

Remarks by Professor Gita Sen at Session 6: Social and Human Development and Good Governance at all Levels at the Asia-Pacific Regional Review Meeting for the 5th UN Conference on LDCs

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Excellencies, colleagues, and friends from civil society:

It is difficult to speak about social and human development or good governance in 2021 without addressing the challenges posed by the COVID-19 pandemic. For LDCs the economic effects threaten to wipe out decadal gains in poverty reduction, schooling, and human development more generally. UNCTAD's December 2020 report warned that LDCs were likely to suffer the worst economic performance in 30 years. Key sectors – tourism, remittances, and manufacturing have been hit very hard.

The most vulnerable are also the most likely to be left behind or pushed behind by the pandemic. Women, for instance, face a range of impacts:

- As frontline health workers who are most at risk of infection and with the poorest pay and working conditions
- As informal workers whose jobs and incomes have collapsed
- As care providers whose work burdens from children staying home from school, or patients dependent on home-based health care have increased
- Through a hidden pandemic of increased violence resulting from being 'locked down' with their abusers
- As girls who are no longer in school and are married off early by their parents
- Through significant reductions in health services such as antenatal care, delivery care, contraception access, immunization programs, and more.

Although early in the pandemic LDCs appeared to be performing better than many others in terms of infection rates per million and case fatality rates, we need to recognize that the health impacts of this pandemic are far from over. Meanwhile vaccination rates have lagged significantly as we know. By June 2021, according to the UN's 'COVID-19 in LDCs' dashboard

- Only 1.2% of global COVID-19 vaccine doses (counted as a single dose or more) have been administered in the Least Developed Countries, despite 14% of the world's population living there.

- In total, just 3.1% of the population in Least Developed Countries - 33 million people - have received at least one dose of a COVID-19 vaccine. A handful of countries have only just begun receiving vaccines.
- For every 1,000 people living in LDCs, just 31 have received a vaccine dose.
- Less than 2% of the world's COVID-19 vaccines have been administered in Africa, which has the slowest vaccination rate of any continent, with many countries yet to start mass vaccination campaigns.

Previous epidemics, notably the Ebola outbreak in West Africa in 2014 showed the world that health system resilience and strength built up through sustained and judicious investments in primary prevention and care, services, staff and governance are the strongest bulwark against disease outbreaks. This is a sad lesson for most LDCs and indeed for many rich countries as well. A critical governance and human development lesson that the world has yet to learn.

But the most important immediate issue is access to vaccines, diagnostics and therapeutics. The single biggest barrier to health globally and in LDCs where very few have been vaccinated thus far, if at all, or are likely to be in the rest of 2021 and possibly 2022, is the WTO / TRIPS agreement.

The TRIPS waiver proposed by South Africa and India is therefore essential if health is to be secured in LDCs and economies are to see the light at the end of the COVID tunnel. The waiver is not a sufficient condition for vaccines access, but given the failures and weaknesses in the alternatives including COVAX, it has become a necessary condition for increasing production and availability at reasonable cost. **This is why so much of civil society including feminist groups from around the world support the waiver.**

Health and economics are deeply intertwined, all the more so if a country is dependent on tourism and/or remittances as many LDCs are. The TRIPS waiver is a *sine qua non* for leaving no LDC behind.