

RESEARCH BRIEF

BUILDING BACK BETTER WITH THE RIGHTS TO HEALTH, FOOD AND SOCIAL SECURITY

KEY MESSAGES

- The Covid-19 pandemic led to a global health, economic and social crisis, with detrimental impacts on human rights, including the rights to health, food and social security. Those most impacted by the crisis included older persons, informal workers, seasonal workers, children and youth, peasants and poor rural communities, indigenous peoples, racial and ethnic minorities, displaced persons, and families dependent on remittances. Within these groups, women were disproportionately affected due to their overrepresentation in precarious work, the informal economy, and unpaid and invisible care work.
- The Covid-19 crisis revealed risks, fragilities, inequalities and inequities in health, food and social security systems, and highlighted a need to strengthen these systems to ensure universal coverage and sustainability, as well as resilience against future pandemics. It also revealed vast inequality in the capacity of different states to channel resources to realize population's rights to health, food and social security, and likewise the obligations of other states, international organizations and UN agencies to provide support.
- The UN human rights system responded quickly to the challenges caused by the Covid-19 crisis, then-High Commissioner for Human Rights, Michelle Bachelet describing it as a 'colossal test of leadership'. As part of this response, UN human rights mechanisms produced more than 500 Covid-19-related recommendations directed at member states. One cross-cutting message was that states needed comprehensive human rights-based responses anchored in equality and non-discrimination, effective participation of rights holders and accountability, and moreover that countries that had invested in the rights to health, food and social security proved more resilient.
- Lack of access to Covid-19 vaccines, therapeutics and diagnostics deepened the lack of trust between the global south and north, and forged a conviction that wealthy countries had ignored international human rights obligations.
- To build back better from the Covid-19 crisis, the mutual reinforcement of the rights to health, food and social security and the Sustainable Development Goals (SDGs) should be prioritized. These rights offer a legal foundation, monitoring mechanisms and implementation guidance for the SDGs, while the SDGs framing can help increase support and resource mobilization for realizing these rights.

DECEMBER 2022 | CHRISTOPHE GOLAY, STEVEN L. B. JENSEN AND AMANDA LYONS

INTRODUCTION

The global Covid-19 crisis exposed and exacerbated existing human rights violations and inequalities with a devastating effect on vulnerable groups and societies. The challenges brought on by the pandemic placed particular strain on the realization of economic, social and cultural rights (ESCR), such as the rights to health, food and social security, and related Sustainable Development Goals (SDGs).

The Human Rights Council, special procedures and treaty bodies made numerous recommendations to protect and promote ESCR, both during the Covid-19 crisis and the recovery period. A watershed moment came in June 2021, when a coalition of 48 states, supported by 28 organizations, launched the Sustainable Recovery Pledge. The group highlighted the need 'to address the widespread inequalities and discrimination that have made some people more vulnerable to the pandemic, to its economic, social and political impacts, and to the negative impacts of response measures'.¹ They also called on human rights mechanisms to set out the specific rights implications of the pandemic, and offer guidance to states on a human rights-based approach to Covid-19 recovery.²

Building on this initiative, this publication unpacks the centrality of the rights to health, food and social security in any build back better process. It sets out how these rights were specifically impacted by the pandemic, and how the solutions promoted by human rights bodies, international organizations and UN agencies can incorporate them.

THE RIGHT TO HEALTH

The right to health is among the most long-standing norms within the international rights architecture. As articulated in the Constitution of the World Health Organisation (1948), the right is both fundamental and to be enjoyed 'without distinction of race, religion, political belief, economic or social condition'. In 1966, the International Covenant on Economic, Social and Cultural Rights (ICESCR) broadened the notion of health to include both mental and physical dimensions. Today, the contexts in which the right to health demands recognition has expanded significantly, as elucidated in the 1965 International Convention on Elimination of all Forms of Racial Discrimination (CERD), the 1979 Convention on Elimination of All Forms of

Discrimination Against Women (CEDAW) and the 1989 Convention on the Rights of the Child (CRC). Finally, the right to health is recognized as an inclusive right, insofar as it is dependent on and contributes to the realization of other human rights, such as safe drinking water, adequate sanitation, adequate food and housing, healthy working conditions, health-related education, gender equality and a healthy environment.

The AAAQ Framework (availability, accessibility, acceptability and quality) provides a way of operationalizing the right to health, which forms part of recent global health strategies such as the 2023-2028 Strategy of The Global Fund to Fight HIV, TB and Malaria. Here states have agreed on 'upholding the market shaping objectives of availability, accessibility, affordability, acceptability, quality, sustainability and a focus on innovations in order to facilitate healthier global markets for health products'.³ In this context, states have actually committed to apply a human rights compliant framework to the question of health products and commodities.

Especially over last 20 years, national, regional and global health emergencies have illuminated how the right to health can best be implemented. Many such lessons have made their way into recommendations to states and found expression in global health governance, including in decision-making processes and policy and strategic frameworks. Moreover, a discernible human rights-based approach to health has emerged in the form of principles and good practices that inform responses around the world. In short, there are strong institutional and practice-based foundations on which to draw when advancing the right to health in the post-Covid period.

The right to health is integral to the achievement of the SDGs. Not only is it a standalone goal, but health dimensions are prominent in the goals on poverty, hunger, education, gender equality, water and sanitation, inequality, sustainable communities, climate, justice and strong institutions. Target 3.8 on universal health coverage is particularly instructive: 'Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all'. Likewise, target 3.b on medicines and vaccines highlights a pathway for pandemic preparedness and response, and for mitigating the social and economic impacts of epidemics:

¹ Sustainable Recovery Pledge 2021.

² Sustainable Recovery Pledge 2021.

³ The Global Fund to Fight AIDS, Tuberculosis and Malaria – Strategy 2023-2028, p. 24-25.

'Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries. Provide access to affordable essential medicines and vaccines in accordance with the Doha Declaration on TRIPS and Public Health, which affirms the right of developing countries to the fullest use of the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement) regarding flexibilities to protect public health and, in particular, provide access to medicines for all'.

The Covid-19 pandemic constituted a profound setback in the realization of the right to health globally. High mortality rates and an overburdening of health services form only a small part of the story. In many contexts, the public health crisis also became an economic and social crisis. The lack of access to water and sanitation in poor communities challenged people's ability to follow hygienic guidelines to protect themselves and prevent the further spread of the virus. Extreme poverty and lack of income due to lockdowns likewise affected access to food and nutrition, including for children no longer attending school. Finally, decades-long progress in combating HIV/AIDS, tuberculosis and malaria, leveled off in 2020 due to interruptions in service provision and economic decline, with the most vulnerable communities impacted most severely. Debt burdens imposed by Covid-19 mean that the full scope of these externalities is likely to worsen in years to come.

Equally significant, poor access to Covid-19 vaccines, therapeutics and diagnostics drove existing lack of trust between the global south and north, in part because international human rights obligations were ignored by wealthy countries. The members of the World Trade Organisation, who are also parties to the TRIPS agreement, overlap significantly with states parties to the ICESCR and to the International Covenant on Civil and Political Rights (ICCPR). Lack of coherency on this issue has been labeled a public health and a geo-strategic failure.⁴

Finally, while structures and processes set in place to address HIV, tuberculosis and malaria were adapted to play a role in Covid-19 responses, vital lessons – most notably from the global HIV/AIDS response – were cast aside despite clear evidence on how to balance access to treatment during health emergencies with intellectual property concerns.

The lack of access to Covid-19 vaccines, therapeutics and diagnostics became a global crisis that led to a lack of trust and solidarity

However, the UN human rights system responded quickly to the human rights challenges caused by the Covid-19 pandemic. From the outset, significant concerns were raised about the disproportionate impacts of the pandemic on racial and ethnic minorities, including by the UN Secretary-General and the UN High Commissioner for Human Rights.⁵ It was also made clear that 'countries that had invested in social and economic rights proved more resilient.'⁶

The UN human rights mechanisms have in the period 2020-2022 produced more than 500 Covid-19 related recommendations to states. The majority of these come from the treaty bodies. The Committee on ESCR highlighted in several statements the link to the human right to the benefits of scientific advances. In April 2021, the Committee declared that, 'States parties [to the ICESCR] have a duty to prevent intellectual property and patent legal regimes from undermining the enjoyment of economic, social and cultural rights.'⁷

The UN human rights bodies, including the Special Rapporteur on the right to health, have also continued their call for universal access to health services. The Covid-19 pandemic underscored the relevance of these recommendations. They relate to broader calls for health systems strengthening and universal health coverage and form part of a larger debate within global health. The continued emphasis on this from the UN human rights bodies provides further impetus for this debate. Universal access is closely linked to human rights principles and has already proven its great value in disease-specific contexts such as HIV.

In addition to UN human rights bodies, it is also relevant to examine the decisions and global strategies that have emerged from the bodies that constitute global health governance. The fact that human rights are often well-integrated into the work of these bodies offer important operational guidance that has been endorsed by member states (including at the level of the UN General Assembly).

For example, an inequality lens now guides several major global health strategies that have been endorsed by UN member states in multilateral fora. These include the Global AIDS Strategy 2021-2026 – developed by UNAIDS – and the

⁴ [International Commission of Jurists – 2021 – Human Rights Obligations of States to not impede the Proposed Covid-19 TRIPS Waiver.](#)

⁵ [Michelle Bachelet – 2020 – Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities Needs to be Urgently Addressed.](#)

⁶ [UN Sustainable Development Group – 2020 – COVID-19 and Human Rights. We are all in this together.](#)

⁷ [Committee on ESCR – 2021 – Statement on Universal Affordable Vaccination against COVID-19, International Cooperation and Intellectual Property, para. 7.](#)

2023-2028 Strategy of The Global Fund to Fight HIV, TB and Malaria. The inequality lens combines a strong evidence- and achievement-based framework for health interventions that effectively assesses progress made and documents disproportionate impacts on specific communities e.g., because of human rights violations or criminalization. These strategies provide a strong framework to advance the right to health, tackle stigma and discrimination and close implementation gaps. An approach that has delivered notable results and is readily available for states to apply or expand.

THE RIGHT TO FOOD

In international human rights law, the right to food has two main components: the right to adequate food and the fundamental right to be free from hunger. These two elements have been enshrined in article 25 of the Universal Declaration on Human Rights (UDHR), and in article 11 of the ICESCR.

In adopting the SDG 2, states committed to eradicating hunger, achieving food security, improving nutrition and promoting sustainable agriculture by 2030. SDG 2-related targets include ensuring access for all to safe, nutritious and sufficient food, which correspond to the definition of the right to food, according to which food shall be available, adequate and accessible to all. Other SDG 2-related targets aim at improving agricultural productivity and the incomes of rural women, indigenous peoples, peasants, pastoralists and fishers, providing them with access to land and other natural resources and ensuring sustainable and resilient food production. These correspond to three key elements of the right to food and correlated state obligations in international human rights law, i.e., the need to focus on the most vulnerable, to provide them with access to the productive resources they need to feed themselves and their family with dignity, and to ensure that food is produced in a sustainable way.

In his report on the Covid-19 crisis, presented to the UN General Assembly in 2022, the Special Rapporteur on the right to food, Michael Fakhri, described the impacts of the pandemic on rising hunger, food insecurity and malnutrition in the world, with 702 to 828 million people hungry in 2021 (103 million more people than during the

2019–2020 period), 2.3 billion people moderately or severely food insecure (stable after a sharp increase in 2020), and 3.1 billion people who could not afford a healthy diet (112 million more than in 2019).

Fakhri identified those who were most impacted by the Covid-19 crisis: peasants, livestock breeders, seasonal workers and rural employees who suffered

from closures; indigenous communities that have been unable to practice their semi-nomadic/pastoral farming activities due to mandatory lockdowns and quarantines; displaced persons; remote communities that rely on food deliveries and experienced mass shortages; children and youth who were denied access to daily meals at schools; 160 million children pushed into child labour in 2021 (mostly in agriculture); families that depend on remittances from their immigrant members and people with insecure and informal work. Another key group was women-headed households, as women make up a significant proportion of informal workers and smallholder producers, and are overrepresented in more precarious work situations, the informal economy and in underpaid and invisible care activities.

In their joint statement on the impact of the Covid-19 pandemic, ILO, FAO, IFAD and WHO underlined that informal economy workers were particularly vulnerable, because they were left without social protection and means to earn income during lockdowns, which for them 'means no food, or at best, less food and less nutritious food'.⁸ They also identified millions of agricultural workers – waged and self-employed – with low and irregular incomes and no social security, who had to resort to negative coping strategies, such as distress sale of assets, predatory loans or child labour, and faced high levels of working poverty, hunger, food insecurity, malnutrition and poor health.

In his report on the Covid-19 crisis, Fakhri called on states to extend a number of progressive policies adopted during the pandemic, and to convert them into permanent programmes. Priorities included direct cash transfers; universal school meals; support for territorial markets; support for peasants, pastoralists, fishers and other small food producers; protection of workers' right to association, enforcement of labour laws and enhancement of worker

'Informal workers and smallholder producers (...) have been hit the hardest by the economic fallout of COVID-19'

Special Rapporteur on the right to food, Michael Fakhri¹

¹ [Special Rapporteur on the Right to Food – 2022 – Report on the COVID-19 Pandemic, para. 25.](#)

⁸ [ILO, FAO, IFAD and WHO – 2020 – Impact of COVID-19 on People's Livelihoods, Their Health and Our Food Systems.](#)

protection; social protection to mitigate the negative impacts of volatility; and recognition of and support for the role of local and regional governments in meeting needs related to the right to food.

IPES-Food, FIAN International and La Via Campesina highlighted that the Covid-19 pandemic showcased the risks, fragilities, inequalities and inequities inherent in global food systems, in particular by mirroring the shocks that accompanied the 1970s oil crisis, 2007-2008 commodity price spikes, the SARS and Ebola outbreaks. For IPES-Food: 'Our food systems have been sitting on a knife-edge for decades: children have been one school meal away from hunger; countries – one export ban away from food shortages; farms – one travel ban away from critical labour shortages; and families in the world's poorest regions have been one missed day-wage away from food insecurity, untenable living costs, and forced migration'.⁹

These actors, as well as the Special Rapporteur on human rights and the environment, David R. Boyd¹⁰, have underlined that the systemic weaknesses exposed by the Covid-19 pandemic will be compounded by climate change, thus calling for a food system transformation that builds resilience at all levels. For IPES-Food: 'This transformation could deliver huge benefits for human and planetary health, by slowing the habitat destruction that drives the spread of diseases; reducing vulnerability to future supply shocks and trade disruptions; reconnecting people with food production, and allaying the fears that lead to panic buying; making fresh, nutritious food accessible and affordable to all, thereby reducing the diet-related health conditions that make people susceptible to diseases; and providing fair wages and secure conditions to food and farmworkers, thereby reducing their vulnerability to economic shocks and their risks of contracting and spreading illnesses'.¹¹

For Fakhri, how states tackled the Covid-19 crisis would transform the world's food systems for decades to come. He therefore called on them to 'build upon this wave of change and shape it to serve people through human rights', instead of protecting the status quo of how power is distributed

9 IPES-Food – 2020 – COVID-19 and the Crisis in Food Systems: Symptoms, Causes, and Potential Solutions, p. 1.

10 Special Rapporteur on Human Rights and the Environment – 2021 – Report on Healthy and Sustainable Food: Reducing the Environmental Impacts of Food Systems on Human Rights.

11 IPES-Food – 2020 – COVID-19 and the Crisis in Food Systems: Symptoms, Causes, and Potential Solutions, p. 1.

in the world's food systems.¹² In her report on the SDGs, the former Special Rapporteur, Hilal Elver, made a similar statement, when she explained that realizing the right to food 'requires tackling the historical and structural inequalities that undermine availability, adequacy, accessibility and sustainability of food systems'.¹³ In his 2021 report on healthy and sustainable food, the Special Rapporteur on human rights and the environment, David R. Boyd, stated that 'a rights-based approach, focused on the right to food and the right to a healthy environment, is an essential catalyst for accelerating the transformation from today's unsustainable food systems to a future where everyone enjoys healthy and sustainable food, workers are treated fairly and degraded ecosystems are restored. This is an obligation for States, not an option'.¹⁴

To guide states, Fakhri built on his predecessors' work, to explain that agroecology, which is defined as a science, a practice and a social movement, is essential to fulfilling the right to food. He explained that during the Covid-19 pandemic, resilient solutions included localized markets, public food reserves and associated public food distribution systems, mutual assistance and the sharing of food, as well as agroecology. In recovering from the Covid-19 crisis, he recommended that 'all States transform their food systems into agroecological systems'.¹⁵ He also called on international

organizations to support this 'just transition'. His call echoes the work on agroecology by FAO, the High-Level Panel of Experts of the Committee on World Food Security, and IPES-Food, for which 'a paradigm shift from industrial agriculture to diversified agroecological systems is more urgent than ever'. Moreover, that

'multi-year strategies should be put in place immediately to gradually shift away from trade-oriented agricultural policies that disadvantage small-scale producers or favour unsustainable agricultural practices', notably because agroecology 'is less dependent on imported inputs like fertilizers and pesticides, thereby reducing vulnerability to

'How States tackle this food crisis (...) will not just be a response to acute circumstances; it will also in effect transform the world's food systems for decades to come.'

Special Rapporteur on the right to food, Michael Fakhri¹

¹ Special Rapporteur on the Right to Food – 2022 – Report on the COVID-19 Pandemic, para. 14.

12 Special Rapporteur on the Right to Food – 2022 – Report on the COVID-19 Pandemic, para. 18.

13 Special Rapporteur on the Right to Food – 2019 – Report on the SDGs, para. 3.

14 Special Rapporteur on Human Rights and the Environment – 2021 – Report on Healthy and Sustainable Food: Reducing the Environmental Impacts of Food Systems on Human Rights, para. 89.

15 Special Rapporteur on the Right to Food – 2022 – Report on the COVID-19 Pandemic, para. 65. See also Special Rapporteur on Human Rights and the Environment – 2021 – Report on Healthy and Sustainable Food: Reducing the Environmental Impacts of Food Systems on Human Rights, paras. 75, 80, 85, 91 and 94.

trade disruptions and price shocks'.¹⁶

In their 2021 report 'A Multi-billion-dollar Opportunity – Repurposing agricultural support to transform food systems', FAO, UNEP and UNDP highlighted that the transformation of food systems, so that they become healthier, more sustainable, equitable and efficient, can be a catalyst to building back better in the recovery from the Covid-19 crisis, and to safeguard them against future economic slowdowns and downturns.¹⁷ These three organizations explained that 87% of current support to agricultural producers, approximately USD 540 billion per year (and potentially USD 1.8 trillion by 2030), is highly biased towards measures that are often inefficient, inequitable, distort food prices, hurt people's health, and degrade the environment. FAO, UNEP and UNDP underlined that 'these measures have largely ignored the environmental aspects of food systems, including the need to prevent further loss and degradation of natural habitats, which facilitates the kind of animal-to-human transmission associated with the spread of zoonotic diseases such as COVID-19'.¹⁸ They concluded that there is a clear need for action at the country, regional and global levels to phase out the most distortive, environmentally and socially harmful support, and redirect it towards investments in public goods and services for agriculture. They gave the example of policies that favour the use of agroecological or regenerative agricultural approaches instead of synthetic fertilizers and pesticides.

THE RIGHT TO SOCIAL SECURITY

The right to social security is enshrined in numerous instruments and standards, including article 22 of the UDHR and article 9 of the ICESCR. For the Committee on ESCR, the right to social security 'encompasses the right to access and maintain benefits, whether in cash or in kind, without discrimination in order to secure protection, inter alia, from (a) lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment,

old age, or death of a family member; (b) unaffordable access to health care; (c) insufficient family support, particularly for children and adult dependents'.¹⁹

Minimum social protection floors, a key element of the right to social security, have gained political support, particularly since the global financial and economic crisis of 2007-2008. In 2012-2013, during the negotiations of what would eventually become the SDGs, a coalition of 15 UN special procedure mandate holders campaigned for an independent goal on social protection floors. Although states did not adopt a stand-alone goal, a specific target was included under SDG 1 on eliminating poverty to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable'. In this way, the SDGs expressly endorse the need for social protection floors and call on states and the international community to prioritize their implementation.

Despite this global recognition, before the Covid-19 pandemic approximately 4 billion people – more than half of the world's population – still were not covered by any form of social protection scheme. The lack of pre-existing social protection policies has been a critical dimension in the assessment that countries were largely unprepared to respond to such a crisis. For Michelle Bachelet, former High Commissioner for Human Rights, Olivier De Schutter, Special Rapporteur on extreme poverty and human rights, and Guy Ryder, former ILO Director-General, the social protection efforts that countries launched in response to the pandemic were 'like starting to recruit firefighters after the fire has broken out, and then sending them out to manage only specific sections of the blaze'.²⁰

The Covid-19 pandemic – which had the effect of triggering an increase in global poverty for the first time in a generation – has prompted intensified calls for establishing permanent rights-based social protection schemes for all. High Commissioner for Human Rights, Michelle Bachelet included social protection among her top thematic priorities. Social protection was also consistently included

'This is the lesson from the crisis: in order to strengthen the resilience of societies against shocks, we need to do more to fulfil the right to social security.'

Special Rapporteur on extreme poverty and human rights, Olivier de Schutter¹

¹ [Special Rapporteur on Extreme Poverty and Human Rights – 2021 – Report on a Global Fund for Social Protection: International Solidarity in the Service of Poverty Eradication, para. 7.](#)

¹⁶ [IPES-Food – 2020 – COVID-19 and the Crisis in Food Systems: Symptoms, Causes, and Potential Solutions, pp. 8-9.](#)

¹⁷ [FAO, UNEP and UNDP – 2021 – A Multi-Billion-Dollar Opportunity – Repurposing Agricultural Support to Transform Food Systems, pp. vii and 7.](#)

¹⁸ [FAO, UNEP and UNDP – 2021 – A Multi-Billion-Dollar Opportunity – Repurposing Agricultural Support to Transform Food Systems, p. 7.](#)

¹⁹ [Committee on ESCR – 2008 – General Comment on the Right to Social Security, para. 2.](#)

²⁰ [Michelle Bachelet, Olivier De Schutter, Guy Ryder – 2020 – Universal Social Protection Floors: A Joint Responsibility.](#)

in any human rights-based guide for pandemic recovery efforts. Debates on building back better emphasized the human rights-based case for more permanent and universal measures to guarantee effective social protection floors for all as an indispensable component of states' obligations to protect and promote the rights to food, water, housing, health, social security, education, and gender equality, among others.

For example, the Special Rapporteur on extreme poverty and human rights, Olivier de Schutter, renewed the call for a global fund for social protection based on international solidarity in his 2021 Human Rights Council report. This report emphasized that universal coverage requires leveraging maximum available resources – through effective tax and anti-corruption measures, but also through international solidarity. Achieving social protection schemes that are universal and non-discriminatory requires prioritizing the marginalized and vulnerable groups that are systematically excluded from current schemes and efforts. The human rights system is uniquely well placed to contribute to this effort.

Rural difference is one factor that must be considered in designing and implementing social protection floors that commit to 'leave no one behind.' Although rural identities and situations are extremely diverse, there are common dynamics of rurality, remoteness, and rural livelihoods that necessarily affect the design, reach, and effectiveness of social protection programs. Globally, people living in rural areas are more likely to live in extreme poverty; to have more difficult access to public services; to work in the informal sector and in precarious conditions; and to suffer from environmental risks, climate shocks, and natural disasters, based on their place of residence and/or a special relationship with the land, water and nature to which they are attached and on which they depend for their livelihood. At the same time, the same factors are related to unique relationships, innovations, resilience strategies, and contributions for which policy design must account.

In 2021, the ILO and FAO published a common approach on 'Extending social protection to rural populations'. This report aimed to inform and unify the organizations' support to governments in their efforts to realize 'the universal right to social security by strengthening national social protection systems, including solid social protection floors'.²¹

²¹ ILO and FAO – 2021 - Extending Social Protection to Rural

In addition to endorsing the critical importance of speaking in one voice about the urgency of extending social protection schemes to rural populations, the report made several key recommendations that map onto a human rights-based approach. First, the report emphasized the need to identify and understand the context-specific barriers that particular rural populations face in accessing social protection schemes. As the report noted, to gain that context-specific insight, it is crucial to enable and

'In the context of the COVID-19 pandemic, the need for working together is more evident than ever.'

ILO, FAO, IFAD and WHO¹

¹ [ILO, FAO, IFAD and WHO – 2020 – Impact of COVID-19 on People's Livelihoods, Their Health and Our Food Systems.](#)

promote the participation of organizations of peasants and other rural workers in the design and ongoing implementation of policies that affect them. Second, the report makes it clear that while a wide range of mechanisms and approaches

can and should be considered, it is critical to complement contributory efforts with non-contributory schemes that guarantee a minimum social protection floor of basic income and access to essential services for all. Finally, the report is noteworthy for its recommendation to identify options specifically tailored to peasants, herders, fisherfolk and foresters.

For the human rights system, the Committee on ESCR's General Comment 19, adopted in 2007, includes the affirmative obligation to ensure that information about social protection programs reaches rural areas, and it establishes that particular attention must be paid to 'persons living in remote or disaster-prone areas'.²² The General Comment notes that intended beneficiaries of social security schemes must be able to participate in the administration of the social security system. It reiterates that states must respect the principles of non-discrimination, gender equality and people's participation in the design and implementation of social security strategies. The General Comment is clear in confirming that individuals and groups have the right to participate in all decision-making processes that may affect their exercise of the right to social security, and that states should ensure that all social security policies or programs must have effective participation as an integral part.

The UN Guiding Principles on extreme poverty and human rights, adopted by the Human Rights Council by consensus in 2012, offer key guideposts for clarifying state obligations related to the right to participation for persons living in poverty. In addition to being a right in itself,

²² [Committee on ESCR – 2008 – General Comment on the Right to Social Security, para. 27.](#)

participation is recognized as instrumental as 'a means of promoting social inclusion and an essential component of efforts to combat poverty, not least by ensuring that public policies are sustainable and designed to meet the expressed needs of the poorest segments of society'.²³ The Guiding Principles also emphasize that particular attention must be given to fully include the poorest and most socially excluded persons.

In terms of what rights-based social protection entails for diverse communities of peasants and other rural workers, the 2018 UN Declaration on the Rights of Peasants and Other People Working in Rural Areas (UNDROP) is the key reference point offering guidance to states and the UN system. UNDROP's preamble explicitly references the denial of social protection as a frequent and shared experience of rural women, despite their 'significant role in the economic survival of their families and in contributing to the rural and national economy'. It is also included among the systemic risks and vulnerabilities shared by rural workers globally: 'hazardous and exploitative conditions that exist in many parts of the world under which many peasants and other people working in rural areas have to work, often denied the opportunity to exercise their fundamental rights at work, and lacking living wages and social protection'.

The right to social security, including social insurance, is enshrined in UNDROP's article 22. The article restates article 9 of the ICESCR to affirm that peasants and other rural workers, including migrant workers, are entitled to this human right. The article draws on the Committee on ESCR's General Comment 19 to restate the corresponding state obligations to guarantee this right over the life cycle and to establish these guarantees by law, including measures for accountability and remedies.

UNDROP's article 4 on gender equality includes the only other explicit mention of social protection in the Declaration, asserting the right of peasant women and other rural women to benefit directly from social security

²³ [Guiding Principle on Extreme Poverty and Human Rights 2012, para. 37.](#)

programs. UNDROP's article 16 on the right to an adequate standard of living clarifies for states that guaranteeing this right for peasants and other rural workers requires taking appropriate measures to strengthen their resilience and protect them against the risks related to natural disasters and other severe disruptions, such as market failures.

UNDROP's article 15.3 on the right to food emphasizes states' obligation to combat malnutrition in rural children, including through primary health care, the provision of adequate nutritious food, and maternal health care and support. UNDROP's articles 23 and 24 cover the rights to health and housing. The related state obligations include guaranteeing 'access to health facilities, goods and services in rural areas on a non-discriminatory basis, especially for groups in vulnerable situations' and guaranteeing 'the right to sustain a secure home and community in which to live in peace and dignity, and the right to non-discrimination in this context'.

These must be read in connection with UNDROP's article 10, which enshrines the right of peasants and other rural workers to participate 'in the preparation and implementation of policies, programmes and projects that may affect their lives, land and livelihoods'. Together there is a clear basis on

which to advise states on the importance of ensuring the participation of marginalized rural communities in the design of effective social protection floors, with particular attention to those groups and individuals with heightened barriers to participation. As set out in UNDROP's article 2.2, special attention must be paid to the intersecting and multiple forms of discrimination affecting older persons, women, youth, children and persons with disabilities.

Building back better in the recovery from the Covid-19 pandemic requires a paradigm shift to advance comprehensive human rights-based social protection system anchored in equality and non-discrimination, effective participation of rights holders, and accountability. Accomplishing this requires paying particular attention to the rights of rural communities—namely, those communities that have been marginalized and sacrificed in the policy

'Those who are suffering from poverty are not only the victims; they are also agents of change who know how to build a better world'

Director General of ATD Fourth World, Isabelle Perrin¹

¹ [International Day for the Eradication of Poverty 2021.](#)

'Building back better' means building a universal [social protection] system in which everyone is protected without discrimination of any kind.'

Michelle Bachelet, Olivier de Schutter, Guy Ryder¹

¹ [Michelle Bachelet, Olivier De Schutter, Guy Ryder – 2020 – Universal Social Protection Floors: A Joint Responsibility.](#)

choices made under the predominant development models.

CONCLUSION

This brief has described the impact of the Covid-19 crisis on the rights to health, food and social security, and the rights-based responses promoted by UN human rights mechanisms, international organizations and UN agencies in the context of 'building back better'. These recommendations must be implemented and anchored in equality and non-discrimination, effective participation of rights holders, and accountability.

SUMMARY OF RECOMMENDATIONS

- States should ensure the prioritization and participation of those disproportionately affected by the Covid-19 crisis in the elaboration and implementation of measures aimed at recovery. Special attention should be paid to addressing the intersecting and multiple forms of discrimination affecting older persons, informal workers, seasonal workers, children and youth, peasants and poor rural communities, indigenous peoples, racial and ethnic minorities, displaced persons, families dependent on remittances from immigrants, and women.
- States should address the underlying risks, fragilities, inequalities and inequities in health, food and social security systems. They should invest more in strengthening these systems to ensure universal coverage and sustainability, as well as resilience against future pandemics.
- International organizations, UN agencies and wealthier states should provide support to states that do not have the capacity to channel sufficient resources to realize the rights to health, food and social security of their populations.
- Human rights instruments and monitoring mechanisms should always inform national-level planning, budgeting, costing and implementation of health, food and social security interventions and service delivery.
- States, international organizations and UN agencies should promote the mutual reinforcement of the rights to health, food and social security, and the SDGs.
- States should support research and development of vaccines and medicines for communicable and noncommunicable diseases. They should also provide access to affordable essential medicines and vaccines in accordance with the Doha Declaration on TRIPS and Public Health, which affirms the right of developing countries to the fullest use of the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all.
- States should extend policies adopted during the Covid-19 pandemic that had a positive impact on the right to food, and convert them into permanent programmes. These include direct cash transfers; universal school meals; support for territorial markets; support for peasants, pastoralists, fishers and other small food producers; protection of workers' right to association, greater enforcement of labour laws and enhancement of worker protection; and recognition of and support for the role of local and regional governments in meeting needs related to the right to food.
- States should adopt multi-year strategies to transform their food systems into agroecological systems. International organizations, UN agencies and donor countries should support this transition. Action should be taken at country, regional and global levels to phase out the most distortive, environmentally and socially harmful agricultural support, and redirect it towards investments in agroecology.
- States, international organizations and UN agencies should build a universal social protection system in which everyone is protected without discrimination of any kind. They should follow the call of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, for a global fund for social protection based on international solidarity.
- States should guarantee effective social protection floors for all. To that end, they should leverage maximum available resources, including through effective tax and anti-corruption measures, and international solidarity.
- In designing social protection floors, states should prioritize and ensure the participation of marginalized and vulnerable groups, including those in rural areas, who are systematically excluded from current schemes and

efforts. In doing so, states must pay special attention to the intersecting and multiple forms of discrimination affecting older persons, women, youth, children and persons with disabilities.

- The Human Rights Council, special procedures and treaty bodies should continue their important role to push and support states to rebuild with a focus on the rights to health, food and social security. As critical sites for defining and advancing human rights-based approaches with states and at the global level, these bodies must continue to prioritize and ensure the participation of those most impacted by the Covid-19 crisis – who have too often been marginalised within international, regional and national laws and policies, and who have suffered various forms of discrimination and historical disadvantage for too long.

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