

## **Review of the 7th Periodic Report of the UK's compliance of the International Covenant on Economic, Social and Cultural Rights (ICESCR) in line with Vaccine Equity**

Vaccine inequity is the process whereby vaccines are distributed fairly to all populations, and that people of all regions, means, and backgrounds. The World Health Organization (WHO) defines health “equity as the absence of unfair, avoidable or remediable differences among groups of people who may be defined socially, economically, demographically, geographically or by other factors such as sex, gender, ethnicity, disability or sexual orientation.... Health equity is achieved when everyone can attain their full potential for health and well-being.”<sup>1</sup>

With reference to vaccine inequality, General Comment 14 on the right to health of the UN Committee on Economic, Social and Cultural Rights (CESCR) sets out that States should take a joint approach to avail technologies, immunization programs and strategies to control diseases. The right to enjoy the benefits of scientific progress is established by Article 15 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 6 of the International Covenant on Civil and Political Rights recognises the right to life. This ensures that States must adopt measures to address the existence of life-threatening diseases and ensure that health care is accessible without delay to prevent loss of life.

### **Analysis of Covid- 19 Vaccination Distribution in the UK**

Although the Report has mentioned in several ways how CESCR Rights have been committed too and upheld, there has been slight and vague coverage on how such Rights obligations were maintained during the recent pandemic and how the disproportionality was addressed during the process of vaccine rollout.

#### **1. Black and Minority Ethnicities**

Article 12 of the ICESCR guarantees the right of everyone to the highest attainable standard of physical and mental health. It obliges the UK to prevent, treat and control

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<sup>1</sup>Health Equity -- Global' (Who.int, 2022) <[https://www.who.int/health-topics/health-equity#tab=tab\\_1](https://www.who.int/health-topics/health-equity#tab=tab_1)> accessed 23 September 2022.

epidemic diseases<sup>2</sup>. It also ensures that all individuals have access to medical services.<sup>3</sup> Paragraphs 140-144 of the Report asserts that everyone living in the UK is entitled to register and consult with a General Practitioner (GP) free of charge. Under emergency use legislation, the Covid vaccine rollout began in 2021 initially being offered to priority groups, based on age and clinical vulnerability to COVID-19<sup>4</sup>. The Report excludes and fails to address the challenges that black and ethnic minorities faced during the vaccine rollout. There has been no coverage on how the pandemic affected access to health services. Disadvantaged populations were confronted with several logistical, practical, and informational barriers. For example, the need to book and travel to vaccination appointments. Data shows that adults from minority ethnic groups were at high risk, given that the Covid-19 mortality was 3-fold higher amongst people belonging to Black ethnic groups, and 2-fold higher amongst Asian ethnic groups in comparison to the rates that rose amongst the White ethnic groups.<sup>5</sup> The disproportionality was due to the socioeconomic disadvantages and existing health inequalities that ethnic minorities face, for example, the cost of travel to get the vaccine. The Report has not commented on how Article 12 of the ICESCR was met and remains rather vague on a major issue that was evident during vaccine rollout.

## **2. Women**

Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women recognises the equal enjoyment of the right to health without discrimination. As of July 17, 2022, data shows women in the UK were more likely to be vaccinated amongst the younger age group.<sup>6</sup> Even though vaccine uptake was more likely amongst women,

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<sup>2</sup> Article 12(2)(c) ICESCR

<sup>3</sup> Article 12(2)(d) ICESCR

<sup>4</sup> 'Joint Committee On Vaccination And Immunisation: Advice On Priority Groups For COVID-19 Vaccination' (GOV.UK, 2022) <<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020#refer.>> accessed 23 September 2022.

<sup>5</sup> 'Disparities In The Risk And Outcomes Of COVID-19' (*Assets.publishing.service.gov.uk*, 2020) <[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](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)> accessed 23 September 2022.

<sup>6</sup> Conor Stewart, 'COVID-19 Vaccinations In England 2022, By Gender And Age | Statista' (*Statista*, 2022) <<https://www.statista.com/statistics/1283986/covid-19-vaccinations-in-england-by-gender-and-age/>> accessed 23 September 2022.

violence against women and girls was unfortunately much more prevalent during the pandemic. Restrictive measures such as lock down increased all forms of sexual violence, sexual harassment and sexual exploitation.<sup>7</sup> The Report only mentions at Paragraph 97 in regards to violence against women with disabilities that additional funding of £125,000 was provided to Sign Health for the financial year (2021/22) to increase the accessibility of domestic abuse information, and advice and support for deaf users, and an additional £30,902 had been allocated to provide further support during the Covid-19 pandemic. There has been no indication of any data, or the safe measures established for such victims to take the vaccine. The report remains quiet on this issue and there has been no attempt to examine the causes of violence during the pandemic. The Report results remain too shallow and undetailed.

### **3. Children**

Article 24 of the Convention on the Rights of the Child recognises the equal enjoyment of the right to health without discrimination. Regarding children, paragraph 106 of the Report conveyed that through the Covid Winter Grant Scheme and the Covid Local Support Grant, the UK Government provided £429.1m in funding to Local Authorities to support the most vulnerable households with at least 80% being spent on households with children. In June 2020, the Government announced a £1bn Covid catch-up package, which provides universal funding for schools to help pupils make up for lost teaching time during the 20/21 academic year. Paragraph 94 states that the Northern Ireland Executive has contributed £40m to the childcare sector. Again, the Report only mentions the amount of funding given, however, there has been no mention of vaccine inequity faced by children in the UK. According to the ONS data, by mid-January 2022 “75% of children of Chinese heritage had received a vaccination, followed by nearly 66% of children of Indian heritage and 59% from white British backgrounds. But of those of Pakistani background just 34% had received a vaccination, followed by 27% of those of black African heritage, and only 12%

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<sup>7</sup>Erika Fraser, 'Impact Of COVID-19 Pandemic On Violence Against Women And Girls' (*Sddirect.org.uk*, 2020) <<https://www.sddirect.org.uk/sites/default/files/2022-08/vawg-helpdesk-284-covid-19-and-vawg.pdf>> accessed 23 September 2022.

of Gypsy, Roma, and black Caribbean children.”<sup>8</sup> The Report does not mention the efforts taken to propel vaccination rates amongst disadvantaged communities and how it has dealt with anti-vaxxers spreading disinformation. There is inadequate detail given about this issue.

#### **4. Homelessness & Rough Sleeping**

Article 11 of the ICESR recognises the right of everyone to an adequate standard of living inclusive to adequate food, clothing, and housing. Paragraph 124 of the Report raises that the ‘The COVID-19: provision of night shelters guidance’ was published to ensure shelter providers were able to open in line with Covid Regulations Furthermore, in order to reduce the risk of renters being evicted and becoming homeless, Paragraph 125 alludes to new measures being put in place to help renters keep their homes by, for example, banning bailiff evictions and extending notice periods.

Paragraph 126 touches on Rough Sleeping. It refers to the Annual Rough Sleeping Snapshot for 2020 which showed that there were 2,688 people estimated to be sleeping rough on a single night in autumn 2020, a 37% decrease from the last year. During the pandemic, work was carried out to ensure the needs of those experiencing homelessness were met, including ensuring individuals were registered with a GP and that they received substance misuse and mental health assessments where appropriate.

The homeless population in the UK was severely hit by Covid-19, with one in 50 deaths due to the virus in 2020, according to the Office for National Statistics (ONS)<sup>9</sup>. Although the Report does mention measures that have been taken to reduce homelessness during the pandemic, there is insufficient information on the ongoing commitment to vaccine uptake amongst this vulnerable group. It is also unclear on how the geographics of rough sleepers or homelessness individuals taking the vaccine were put in place.

#### **5. Disabled**

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<sup>8</sup> Richard Adams, 'Disparities In Children'S Covid Vaccination Rates Map England'S Social Divides' (*the Guardian*, 2022) <<https://www.theguardian.com/society/2022/feb/01/disparities-in-childrens-covid-vaccination-rates-map-englands-social-divides>> accessed 23 September 2022.

<sup>9</sup> Rajeev Syal, 'English Councils Can Offer Cash For Rough Sleepers To Get Covid Jabs, Says Minister' (*the Guardian*, 2022) <<https://www.theguardian.com/society/2022/jan/11/councils-offer-cash-rough-sleepers-get-covid-jabs-england>> accessed 23 September 2022.

Article 25 of the Convention on the Rights of Persons with Disabilities recognises the equal enjoyment of the right to health without discrimination. Paragraph 53 of the Report raises that a Taskforce is to be established in Wales to respond to the inequalities highlighted by the ‘Locked Out: Liberating disabled people’s lives and rights in Wales beyond COVID-19’ report. Moreover, paragraph 55 highlights the Scottish Government's attempt to decrease the disability employment gap, even though this has been increased by the impacts of Covid. Disabled persons were amongst one of the priority groups for the coronavirus vaccination. The Report does not detail on how vaccination rollout was communicated or informed and how their ICESR rights were maintained throughout the rollout. The Report remains vague, and the information given is not enough.

## **6. Migrants**

Asylum seekers, refugees and other migrants are at an increased risk of being infected with Covid-19 as well as associated mortality. Moreover, they experience more challenges such as language barriers than citizens of the UK. “Doctors of the World UK and Bevan Healthcare CIC carried out semi-structured interviews, a focus group, and written surveys with migrants in vulnerable circumstances and organisations who support them to understand the barriers and facilitators to vaccine confidence.”<sup>10</sup> The main reasons why migrants were not able to take the vaccine was because of discouraging information being shared on social media, lack of access to information in an appropriate language and also lack of information in relation to safety and long term side effects of the vaccine. Some migrants even gave the reason that tracking chips were being administered through the vaccine.<sup>11</sup> There was a great sense of distrust amongst migrant communities in relation to vaccination uptake. Paragraphs 66-69 of the Report discusses the working conditions of migrant workers. The areas that were raised were the Modern Slavery Act, legal aid, protection of ‘legal’ migrants, and the future establishment of a single enforcement body for employment rights. The Report excludes on how Migrants were encouraged to take the

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<sup>10</sup> 'Covid-19 Vaccine Confidence In UK Refugees, Asylum Seekers, And Undocumented Migrants - The BMJ' (*The BMJ*, 2021) <<https://blogs.bmj.com/bmj/2021/09/29/covid-19-vaccine-confidence-in-uk-refugees-asylum-seekers-and-undocumented-migrants/>> accessed 23 September 2022.

<sup>11</sup> 'Covid-19 Vaccine Confidence In UK Refugees, Asylum Seekers, And Undocumented Migrants - The BMJ' (*The BMJ*, 2021) <<https://blogs.bmj.com/bmj/2021/09/29/covid-19-vaccine-confidence-in-uk-refugees-asylum-seekers-and-undocumented-migrants/>> accessed 23 September 2022.

vaccine and what measures were employed to ease communication and information about the vaccine to this group. No data or details have been shown on how vaccines were administered amongst migrant communities.

## **7. Low-income employed**

At paragraph 19, the Report mentioned that the UK Government regularly carries out and publishes analysis of its fiscal policies, and the impact of these on households across all income thresholds. The analysis also included the estimated impact of COVID-19 support schemes on working households' incomes, as of the end of November 2020. Paragraph 28 stated that the UK Government spent up to £400bn protecting jobs and incomes, including an additional over £7.4bn in 2020/21 to strengthen welfare support for people of working age during the pandemic. Low-income UK households showed lower intentions of getting vaccinated, 44.7% least deprived people took the vaccine, in comparison to 37.9 % of most deprived.<sup>12</sup> Although the Report presents the schemes and government spending to protect jobs and incomes, figures such as this show no context. For example, who is benefitting from the figures and how much was used to combat vaccine inequity. It is unclear on how the UK government has upheld the duty to realise the right to social security in the UK.

## **Concluding observations and recommendations**

Given the recent pandemic the World has been through, it is severely concerning that the Report hardly addresses the issue of vaccine inequity. Large data and information showing the impact of Covid-19 on socially vulnerable groups is prevalent and has been collated since 2020. It seems that the Report has been completely ignorant to this issue. Across the whole report, there has been lack of information, data, and detail on how ICESCR rights were upheld regarding vaccine distribution. Furthermore, the Report remains too shallow. The Report needs to bring out on how vaccine prioritization occurred, was measured and the impact of the same on socially vulnerable groups. There has been no distinction made on concepts like race, gender, or ethnicity etc.

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<sup>12</sup> 'A Review Of Research Into Vaccine Uptake In The UK' (*Local.gov.uk*, 2022) <<https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-service-information/covid-19-vaccinations/behavioural-insights/resources/research>> accessed 23 September 2022.

Furthermore, there is insufficient information on what approach is still being taken to ensure vaccine equity. It is our view that an intersectional human rights approach needs to be adopted to address issues faced by marginalized and disadvantaged populations during vaccine administration and distribution.

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