-19 Vaccines*, 17 December 2020, page 4, https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_fGuidance.pdf
[102] CESCR, *General Comment No.16, The Equal Treatment of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights (Article 3 of the International Covenant on Economic, Social and Cultural Rights)*, E/C.12/2005/4, 11 August 2005. See also: Amnesty International, *A fair shot, ensuring universal access to covid-19 diagnostics, treatments and vaccines*, 2020, page 24, https://www.amnesty.org/download/Documents/POL3034092020ENGLISH.PDF
[103] Amnesty International, *Urgent Action: Covid-19 threatens Indigenous people's lives*, 28 August 2020, https://www.amnesty.org/download/Documents/AMR2829432020ENGLISH.pdf
[104] Ibid.

knowledge, in the Latin America region, only Colombia opened its national vaccination plan for public consultation.[105] Out of 17 countries reviewed by Amnesty in Latin America in July 2021, 5 did not mention Indigenous people in their national vaccination plan including El Salvador, Honduras, Guatemala, Chile and Dominican Republic, and 3 have yet to publish a plan, including Cuba, Venezuela and Nicaragua.[106]

In the United States, Native Americans and Alaska Natives have the highest vaccination rates in the country however, gaps remain between rural and urban Indigenous people.[107] Many tribes and urban Indigenous communities chose to receive the vaccines through the Indian Health Services.[108] This also allowed them to set their own prioritisation phases, different from the early U.S. vaccination roll out phases, which made it possible to prioritise some Native American speakers who were under 65 in order to preserve the language and culture.[109]

Amnesty International calls on governments to take pro-active steps in ensuring meaningful and effective participation of civil society representatives and representatives of at-risk groups in decision-making processes around vaccine national allocation as well as the implementation of these plans.

[105] Amnesty International, *Vaccines in the Americas: Ten human rights musts to ensure health for all*, 1 March 2021, page 14, available at https://www.amnesty.org/en/documents/amr01/3797/2021/en/
[106] Amnesty International, *Americas Regional Office, information from the ground*, July 2021.
[107] The Indian Health Service is the Federal Health Program for American Indians and Alaska Natives in the United States, see more: www.ihs.gov. See also: *PBS, American Indians have the highest Covid vaccination rate in the US*, 7 July 2021, https://www.pbs.org/wgbh/nova/article/native-americans-highest-covid-vaccination-rate-us/
[108] Ibid.
[109] Ibid.