



Security Council

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Letter dated 19 February 2021 from the President of the Security Council addressed to the Secretary-General and the Permanent Representatives of the members of the Security Council

I have the honour to enclose herewith a copy of the introductory remarks provided by the Secretary-General, His Excellency Mr. António Guterres, as well as the briefings provided by Ms. Henrietta Fore, Executive Director of the United Nations Children's Fund; Dr. Seth Berkley, Chief Executive Officer of the Global Vaccine Alliance; and Mr. Jagan Chapagain, Secretary General of the International Federation of Red Cross and Red Crescent Societies, as well as the statements delivered by Their Excellencies Mr. Ralph E. Gonsalves, Prime Minister and Minister for Foreign Affairs of Saint Vincent and the Grenadines; Mr. Wang Yi, State Councilor and Minister for Foreign Affairs of China; Mr. Pham Binh Minh, Deputy Prime Minister and Minister for Foreign Affairs of Viet Nam; Ms. Eva-Maria Liimets, Minister for Foreign Affairs of Estonia; Dr. S. Jaishankar, Minister for External Affairs of India; Mr. Simon Coveney, Minister for Foreign Affairs and Defence of Ireland; Ms. Raychelle Omamo, Cabinet Secretary for Foreign Affairs of Kenya; Mr. Marcelo Ebrard Casaubon, Minister for Foreign Affairs of Mexico; Ms. Ine Eriksen Søreide, Minister for Foreign Affairs of Norway; Mr. Dominic Raab, Secretary of State for Foreign, Commonwealth and Development Affairs of the United Kingdom of Great Britain and Northern Ireland; Mr. Antony J. Blinken, Secretary of State of the United States of America; and Mr. Franck Riester, Minister Delegate for Foreign Trade and Economic Attractiveness of France, as well as the statements delivered by the representatives of the Niger and the Russian Federation, in connection with the video-teleconference on "Maintenance of international peace and security: implementation of resolution 2532 (2020)" convened on Wednesday, 17 February 2021.

In accordance with the understanding reached among Council members for this video-teleconference, the following delegations and entities submitted written statements, copies of which are also enclosed: Afghanistan, Australia, Bahrain, Bangladesh, Belgium, Brazil, Canada, Cuba, Ecuador, the European Union, Germany, Guatemala, Indonesia, the Islamic Republic of Iran, Japan, Malta, Pakistan, Peru, Portugal, Slovakia, South Africa, Sweden, Switzerland, Turkey, Ukraine and the Bolivarian Republic of Venezuela.

In accordance with the procedure set out in the letter dated 7 May 2020 by the President of the Security Council addressed to Permanent Representatives of the members of the Council (S/2020/372), which was agreed in the light of the extraordinary circumstances caused by the coronavirus disease pandemic,



these briefings and statements will be issued as an official document of the Security Council.

(Signed) Barbara **Woodward**
President of the Security Council

Annex 1

Briefing by the Secretary-General

With your permission, Madam President, I would make a brief introduction and then ask my colleague Henrietta Fore, Executive Director of UNICEF, to develop our briefing.

I thank the United Kingdom for organizing this meeting and for reinforcing my call for a global ceasefire to ease suffering, create space for diplomacy and enable humanitarian access, including for the delivery of vaccines worldwide.

The coronavirus disease (COVID-19) pandemic continues its merciless march across the world, upending lives, destroying economies and undermining the Sustainable Development Goals. The pandemic is exacerbating all the factors that drive instability, hindering our efforts to implement resolution 2532 (2020) for the cessation of hostilities, conflict prevention and resolution.

Defeating COVID-19, now that we have begun to have the scientific capacity to do so, is more important than ever. The roll-out of COVID-19 vaccines is generating hope. At this critical moment, vaccine equity is the biggest moral test before the global community. We must ensure that everybody, everywhere, can be vaccinated as soon as possible.

Yet progress on vaccinations has been wildly uneven and unfair. Just 10 countries have administered 75 per cent of all COVID-19 vaccines. Meanwhile, more than 130 countries have not received a single dose. Those affected by conflict and insecurity are at particular risk of being left behind. When pandemic strikes, we are only safe if everyone is safe.

If the virus is allowed to spread like wildfire in the Global South, or parts of it, it will mutate again and again. New variants could become more transmissible, more deadly and, potentially, threaten the effectiveness of current vaccines and diagnostics. This can prolong the pandemic significantly, enabling the virus to come back to plague the Global North. It will also delay the world economic recovery.

We have come together to create the COVID-19 Vaccine Global Access (COVAX) Facility, the one global tool to procure and deliver vaccines for low- and middle-income countries. COVAX needs to be fully funded, but we must do even more.

Our efforts need to be comprehensive and well-coordinated everywhere. The world urgently needs a global vaccination plan to bring together all those with the required power, scientific expertise and production and financial capacities.

I believe the Group of Twenty is well-placed to establish an emergency task force to prepare such a global vaccination plan and coordinate its implementation and financing. This task force should include all countries in which there is a capacity to develop vaccines or to produce them if licenses are available, together with the World Health Organization, the Global Vaccine Alliance and other relevant technical organizations and the international financial institutions. The task force would have the capacity to mobilize the pharmaceutical companies and key industry and logistics actors. I am ready to galvanize the full United Nations system in support of this effort.

The Group of Seven meeting later this week can help create the momentum to mobilize the necessary financial resources.

Together we can ensure sufficient supply, fair distribution and vaccine confidence. We can defeat this disease. We can get our economies running again. I am convinced it is possible. Let us make it happen, together.

Annex 2

Briefing by the Executive Director of the United Nations Children's Fund, Henrietta Fore

I thank you, Madam President, for convening this debate. UNICEF appreciates the United Kingdom's efforts to shine a light on the importance of equitable access to coronavirus disease (COVID-19) vaccines.

The only way out of this pandemic, for any of us, is to ensure vaccinations are available for all of us. In this historic effort, we must include the millions of people living through, or fleeing, conflict and instability. Equitable access to vaccines for all people, including those living under conflict, is essential — not only as a matter of justice, but as the only pathway to ending this pandemic for all and to sowing the seeds of care, hope and even peace in countries that have seen far too little.

For UNICEF and our many humanitarian partners around the world, COVID-19 has fundamentally altered our responses, adding a new layer of complexity in some of the most difficult and dangerous operating environments anywhere. As the Security Council knows well, the violent and protracted nature of today's armed conflicts has shattered countries' health systems, damaged or destroyed vital infrastructure, like water and sanitation, and spurred a flight of badly needed health workers.

In that context, the delivery of vaccines is also hampered by an overall funding gap for humanitarian support and a lack of transportation, cold chains and logistical infrastructure to support the roll-out. We need to reach the same populations that are routinely missed with basic services like health, nutrition, and basic immunization and provide them with a vaccine that could save their lives and help address a global pandemic.

UNICEF is proud to support the global response led by the World Health Organization (WHO), and we are bringing our decades of experience and expertise to this massive task.

We are working with our partners and Governments to support country readiness. With our vast field presence, we are working with local and national authorities on preparations and strategies to reach all people, including those in hard-to-reach locations.

Using existing immunization infrastructure, we are also working to reach people not normally targeted in our immunization programmes, including health workers, the elderly and other high-risk groups.

We are helping Governments establish pre-registration systems and prioritize which people, such as health-care workers, need to receive vaccines first. We are engaging communities and building trust to defeat misinformation. We are training health workers to deliver the vaccine and helping Governments recruit and deploy more health workers where they are needed most. We are advocating with local and national Governments to use other proven health measures, like masks and physical distancing.

And now, through the COVID-19 Vaccine Global Access (COVAX) Facility, we are working with the Gavi Alliance, WHO and the Coalition for Epidemic Preparedness Innovations to procure and deliver the COVID-19 vaccines, in close collaboration with vaccine manufacturers, and freight, logistics and storage providers.

We are doing all of this on a dramatically accelerated timeline. We are aiming to procure 2 billion doses of the COVID-19 vaccines by the end of this year. That is on top of the 2 billion doses of other vaccines we normally procure each year on behalf of 100 countries.

With our long-standing work in humanitarian contexts, we are adapting, adjusting and assessing the specific needs in each location. That means, for example, ensuring that enough doses and syringes are available in each country and undertaking inventories to ensure that effective cold-chain systems are in place. It means procuring syringes and safety boxes. It means finding ways to ensure distribution and delivery in logistically difficult contexts, like South Sudan or the Democratic Republic of the Congo, or high-threat environments, like Yemen or Afghanistan. It means negotiating access to populations — of around 60 million people, per International Committee of the Red Cross estimates — across multiple lines of control by non-State armed groups. It means ensuring that all population groups, including those who are routinely excluded from support, are covered by national vaccination plans — no matter their legal, economic or political status. That includes refugees, migrants and those deprived of their liberty.

We have joined a global effort to secure vaccines, with a humanitarian buffer that can be used as a measure of last resort. COVAX has set aside 5 per cent of its doses as backup stock for at-risk populations like refugees, internally displaced persons and migrants — in short, a safety net for those not covered by national immunization programmes.

But as we prepare for this historic roll-out, we need the support of the Council.

First, we ask the Council to join our call to ensure that everyone is included in the national vaccination plans of all States Members, regardless of their legal status or whether they live in areas controlled by non-State entities.

Secondly, we need a global ceasefire. At a minimum, we need the Council's help to extend the call made in resolution 2532 (2020), for a humanitarian pause for the duration of vaccine delivery.

Thirdly, we ask that the Council help us restart stalled immunization campaigns for other diseases like measles, diphtheria and polio. We cannot allow the fight against one deadly disease to cause us to lose ground in the fight against others.

Over the last year, the global community has come together to develop, manufacture, distribute and deliver the COVID-19 vaccine in record time. This historic effort deserves historic support. Help us ensure that the light at the end of the tunnel shines on us all, including the families and communities enduring the horrors of conflict.

Annex 3**Briefing by the Chief Executive Officer of the Global Vaccine Alliance, Seth Berkley**

Thank you for inviting me to brief the Security Council on a topic that will define our common success in addressing the pandemic through equitable access to vaccines. Let me also thank Ms. Henrietta Fore and Mr. Jagan Chapagain, who spoke before me.

In order to succeed, we will need to ensure that vulnerable at-risk populations everywhere have access to life-saving vaccines. We must not forget the millions of people in conflict-affected settings, for it is in these last-mile communities where the meaning of equity is most significant.

The coronavirus disease (COVID-19) pandemic has laid bare deep systemic inequities between and within societies, exacerbating grievances and conflict along the way. Progress on poverty eradication, nutrition, education and immunization coverage have all fallen back, trillions of dollars have been lost from the global economy and the poorest and most vulnerable communities have been hardest hit by the pandemic.

Despite the Secretary-General's call for a global ceasefire, conflicts and political violence have continued or even intensified.

The pandemic is more than a global health crisis. It is a significant challenge to international peace and security that can be addressed only through multilateral cooperation. If countries continue to pursue an uncoordinated approach to vaccine distribution, global gross domestic product is expected to fall by as much as \$9.2 trillion in 2021. That only weakens our collective ability to ensure peace and stability.

For over 20 years, the Gavi Alliance has worked to protect more than 800 million children through vaccines. Our target for the next five years is to reach children who have received no routine vaccines, the so called "zero-dose children", two-thirds of whom live below the poverty line, and an estimated 40 per cent living in settings affected by fragility. Vaccines work against poverty and conflict too by giving children, in particular, the same life chances when access is equitable.

Sadly, there is a correlation between conflict and underperformance in immunization. Countries supported by Gavi that are not suffering from fragility reach, on average, 81 per cent of children with a third dose of vaccine, while in countries affected by conflict, that drops to 65 per cent. That is further compounded by challenges to health care provision in conflict and fragile settings, where access to health care and infrastructure are disrupted or restricted when they are needed most, thus further exacerbating deprivation and inequalities and driving displacement.

In response to this, Gavi's "fragility, emergencies and refugees" policy provides greater health system funding and flexibility to eligible partners and countries. Broadly, the response to the challenge we face today builds on Gavi's work in countries affected by fragility and conflict, as well as its long-standing support for the stockpiles against diseases of epidemic potential like Ebola and yellow fever, funded by Gavi and managed by the International Coordinating Group on Vaccine Provision.

But it is not just the vaccine, it is also the supply chain management system and the bravery and professionalism of the health workforce and that of development and humanitarian actors that is essential — vaccines do not deliver themselves.

Now, I will turn to the biggest test of the multilateral system in a generation. As I have long said, epidemics and pandemics are an evolutionary certainty; and vaccines — where they exist — are a critical tool in preventing them and protecting

us all from new diseases. These tools are a key investment in both national and international security.

A health budget is a defence budget and investing in vaccines for COVID-19 and other diseases is a fundamental pillar of global health security. Along with securing and supporting populations impacted by conflict, it is important to consider pandemic preparedness, surveillance, cybersecurity and the security of supply lines, health workers and health facilities.

That is why, as my colleague, Ms. Henrietta Fore, explained, COVID-19 Vaccine Global Access (COVAX) and its goal for equitable access are so critical to ending the acute phase of the pandemic. That goes hand in hand with access to diagnostics, therapeutics, supply chains and health systems innovations.

As part of the COVAX Facility, a proposed humanitarian buffer will enable access to COVID-19 vaccines for high-risk populations in humanitarian settings, especially where they are at risk of being excluded or where Governments and health ministries have no access due to conflict.

While we work on that safety net, with the strong support of our humanitarian partners in the Inter-Agency Standing Committee, COVAX and our partners are clear that the first resort for covering all high-risk groups, irrespective of their legal status, is their inclusion in the country's national vaccine plans. The humanitarian buffer is but a measure of last resort. I ask the Security Council to reinforce that message so that available doses are distributed in order to ensure truly equitable access, in accordance with humanitarian principles and State obligations towards populations within their territory.

COVAX has secured 2.3 billion doses in advance commitments and options for 190 economies in 2021. Of those, at least 1.3 billion doses are reserved, but not yet fully paid for, with donor funding. Those doses are meant for 92 lower income countries eligible for the COVAX Advance Market Commitment. With additional financing, the number of doses that can be delivered could increase to 1.8 billion additional doses.

It is critical that donors and countries step up with additional funding, manufacturers prioritize multilateral initiatives over short-term profit, research and development and exceptional scientific knowledge is shared and the family of nations represented by the United Nations pull together and prepare for the largest logistical effort in immunization the world has ever seen. It is also fundamentally important that where vaccines are available, the Security Council play its political role in enabling supplies to move into conflict-affected settings via neutral humanitarian actors, in accordance with international law.

As an epidemiologist who has specialized in infectious disease over a lifetime and as the head of the Gavi Alliance and the COVAX Facility, I can say that science tells us there is no way out of this pandemic alone. We have to do it together or face generational consequences.

Our ask is that the Security Council advocate for and invest in this unprecedented effort, that they call on all nations to ensure the unhindered deployment of vaccines in settings affected by conflict and into the arms of all high-risk individuals, whether refugee or citizen.

As we now know, global health security is key to economic and human security, progress and stability, and we overlook it at our own peril. No one is safe until we are all safe. COVID-19 is the biggest stress test of the multilateral system in decades. It has affected every person, every community and every country on earth. We must get this one right.

Annex 4**Briefing by the Secretary General of the International Federation of Red Cross and Red Crescent Societies, Jagan Chapagain**

I thank you for the opportunity to join this important discussion today.

The coronavirus disease (COVID-19) pandemic has shown us many things. It has highlighted — painfully — the weaknesses inherent within our public health systems. It has underlined our interconnectedness and the importance of responding to a global pandemic in a coordinated way. And it has shown the deadly consequences of mistrust.

It seems sadly appropriate that I am speaking to the Council about trust just days after a new Ebola outbreak was announced in Guinea. The parallels between Ebola and COVID-19 — both in terms of the destructive nature of mistrust and the transformative capacity of creating trust — are profound.

When communities do not understand health interventions, they will not accept them. Instead, they are likely to see these health measures as threats, which can lead to violence. We saw that play out many times during the Ebola outbreaks, and we have all seen it many, many times during the COVID-19 pandemic.

Put simply, mistrust kills. When science is not only ignored but derided, when the decision to wear masks becomes controversial and when the web is filled with absurd rumours, trust in the tremendous efforts to stop the pandemic is severely undermined. When mistrust prevails, it stops people from getting the help they need and it prevents us from ending public health emergencies. It can even lead to people incorrectly blaming others — foreigners, migrants or other minority groups — for the spread of an illness.

What can be done? A crisis is not the ideal time to rebuild trust. Nevertheless, it can be done, but it requires listening and sincerity in acting on what communities tell us.

Let me give you an example. Our initial attempts to safely bury Ebola victims in the Democratic Republic of the Congo were met with hostility. So we reached out to communities and we listened. We trained 800 community volunteers to gather community feedback and we analysed the results to understand why people were refusing our support. We used what we learned to adapt both how we handled the burials and how we engaged with communities. The result of this diligent, patient work was that refusals dropped from 80 per cent to just 8 per cent by the end of the outbreak.

Trust has to be earned. It requires seeking out community feedback and constantly adapting our response to address the concerns and fears that periodically flow through communities. It also requires investment — certainly more than has been the case during this pandemic.

Mistrust has consistently undermined COVID-19 response efforts. Now, as we turn to the immunization phase of the global response, earning community trust remains crucial, especially against the backdrop of historically high levels of vaccine hesitancy.

As we learned during Ebola, people trust us based on our actions. They look at what we do and they judge us for what we do not do. They see clearly the current high levels of vaccine inequity and inequality. They see the unfairness, for example, in the fact that less than 1 per cent of vaccine doses globally have been administered in the 32 countries facing severe or very severe humanitarian crises.

The fair and equitable distribution of vaccines is essential to building trust, maintaining international peace and preventing violence. This is about more than fairness — it is about stopping the virus.

However, equity is not something that happens on its own. History tells us that. Just as we need to ensure that all countries can access vaccines, we also need to make sure that those vaccines reach the arms of all the people who need them.

Underserved, alienated or isolated communities — including those living in areas not under the control of States, as well as detainees, internally displaced persons and refugees — must be integrated in national vaccination efforts. Strong involvement of the International Red Cross and Red Crescent Movement and other local impartial organizations in vaccination activities can help ensure that these last-mile communities are not left behind.

The efforts of the National Red Cross and Red Crescent Societies aimed at maintaining routine immunizations in such contexts as Afghanistan, the Central African Republic and Pakistan have saved countless lives, and this unparalleled access to last-mile communities can just as easily channel COVID-19 vaccinations, while maintaining critical routine vaccinations. The vaccination campaign to help vaccinate 500 million people we launched last month in support of the global efforts was born out of this reach and the trust of our membership at the most local level.

How can States Members of the United Nations support these efforts aimed at building trust and integrating last-mile communities into COVID-19 immunization efforts? They can include such community organizations as the National Red Cross and Red Crescent Societies in all phases of immunization planning and delivery. By involving these actors, they will gain insight into community misconceptions and misgivings, and will have greater clarity of vision with respect to those groups and communities that might previously have been hidden from their view.

I would like to stress the importance of ensuring the safety and protection of volunteers, first responders and health-care workers during this pandemic. In 2020, my colleagues at the International Committee of the Red Cross documented nearly 850 incidents of violence against health-care workers involved in the COVID-19 response — a figure that is both shocking and almost certainly below the actual number. International humanitarian law must be respected. Violence against health-care workers must not be tolerated. We have a collective responsibility to care for those who care for us.

Let me conclude by thanking the millions of volunteers who are serving at the front lines of this pandemic. By selflessly responding to the needs of others, each of them creates “tiny ripples of hope”. I believe that these ripples will build trust and eventually turn into the wave that washes away this pandemic. These volunteers prove that humanity is not only alive but is in fact thriving, giving us all hope for peace and security as we deal with the toughest crisis of our lifetime.

Annex 5**Statement by the Prime Minister and Minister for Foreign Affairs of Saint Vincent and the Grenadines, Ralph E. Gonsalves**

On behalf of Saint Vincent and the Grenadines, let me begin by expressing our appreciation to the United Kingdom for convening today's very pertinent discussion. We also thank the briefers for sharing compelling insights on this very important topic.

The number of deaths, the level of economic destruction and the social dislocations associated with the coronavirus disease (COVID-19) continue to expand globally as new variants of the virus, with increased transmissibility, threaten to disrupt even the most resilient of societies. Amid this continuously evolving threat, the question of equitable access to vaccines is of paramount concern. The simple truth is that, unless vaccines are made available, affordable and accessible to all, many vulnerable countries and peoples, including those affected by conflict, will suffer unbearably, as the pandemic continues to destroy lives and livelihoods.

Greater international cooperation among all countries, international financial institutions and major pharmaceutical companies is clearly required. The United Nations and its specialized agencies, such as the World Health Organization (WHO), should continue to play a central role in ensuring that vaccines can be administered safely, efficiently and globally to all persons in high-risk categories, and more widely, to achieve population immunity.

In this regard, we would welcome an enforceable international rules-based compact to deliver vaccines to all who need it. We also reiterate the call by the Caribbean Community (CARICOM) for a global summit in the context of WHO's Access to COVID-19 Tools Accelerator Facilitation Council to discuss equitable access and global distribution of vaccines. We in CARICOM are resolved to share with each other, on the basis of need, whatever quantities of vaccines we receive or procure.

Political will, principled engagements and solidarity among all nations remain crucial elements for overcoming COVID-19. There is a disturbing trend of "vaccine nationalism": some wealthy countries hoard critical medical supplies, including vaccines. Such conduct only prolongs the pandemic. In addition, many will suffer needlessly if vaccine delivery is determined by a narrow market calculus rather than the social imperative of building immunity everywhere, in solidarity with each other. We urge vaccine manufacturers, as a gesture of good faith towards humankind, to work with developing countries to expand production capabilities, hence alleviating the strain on global supply chains. We also call for greater financial support for the COVID-19 Vaccine Global Access Facility to bolster the global inoculation campaign.

During this difficult period, the Security Council must continue working in unison with other organs of the United Nations to systematically address the various dimensions of the COVID-19 pandemic. Our delegation remains fully supportive of all efforts aimed at promoting a global ceasefire in armed conflicts everywhere. This ceasefire would afford conflict-affected countries the time and space to advance peace processes. It would also facilitate the sustained delivery of life-saving humanitarian, developmental and capacity-building assistance. A ceasefire will also ensure that vaccines can be distributed safely to those made most vulnerable by conflict, including internally displaced persons and refugees. Where mandates and capabilities allow, peacekeeping operations could be utilized to assist with the transportation and distribution of vaccines, including providing protection to those designated personnel who administer vaccines.

As we approach the one-year anniversary since COVID-19 was declared a global pandemic, we must work together, urgently and intently, to build back better. Equitable access to COVID-19 vaccines must form part of any serious effort to recover sustainably from this pandemic. Let us be reminded of our common promise to humankind under the 2030 Agenda for Sustainable Development of leaving no one behind. No one will be safe until everyone is safe, and immunity can be achieved only when it is collectively composed.

Annex 6**Statement by the State Councilor and Minister for Foreign Affairs of China, Wang Yi**

[Original: Chinese]

China appreciates Britain's initiative to hold today's open meeting of the Security Council at the Foreign Minister level and welcomes Secretary of State Raab as he presides over the meeting. I also thank all the briefers for their briefings.

In July last year, the Security Council unanimously adopted resolution 2532 (2020) to promote the Secretary-General's appeal for a global ceasefire, calling for increased international solidarity and strengthened international cooperation in carrying out a people-centred response to the coronavirus disease (COVID-19) pandemic, thereby exemplifying the role of the Council. In the past seven months, more than 180 countries have endorsed the global ceasefire initiative, and progress has been seen in Libya, the Sudan and other countries, which has helped in the international fight against COVID-19. At the same time, a new wave of the pandemic is still raging, and the vast majority of developing countries, especially countries caught up in conflict or affected by humanitarian crises, are facing difficulties. We must redouble our efforts to fight the pandemic and maintain peace. To this end, China advocates the following.

First, we must put people front and centre and strengthen international cooperation in the fight against the pandemic. In the face of the current crisis, there is nothing more important than human life. We are in a relay race to save lives together; it is not a zero-sum game where some win and others lose. All countries should replace division with unity, firmly follow the righteous path of cooperation in fighting COVID-19, overcome challenges together, replace prejudice with science and resist disinformation and attempts to politicize the pandemic. Council members must set an example in this regard.

Secondly, the resolutions of the Security Council must be fully implemented, and an environment conducive to the fight against the pandemic must be created. Countries engaged in armed conflict or affected by humanitarian crises are weak links in the global fight against COVID-19 and deserve particular attention. Parties to armed conflict should earnestly abide by resolution 2532 (2020). They must walk away from the battlefield and join the fight against the coronavirus. They must ensure humanitarian access and give priority to helping women and children and other disadvantaged groups. The United Nations should take advantage of the humanitarian pause to carry out mediation and use its good offices to make progress in reaching political settlements. China has always opposed unilateral sanctions that have not been authorized by the Security Council. In the current situation, we urge relevant countries to show their humanitarian spirit and suspend unilateral sanctions and other coercive measures that are not grounded in international law.

Thirdly, we should reduce the vaccine deficit and give stronger assistance to developing countries. Vaccines are a powerful weapon for defeating COVID-19. Thanks to the concerted efforts of Governments, businesses and scientists in many countries, vaccines are being developed and produced at a record speed. Nevertheless, several problems need to be addressed. First, there is the deficit in production capacity. For vaccines that have been put into emergency or conditional use, countries should increase supply by boosting domestic production and engage in international cooperation through commissioned and joint production. The second problem is the deficit in distribution. As Secretary-General Guterres put it, vaccines are quickly reaching high-income countries, while the poorest countries have none at all. This will not only lead to an immunization divide, but it will also exacerbate

the development gap. All parties should work together to resist vaccine nationalism and promote the fair and reasonable distribution of vaccines, in particular making them accessible and affordable in developing countries, including those in conflict. We must ensure that no country in need of the vaccine is left behind and that no individual waiting for a vaccination is neglected.

Fourthly, we should enhance coordination and give full play to the role of the United Nations system. The World Health Organization (WHO) plays a central coordinating role in the global effort against COVID-19. All parties must continue to give stronger political and financial support to WHO, particularly the support it needs to lead the largest immunization campaign in human history. The COVID-19 Vaccine Global Access (COVAX) Facility is a crucial channel for developing countries to obtain vaccines. It should prioritize the needs of developing countries and ensure supply in conflict areas and countries under sanctions. Bilateral efforts could form synergies with COVAX. The World Food Programme, UNICEF and other related agencies should make good use of their global shipping networks to build green channels for the distribution of vaccines to developing countries, and in particular solve the “last-mile” problem for vaccine delivery in Africa.

President Xi Jinping has announced that Chinese vaccines would be a global public good and would help realize vaccine accessibility in developing countries. China has been acting to honour its commitments. China was among the first to join WHO’s Access to COVID-19 Tools Accelerator Facilitation initiative and actively carried out vaccine research and development cooperation with more than 10 countries, involving more than 100,000 volunteers of more than 100 different nationalities. China has joined and supported COVAX and has given it support. We are making concrete efforts for the equitable distribution of vaccines. At the request of WHO, China has decided to preliminarily contribute 10 million doses of Chinese vaccines to COVAX to meet the urgent needs of developing countries.

China has donated vaccines to 53 developing countries — including Palestine, Somalia, Iraq, South Sudan and Syria — in response to their requests. China has exported vaccines to 22 countries. At the same time, China has also actively leveraged its industrial chain advantages to support and assist other countries in manufacturing vaccine products, in China or locally, in order to boost global production capacity. China has also decided to join the United Nations Group of Friends initiative to donate COVID-19 vaccines to United Nations peacekeepers.

China’s commitment to international cooperation has not been undertaken in pursuit of any geopolitical goals or for reaping economic benefits, and neither has it attached any political strings. What we care about is that COVID-19 vaccines become accessible and affordable and that they become public goods for all countries — indeed, that truly they become a people’s vaccine. China will continue to work with all parties to step up cooperation on vaccines and COVID-19 preparedness and response to create a global community of health for all, working together to win a final victory in the global fight against the pandemic.

Annex 7**Statement by the Deputy Prime Minister and Minister for Foreign Affairs of Viet Nam, Pham Binh Minh**

I thank you, Sir, for convening this timely meeting, and I thank Secretary-General António Guterres and the Heads of UNICEF, the International Federation of Red Cross and Red Crescent Societies and the Global Alliance for Vaccines and Immunization for their insightful briefings.

In a short span of just over a year, the coronavirus disease (COVID-19) pandemic has unleashed devastating impacts across continents and in every country. It has claimed over 2.4 million lives in over 200 countries and territories.

The COVID-19 pandemic has created the worst economic and social crisis in decades. It has exposed structural inequalities at global and national levels. It has subjected millions more to poverty and hunger and to the lack of adequate health care. And nowhere can this be seen more clearly than in conflict-ridden countries and regions.

Vaccines for COVID-19 have been developed in record time, thanks, importantly, to global collaboration. It is very important that we, as the global community, continue to work together to make sure that safe and effective vaccines can truly help us curb the spread of COVID-19 and defeat the virus eventually. As time is of the essence, we must act fast, and we need a strategy to win. Such a strategy, in my view, should include at least three elements.

First is to consider vaccines global public goods that should be made available and affordable to all countries and all communities, with priority given to high-risk populations and those of the front lines of the fight against the pandemic.

It is concerning that some countries are stockpiling vaccines in quantities larger than their populations, at the expense of poorer countries. But as recent studies have shown, this would be more costly compared to investment into multilateral vaccination efforts, such as the COVID-19 Vaccine Global Access (COVAX) Facility. Viet Nam calls for greater contributions to the COVAX Facility to enable broader distribution of COVID-19 vaccines to the developing world, including populations in conflict and fragile settings.

Secondly, an environment of peace, security and stability is critical to ensuring the unhindered delivery of vaccines to those in need. It is also vital to protect infrastructure critical to the survival of the civilian population in general, and for the safe and effective delivery of vaccines in conflict settings.

The Security Council must strengthen the implementation of resolution 2532 (2020). It must in particular reiterate its demand for a global ceasefire and extend its call for a durable humanitarian pause. These are important prerequisites for actors on the ground, including relevant parts of the United Nations system, to effectively assist in the delivery of vaccines and the implementation of vaccination campaigns.

And, thirdly, we must look beyond vaccines and the pandemic itself. We must work to address the root causes of conflicts and fragilities as well as the inequalities and injustices exposed by this pandemic.

The international community must engage in a global multilateral effort, led by the United Nations, to help build stronger and more resilient health systems and to leverage development assistance, global trade and economic cooperation so that every country can achieve an inclusive and resilient recovery in the aftermath of the pandemic.

Above all, we need renewed global solidarity, partnership and synergy in our actions. The critical role of the multilateral system, with the United Nations at the centre, cannot be overstated in coordinating global efforts. Also, regional organizations, with their respective mandates and advantages, can complement international efforts to promote global governance for international peace, stability and prosperity.

Viet Nam, as a member of the Association of Southeast Asian Nations and of the Security Council, will spare no effort to strengthen multilateral actions in our joint efforts to roll out COVID-19 vaccines and overcome this devastating pandemic.

Annex 8**Statement by the Minister for Foreign Affairs of Estonia, Eva-Maria Liimets**

Let me first express my sympathy and solidarity with all the people and nations of the world suffering from the coronavirus disease (COVID-19). It is almost a year since the World Health Organization declared COVID-19 a pandemic. New, more transmissible COVID-19 variants indicate that the crisis will last longer than expected. We must make sure that no one is left behind by vaccination programmes. Therefore, I wish to thank the United Kingdom for convening today's very relevant and timely debate. There are three aspects Estonia would like to highlight today.

First, ensuring unhindered humanitarian access to conflict areas is vital. Enabling the full, safe and unhindered delivery of humanitarian assistance remains crucial for the delivery of COVID-19 vaccines. It is equally important that other immunization programmes not be side-lined due to the global attention to COVID-19.

In this regard, I reiterate Estonia's unwavering support to Secretary-General's call for a global ceasefire. Let me also stress that it is unacceptable that COVID-19 is being used as a pretext for trying to lift restrictive measures. Both European Union and United Nations sanctions include the possibility of humanitarian exemptions and do not obstruct the fight against the pandemic.

Secondly, a multilateral response is the only way out of the global crisis. Investment in vaccines and securing their delivery in fragile environments is not only moral but also a very practical step. We will not be able to restore international trade, travel, prosperity and security until COVID-19 is under control everywhere in the world. The European Union has been at the forefront of the multilateral response in the field of global and equitable access to vaccines, tests and treatments.

Estonia remains committed to equal and fair distribution of vaccines globally. As a manifestation of our solidarity, we have made a pledge to the COVID-19 Vaccine Global Access Advance Market Commitment to support access to vaccines for the most vulnerable. We are ready to further discuss how we can help.

We must also address the so-called "infodemic" that continues to undermine our joint global response. To overcome the virus, we need to promote facts and science and prevent the manipulation of information.

The protection of human rights, including the freedom of expression, is equally critical for the response and recovery from the pandemic. We condemn all attempts to use the COVID-19 pandemic as a pretext for disrespecting the rule of law, curtailing human rights or restricting civic space. We must secure free, independent and pluralistic media, both online and offline.

Thirdly, we must make use of the full potential of digital technologies to overcome the crisis everywhere. As the world continues its fight against COVID-19, our reliance on technology has increased. Many of our everyday functions and operations have moved online. It is therefore all the more pressing that we protect our essential infrastructure from cyberthreats. Unfortunately, we have seen vaccine producers and those involved in vaccine distribution targeted by cyber-criminals, while the sole focus of the former should be on delivering the vaccine. Holding the perpetrators accountable and working together towards a more stable and secure cyberspace are the best way to resist the efforts of malicious cyberactors. Cybersecurity and the applicability of existing international law in cyberspace are also among the issues that Estonia is raising awareness around in the Security Council.

Building on 20 years of experience in developing a secure and trusted digital governance infrastructure, Estonia is undertaking a global public health collaboration with the World Health Organization (WHO). The first step is to build and pilot an interoperability framework — the Global Trust Framework — for smart vaccination certificates. We trust it will become a significant piece of global digital public good, enabling WHO to build any kind of cross-border digital health data services in future. To allow the validation of vaccinations, a secure and privacy-preserving smart vaccination certificate solution has been developed in Estonia that could also be put into use in more fragile and complex environments.

In conclusion, the current crisis and past pandemics have shown that it takes a coordinated global effort to roll back global suffering. If COVID-19 is left to ravage those with weaker health-care systems or population groups in conflict situations, the virus will soon spread back to other countries. This is the reality. We are only as strong as the weakest link in the global health system.

Annex 9**Statement by the External Affairs Minister of India, Subrahmanyam Jaishankar**

Let me begin by thanking the United Kingdom for organizing this discussion today. I also appreciate the insightful briefings on the challenges confronting us today regarding the availability, accessibility, affordability and distribution of coronavirus disease (COVID-19) vaccines in conflict-affected regions. As we assess the impact of the pandemic and the prospects for recovery, including through the availability of vaccines, there are five concerns that India would like to share.

First, a lack of global coordination regarding vaccine distribution will hit conflict-affected areas and poorer countries hardest. The International Committee of the Red Cross estimates that more than 60 million people in such areas are at risk.

Secondly, there currently exists a glaring disparity in accessibility to vaccines globally. Equity in vaccine access is important for mitigating the impact of the pandemic.

Thirdly, this disparity calls for cooperation within the framework of the COVID-19 Vaccine Global Access (COVAX) Facility, which is trying to secure adequate vaccine doses for the world's poorest nations.

Fourthly, from an economic standpoint, the costs of inequitable vaccine distribution are massive. The International Chamber of Commerce predicts that the global economy stands to lose as much as \$9.2 trillion if the international community fails to address vaccine inequity.

And, fifthly, routine immunization programmes have been thrown into disarray. Due to the pandemic, about 80 million children in at least 68 countries are at risk of diphtheria, measles and polio.

In order for the world to put the COVID-19 pandemic decisively behind us and emerge more resilient, I would like to put forth the following nine points for our collective consideration. We should persist with the vaccination drive, along with other public health measures, to slow down the virus's ability to infect new people and mutate further; collaborate with each other on genomic surveillance to track virus mutations and variants and exchange information in this regard in a regular and timely fashion; effectively address public resistance to vaccines, recalling vaccine-related information must be contextual, empathetic and culturally sensitive, while providing scientific and accurate facts to allay the fears and concerns of the public; improve public health infrastructure and build capacity through effective training programmes in vaccine delivery, especially in areas where health infrastructure is weak; stop "vaccine nationalism", and indeed, actively encourage internationalism, since hoarding superfluous doses will defeat our efforts towards attaining collective health security; strengthen the COVAX Facility to ensure equitable distribution of vaccines to all countries in a fair and equitable manner; urgently resume immunization programmes across the world before children's lives are threatened by other diseases, as we simply cannot trade one health crisis for another; stop disinformation campaigns taking advantage of this pandemic to advance their nefarious objectives and activities; and proactively prepare for the next pandemic by focusing on improving capacities, developing protocols and building a knowledge base and expertise.

India has been very much at the forefront of this global fight against the COVID-19 pandemic. We earlier provided critical medicines, diagnostic kits, ventilators and personal protective equipment to more than 150 countries, about 80 of them on a grant basis. Today the pharmacy of the world is stepping forward to meet the global vaccines challenge.

Two vaccines, including one indigenously developed, have already been granted emergency authorization. Additionally, as many as 30 candidates are under various stages of development.

In one of the largest vaccination drives ever, India will vaccinate about 300 million front-line and health-care workers and older persons and vulnerable people over the next six months. Our vaccination programme, which began a month ago, has already seen nearly 7 million people vaccinated.

Under our Vaccine Maitri initiative, which translates as “Vaccine Friendship”, India is providing vaccines to the world. We are, of course, a significant source of supply to the COVAX Facility. But, in addition, India is also directly sending vaccines to friends and partners. Starting with our immediate neighbours, 25 nations across the world have already received “Made in India” vaccines, and 49 more countries will be supplied in the coming days, ranging from Europe, Latin America and the Caribbean to Africa, South-East Asia and the Pacific islands. Keeping in mind the United Nations peacekeepers who operate in such difficult circumstances, we would like to announce today a gift of 200,000 doses for them.

We are working actively with the Global Alliance for Vaccines and Immunization, the World Health Organization and the Access to COVID-19 Tools Accelerator. Our contribution has also supported the South-Asian Association for Regional Cooperation COVID-19 Emergency Fund.

The Bhagavad Gita states: “Do your work with the welfare of others always in mind”. That is the spirit in which India approaches the COVID-19 challenge and urges the Council to work collectively to address its different dimensions.

Annex 10**Statement by the Minister for Foreign Affairs and Minister for Defense of Ireland, Simon Coveney**

I would like to congratulate, first of all, the United Kingdom on its presidency of the Security Council, and also you, Dominic, for convening this important debate.

I would like to thank Secretary-General Guterres and the briefers for their input and your contribution, Dominic, in your opening remarks, which I think have very much framed our deliberations today.

The Security Council, in resolution 2532 (2020), endorsed Secretary-General Guterres's call for a global ceasefire and durable humanitarian pause to help us tackle the coronavirus disease (COVID-19) and reach those most in need, and I strongly echo those calls today.

COVID-19 has brought humankind to a crossroads, in many ways. How we travel from here will have far-reaching implications for peace and security, for global equality and for the sustainability of our shared future.

In the effort to beat this virus, I am reminded of an Irish proverb that says, "There is no strength without unity". Perhaps we should update that in the context of the pandemic to "None of us is safe until all of us are safe", which I think has been repeated by speaker after speaker today.

For us all to be safe, all countries must be able to vaccinate their own people. And all populations must be included in national vaccination roll-outs, including refugees and internally displaced persons. We need to be more ambitious in scaling-up the availability of vaccines in conflict-affected zones and in financing the necessary delivery modalities, while avoiding diverting funds from existing crises.

Parties to conflicts must draw on their own principles of humanity, as well as their obligations under international humanitarian law, to facilitate humanitarian access, uphold ceasefires and implement pauses in fighting to enable medical humanitarian teams to undertake their vital functions, including safely delivering COVID-19 vaccinations to those who need them most.

Whether in Yemen, Syria, the Central African Republic or Ethiopia, COVID-19 has exacerbated the devastation that conflict wreaks on civilian life. Globally, the risks for long-term prosperity and stability are clear, from the 270 million people facing food insecurity today to the 20 million girls who will not return to education. Hunger will also act as a push factor for forced migration, displacement and recruitment by extremist groups, driving conflict in many forms and deepening humanitarian need.

Ireland is fully committed to the efforts of the United Nations system to establish a fair, transparent and efficient mechanism for equitable COVID-19 vaccine distribution and supply. In that regard, Ireland has significantly increased its core support for the Gavi Alliance this year. Ireland attaches a high priority to global health, in which we plan to invest more than €50 million in 2021 alone.

We are also supporting the COVID-19 Vaccine Global Access (COVAX) Facility bilaterally, including as a member of the European Union, which has contributed €860 million to the Facility to date. COVAX, with its humanitarian buffer, is a crucial aspect of the multilateral response to a global threat and has the potential to embody multilateral solidarity at its best. However, more resources are needed to enable COVAX to fulfil its mandate, including the financing of delivery mechanisms for non-governmental organization partners, which are best placed to reach the most vulnerable populations in conflict contexts.

When it comes to vaccinations, we are not starting from zero. We can learn valuable lessons from previous vaccination campaigns in fragile contexts, building on the vast experience of national Governments and stakeholders, including the World Health Organization, the Gavi Alliance, the Global Fund, UNICEF and many others. We must tackle misinformation and disinformation by providing clear and evidence-based information on the benefits of immunization to the public. We must also address the challenge of vaccine hesitancy, taking a sensitive approach that is rooted in community leadership and engagement.

There are other challenges that will need to be addressed as we move forward. The most important of those is the need to strengthen wider public health ecosystems, especially in conflict settings, where the challenges are well known. That is why Ireland has put investment into health-care systems at the heart of its development cooperation programme for more than two decades, working with partner Governments, particularly in Africa, to strengthen domestic health-care capacity and build robust health systems.

Health-care workers are at the heart of health-care systems. Sufficient health-care professionals, trained and enabled to prevent virus transmission, carry out case detection and provide early-response care, will be needed to ensure successful vaccine roll-out.

There are also important vaccine logistical requirements to attend to, such as cold chain requirements, access to power and database management capabilities, to ensure appropriate follow-up. Ensuring that developing countries can access vaccines appropriate for their contexts, especially for fragile contexts, will also be key.

Only by ensuring that those necessary conditions are in place can we ensure that vaccination in conflict settings can be successful. Failure to manage that effectively is in many ways unthinkable. It runs the risk of further loss of life, exacerbating localized conflicts, wasting precious vaccine resources and placing a strain on the humanitarian system, which may hinder its ability to provide other urgent life-saving support.

The COVID-19 pandemic has highlighted the vulnerabilities of all our societies to unforeseen threats and challenges. It has shown how a collective international response that mobilizes the best of humankind, in science, research and assistance, can point to a much brighter future. We approach the fight against COVID-19 in the way in which we approach many other challenges that the Security Council addresses — by looking for ways to overcome division, pursue common solutions and find ways to help those most in need. We will of course remain strongly supportive of all efforts by the Council to provide global leadership on that issue and other matters.

Annex 11**Statement by the Cabinet Secretary for Foreign Affairs of Kenya, Raychelle Omamo**

At the outset, may I congratulate you, Mr. Minister, on the assumption by the United Kingdom of the presidency of the Security Council for the month of February. I also commend you for including in your programme of work this timely open debate, which affords us the opportunity to consider the role of the Council and the United Nations at large in ensuring equitable, affordable and timely access to coronavirus disease (COVID-19) vaccines, particularly in contexts affected by conflict and security.

The COVID-19 pandemic has thrust upon the whole world unprecedented health, socioeconomic and security challenges, which continue to unfold. The implications of the pandemic are particularly serious for the African continent, where a number of zones of fragility and conflict exist and other pervasive health challenges, such as HIV/AIDS, malaria and Ebola, continue to plague our populations.

The COVID-19 pandemic has strained humanitarian aid flows and exposed vulnerable groups, such as women and children in conflict areas, to further risks. It has eroded peacebuilding initiatives and threatens to reverse critical development gains made by countries in transition or undergoing post-conflict reconstruction. Indeed, the COVID-19 pandemic is more than a health crisis. It is an existential challenge to global human and economic development and an acute threat to global peace and security. The pandemic therefore demands that the Security Council lead the way in articulating a human-security-based approach to the vexing issues surrounding equitable access to the coronavirus disease vaccines. A new urgency is required to mobilize global responsibility and action to protect lives.

I salute the immense efforts made by the international community in the development of the COVID-19 vaccines. However, that optimism is threatened by significant realities that perpetuate inequality and exclusion in our world. Those include the prohibitive cost of vaccines, limited vaccine supplies, manufacturing deficiencies, increased export restrictions on vaccines and their ingredients, the emergence of viral mutations and the erosion of global solidarity through the hoarding of vaccines, together with vaccine nationalism and opaque bilateral vaccine deals.

My delegation therefore welcomes the role of the COVID-19 Vaccine Global Access (COVAX) Facility, which is multilateral in nature to facilitate the rapid and fair distribution of COVID-19 vaccines. It is gratifying that up to 5 per cent of the COVAX doses are reserved as part of a humanitarian buffer to be used for missed or neglected populations, such as refugees and asylum seekers. We urge the extension of that element of the Facility to populations affected by conflict and insecurity.

To further facilitate equitable and timely access to vaccines, which we view as a global public good, there is an urgent need to democratize and scale up local production and manufacturing capabilities, especially on the African continent, through partnerships, technology transfer and the suspension of barriers related to intellectual property. We therefore reiterate our support for the decision of the Assembly of Heads of State and Government of the African Union made at its thirty-fourth ordinary session on 7 February, calling for the temporary waiver of certain obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights for the prevention, containment and treatment of COVID-19.

Along with those proposals, and with a view to facilitating vaccine delivery in fragile and conflict-affected regions, we believe that the Security Council should, first, renew its demand under resolution 2532 (2020) for a general and immediate

cessation of hostilities in all situations on its agenda and call on all parties to armed conflicts to engage immediately in a durable humanitarian pause; secondly, incorporate humanitarian exceptions in its sanctions regimes for that purpose; thirdly, mandate its field operations, including peace operation missions, to facilitate the safe delivery of vaccines, assist local communities in community sensitization and ensure the timely vaccination of peacekeepers and United Nations humanitarian personnel in the field; and, fourthly, call for increased financial support to the COVAX Facility, as well as increased support to countries experiencing conflict and those hosting large populations of refugees.

In conclusion, may we reiterate our call for collaborative human sensitive action and solidarity. In that regard, we applaud the concerted continental and regional actions taken by the African Union in response to the pandemic. Those examples ought to be emulated at the global level.

Kenya is also pleased to have assisted the United Nations in establishing a COVID-19 treatment centre in Nairobi to provide critical care to United Nations peacekeepers and humanitarian personnel across our continent. In the spirit of further cooperation, Kenya recommends continued dialogue between the Council and countries in conflict, countries hosting refugees, and humanitarian agencies to improve the response to COVID-19 and other emerging security challenges in a more effective and coordinated manner. We look forward to Council members' support for that.

Annex 12**Statement by the Minister for Foreign Affairs of Mexico, Marcelo Ebrard Casaubón**

[Original: Spanish]

I very much thank the United Kingdom for this invitation. It is a pleasure to greet you, Mr. Minister, and to thank you for convening this meeting today. I also greet all the other participants.

As we have already heard, the pandemic has had a devastating social and economic impact around the world, but it has hit the poorest and most vulnerable hardest. It not only threatens us, but also is reversing, or has reversed, the development and peacebuilding gains that we have made as an international community. It may heighten instability and exacerbate conflict.

According to recently published figures, even routine vaccination campaigns in 45 countries facing humanitarian or refugee crises have been interrupted. As a result of the situation that I am describing, the coronavirus disease (COVID-19) pandemic has affected millions of people, including refugees, vulnerable migrants and, in particular, women and children. Gender-based violence has also increased around the world, with women being the most affected, according to the figures and evidence that we have.

That is why Mexico has pointed out, like many countries present today, that the only way to address the pandemic is through cooperation and multilateralism. That kind of coordinated and joint work is essential. While that has always been the case, it is now decisive and crucial that we act in that way.

In that regard, the Community of Latin American and Caribbean States, whose presidency pro tempore is held by Mexico, reiterates the urgent need to implement the provisions of General Assembly resolution 74/274, which calls for the strengthening of supply chains to ensure universal, fair, equitable and timely access to vaccines to address the COVID-19 pandemic.

It is true that the COVID-19 Vaccine Global Access (COVAX) Facility multilateral mechanism is an essential, innovative and outstanding tool, but we must also recognize that it has been insufficient so far and that the situation we wanted to avoid is unfortunately being confirmed. To date, no vaccines have been distributed through that multilateral instrument.

In that regard, we urge countries to stop hoarding vaccines and accelerate the first stages of COVAX deliveries, prioritizing distribution to low-income countries. Some studies even indicate that those countries will not have widespread access until the middle of 2023 if the current trends continue.

The data released by the Executive Director of the World Health Organization are alarming: three quarters of the first doses of vaccines administered in the world are concentrated in just 10 countries that account for 60 per cent of the global gross domestic product.

It is conservatively estimated that there are more than 100 countries in which not even one dose, or only a token dose, has been administered. There are many countries affected by that process. What is happening today opens up a huge gap between the small group of countries that I mentioned and all other countries, the majority of the international community, which do not have adequate access to vaccines. We may say that we have never seen such a deep divide affecting so many in such a short time. There is an urgent need to act — hence the timeliness of this meeting — to reverse the injustice that is being committed, because the safety of all humankind depends on it.

We therefore encourage the international community to refrain from mechanisms that could impede the distribution of vaccines and to strengthen the supply chains that promote and ensure universal access to them. We reaffirm our support for the World Health Organization as the coordinator of multilateral efforts to address the pandemic.

As part of Mexico's actions in response to the current situation, and with the support of the Mexican private sector, an agreement was reached with the Government of Argentina and the AstraZeneca laboratory to produce and package the AstraZeneca-Oxford vaccine in Mexico and Argentina in order to make it available to various countries in our region. It is true that Mexico is among the few countries that have access to the vaccine, with the support of many countries — the European Union, India and China. I am very grateful to all of them, but we must look after everyone else, and those of us who have the means must show solidarity with those who do not.

Therefore, on behalf of the Community of Latin American and Caribbean States, I reiterate my call to accelerate access to vaccines through the COVAX Facility and reduce the evident hoarding with which the entire international community is dealing.

It seems to me that the measures to be proposed are, above all, to recognize that the Security Council can, and must, play an active and decisive role so that the objective that I have just described can be achieved. We certainly agree that we must reaffirm support for the implementation of resolution 2532 (2020) and, in that regard, strengthen support for the Secretary-General's call for a global ceasefire in the context of the COVID-19 pandemic. It is also true that we must put women and young people at the centre of our concerns.

In conclusion, I would like to say that we must firmly and resolutely support General Assembly resolution 74/274 in order to ensure in practice the universal, fair, equitable and timely access to vaccines for all countries. That is undoubtedly the main challenge that we face. If it is not resolved, it is also the main threat to the security of humankind and, I must say, the standing of multilateral action in our time.

Annex 13**Statement by the Minister for Foreign Affairs of Norway, Ine Eriksen Søreide**

I would like to thank you and the United Kingdom for organizing this important debate. I would also like to thank the briefers. The coronavirus disease (COVID-19) pandemic has been a stress test of national and global health systems and our systems of governance. It has led to the loss of more than 2 million lives and disrupted billions more. As the international community and the Security Council, we must now forge a united way forward. I will focus my remarks on three key challenges where Norway encourages targeted action.

First, we must ensure equitable global access to COVID-19 vaccines. Newly developed vaccines are being distributed as we speak. While this is promising, so far most of the vaccines have been made available to people in just a few high-income countries. We must make vaccines available for all, including in areas affected by conflict and insecurity.

The Access to COVID-19 Tools (ACT) Accelerator partnership and its COVID-19 Vaccine Global Access (COVAX) Facility are fundamental in ensuring that all countries are included in our common fight to stop the pandemic. Norway fully supports the important work of the Gavi Alliance, the Coalition for Epidemic Preparedness Innovations and the World Health Organization (WHO) in this effort, and we are proud to co-chair the ACT Accelerator Facilitation Council together with South Africa. The COVAX humanitarian buffer will be vital to be able to reach people living in contested areas and areas beyond the reach of national health authorities, including internally displaced persons, refugees and migrants. I strongly encourage more countries to contribute and help to close the COVAX funding gap.

Full and unimpeded humanitarian access is essential for vaccines to reach the most vulnerable groups. In situations of armed conflict, all parties must fully respect their obligations under international humanitarian law. Attacks on medical facilities and personnel are unacceptable. Patients, health workers and facilities must be protected, and resolution 2286 (2016) must be implemented. Women are being disproportionately affected. They make up 70 per cent of health and social care workers, and they are at the forefront of information dissemination to local communities. This puts women at the heart of COVID-19 response, not least in the areas hardest hit by conflict and crisis. Norway supports WHO, UNICEF and humanitarian partners. The International Federation of Red Cross and Red Crescent Societies play a crucial role in rolling out life-saving vaccination programmes under these challenging circumstances.

Hostilities must cease in order to allow vaccination to take place in conflict areas. We must be ready to engage with all parties. In many conflict areas, civilians and combatants are living in territories controlled or contested by non-State armed groups. Reaching these populations may involve engaging with actors whose behaviour we condemn. The successful dialogues with armed groups in Afghanistan, Syria and elsewhere to allow humanitarian access for polio and other health campaigns offer lessons for the roll-out of COVID-19 vaccines.

Norway will continue to support Secretary-General Guterres' call for a global ceasefire. We approached the parties in Colombia and the Philippines on the basis of Mr. Guterres' call. They deserve credit for implementing humanitarian ceasefires. Political commitment, clear parameters, transparency and monitoring mechanisms are necessary, both to achieve ceasefires and to allow a successful roll-out of vaccines.

United Nations special representatives, envoys and missions have adjusted their efforts to this changing reality. The United Nations system has shown its ability to respond quickly and effectively to the pandemic on several fronts. From Idlib to Gaza, from Menaka to Tigray, it is our duty as the Security Council to keep a close eye on these shifting dynamics, to coordinate efforts and to facilitate full and unimpeded humanitarian access, as well as the peaceful resolution of conflicts. We must call for concerted action across all the pillars and institutions of the United Nations to secure the widest and most equitable distribution of COVID-19 vaccines.

We must ensure that no one is left behind.

Annex 14**Statement by the Secretary of State for Foreign and Commonwealth Affairs of the United Kingdom of Great Britain and Northern Ireland, Dominic Raab**

I am very pleased to address this first-ever Security Council meeting on vaccinations. It is right that we bring to bear the full weight of the Council and the wider United Nations system on ending the coronavirus disease (COVID-19) pandemic.

The virus is still on the rise globally, with the emergence of new, more transmissible variants driving increased transmission in most regions. But, with vaccines approved and being rolled out, we are fighting back. At last, the light at the end of the tunnel seems to be drawing closer.

This has to be a global effort. The pandemic is not under control anywhere until it is under control everywhere. And we need to think of ourselves as a team working together against a common and deadly enemy. That is the reality of our struggle. No nation is truly safe until we are all safe. That means we must secure access to vaccines around the world — including in the hardest to reach places — including places of conflict and insecurity.

At present, more than 160 million people worldwide are at risk of being excluded from coronavirus vaccinations because of instability and conflict. So we need to meet shortfalls in securing supplies and delivering vaccinations on the ground. There are many challenges to achieving this, from securing comprehensive humanitarian access to managing vaccine storage. Overcoming these challenges will require greater national, regional and international cooperation, with the United Nations playing a key coordinating role.

Local ceasefires are essential to enable life-saving vaccinations to take place. And they are essential to protect the brave health workers and humanitarian workers in conflict zones who are delivering the help to those who need it. Ceasefires have been used to vaccinate the most vulnerable communities in the past — for example, to deliver polio vaccines to children in Afghanistan.

Likewise, the suspension or postponement of routine non-COVID vaccination campaigns during the pandemic is another grave concern. The roll-out of COVID-19 vaccines should not displace those existing programmes. They have to go hand in hand.

On 1 July last year, the Security Council adopted resolution 2532 (2020), on fighting COVID-19 in the most vulnerable countries. Further action is needed now by the Council to call for ceasefires specifically to enable COVID-19 vaccinations to be carried out in areas affected by conflict. That is why we are proposing a new draft resolution for the Council's consideration.

The COVID-19 Vaccine Global Access (COVAX) Facility is due to start rolling out vaccines this month. We were proud to host its launch at the Global Vaccine Summit last June and to be one of the largest donors.

By calling for vaccination ceasefires and by calling for COVID-19 vaccination plans to include all high-risk populations, including refugees, this draft resolution and the Security Council have an opportunity help get vaccines distributed to the most vulnerable communities on Earth. It would help ensure full access for humanitarian and medical personnel. And it would help protect them. So I urge all members of the Security Council to support the swift adoption of this draft resolution.

Our scientists have done incredible work in developing the vaccines. We must work together now to get them to the most hard-to-reach communities. We cannot turn away while those in conflict zones are denied protection from the virus. The Security Council has the opportunity — and the moral duty — to act.

Annex 15**Statement by the Secretary of State of the United States of America,
Antony Blinken**

Dominic Raab, thank you very much. And it is very good to be with all of you today. I thank my colleague from Tunisia for his very strong remarks, and I very much thank Secretary-General Guterres for his leadership on what is truly a global challenge.

Mr. Raab, thank you for bringing us together, in particular to look at barriers to vaccine access, including in areas that are affected by conflict. We all know — we all feel — that this pandemic has taken a terrible toll on many families and communities. And first and foremost, as human beings, our hearts go out to all of them.

Thanks to tireless global efforts of scientists, doctors and health professionals, several safe and effective vaccines, therapeutics and diagnostics have been developed, and these are remarkable achievements. Thanks to collaboration between the private sector and Governments, global manufacturing capacity for safe and effective coronavirus disease (COVID-19) vaccines is expanding, but not fast enough to address the global need. The United States will work with our partners across the globe to expand manufacturing and distribution capacity and to increase access, including to marginalized populations.

Here is how else we plan to contribute to ending this pandemic. As some of you will have seen, President Biden's first national security memorandum made clear that the United States will once again serve as a global health leader. The United States believes that multilateralism, the United Nations and the World Health Organization (WHO) are essential, not just as an effective international COVID-19 health and humanitarian response but also building stronger global health capacity and security for the future. We have the immediate challenge of COVID-19. We have a longer challenge. But equally vital, we have a challenge in establishing the strongest-possible global health structure going forward.

With the news of another Ebola outbreak in the Democratic Republic of Congo and Guinea, there is clearly no time to waste. And our vision has to be bold. We must defeat COVID-19 and prevent future pandemics. To that end, we will work with partners around the globe to strengthen and reform WHO, to support the Global Health Security Agenda, to build sustainable preparedness for biological threats and to create a warning system that will allow us to respond more rapidly with the testing, tracing and personal protective equipment needed to save lives.

We seek to advance the creation of a long-overdue sustainable financing mechanism for health security, so we can leave the world more prepared for future outbreaks than it was for this pandemic. We are working with WHO, the COVID-19 Vaccine Global Access (COVAX) Facility and the Access to COVID-19 Tools (ACT) Accelerator. And we recently elevated our participation from observer to participant on the ACT Accelerator Facilitation Council.

We plan to provide significant financial support to COVAX through Gavi, the Vaccine Alliance. And we will work to strengthen other multilateral initiatives involved in the global COVID-19 response — for example, the Coalition for Epidemic Preparedness Innovations and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

These commitments build on a long tradition. Over the past two decades, the United States has provided more than \$140 billion in global health assistance. We are now the single-largest contributor to the international response to COVID-19.

Today I am pleased to confirm that, by the end of the month, the United States intends to pay over \$200 million in assessed and current obligations to WHO. This is

a key step forward in fulfilling our financial obligations as a WHO member. And it reflects our renewed commitment to ensuring that WHO has the support it needs to lead the global response to the pandemic, even as we work to reform it for the future.

Every country needs to do its part and contribute to the COVID-19 response. We have already announced more than \$1.6 billion in emergency economic, health and humanitarian aid to try to help Governments, international organizations and non-governmental organizations mitigate the effects of COVID-19 and its secondary impacts worldwide. And that is in addition to a commitment of \$1.16 billion over fiscal years 2020 through 2023 to support Gavi's broader immunization efforts.

As we move forward, it is critical to look at who the pandemic has hurt the most. The Secretary-General has called for us to put women and girls at the centre of the COVID-19 response and recovery. The data we have all seen has shown a profound backsliding in gender equality, including spikes in gender-based violence as families are confined to close quarters during the pandemic. We need to continue implementing resolution 1325 (2000) and redouble our efforts to implement resolution 2475 (2019). We must support the Secretary-General's various COVID-19 policy briefs on gender, people with disabilities and other vulnerable and marginalized groups. These groups must be included as decision-makers at all levels, following the principle of "nothing about us without us."

And countries must be held accountable for upholding their human rights obligations. No country should be allowed to use COVID-19 as an excuse to violate human rights or fundamental freedoms. We also call for all countries to combat misinformation on vaccines. If we do not, we seriously jeopardize our mission.

Even as we expand access to safe and effective vaccines, we know that COVID-19 outbreaks are likely to occur in the years to come. The ongoing expert investigation about the origins of this pandemic — and the report that will be issued — must be independent, with findings based on science and facts and free from interference.

To better understand this pandemic and prepare for the next one, all countries must make available all data from the earliest days of any outbreak. And going forward, all countries should participate in a transparent and robust process for preventing and responding to health emergencies, so the world learns as much as possible as soon as possible. Transparency, information-sharing, access for international experts — these must be the hallmarks of our common approach to what is truly a global challenge.

The language in resolution 2532 (2020) remains as relevant now as when it was adopted in July of 2020. Conflict-affected countries weakened by war, violence and poor health infrastructure remain highly vulnerable to pandemics and other illnesses that can be prevented by immunizations. And this pandemic has worsened already dire humanitarian and political crises, contributing to unprecedented levels of need.

Organizing and implementing mass vaccination campaigns amid violence and conflict, we know, will be immensely difficult. But we have to do it, to prevent humanitarian crises from getting worse and to stop the pandemic's secondary impacts from degrading fragile political situations.

As President Biden has made clear, the United States will work as a partner to address global challenges. This pandemic is one of those challenges. And it gives us an opportunity not only to get through the current crisis but also to become more prepared and more resilient for the future.

I am grateful to be able to work with all of you on the challenge that affects all of us.

Annex 16**Statement by the Minister Delegate for Foreign Trade and Economic Attractiveness of France, Franck Riester**

[Original: English and French]

At the outset, I would like to thank the United Kingdom for organizing this meeting. I also thank the Secretary-General as well as Henrietta Fore, Seth Berkley and Jagan Chapagain for their briefings.

The adoption, on July 1, 2020, of resolution 2532 (2020), at the initiative of France and Tunisia, marked an important milestone in our mobilization against the coronavirus disease (COVID-19) pandemic. We must continue these efforts.

In this regard, I should like to recall that the cessation of hostilities is an indispensable condition to effectively combat the pandemic. While there has been some progress, we have also seen that the situation remains very unstable in many countries.

I would like to commend the outstanding work done by peacekeepers in extremely difficult conditions. More than ever, we must support peacekeeping operations. We must also think about how to include peacekeeping personnel in vaccination strategies.

Safe and unimpeded humanitarian access is also necessary to facilitate the rollout of vaccination campaigns against the coronavirus disease (COVID-19). The pandemic has been accompanied by an increase in attacks against humanitarian and medical personnel, which is unacceptable. The perpetrators of such crimes must be brought to justice.

Today's meeting must also be an opportunity to highlight international solidarity in the global fight against the COVID-19 pandemic. That is a *sine qua non* condition for an effective response to the crisis. France believes that COVID-19 vaccination must be considered as a global public good so as to ensure equitable and universal access thereto, as the international community reaffirmed at the most recent World Health Assembly.

Support for health multilateralism is crucial in order to overcome the pandemic. We must reaffirm the central role of the World Health Organization (WHO), the only universal health organization, in managing the crisis. We must also lend our full support to the Access to COVID-19 Tools (ACT) Accelerator initiative, which France initiated along with WHO and the European Commission so as to foster the development and production of and equitable and universal access to tools to combat COVID-19. That is why we support the British initiative for a Security Council resolution.

Global access to the vaccine will be a test for a new multilateralism that brings together both States and businesses. We must encourage production partnerships between companies in order to meet the challenge of vaccine shortages as soon as possible.

We must also ensure that vaccines are safe and effective, validated by competent and recognized regulatory authorities whose approval process guarantees the efficacy and safety of products. WHO plays that role as many countries lack the necessary expertise.

The COVID-19 Vaccine Global Access (COVAX) facility has been mobilized to meet existing needs. The facility, within the ACT Accelerator, is led by the Global Alliance for Vaccines and Immunization in collaboration with WHO. Supported

since its inception by France and the European Union, the COVAX facility has secured access to 1.7 billion doses by 2021 for 92 low- and middle-income countries, out of a total of 2.3 billion doses for 191 countries. That mechanism will ensure a fair allocation of safe vaccines to be administered according to WHO recommendations. It is essential that access to the vaccine be based on a legitimate framework defined by WHO and not according to the law of the strongest.

That is why the European Union supports COVAX and is contributing €853M to it. This issue of solidarity and equitable and universal access is at the heart of the charter for equitable access to COVID-19 health products, which France promotes and which was adopted by ACT Accelerator board members on 9 February.

The COVAX facility also takes into account the difficulties faced by conflict zones by securing doses in the context of a humanitarian reserve.

France also wishes to strengthen international solidarity regarding access to the COVID-19 vaccine by setting up a community mechanism of donated doses, alongside its European Union partners.

Finally, we must increase our efforts to bolster health systems in the most fragile States, particularly in Africa. Without resilient health systems that maintain and improve effective access to quality health services, we will not be able to fight the virus. France is mobilized in particular through the bilateral health assistance that it provides to African countries affected by the pandemic.

Now more than ever we must support the multilateral system, first and foremost the United Nations, so that the global response to the health crisis is based on the values that are at the heart of the international system: international solidarity, cooperation and responsibility.

Annex 17**Statement by the Permanent Representative of the Niger to the United Nations, Abdou Abarry**

[Original: French]

Allow me at the outset to congratulate the United Kingdom on its commitment to keeping the issue of the coronavirus disease (COVID-19) pandemic on the Council's agenda. I take this opportunity to express our gratitude to it for making today's debate a forum for us to discuss ways to ensure equitable access to COVID-19 vaccines in contexts affected by conflict and insecurity, about which our briefers, Mr. António Guterres, Ms. Henrietta Fore, Mr. Jagan Chapagain and Dr. Seth Berkley, have enlightened us in their excellent statements.

Despite the tremendous difficulties faced by all countries, large or small, rich or poor, in fighting the pandemic, there is hope thanks to the excellent work of pharmaceutical companies, which has enabled the production of vaccines, whose distribution and use have already begun.

However, as many world leaders have noted, in the face of a pandemic our health security chain is only as strong as its weakest link. No country, or region of the world, can feel protected or safe so long as all other countries and regions are not, because, it must be recalled, the virus knows no borders.

It is therefore imperative to ensure that vaccine distribution does not give rise to protectionist or inconsistent health responses, where certain countries would make use of this common good as an instrument for advancing their hegemonic visions and other spheres of influence instead of a coordinated, inclusive and comprehensive international response. To date, it is estimated that countries with only 16 per cent of the world's population have purchased 60 per cent of the global vaccine supply.

That artificial shortage, as the Director-General of the World Health Organization so aptly termed it, undermines the efforts of many countries, especially those in conflict zones, to respond to the imperatives of international humanitarian law, in particular the obligation to prevent and manage epidemics and to guarantee access to health care, including vaccinations, without discrimination.

Now is the time to commend the efforts of that organization to establish a humanitarian buffer ensuring that up to 5 per cent of COVID-19 vaccine doses purchased through the COVAX facility are used as a stockpile reserve for people in need, or in conflict zones, in particular internally displaced persons, migrants, asylum-seekers and others. My delegation supports that initiative, through which African countries will be able to obtain sufficient quantities of vaccines at affordable prices.

Notwithstanding the efforts of the Heads of State and Government of the African Union in terms of the establishment of a vaccine supply process, thanks to the COVAX facility, that is based on the initiatives already taken by Member States and by the international community, much remains to be done to ensure full access to the vaccine for vulnerable populations in situations of conflict or fragility. In order for that access to be effective, it is high time to show through our actions the meaning of true human solidarity.

Ensuring that people living in conflict and fragile situations receive COVID-19 vaccines and are not left behind by national and international immunization programmes requires addressing key barriers to vaccine delivery in such countries through adequate preparation.

The Council and the international community must resolutely combat the pandemic, which constitutes a genuine threat to international peace and security. We must also work to capitalize on the experience acquired by certain countries, particularly in the fight against the Ebola virus disease.

In that regard, the putting in place of strong measures to ensure the availability of essential medical supplies, including laboratory equipment, personal protective equipment and tests, is a tribute to the lessons that those countries and the international community as a whole have learned from the Ebola crisis. There is no doubt that with the invaluable support of the World Health Organization, the Global Alliance for Vaccines and Immunization and other partners that are already involved, we can work to put in place even more effective immunization strategies.

Equally important is the fact that attention must be paid to the awareness campaign undertaken by various Governments, with a view to building trust and overcoming mistrust in vaccines. To that end, the involvement of young people and women, the private sector, civil society and traditional and religious leaders in the design and development of communication plans is vital.

I would like to conclude by affirming that today is not a time for words; it is a time for action, to honour the memory of all our loved ones, carried away by the millions, alas, by this terrible pandemic, so that, as Albert Camus said in his novel *The Plague*, we can learn that in the midst of plagues, there is more in men to admire than to despise.

Annex 18**Statement by the Permanent Representative of the Russian Federation to the United Nations, Vassily Nebenzia**

[Original: Russian]

We thank the briefers for the information that they shared. We appreciate the initiative of the British presidency to convene this video-teleconference on issues related to countering the novel coronavirus pandemic.

One of the key elements of that undertaking is ensuring equitable universal access to coronavirus disease (COVID-19) vaccines. To do so, we must have a portfolio of safe and effective solutions and help interested Member States to deliver vaccines to those in need. We believe that most of these issues are the prerogatives of the specialized mechanisms of the United Nations system — primarily the World Health Organization (WHO), the General Assembly and the Economic and Social Council. We believe also that a general discussion of this topic goes beyond the competence of the Security Council. However, we are ready to discuss the progress made in the implementation of resolution 2532 (2020) in the context of Security Council activity.

The COVID-19 pandemic is a very difficult ordeal for all of us. It shows that it is impossible to ensure epidemiological safety in one country alone and that collective international efforts are vital. Russia supports the central role of WHO as a multilateral mechanism coordinating the global response to health-care emergencies while respecting the sovereignty of its Member States.

Unfortunately, the global COVID-19 outbreak has not spared States in a situation of armed conflict and now threatens to further aggravate the already dire humanitarian consequences thereof. Armed action hampers the effective implementation of anti-pandemic measures, poses a threat to medical infrastructure and diverts governmental resources from public health care. That is why Russia was among the first to support the call of the Secretary-General for a global ceasefire.

We have consistently highlighted the need to introduce a humanitarian pause in conflict zones. We stress once again that in accordance with resolution 2532 (2020), those measures do not apply to operations aimed at countering internationally recognized terrorist groups that seek to benefit from the current situation and gain advantage on the ground. We are also convinced that amid a coronavirus outbreak, the threat of the deterioration of the humanitarian situation in armed conflicts should be considered in the context of the specific country situations that appear on the Council's agenda.

Although COVID-related restrictions create specific new challenges for United Nations peacekeeping operations, so far the Organization has managed to avoid any serious negative impact from such limitations. In terms of countering the pandemic, Security Council efforts should focus on supporting the activities of peacekeeping operations, ensuring that settlement processes proceed uninterrupted and implementing the universal ceasefire initiative. In that regard, we commend the efforts of the Secretariat aimed at the prompt vaccination of peacekeeping contingents, made in close cooperation with the relevant group of friends composed of interested States. We believe that the inoculations themselves must be given on a voluntary basis.

We must recall once again that resolution 2532 (2020), among other things, also supports the Secretary-General's call to lift the illegal unilateral sanctions that are undermining the capacities of the affected countries — especially developing countries — to counter the pandemic and to ensure a socioeconomic recovery from

its effects. The persistent attempts made by those who support that illegitimate practice of silencing those who would discuss this issue at the United Nations or dismiss it permanently by referring to the invalid “humanitarian exemptions” are not solving this problem. In that regard, we would recall the initiative by the President of Russia, Vladimir Putin, to create “green corridors”, free from trade wars and sanctions, to deliver basic goods and medications to States in need.

Russia is making a meaningful contribution to the global fight against COVID-19, inter alia, in the context of ensuring access to safe and effective vaccines for the world’s population. Russian vaccines against the coronavirus were among the first in the world. Two of them — Sputnik-V, which is based on an adenoviral platform, and EpiVacCorona, based on a peptide platform — have already been registered and made available for circulation. The third Russian vaccine, CoviVac, is based on the neutralized coronavirus. It is now at an advanced stage, with registration pending.

The results of the clinical trials of Sputnik-V, published recently in the reputable medical journal *The Lancet*, prove its high level of effectiveness and safety. As of today, Sputnik-V, which is easy to store and transport, has been approved in 27 countries of Europe, Africa, Asia, the Middle East and North and Latin America. It ranks among top three leading COVID-19 vaccines based on the number of permits issued. WHO is considering bids to include our vaccines in the emergency use listing.

We cannot but agree with Secretary of State Blinken that vaccine misinformation is unacceptable and that we need to consolidate our efforts.

Russia has also contributed to combating the pandemic by dispatching about 20 medical missions to 15 countries and sending testing systems to 50 States while also supplying, free of charge, thousands of items of equipment and millions of personal preventive equipment (PPE) items. We are building on our contacts with the Access to COVID-19 Tools Accelerator and are also open to cooperation with all interested partners to foster the accessibility of Russian vaccines, medications and PPE through localization of their production. We are ready to engage in other formats of international cooperation to counter the pandemic through joint efforts.

In conclusion, we note that the Council is largely united in favour of harmonizing efforts in that area and against any abuse of vaccines for whatever purpose. As of today, that is the most important assistance that we can render to those in need. We reiterate our call, which can also be applied to other types of assistance, for depoliticized aid free of any political conditions.

Annex 19**Statement by the Permanent Representative of Afghanistan to the United Nations, Adela Raz**

I thank you, Mr. President, and your delegation for hosting this timely high-level Security Council open debate on ensuring equitable access to coronavirus disease (COVID-19) vaccines in contexts affected by conflict and insecurity. I would also like to thank His Excellency Mr. António Guterres, Secretary-General of the United Nations, and the other briefers for their insightful statements and strong expressions of support to vulnerable communities and vaccine equity.

This discussion is of the utmost importance for all conflicted-affected countries, including Afghanistan. While we share the international community's optimism over the approval and distribution of vaccines, we are cognizant of the enormous challenges that will come in ensuring equitable access to vaccines for all countries, and the subsequent complex task of inoculating all Afghans to finally defeat the virus.

I believe we all agree that the equitable distribution of vaccines must be at the centre of our efforts to build back better. A failure to achieve universal access will further exacerbate inequalities around the world. The virus will continue to spread and mutate into new strands until we achieve wide-spread vaccination in every corner of our planet. Global supply chains will not recover, and our people will not be able to engage in international commerce and policy. The only way to defeat the virus and build back better is to ensure the vaccine is a global public good.

We welcome efforts by Member States and international organizations to promote universal access through the COVID-19 Vaccine Global Access (COVAX) Facility. But much more is needed. COVAX must be fully funded, and additional resources are needed to ensure all people in the world's most vulnerable countries can get the vaccine, not just 20 per cent.

But access to the vaccine is only the first difficult part of a complex equation when it comes to the situation of countries affected by conflict and insecurity. While people around the world stayed safe at home, Afghans had to face the virus under the stress of relentless and inhumane attacks by the Taliban and other terrorist groups. These groups displayed a complete disregard for international humanitarian law and refused to adhere to the worldwide calls for a humanitarian ceasefire to allow Governments to focus on fighting the effects of the pandemic. In fact, they have increased levels of violence and targeted killings, despite the clear condemnation by the international community in a statement released on 31 January 2021.

Meanwhile, the effects of the pandemic have been grave. It has forced many of our people into poverty, increased levels of unemployment and exacerbated our already complex situation with internally displaced people and returning refugees. Today approximately 18.4 million Afghans need humanitarian support, an increase of almost 100 per cent in 2020. Our Government has responded to this crisis with our limited resources and with the support of our generous partners. But there is only so much we can accomplish while groups like the Taliban continue to wage war against their own people and the aid and humanitarian workers trying to assist them. So today we reiterate our call on the Taliban to adhere to the Secretary-General's appeal for a ceasefire and resolution 2532 (2020).

Without a ceasefire and complete humanitarian access, the Afghan population will never be vaccinated against COVID-19. Let us not forget that, the last time the Taliban decided to actively act against science and public health, Afghanistan saw the re-emergence of polio after years of a sharp decline in cases. If the Taliban are

truly committed to peace, they should understand that the fight against COVID-19 requires universal access to vaccines and for them to cease all hostilities to allow for a vaccination campaign to cover all of Afghanistan.

We therefore appeal to the United Nations, especially the Security Council, to make further efforts to implement resolution 2532 (2020) and call on the Taliban to finally adhere to a ceasefire so that the urgent challenges of this pandemic can be effectively addressed. This will not only be beneficial to the long-term safety of our people and our ability to build back better, but it would also be a sign of good faith and show that the Taliban are committed to a prosperous and peaceful Afghanistan as well as to the success of the peace talks, as the only means for achieving permanent peace, stability and a political solution. At the end of the day, it would symbolize not only an agreement with the Government of Afghanistan but with its people — a group whose trust the Taliban need to earn.

Annex 20**Statement by the Permanent Mission of Australia to the United Nations**

A global pandemic requires a global and equitable response. That is why Australia has consistently advocated for equitable access to safe and effective coronavirus disease (COVID-19) vaccines for all. A key element of our response is our COVID-19 Vaccine Global Access (COVAX) Facility Advance Market Commitment (AMC). We must ensure that the global response leaves no one behind. We are not safe until we are all safe. This includes the most vulnerable people living in conflict and fragile settings.

The World Bank Group's 2021 list of fragile and conflict-affected situations includes seven small States facing high levels of institutional and social fragility. Six of them are in the Pacific. Australia was therefore pleased to see the specific challenges and vulnerabilities faced by International Development Association small economies recognized in the COVAX AMC list of eligible countries. The pandemic has highlighted many of the pre-existing challenges and fragilities in these complex environments, including economies of scale, vulnerability to natural disasters and limited capacity.

Australia agrees that the COVAX Humanitarian Buffer is an important measure, but it should not be viewed as an alternative to State responsibility. Vulnerable populations must be prioritized in national deployment and vaccination plans. Where the Buffer is deployed, and for other international efforts in these settings, we should continue using trusted partners — such as UNICEF, the World Health Organization and the International Federation of the Red Cross — as well as civil society organizations.

Building community confidence in vaccines has never been more important. We must work with community leaders and influencers, support community health workers and ensure that we have effective systems in place to effectively and efficiently deliver COVID-19 vaccine programmes. We are not safe until we are all safe.

Annex 21**Statement by the Permanent Representative of Bahrain to the United Nations, Jamal Fares Alrowaiei**

[Original: Arabic]

I thank the Permanent Mission of the United Kingdom for convening this important meeting, which is taking place against the backdrop of ongoing disputes and conflicts around the world, despite the exceptional circumstances associated with the challenges posed by the coronavirus disease (COVID-19) pandemic.

I am also grateful to the Secretary of State for Foreign, Commonwealth and Development Affairs of the United Kingdom, Dominic Raab, for chairing the meeting and to Secretary-General António Guterres, the Executive Director of the United Nations Children's Fund, Henrietta Fore, and the other speakers for their valuable statements.

Hands-on efforts have led to the development of COVID-19 vaccines in record time, making it possible to work towards a gradual return to normal life around the world. At the same time, however, the pandemic has highlighted the need for international solidarity and co-ordination. The world and, in particular, the Middle East region, still face numerous challenges and threats. Armed conflicts are weakening the infrastructure, including health care facilities, and exacerbating the suffering of civilian populations in the affected countries. Conditions on the ground make it difficult to deliver medical assistance to the people who need it.

Bahrain therefore reiterates its support for the Secretary-General's appeal for a global ceasefire. In order to tackle the pandemic, States and international organizations must focus their efforts on providing medical assistance to those who need it, particularly in conflict zones.

We are convinced that international cooperation and collective action are essential to defeat the virus. Accordingly, under the leadership of King Hamad bin Isa Al Khalifa, Bahrain has from the outset strengthened cooperation with international stakeholders, particularly the World Health Organization, to confront the pandemic. Bahrain has thus been an effective participant in international efforts to combat the virus. It has also contributed to international efforts to develop a safe vaccine through volunteer participation in stage-3 clinical trials for one of the vaccines.

At the national level, Bahrain acted swiftly to contain the virus and address its effects. Three full weeks before its first confirmed case, Bahrain began putting in place the infrastructure necessary to tackle a global crisis of such magnitude. It established a committee chaired by His Royal Highness Prince Salman bin Hamad al-Khalifa, Crown Prince and Minister of the Interior of Bahrain, to coordinate decision-making across the range of Government stakeholders. National working groups responsible for combating the spread of the virus met daily. The BeAware Bahrain application was introduced to facilitate contact tracing and gather data regarding the virus, polymerase chain reaction tests and vaccinations. Bahrain has authorized the emergency use of four vaccines. These are provided free of charge as part of the national vaccination programme, which covers citizens and residents alike.

Lastly, Bahrain wishes to emphasize once again that we must set aside our disputes, foster solidarity and cooperation, and work together to confront the current challenges and strengthen global preparedness to prevent the recurrence of such threats. Bahrain is committed to working with the international community to realize the sustainable development goals with a focus on health security.

Annex 22**Statement by the Permanent Representative of Bangladesh to the United Nations, Rabab Fatima**

I thank the United Kingdom for arranging during its presidency this important debate on coronavirus disease (COVID-19) vaccination in contexts of conflict-affected areas. I also thank the briefers for sharing their insights on the challenges of COVID-19 vaccination in conflict situations and how to minimize them.

The devastating impact of COVID-19 has affected the health and livelihood of all. We are going through a testing time. With more than 2.4 million deaths and over 110 million confirmed cases, and a global economic impact that has triggered the worst recession since the Second World War, this pandemic has left its mark on every single one of us. However, despite the enormous scale of the challenges, the world has also witnessed a new era in international cooperation, scientific collaboration and recognition of front-line workers. The role of peacekeepers in offering various types of support to local communities, including women and children, as they strived to prevent the spread of the virus is widely recognized and appreciated.

We extend our thanks to the leadership of the United Nations, particularly the Secretary-General, for his leadership and efforts in the maintenance of international peace and security during these trying times. His global ceasefire appeal at the start of the pandemic was also a timely and bold initiative. Bangladesh supported the appeal and was a co-lead of a group of cross-regional countries in issuing a statement supporting the appeal, which received overwhelming support from over 170 countries.

I also commend the Department of Peace Operations and the Department of Operational Support for their timely actions in addressing the concerns raised by troop- and police-contributing countries with regard to the safety and security of peacekeepers. We remain engaged with them, as we are yet to overcome the additional challenges that the pandemic situation brings.

Global COVID-19 vaccination drives have started with the promise of bringing this crisis to an end. Yet there are many challenges. I would like to mention a few of them.

First, although developments towards vaccines were undoubtedly very encouraging, the roll-out of vaccines throughout the world is not satisfactory. Rather, it perpetuates the existing inequalities and exclusion. It is particularly important to ensure that vaccines be made available to all. Rapid, fair and equitable access to COVID-19 vaccines for people all across the world, regardless of their ability to pay, should be ensured. We need global commitment to treat COVID-19 vaccines as a global public good.

Global solidarity and collaboration have been key to the COVID-19 response. As we recover and rebuild, we need to show once again that same global solidarity and collaboration. We need to ensure that no one is left behind. This is vital because, unless everyone is protected from COVID-19, we all remain at risk.

Secondly, the COVID-19 Vaccine Global Access (COVAX) Facility is an unprecedented example of global solidarity and a global solution to a global pandemic. The necessary funding to COVAX should be ensured to reduce the gap in the vaccine divide that we are currently witnessing between developed and developing countries. This is crucial to fulfil the goal of COVAX to deliver by 2021 2 billion doses of safe, effective vaccines equally to all participating countries, proportional to their populations, including vulnerable groups and marginalized people in fragile situations. Additional funding to the COVAX Facility will also help expand the provision of vaccines for emergency and humanitarian use.

Thirdly, health systems around the world were not prepared to deal with the pandemic, and neither have they been resilient enough to mitigate its impacts. The situation in conflict-affected areas is graver. For people living in conflict-affected areas, access to basic health services is often challenging. These populations deserve to be protected from this pandemic. They must also be included in national vaccination programmes and be recognized as people in need of the health protections the vaccine will provide.

Bangladesh is committed to contributing to the maintenance of international peace and security. We are presently the largest contributor of troops and police in United Nations peacekeeping operations. We have taken all measures to protect our peacekeepers from getting infected and are vigilant so that they are prevented from exposing themselves to COVID-19 in mission areas. These measures include proper supply of personal protective equipment, predeparture COVID testing and awareness about the health and hygiene. Now that vaccines are available in Bangladesh, we will ensure that all peacekeepers get vaccinated prior to their deployment to mission areas.

In the context of conflict-affected areas, we remain concerned about the accessibility to vaccines for the peacekeeping personnel who are already in mission areas. We urge the United Nations to make sure that an inclusive system is put in place to provide for the early vaccination of our peacekeepers and other United Nations front-line workers. The United Nations should take all the necessary measures to arrange vaccines in mission areas, including — if required — the deployment of more health-care workers who can implement the vaccination programmes and deliver vaccines to the peacekeepers and other vulnerable populations in fragile and conflict-affected areas. That is also key to the implementation of resolution 2532 (2020).

In that context, I wish to reiterate that it is important to include the necessary resources for dealing with such health and other emergencies in the mandates of future peace operations.

In that regard, we greatly welcome the announcement made by the Government of India to provide 200,000 doses of vaccines for United Nations peacekeepers. We thank India for its continued solidarity and support, through the Vaccine Maitri initiative, in stepping up to protect peacekeepers.

Annex 23**Statement by the Permanent Mission of Belgium to the United Nations**

[Original: French]

In recent months, we have witnessed unprecedented needs and challenges. Beyond the dramatic socioeconomic consequences of the coronavirus disease (COVID-19) crisis, this pandemic has once again demonstrated the price to be paid for underfunded and underprioritized public health services. Vaccination campaigns have been disrupted, putting at least 80 million children at risk of illness and death. In addition, mistrust and misinformation are undermining the effectiveness of the response and of new vaccination campaigns. We are witnessing hate speech, stigmatization and misinformation fuel violence against civilians and health workers. Armed groups are taking advantage of the gaps left by the health crisis to extend their grip on the population. The pandemic has highlighted challenges around the world and has exacerbated the inequality, fragility and human cost of conflict.

The coronavirus vaccine should be considered a global public good. Belgium promotes equitable access to vaccines for all through its support for the COVID-19 Vaccine Global Access (COVAX) Facility. To date, the European Union (EU) and its member States have contributed €853 million, making the EU one of the largest donors to COVAX. Belgium itself is contributing €4 million to COVAX in 2021, thereby helping ensure access to vaccines for the 92 low- and middle-income countries participating in COVAX. Indeed, COVAX is the only global initiative that works with Governments and manufacturers to ensure that COVID-19 vaccines are available worldwide, including in areas of armed conflict.

It is in these conflict situations in particular that the Security Council has an important role to play. Access to vaccines can never be considered equitable as long as civilian populations in conflict zones are deprived of them for ill-conceived reasons that serve only the narrow interests of the authorities or armed groups in power. In order to maintain international peace and stability, it is the Security Council's responsibility to ensure access to civilian populations in conflict zones; to guarantee the protection of humanitarian and medical workers, both against physical attacks and the dissemination of fake news; and to halt attacks on health facilities, as seen in Syria, and against health care in general.

The Council could again call for a global ceasefire, as it did in resolution 2532 (2020), or it could follow up on its implementation. The Council could empower peacekeeping missions to take on vaccine delivery in a more structural way by adapting their mandates to such a task. The Council could even impose measures against actors who seek to obstruct the rapid and reliable delivery of vaccines. In any event, the Council should not exclude consideration of any means at its disposal to ensure the well-being of civilian populations in areas of armed conflict.

Today's world, weakened by the COVID-19 crisis, cannot afford geostrategic divides. This is a crisis on all fronts — health, humanitarian, economic, security, hunger, protection and human rights. A coordinated global response is the only way to address these multiple crises, which require us to take more concerted action. Belgium stands ready to assume its responsibilities to that end. That is why we share your concerns about the implications of inequitable access to the COVID-19 vaccine for global peace and stability in an already fragile environment.

We therefore fully support the Secretary-General's leadership and all initiatives to address the consequences of the COVID-19 pandemic. In the words of the Secretary-General, "vaccinationalism" is toxic, because no one is safe until

everyone is safe. Global solidarity is equal to self-interest. Belgium is convinced that the only way to fight the virus and its new strains is through multilateral cooperation based on the principle of leaving no one behind.

Annex 24**Statement by the Permanent Representative of Brazil to the United Nations, Ronaldo Costa Filho**

Brazil congratulates the British presidency of the Security Council on convening this debate on the implications of the coronavirus disease (COVID-19) pandemic in the realm of international peace and security — the fourth of its kind since the adoption of resolution 2532 (2020). As the second wave of the pandemic strikes around the globe, we also applaud the decision to consider in the Security Council the issue of vaccination in conflict and post-conflict situations.

As a general observation, Brazil is pleased to see the Security Council rise up to the occasion and step up to the plate, thus fulfilling its constitutional authority of preserving international peace and security when called upon. The pandemic has impacted global peace, and the Council has not shied away from its responsibilities. For that we commend the relentless efforts undertaken by France and Tunisia, whose determination was instrumental in rallying the Council around the goal of containing this deadly virus.

However, we would also add a note of warning that the competence of the Security Council vis-à-vis the implications of pandemics should be limited to its relationship to threats to international peace and security, as we must avoid the temptation of extending the Council's purview to every aspect of international life.

We support the full implementation of resolution 2532 (2020), including for laying the foundation for a humanitarian pause, and we echo the Secretary-General's call for an immediate global ceasefire, which inspired its adoption in the first place. Brazil is proud to have endorsed the Secretary-General's call, as one of 170 signatories to the declaration in support of his appeal for a global ceasefire and as a member of the Group of Friends on the Protection of Civilians in Armed Conflict, which has lent its support to the global ceasefire in its own right. Silencing the guns is an even more pressing matter in the midst of a global and deadly pandemic.

Almost one year after the Secretary-General's pioneering call, we are encouraged by the progress achieved in dossiers that appeared otherwise intractable. The situation in Libya is a case in point. The United Nations-mediated ceasefire surfaced on the heels of the appeal, paving the way for the political understanding taking shape in the Libyan Political Dialogue Forum. Nevertheless, there is much work to be done in terms of conflict prevention and peacebuilding in order to ensure compliance with the terms of resolution 2532 (2020).

It is remarkable that the world's scientific community has managed to come up with several types of effective vaccines in less than a year's time, raising hopes that the days of the pandemic may be numbered.

Brazil is currently developing 15 national vaccine projects, in addition to having signed agreements with pharmaceutical companies AstraZeneca and Sinovac to carry out clinical trials and eventually manufacture their COVID-19 vaccines locally. Brazil is also engaged in the Access to COVID-19 Tools Accelerator, the Solidarity Trial and the Solidarity Call to Action and has been working closely with a host of stakeholders, including the Pan American Health Organization and neighbouring countries, to strengthen national health systems with a view to making vaccination universal with due brevity.

We call on the Security Council to remain vigilant about threats to international peace and security, all the more so as the pandemic continues to affect the lives and livelihoods of people, their families and communities around the world, most notably where peace and development are in short supply.

Annex 25**Statement by the Permanent Mission of Canada to the United Nations**

[Original: English and French]

The far-reaching impact of coronavirus disease (COVID-19) underscores the importance of solidarity: all countries must work together to address the pandemic, assist vulnerable populations, support the continued flow of goods and services and develop and provide equitable global access to effective therapeutics, diagnostics and vaccines.

People living in fragile and conflict-affected settings face challenges exacerbated by poverty, insecurity and, in many cases, protracted humanitarian crises and limited access to health-care services. Women and girls are disproportionately affected by COVID-19 isolation and quarantine measures, in particular by the increase in gender-based violence and limited access to sexual and reproductive health, rights and services. Collectively, we must do more to promote sexual and reproductive rights around the world in order to help women and girls move forward, even as the pandemic tries to pull them back.

In that regard, the Security Council, the United Nations and its Member States and civil society actors all have a role to play to ensure that the most vulnerable are not left behind. Canada believes that we must support other countries in their fight against COVID-19 in order to protect the most vulnerable, wherever they are. Since February 2020, Canada has demonstrated that commitment by announcing nearly \$1.6 billion in new and additional support for the global response to COVID-19.

The successful operationalization of the Access to COVID-19 Tools Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility shows that, when the world comes together, anything is possible. The Accelerator and its pillars are unprecedented in terms of how quickly global support has been mobilized, the ambition of their mission and the global impact being generated.

As a member of the COVAX Facility and a supporter of its Advanced Market Commitment, Canada is fully committed to the Accelerator. Through COVAX, Canada is supporting rapid, fair and equitable access to safe, effective and high-quality vaccines for all participating countries.

Canada calls on countries to include all the people within their borders — including refugees, internally displaced persons and migrants — in their national vaccination plans. We also call on the Security Council and all parties to conflicts to fully implement resolution 2532 (2020) and to ensure rapid, safe and unimpeded access for humanitarian personnel for the provision of all life-saving health services, including vaccination.

The role of United Nations peace operations in supporting host States, protecting vulnerable civilians and communities, including detainees, and stopping the spread of the COVID-19 pandemic is absolutely vital. Canada appreciates the extraordinary service and sacrifice of the civilian and uniformed personnel, including corrections personnel, who have been deployed to United Nations peace operations during the COVID-19 pandemic. We welcome efforts to ensure the vaccination of United Nations personnel, as that is a sovereign decision with individual informed consent, and strongly encourages the continued exchange of information between the Secretariat and Member States in that regard. Furthermore, we encourage all Member States to ensure the timely and full payment of assessed contributions, and to facilitate the movement of United Nations personnel and material across international borders,

which is critical to ensuring that United Nations peace operations can support efforts to end the pandemic while still fully delivering on their mandates.

Canada also recognizes the important role of civil society organizations, the United Nations and other humanitarian agencies in immunization — not only with regard to service delivery and provision to underserved communities, including fragile and conflict-affected communities, but also as it relates to planning, oversight and accountability. We must work together to combat vaccine hesitancy and build trust and confidence in immunization.

Furthermore, Canada continues to advocate for the full implementation of resolution 2286 (2016) and the protection of medical and humanitarian personnel, including locally recruited responders on the front lines of the pandemic response, their means of transport and equipment. Canada calls for rapid, safe and unimpeded access to those in need, in accordance with international law. Canada also highlights the work of programming partners in conflict prevention and peacebuilding, including women peacebuilders, who have adjusted their activities to address and mitigate pandemic impacts.

Canada remains committed to a robust, human-rights-based and gender-responsive approach, underpinned by multilateralism and collaboration, to stop the spread of COVID-19 and address its devastating health, nutrition, social, economic and security impacts on people around the world, including in countries affected by conflict and fragility.

Annex 26**Statement by the Permanent Representative of Cuba to the United Nations, Pedro Luis Pedrosa Cuesta**

[Original: English and Spanish]

Seven months after the Security Council adopted resolution 2532 (2020), the coronavirus disease (COVID-19) pandemic continues to be a global challenge that has sparked a crisis of manifold and ravaging effects, not only in the area of health but also the economy, trade and our societies at large.

The pandemic has exacerbated an international scenario characterized by the fragility of health systems and the hoarding of scientific and technological breakthroughs in the pharmaceutical business and the commercialization of medicine, instead of one that prioritizes human lives and their well-being.

The current international order, with its persistent and pronounced disparities among societies and nations, promotes the privileges of the rich while condemning the majority to poverty, food insecurity, underdevelopment and exclusion.

COVID-19 has led to the loss of millions of jobs and the worst economic collapse in nine decades. Nevertheless, the world's 500 richest people experienced the largest growth in their wealth in eight years. Neoliberalism has failed to tackle the pandemic and inequality. There is also an urgent need to implement comprehensive policies that place human beings first, not economic profits or political advantages.

It is alarming that only 10 countries have purchased 95 per cent of the vaccines produced against COVID-19, as reported by the World Health Organization in January. A global and joint response is necessary to ensure equitable access to immunization. The international community must work together, based on cooperation and solidarity, to develop effective and affordable vaccines for all. Otherwise, we run the risk of exacerbating inequalities, conflicts and political tensions, particularly in developing countries.

Due to its severe and multidimensional impact on our societies, the pandemic poses a threat to the sustainable development of peoples and an additional challenge to the fulfilment of the 2030 Agenda for Sustainable Development. A deep economic downturn, in which the countries of the South will be the hardest hit, looms ahead. We all are suffering from the global economic downturn, but only some of us bear the additional burden of criminal unilateral coercive measures, in violation of international law and the Charter of the United Nations. The impact of such measures has exacerbated the difficulties facing the countries subject to them in combating the pandemic and on the path to recovery.

The United States Government intensified the protracted and genocidal economic, commercial and financial blockade against Cuba with new measures, which have affected the national effort to deal with the pandemic. The emphasis on obstructing our country's main sources of income, crippling fuel supplies and hampering our trade relations reached a notorious dimension, which ended with the arbitrary and unjustified inclusion of Cuba in the spurious list of State sponsors of terrorism, unilaterally drawn up by the State Department without any legitimacy whatsoever.

Our country has achieved positive results in preventing and tackling the pandemic, based on a universal, high-quality and free health system, highly specialized human resources, a robust science and technology innovation system and a renowned biotechnological and pharmaceutical industry. Cuba will be one of the first countries to immunize its entire population against COVID-19, using its own vaccine production and distribution capabilities.

At the same time, we have been able to contribute to the fight against the pandemic on all continents. In addition to the medical cooperation already in place in 59 nations, 56 brigades of the Henry Reeve International Contingent were sent to 40 countries and territories. No action for political purposes and using false pretexts against Cuba's medical cooperation will stop our humanist, altruistic and supportive commitment.

It is up to the General Assembly, as the most representative and democratic body of the Organization, to assume the central role in coordinating international efforts to address the pandemic and its consequences. The Security Council's interference in matters outside its competence must cease, particularly those that fall within the mandate of the Assembly and other specialized agencies of the United Nations system, in this case the World Health Organization.

The reality facing us concerns us all and requires that we put the will to act and solidarity before inaction and selfishness. Humankind calls for an effective solution.

Annex 27**Statement by the Permanent Representative of Ecuador to the United Nations, Cristian Espinosa Cañizares**

[Original: Spanish]

I would like to begin by congratulating the United Kingdom on its work during its presidency of the Security Council for the month of February. I also stress the timeliness of this debate, seven months after the adoption of resolution 2532 (2020), on combating the coronavirus disease (COVID-19) pandemic, through which this organ endorsed the call for a global ceasefire.

The adoption of the resolution on 1 July 2020, which materialized just one week after the resounding support of the international community, as reflected in the joint statement of 172 countries in support of the Secretary-General's appeal, was a milestone, but it also revealed the limited capacity of the Organization to take immediate decisions in response to an emerging crisis.

In calling for an immediate humanitarian pause for at least 90 days by all parties to armed conflict, we are now beyond the time frame of the resolution with regard to some of its provisions. The two biggest challenges are therefore implementation and adaptation.

In terms of implementation, Ecuador supports the establishment of a mechanism by the Security Council, with the support of the entire Organization, to apply the provisions of the resolution and help countries to do that.

With regard to adaptation, Ecuador calls on the Security Council to consider the adoption, no later than in March, of another resolution that would provide the Council and the United Nations with the necessary tools based on the conditions on the ground, which have also evolved since last July. In the current circumstances of the global health crisis, all Members of the Organization and all its entities, including in particular the Security Council, must rise to that existential challenge.

On several occasions, we have recognized the devastating impact of the COVID-19 pandemic and the need to protect the lives, dignity and rights of people. We have seen how pandemics exacerbate crisis conditions on the ground, undermining peace, stability and security.

It is therefore vital to ensure equitable, timely and universal access to COVID-19 vaccines in, and by, all countries of the world. That must take into account the disparities between developed and developing countries. Such recognition must be accompanied by a collective effort to specifically ensure access to vaccines and medical supplies for all developing countries and all conflict-affected, as well as fragile, areas.

We must ensure that people living in those areas have access to vaccines and are not marginalized from international vaccination efforts. To that end, the Council's role is to ensure the necessary humanitarian pauses, as well as access channels, and, more broadly, the ceasefire that I mentioned at the beginning of my statement.

In conclusion, Ecuador once again calls on the Security Council to include the issue of the impact of pandemics on its monthly agenda.

Annex 28**Statement by the Head of Delegation of the European Union to the United Nations, Olof Skoog**

This statement is on behalf of the European Union (EU) and its member States. The candidate countries the Republic of North Macedonia, Montenegro, Serbia and Albania, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, align themselves with this statement.

The coronavirus disease (COVID-19) continues to spread, with new virus variants causing concerns. Initial signs of decreased levels of conflict around the world reversed in the second half of 2020, with recent data suggesting a rise in conflicts.

While the start of vaccine roll-outs is bringing initial rays of hope, we know that the global recovery challenges will be with us long beyond the acute phase of the pandemic. Socioeconomic and political grievances are on the rise, reshaping conflict dynamics and patterns and destabilizing societies, with disproportionate and differentiated effects on the elderly, women, young people, children and other people in vulnerable situations.

Rapid and equitable access to safe vaccinations for all is therefore an investment just as much in global health as it is in related questions of security and peace. From the outset, the EU has been clear: global cooperation and solidarity are crucial to fighting COVID-19 effectively. To win the battle against the pandemic, safe and effective vaccine and immunization, as well as diagnostic tests and treatment, should be accessible to all across the globe. No one is safe until everyone is safe.

From the outset, the EU has played a central role in leading multilateral responses to ensure safe and fair access to vaccines for all, supporting the rapid development and production of vaccines against COVID-19 with a total of €2.7 billion globally. Considering the COVID-19 Vaccine Global Access (COVAX) Facility the best vehicle for delivering on international vaccine solidarity, the EU and its member States, through Team Europe, have announced a contribution of more than €850 million to the COVAX Facility. That will secure at least 2 billion doses, including at least 1.3 billion — probably significantly more — doses of vaccination for 92 low- and middle-income countries, including fragile and conflict-ridden countries, by the end of the year. That is more than half of the COVAX total capacity for 2021.

The EU will maintain its support for COVAX, including the establishment of a humanitarian buffer of approximately 100 million doses for needs in humanitarian settings. It is crucial that it include a transparent allocation mechanism that is fully in line with the humanitarian principles. In addition, the EU is working on setting up an EU mechanism to facilitate the sharing of vaccines procured by EU member States through the EU's advanced purchase agreements with other countries via COVAX. Sharing vaccines with partners is essential to breaking the vicious circle of new mutations and ensuring health security for all at the global level. The EU vaccine-sharing mechanism could benefit health workers and prioritize addressing humanitarian needs. The EU also stands ready to support vaccination campaigns in third countries through its development, humanitarian and civil protection instruments.

To ensure access to objective information on vaccines and to debunk misinformation contributing to vaccine hesitancy, the EU, in close coordination with the World Health Organization (WHO) and other partners, is countering lack of information and data voids with coherent and consistent messaging to audiences globally. The EU stepped up efforts to expose and counter coordinated disinformation

campaigns targeting vaccine producers and making allegations of weak assistance to others.

The need for manufacturing at scale, sufficient distribution, adequate storage and administering the vaccines are testing all our financial and logistical capacities, as well as global collaboration and solidarity. The EU considers cooperation the best way forward: public-private partnerships, with the pharmaceutical industry developing and manufacturing vaccines, and multilateral mechanisms to guarantee safe, fair and equitable access for all.

Another challenge is the delivery of vaccines to countries with disrupted, or broken, import flows and damaged infrastructure. The EU is reinforcing routine immunization programmes with WHO, which could also support the COVID-19 response, and is considering supporting the delivery of vaccines and sending advisory missions to support vaccination campaigns in countries in need under the Emergency Response Coordination Centre. Access to vaccines is not enough. Vaccination is an important part of the fight against the pandemic but it requires strong health systems. Therefore, in addition, the EU provides systemic support for the strengthening of health systems in partner countries, which helps to tackle the pandemic, be better prepared for the vaccine roll-out and prevent future outbreaks.

The Security Council can play an important role in helping the international community to focus on ensuring that the world's most vulnerable populations affected by conflict and insecurity also receive fair and equitable access to vaccines. That includes bringing attention to the devastating effects that the pandemic has on people in fragile settings and remaining open to considering the role that peace operations can play in that context. The EU supports the efforts of the Secretariat to find short-term solutions to the vaccination of uniformed peacekeeping personnel until national health systems are able to take over. The EU strongly supports the Secretary-General's call for a global humanitarian ceasefire.

The EU will continue to help to lead the multilateral response to this devastating global pandemic, in close cooperation with WHO and the United Nations. We fully support the Secretary-General's initiatives to use this opportunity to strengthen the multilateral system. In that context, the EU will continue to promote the strengthening of the multilateral health architecture, including through the ongoing WHO reform process. We also recall the upcoming Global Health Summit under the current presidency of the Group of 20, co-hosted with the European Commission, on 21 May, which seeks to advance global pandemic preparedness and global health security and strengthen the multilateral global health architecture.

The EU will continue to work with the United Nations and other partners to help ensure a better, safer, greener and fairer global response and recovery, taking into account the mid- and long-term impacts of the pandemic on peace and stability. In order to comprehensively address the effects of the pandemic, the EU and its member States have been applying a strong joined-up approach — Team Europe. Through that joint effort, which also includes the European Investment Bank and the European Bank for Reconstruction and Development, a global recovery package of €38.5 billion has been mobilized to help our partners across the world address the short- and longer-term needs resulting from the pandemic, including, for instance, through humanitarian support and by strengthening health systems and fostering economic recovery and social protection.

Annex 29**Statement by the Federal Minister for Foreign Affairs of Germany,
Heiko Maas**

I would like to thank the United Kingdom presidency of the Security Council for bringing this important topic to the Council.

I align myself with the statement submitted by the observer of the European Union (annex 28).

The coronavirus disease (COVID-19) is placing massive strains on every country's health-care, social, economic and security infrastructures. However, that burden is so much heavier in countries that are going through conflict and crisis. Protecting people and societies in such fragile settings from the impacts of the pandemic is not just an urgent health and socioeconomic matter; it is an essential element of maintaining international peace and security.

Resolving conflicts and protecting civilians from the scourge of war are the Security Council's most noble task. We are encouraged by the positive developments in Libya and the progress being made towards a political solution within the Berlin process. Unfortunately, the Council's call for a global ceasefire during the pandemic remains unheard in far too many conflicts. That is why the Security Council and the international community must do their utmost to implement resolution 2532 (2020) in full.

We will not defeat the pandemic and we will be forced to fight an increasing number of variants if we do not ensure that vaccines can reach all people in need, including in fragile environments. To do this, humanitarian organizations need unhindered access — for example, in north-western Syria, where over 3 million people depend on the Security Council to extend the cross-border resolution beyond its current deadline.

We have to keep United Nations peacekeeping missions operational, as they deliver political support and stability to some of the most vulnerable countries. Germany has therefore joined the Group of Friends for Vaccination of Peacekeepers and serves as its Vice-Chair. This is a prime example of how we can tackle the global challenges imposed by the COVID-19 crisis: through strong multilateral cooperation in a spirit of solidarity, with a strengthened World Health Organization at its centre.

And this is particularly true for the distribution of vaccines themselves, especially in least-developed countries. We firmly believe that the Access to COVID-19 Tools (ACT) Accelerator, and particularly the COVID-19 Vaccine Global Access (COVAX) Facility, are the best ways to ensure fair and equitable worldwide access — not only to vaccines but also to diagnostics and therapeutics.

Together with our European partners and as part of the Team Europe effort, Germany has been contributing to ACT and the COVAX Facility from the outset. Since it was launched last April, Germany has provided €600 million in 2020, making us the third-largest contributor to date. To fill existing gaps, we will step up these efforts and contribute an additional €1.5 billion to COVAX in 2021. As part of this, €100 million is specifically destined to the COVAX Humanitarian Buffer, serving the needs of the most vulnerable populations in crisis settings.

Of course, the up-to 338 million doses that COVAX plans to distribute to 145 countries, including 93 developing countries, in the first half of 2021 will be only a first step. More must follow.

Germany remains committed to a global solution to this global crisis. We know that no one is safe until everyone is safe. But this will require a spirit of global solidarity and multilateral cooperation. It is through that spirit that we all can emerge stronger.

Annex 30**Statement by the Permanent Mission of Guatemala to the United Nations**

[Original: Spanish]

More than a year has now passed since the world began to be impacted by an unprecedented event: the pandemic resulting from the coronavirus disease (COVID-19). This humanitarian crisis required an immediate and coordinated response, in which revitalized multilateralism and international cooperation have been priorities. I therefore wish to thank, on behalf of the Government of Guatemala, the United Kingdom, in its capacity as President of the Security Council, for having convened this open debate on ensuring equitable access to COVID-19 vaccines in contexts affected by conflict and insecurity.

Since the onset of the pandemic, the Government of Guatemala has taken urgent decisions with the aim of assisting the population, protecting lives and ensuring the necessary conditions to protect the health and well-being of all Guatemalans, while safeguarding the national economy. Faced with the pandemic, we redoubled efforts to uphold Guatemalans' constitutional and universal right to life through steps to ensure conditions for the equitable, accessible and universal provision of COVID-19 vaccines to distribute the first round of vaccinations among the population as swiftly as possible.

In February of this year, the Ministry of Public Health and Social Services of my country presented the National Vaccination Plan against COVID-19 in Guatemala, with the aim of safeguarding the integrity of the health system, reducing mortality and severe burden of disease, reducing socioeconomic impact, preserving the continuity of essential services and reducing the spread of the virus among the population in general. It tackled these things through four phases.

In this regard, Guatemala has confirmation from the COVID-19 Vaccine Global Access Facility that it will receive the first batch of approximately 800,000 doses of the AstraZeneca vaccine, which will arrive in a staggered manner, based on production capacity, to start vaccinating health personnel, emergency workers and vulnerable elderly adults.

However, since it is essential to eliminate COVID-19 globally, there is a collective and shared responsibility to eliminate this disease as an integral part of sustainable and equitable development, which is why Guatemala is taking steps and measures to access enough vaccine to meet national need. In this regard, we reiterate the urgent call for the equitable, accessible and universal distribution of COVID-19 vaccines to developing countries, thereby upholding the right to health and protecting the well-being of all persons.

It is important to seek appropriate mechanisms to ensure that people living in fragile, remote and conflict-affected contexts receive COVID-19 vaccines in a safe and effective way through national and international vaccination programmes. We stress that vaccine distribution in contexts of instability will require specific logistics, financial resources and, in particular, security for health workers.

We must recognize that there is a high level of disinformation generating doubts about vaccine efficacy, making it crucial to devise information strategies to help clarify existing uncertainty among various segments of the global population.

Concerns about unequal access to vaccine among developed and developing countries emerged in initial roll-out, which must not be ignored. The Director-General of the World Health Organization (WHO), Dr. Tedros Adhanom Ghebreyesus,

speaking to the WHO Executive Board on 18 January, warned that “the promise of equitable access is at serious risk”. He indicated that 39 million doses had already been administered in at least 49 highest-income countries, while a low-income country had received only 25 doses.

I should like to underscore that our region has been hit hard not only by the pandemic but also by natural disasters. In the particular case of Guatemala, we paid a high price in human lives lost to an unprecedented health crisis at the same time as working towards the necessary economic recovery. That is why I reiterate the appeal by the Government of Guatemala during the general debate of the General Assembly at its seventy-fifth session, regarding facilitating the availability of logistics infrastructure in Guatemala to distribute COVID-19 vaccine to the entire population (see A/75/PV.14, annex XVI).

Annex 31**Statement by the Chargé d'affaires of Indonesia to the United Nations, Mohammad Kurniadi Koba**

At the outset, I would like to thank United Kingdom for organizing this open meeting on ensuring equitable access to coronavirus disease (COVID-19) vaccines in contexts affected by conflict and insecurity.

Despite the Secretary-General's call for a global ceasefire in the midst of a global pandemic, armed conflicts persist, with the people living in conflict-affected areas facing both the threat of armed conflict and the pandemic.

Vaccines remain an essential element in fighting this pandemic. We are supportive of developing scientifically effective vaccines to fight against the COVID-19 pandemic. Therefore, production and distribution are very crucial to ensure that this pandemic can be contained sooner rather than later. COVID-19 vaccines should be secured for all countries in a manner that observes equitable distribution across all countries.

Against this backdrop, allow me to highlight three pertinent points.

First, global solidarity is needed to fight the COVID-19 pandemic. Last March, when the pandemic began, Indonesia, together with several other delegations, initiated General Assembly resolution 74/270 to voice the importance of intensifying international cooperation to defeat the pandemic. Since the very beginning, the key solution for this issue has definitely been collaboration and close partnership.

Through such an approach, we can easily communicate and engage local communities with accurate information on the distribution and benefits of COVID-19 vaccines. We also need to fight the spread of "infodemics", which are spreading misinformation on the vaccine and widening distrust among nations. We need to ensure that the pandemic does not further escalate tension between countries. Indonesia firmly believes that a global pandemic can be solved only through global solidarity and cooperation. Let us all work together to recover from this pandemic.

Secondly, we must address the affordability of accessing COVID-19 vaccines. In the latest General Assembly resolution on global health and foreign policy (resolution 75/130), which was facilitated by Indonesia and supported by almost all Security Council members, it is clear that we need to ensure affordable health care for all. This includes the focus on availability, accessibility and affordability of safe, effective and essential medicines, vaccines, diagnostics and health technologies to fight against the COVID-19 pandemic.

While Governments around the world race to secure access to these newly developed vaccines, people in conflict affected-areas are still struggling just to get access to basic health-care systems, let alone COVID-19 vaccines.

Armed conflicts also pose a logistical challenge in distributing vaccines to people serving in these conflict-affected areas, especially peacekeepers and humanitarian workers. Therefore, the implementation of the Secretary-General's call for a global ceasefire is today more pressing than ever. A global ceasefire is our ticket to ensuring the creation of conditions conducive for vaccine distribution to conflict areas. Hence we need to work together to strengthen our support to conflict-affected countries to secure the distribution of vaccines. No one should be left behind.

Thirdly, we must strengthen a global vaccination campaign. Indonesia is always at the forefront of advancing multilateralism. Our commitment to ending this pandemic is shown through Indonesia's co-chairmanship, with Canada and Ethiopia, of the COVID-19 Vaccine Global Access (COVAX) Advance Market

Commitment Engagement Group. We believe that the reality of the COVAX Facility, with its mission to ensure equal global distribution of COVID-19 vaccines, will set an historic precedent in multilateral cooperation. Not only tackling global pandemic, it also aims to provide a win-win solution for all in the global health arena.

Together, we need to ensure the rapid, fair, equitable and affordable access to COVID-19 vaccines for every country in the world, rich and poor. We also see the importance of sufficient supplies of vaccines available for humanitarian deployment and other emergency-related situations.

To sum up, we need to ensure the availability, accessibility and affordability of COVID-19 vaccines and health care for all, including those in conflict-affected areas. Collaboration is an absolute necessity. It is urgent to enable all countries — rich and poor — to have access to the world's largest and most diverse COVID-19 vaccine portfolio.

Annex 32**Statement by the Permanent Representative of the Islamic Republic of Iran to the United Nations, Majid Takht Ravanchi**

The coronavirus disease (COVID-19) pandemic has infected and killed millions of people and severely impacted our socioeconomic situations. Yet it is still unfolding and has remained out of control. It is a test of our ability to confront serious global challenges, by which we have, unfortunately, not yet been fully successful. It is now clear that, in our highly interdependent world, many of the cross-border challenges cannot be addressed effectively by States alone, and therefore international cooperation is a must.

The COVID-19 pandemic is not the first public health emergency of international concern, and it will not be the last. However, our success in containing this and future pandemics is dependent on our level of preparedness, cooperation, unity and solidarity.

However, there is hope that the COVID-19 vaccines will help to overcome the pandemic. We must therefore focus on mass production and fair distribution of vaccines — the latter is more important, as it has now become crystal clear that no one will be safe until everybody is safe. Therefore, fair distribution of vaccines is beyond merely an ethical requirement; it is in the self-interest of all States.

The speed and scale of the spread of the virus, particularly its new, more transmissible variants, have made it clear that we will succeed in reducing the scale and duration of the pandemic and averting its heavy socioeconomic costs only when we can ensure enough supply and fair distribution of vaccines to all nations and citizens.

It is, however, unfortunate that, while developed States have vaccinated millions of their citizens, many developing countries, likewise affected by the pandemic, have not received even a handful of vaccines. This is alarming. The virus continues to infect us regardless of our nationality, ethnicity or faith. Therefore, in our shared battle against our common enemy, COVID-19, we must stand united and no nation must be left behind.

Moreover, while protecting the lives of our citizens in the face of the pandemic is imperative, it is equally important to recover our economies and bring other activities back to normalcy. To that end, further measures must be taken, the most important of which — as the Secretary-General and many other international dignitaries have called for — is the immediate removal of unilateral sanctions, which are, unfortunately, being applied against certain countries. In countries such as Iran, sanctions have seriously inhibited our capacities in suppressing transmission of the virus and treating those infected as well as addressing the socioeconomic impacts of the pandemic.

For example, the continuation of the freezing of Iran's financial assets abroad has prevented us from using such funds to prepare, in an effective manner, stimulus packages to help recover the private sector, affected by the COVID-19 lockdowns.

The removal of sanctions against Syria is also imperative for the same reason and, more important, for preventing terrorist networks from exploiting the socioeconomic hardships caused by the pandemic to radicalize society, recruit new members and intensify their brutal activities.

Likewise, the international community must not allow the risks of COVID-19 to exacerbate the already-dire humanitarian situations in Gaza and Yemen, which, for many years, have seriously suffered from all-out inhumane blockades.

It is also likely that, if the COVID-19 pandemic is not curbed and its socioeconomic impacts not properly addressed, particularly in certain African countries, existing conflicts will continue, providing fertile ground for the spread of terrorism.

All in all, to prevent even more serious consequences of the pandemic, including reversing our progress against poverty and exacerbating already-high levels of inequality within and among countries, we have no choice but to succeed in containing the virus. This can be achieved only through boosting international cooperation, solidarity in action, ensuring an adequate supply and fair distribution of vaccine to all peoples and removing all impediments, such as unilateral sanctions and blockades, that undermine the capacities of certain nations in suppressing the virus.

Annex 33**Statement by the Permanent Representative of Japan to the United Nations, Ishikane Kimihiro**

The world continues to struggle with the coronavirus disease (COVID-19) pandemic. The start of vaccination programmes gives us hope, but no one will be truly safe until everyone in the world is safe. Under such circumstances, I welcome this timely open debate.

COVID-19 is affecting all three pillars of the United Nations: development, human rights and peace and security. To overcome this unprecedented human security crisis and build back better, we need vaccination programmes around the globe, leaving no one behind, including those in conflict situations. Today I wish to highlight three key words for realizing effective inoculation for conflict-affected populations: ceasefire, resources and transparency.

First, with regard to the ceasefire, to provide vaccines for the most vulnerable people living under armed conflict, fighting must stop. The Secretary-General's appeal for a global ceasefire and resolution 2532 (2020) must be respected. As one of the co-initiators of the statement in support for the Secretary-General's appeal joined by 172 Members States and Observers, Japan once again calls upon all parties to conflicts to faithfully implement the global ceasefire. At the same time, relief efforts in combat zones must not be exploited by or embolden the combatants who control these areas, thereby prolonging the conflict, as we have seen in some past humanitarian crises.

Secondly, with regard to resources, channelling sufficient vaccines safely to conflict zones requires considerable resources. The Access to COVID-19 Tools Accelerator, including its COVID-19 Vaccine Global Access (COVAX) Facility, is a key initiative in this regard. Most recently, the Foreign Minister of Japan, Mr. Motegi Toshimitsu, announced that Japan would increase its contribution to the COVAX Advance Market Commitment to a total of \$200 million. Based on the concept of human security, Japan is convinced that no one's health should be left behind in the global efforts to achieve universal health coverage, and Japan calls on others to join.

Thirdly, with regard to transparency, from the outset of the COVID-19 pandemic, transparent and timely dissemination of scientific facts and data has been essential, not only in containing the spread of the virus but also in minimizing its social and economic consequences. The same applies to conflict-affected situations, where extra efforts are required to raise awareness at the community level and where misinformation could provoke insecurity. Vaccination campaigns can be effective only when conducted under a transparent, accountable and inclusive system that fully involves local communities. Beyond the imminent fight against COVID-19, such institution-building efforts are critical to be better prepared for future pandemics, and also to nurture people's trust in their Government, which could potentially contribute to building and sustaining peace.

The three issues I raised are not specific to the effort of ensuring equitable access to COVID-19 vaccines. They are indeed common challenges in delivering humanitarian assistance to the vulnerable people living under conflict. Moreover, they are not specific to the mandate of the Security Council, but require joint action with humanitarian and development stakeholders in the United Nations system and beyond. Nexus is key. This is not an issue of competition; what we need is compassion, commitment and global solidarity.

Annex 34**Statement by the Permanent Mission of Malta to the United Nations**

Malta thanks the United Kingdom of Great Britain and Northern Ireland for organizing this timely discussion on the implementation of resolution 2532 (2020) and for opening this important meeting to the wider membership. We also take this opportunity to thank France and Tunisia for their leadership and tireless efforts that led to the adoption of this crucial resolution. And we also thank today's briefers for sharing their invaluable insights.

Malta fully aligns itself with the statement submitted by the European Union (annex 28) and would like to make a few additional remarks in its national capacity.

The pandemic is more than a health crisis; it is a security, humanitarian, economic and human rights crisis. Just like climate change, it is a global challenge that requires a collective effort, and together we must seek new and innovative ways to tackle it. Malta is committed to the global efforts, spearheaded by the United Nations and implemented by the World Health Organization, to fight the coronavirus disease in a holistic manner. We are committed to ensuring that no one is left behind and that the vaccine is available to all. No one is safe until everyone is safe: this must be our guiding light.

As expected, this pandemic is having a disproportionate impact on the poorer regions of the world, and the risk of widening existing gaps is very real. It is also having a disproportionate impact on women, children and other vulnerable groups. Incidents of gender-based violence and domestic violence have increased considerably, and this is unacceptable. The impact on education, and the consequences that this will have on children and youth, is also worrisome. We must make sure that children continue to receive the education they need and that youth have the employment opportunities they deserve. Failing to do so would mean opening the door for extremist ideologies and terrorist groups that depend on disillusioned youth.

We are pleased to note that diplomacy in Libya is bearing its fruit and that the ceasefire agreement has paved the way for political talks and dialogue. Unfortunately, the same cannot be said for other countries afflicted by conflict. We regret to note that political talks by the Syrian Constitutional Committee have come to a halt and that the man-made humanitarian catastrophe in Yemen is having a devastating effect on millions of people. We once again echo the Secretary-General's call for a global ceasefire and urge all parties to stop the fighting, engage in constructive dialogue and commit to ensuring the safe and unhindered delivery of humanitarian aid to those who need it most.

Malta recognizes the contribution of peacekeeping missions in helping countries in which they are operating better cope with the pandemic. Sadly, attacks on peacekeeping missions continue. We take this opportunity to remember those who paid the ultimate price on the field and wish those peacekeepers who suffered injuries in last week's attack on the United Nations Multidimensional Integrated Stabilization Mission in Mali a speedy recovery. We need to make sure that peacekeepers are given all the tools they need to fulfil their duties and that they too are vaccinated as soon as possible.

The pandemic will have medium- and long-term consequences that will need to be monitored constantly, and preventive measures need to be taken to make sure that they do not turn into drivers of conflict. We are committed to doing this if entrusted to serve on the Security Council for the period 2023 to 2024. Meanwhile, the international community must strive to make sure that the negative effects of the pandemic are mitigated insofar as possible. This will not be easy, and neither will it be cheap, but it merits our full attention.

Unfortunately, when the pandemic broke out last year, we were caught unawares. We were faced with a completely new situation and lacked the information and knowledge to prevent all the deaths, suffering and economic loss that it has caused. However, one year later, we can, and must, direct all our efforts to making sure that preventable consequences are averted and that we can all get on the road to recovery together.

Annex 35**Statement by the Permanent Mission of Pakistan to the United Nations**

We would like to thank the United Kingdom for convening this important and timely video-teleconference open debate on the implementation of resolution 2532 (2020). We also thank all the briefers for their statements and take note of the several important issues highlighted by them.

The coronavirus disease (COVID-19) pandemic is undoubtedly the most serious challenge faced by the international community in recent times. The pandemic has reached every corner of the world, taking precious lives on a daily basis; overwhelmed health systems across the globe; devastated livelihoods and economies; exacerbated poverty and inequalities and severely undermined the prospects for achieving the Sustainable Development Goals.

Pakistan commends the response of the Secretary-General, the United Nations and its agencies, especially the World Health Organization, to the pandemic.

Despite the delay, the Security Council endorsed the Secretary-General's call for a global ceasefire in resolution 2532 (2020). The resolution, in its paragraph 1, demanded "a general and immediate cessation of hostilities in all situations on its agenda". Unfortunately, the call by the Security Council in paragraph 2 on "all parties to armed conflicts" has mostly been observed in the breach.

The India-Pakistan question, which encompasses the situation in the disputed territory of Jammu and Kashmir, has remained on the Security Council's agenda since 1947. As the Secretary-General has clarified in public remarks, the call for the cessation of hostilities applies to Jammu and Kashmir.

Unfortunately, India has blatantly defied the Security Council's call for a cessation of hostilities in occupied Jammu and Kashmir. It took advantage of the pandemic to intensify the lockdown of the Kashmiri people and its brutal campaign of repression in the occupied territory. Peaceful protests have been brutally suppressed; Kashmiri political leaders remain incarcerated; thousands of young boys have been disappeared; many have been tortured; many have been killed in staged encounters; collective punishments are imposed on the Kashmiris — with the destruction of entire neighbourhoods and villages.

Meanwhile, India has proceeded to impose its ominously named "final solution" on Jammu and Kashmir. It is changing the demography of Jammu and Kashmir, issuing domicile certificates to 3.8 million outsiders last year to settle in Kashmir and seizing the land of the Kashmiris for its army and for so-called "development" purposes. All the unilateral measures taken by India since 5 August 2019, including the steps to transform occupied Jammu and Kashmir from a Muslim-majority State to a Hindu-majority territory, violate the resolutions of the Security Council and international law and are null and void.

Far from observing the ceasefire demanded by resolution 2532 (2020), India has escalated violations of the 2003 ceasefire understanding with Pakistan. It committed over 3,000 ceasefire violations across the Line of Control in Kashmir in 2020, targeting mostly innocent civilians on Pakistan's side of the Line. Twenty-eight civilians were killed and nearly 300 injured due to India's artillery and small arms fire.

Resolution 2532 (2020) asks the Secretary-General to instruct United Nations peacekeeping operations to provide support to host countries. The United Nations Military Observer Group in India and Pakistan (UNMOGIP) would no doubt wish

to provide such support to the Kashmiri people. Regrettably, the United Nations observers themselves were targeted by India on 18 December 2020, when Indian forces fired on a clearly marked UNMOGIP vehicle. Two United Nations observers escaped injury, while the vehicle was damaged.

If the Security Council is serious about the implementation of its own resolutions, including resolution 2532 (2020), whose implementation we are considering today, it must address India's massive violations of human rights in occupied Kashmir, its blatant violations of international law and the Geneva Conventions, and the threat to international peace and security posed by its belligerent and aggressive posture towards Pakistan. The Council must actively promote a solution for Kashmir based on its own resolutions and in accordance with the wishes of the people of Jammu and Kashmir.

Pakistan has supported the call for a cessation of hostilities in Afghanistan. It should be clarified, however, that the exception in paragraph 3 of resolution 2532 (2020) does not apply to any of the parties that are being called upon to respond to the call for a cessation of hostilities in paragraph 1 of the resolution.

The people of Afghanistan now have a unique opportunity to end the decades-long conflict in their country, realize peace and security and devote themselves to promoting recovery from the pandemic and achieving the Sustainable Development Goals.

Yet it is evident that there are some within and outside Afghanistan who, for their own narrow purposes, do not desire an end to the conflict. There is no military solution to the Afghan conflict. Walking away from the fragile yet vital Afghan peace process will be a tragedy — for the Afghan people and the entire region.

The implementation of resolution 2532 (2020) will constitute a good initial, yet essential, step towards the coherent and comprehensive international cooperation required to enable the world to recover from the pandemic and realize the Sustainable Development Goals.

The most urgent action required now is to provide equitable access to, and the distribution of, the COVID-19 vaccine. Professions of solidarity must be translated into action. An important next step must be an emergency financial programme of solidarity with the most severely affected developing countries and the poorest people. The Prime Minister of Pakistan has proposed a five-point action plan encompassing equitable access to the COVID-19 vaccine, debt relief, concessional financing, the creation of special drawing rights and halting illicit financial flows out of developing countries. We trust this plan will be endorsed by the international community.

Annex 36**Statement by the Permanent Mission of Peru to the United Nations**

[Original: Spanish]

We would like to thank you, Mr. President, for holding this important and timely meeting, as well as for the valuable briefings, especially in the this very difficult context of global crisis caused by the coronavirus disease (COVID-19) pandemic and the light at the end of the tunnel created by the hope that vaccines offer to defeat this disease.

In line with our commitment to the maintenance of international peace and security, we reiterate our support for resolution 2532 (2020), the subject of this open debate and the Secretary-General's call for an immediate global ceasefire to enable the safe and unhindered delivery of humanitarian assistance in areas of instability and conflict, in accordance with international law. In that regard, we must take all the necessary measures to protect the safety and health of all personnel in peace operations, while maintaining the continuity of operations and the provision of training for peacekeeping personnel, in particular on issues related to preventing the spread of COVID-19.

In this context of new challenges posed by the pandemic, we need to strengthen cooperation and solidarity, at the national, regional and global levels, while always placing people at the centre of our response. We all know that no one will be safe if we are not all safe.

Regrettably, the pandemic is reversing years of progress and deepening inequalities in the various areas of the 2030 Agenda for Sustainable Development. As recognized in the 2030 Agenda for Sustainable Development Agenda itself, peace and security are in danger in the absence of sustainable development.

For that reason, we see with great concern how those development setbacks and the increased gaps and disparities, which are now more evident than ever, could lead in the near future to fresh conflicts or increase the intensity of existing ones. It is in that respect that Peru, on the basis of its firm commitment to multilateralism, cooperation and international solidarity, has supported actions aimed at reducing such inequalities in all contexts.

We want to highlight that in the current situation, one of the main inequalities involves access to COVID-19 vaccines; the international community as a whole should ensure that there is universal, equitable and affordable access thereto. We believe that the hoarding of vaccines by some countries is not consistent with the commitments that we have assumed at the multilateral level. We call for the implementation of General Assembly resolution 74/274, which seeks to guarantee a large-scale supply of the vaccine. It is a moral imperative that all countries, regardless of their income level, should have the possibility of urgently vaccinating their populations.

We believe that the consideration of the COVID-19 vaccine as a global public good, as has been repeatedly requested by the Secretary-General, the World Health Organization and our delegation, among many others, will help to overcome the serious crisis caused by the global pandemic that we are suffering and thus safeguard international peace and security; failing to do so could create conditions conducive to future threats thereto.

Finally, we conclude by reiterating Peru's support for and commitment to the maintenance of international peace and security, as well as to the strengthening of the United Nations system, whose role in circumstances such as those prevailing is more relevant than ever.

Annex 37**Statement by the Permanent Representative of Portugal to the United Nations, Francisco Duarte Lopes**

Portugal aligns itself with the statement delivered by the European Union (annex 28) and would like to convey the following additional remarks.

The current pandemic has further highlighted the need for collective action and solidarity in the response to global crises and emergencies. The coronavirus disease (COVID-19) knows no borders, and its consequences are asymmetrical and diverse, with wide-ranging humanitarian, health and socioeconomic impacts, particularly on the most vulnerable populations.

Indeed, 2.5 million lives have already been taken. Numbers are still increasing every day, and, to date, approximately 110 million people are confirmed to have been infected around the world. Difficulties in diagnosing and in the consolidation of data, particularly in crisis- and conflict-affected contexts, suggest that reported cases may not reflect the actual number of infected people. Furthermore, new and more infectious variants will likely further increase the transmission of the virus.

Along with health and economic impacts, the crisis has the potential to cause other severe disruptions to societies. We have seen the deepening of pre-existing vulnerabilities and its impact on livelihoods, amplifying drivers of fragility and fuelling political and security-related instability.

This is not just a health crisis. In the past year, we have witnessed how already complex situations of conflict, insecurity and vulnerability have continued to feel the strain of COVID-19. We have seen the crystallization of tensions and delays in the implementation of peace processes.

Vaccination against COVID-19 must be treated as a global public good. That is not only a moral imperative; it is the only way to change the course of the pandemic. Vaccines must be made available worldwide, including in fragile and conflict-affected contexts.

The COVID-19 Vaccine Global Access (COVAX) Facility, including its Advance Market Commitment mechanism for developing countries and the 5 per cent humanitarian buffer, is instrumental in that regard. Nonetheless, as vaccines gradually become available, challenges remain to putting into place the largest simultaneous vaccination programme ever designed worldwide.

Access to and the supply, conservation, distribution and administration of vaccines will be demanding in all countries to various degrees, but that daunting challenge will certainly face greater bottlenecks in fragile and conflict-affected contexts. That will be a crucial test for the multilateral system and will require further complementarity in the action taken by the United Nations system.

Just before the COVID-19 outbreak, the Secretary-General observed that geopolitical tensions were at their highest level in the twenty-first century. Those tensions not only limited the global response to the pandemic but also risked being exacerbated by the global health crisis. Resolution 2532 (2020), on fighting COVID-19 in the most vulnerable countries, demanded a global ceasefire.

United Nations missions — including peacekeeping missions — are fundamental in ensuring respect for international humanitarian law so that front-line humanitarian workers can do their job in the most challenging conditions. Peacekeeping operations have already, in fact, been playing an instrumental role in supporting host country authorities to contain the spread of the virus.

What has been achieved so far is remarkable. Vaccine development is a complex and lengthy process that normally takes around 10 years, but researchers

have succeeded in developing safe and effective vaccines in less than 12 months. We are determined to continue to cooperate and coordinate our action to tackle the pandemic and its consequences.

Only through joint efforts between States, the main international organizations, among which the World Health Organization (WHO) has a central role to play, and the private sector will we be able to ensure an effective and lasting response to this global health challenge and to its socioeconomic consequences.

With that in mind, Portugal has responded swiftly to the appeals made by WHO, contributing promptly to the WHO Strategic Preparedness and Response Plan and to other relevant instruments of the global response to the pandemic, such as the Access to COVID-19 Tools Accelerator initiative and the Global Vaccine Summit. Portugal has also joined the COVAX Facility mechanism.

We were also one of the promoters of the resolution that was unanimously adopted last May at the World Health Assembly setting the main streams of work for the international response to the crisis caused by the COVID-19 pandemic. We commend WHO's work on the evaluation of vaccines in terms of quality, safety and efficacy and emphasize the need for equitable global access.

In contexts of conflict and insecurity, efforts to distribute and administer vaccines against COVID-19 must be intensified so as to ensure access to vulnerable populations, without discrimination, and to protect the health professionals delivering them. The timely decisions of the Security Council will be instrumental to that end.

Annex 38**Statement by the Permanent Representative of the Slovak Republic to the United Nations, Michal Mlynár**

I wish to thank you, Mr. President, for having organized this important debate on ensuring equitable access to coronavirus disease (COVID-19) vaccines in contexts affected by conflict and insecurity under the agenda item “Maintenance of international peace and security” during these unprecedented, challenging times for us all.

Slovakia associates itself with the statement delivered on behalf of the European Union member States (annex 28). Allow me to make a few additional observations.

COVID-19 is a humanitarian and development crisis that is threatening to leave deep social, economic and political scars for years to come, particularly in countries already weighed down by fragility, poverty and conflict.

The pandemic has not only further increased vulnerabilities but also led to a large negative socioeconomic impact. A strong collaborative response is therefore required to deal with the effects of COVID-19. The international community must work together to develop effective and affordable vaccines that can be made available to all.

There are both moral and practical imperatives to ensuring that no one is left behind by vaccination programmes. Until COVID-19 is under control everywhere in the world, we will not be able to restore international trade, travel, prosperity or security. Without collaboration, vaccine distribution will be uneven and risk exacerbating inequalities, conflicts and tensions.

Fair and equitable access to a successful COVID-19 vaccine, regardless of income, has been enabled by €500 million of new European financial support for the global vaccine initiative COVID-19 Vaccine Global Access (COVAX) for millions of people across the world. The delivery of vaccines to low- and middle-income countries is not just a moral imperative; it is enlightened self-interest. Slovakia remains committed to equitable access to vaccines, and COVAX is the best mechanism to ensure international vaccine solidarity.

The European Investment Bank agreed €400 million of financing to support the participation of low- and middle-income economies in the COVAX Advance Market Commitment (AMC). That rapidly approved financing, guaranteed by the European Fund for Sustainable Development, alongside the €100 million grant support from the European Commission to COVAX AMC, will support access to safe and effective COVID-19 vaccines in 92 low- and middle-income countries. That enables COVAX, a multilateral initiative aimed at ensuring global fair and equitable access, to accelerate up-front investment essential to deliver vaccine doses as soon as they become available.

Slovakia has also financially contributed to the United Nations Development Programme’s Multi-Partner Trust Fund Office COVID-19 Response and Recovery Fund, which facilitates United Nations coherence and development effectiveness in addressing multifaceted issues and engages in collaborative international efforts on effectively addressing the pandemic.

Local ceasefires are likely to be essential to enabling life-saving vaccinations to take place. Overcoming those challenges will require greater national, regional and international cooperation and solidarity, with the United Nations playing a key coordinating role. Slovakia strongly supports the Secretary-General’s call for the

cessation of all hostilities and the implementation of a global ceasefire in all corners of the world to focus together on the true fight — defeating COVID-19.

Slovakia, as a member of the Executive Board of UNICEF, commends the tireless efforts and commitment of the agency, which, while working to overcome the challenges imposed by COVID-19 in 2020, proved itself once again to be the cornerstone of assistance to children worldwide. In that respect, we commend UNICEF on its early response and efforts to focus on continuity of services wherever possible while continuing to advocate for child rights. We welcome the crucial role that UNICEF plays in COVAX and the Access to COVID-19 Tools Accelerator and remain committed to equitable access to vaccines.

Slovakia continues its efforts to be a responsible partner and donor that, under the auspices of the Slovak Agency for International Development Cooperation, dynamically and flexibly responds to the needs of partner countries. In order to help our partners to tackle coronavirus-related challenges more efficiently and reduce the impact of the pandemic, Slovakia is showing its solidarity by providing humanitarian aid in various forms, including Slovak-made PCR tests for COVID-19, pulmonary ventilators, financial contributions, small grants and other scarce medical equipment and material.

Strong international solidarity and support for the multilateral system is paramount in responding to the current crisis. It is more important than ever to focus on efficiency gains and ensure that a maximum of aid reaches the final beneficiaries. It is crucial to build synergies within all United Nations agencies and to work together on the basis of a clear distribution of tasks so as to efficiently and effectively address the needs of the most vulnerable.

Annex 39**Statement by the Permanent Representative of South Africa to the United Nations, Mathu Joyini**

We thank the United Kingdom for having convened this very important and timely meeting to allow the Security Council to assess the progress made since the implementation of resolution 2532 (2020), which addresses the global health challenge of the coronavirus disease (COVID-19) pandemic and its impact on peace and security.

The COVID-19 pandemic has led to loss of human life worldwide and its impact has been felt globally among all countries, as it has exposed and aggravated vulnerabilities and inequalities in both developing and developed countries. The COVID-19 pandemic has also presented an array of challenges to societies affected by armed conflict and acute fragility.

Armed conflict is one of the challenging emergencies that disrupt societal function and hamper access to health care. It often leads to the disruption of vaccine cold-chain management, which cripples the health-care system, resulting in the killing of health-care personnel and the obstruction of humanitarian access. It is in that regard that South Africa reiterates its support for the Secretary-General's call for the immediate cessation of hostilities in all conflict situations. South Africa urges parties in areas of conflict to heed this call and to prioritize efforts to consolidate durable peace and stability.

The COVID-19 pandemic has demonstrated that marginalized communities, including internally displaced persons, asylum-seekers and detainees, must also be included in national vaccination programmes and be recognized as people in need of the health protections that will be provided by the vaccine.

The initial rollout of the COVID-19 vaccine has borne witness once again to the disparity that exists between wealthy and low-income countries and the serious risk that this has for ensuring equal access to all. In order to ensure the prevention, containment and treatment of COVID-19, we need to level the playing field.

We recognize that violence and instability in conflict situations can exacerbate the pandemic. In addition, the administration of vaccines in armed conflict is very challenging to navigate, but in order to ensure that countries in armed conflict receive vaccines in a timely and unhindered manner, I wish to propose the following.

First, we must call upon parties to give access to the vaccination to populations that are under their control and facilitate the work of humanitarian organizations and those health personnel in charge of vaccinations, in accordance with their legal obligations under international humanitarian law.

Secondly, it is imperative that investments be made to strengthen health systems through the shoring up of supply chains, allocating sustainable and adequate financing and empowering front-line and community health workers who can deliver care directly to those in need within their local settings. In that regard, we urge developing countries to increase their investment in both the COVID-19 Vaccine Global Access Facility and broader humanitarian assistance, which remains essential.

Thirdly, all States should gain adequate access to safe and affordable COVID-19 vaccines, therapeutics and diagnostics as well as medical products and personal protective equipment.

Fourthly, we must address the challenges of accessing vaccines for developing countries, particularly in Africa. We thus support the call for the temporary waiver

of certain provisions of the Agreement on Trade-related Aspects of Intellectual Property Rights to allow for a more efficient response to the COVID-19 pandemic, as that would allow for adequate access to safe and affordable COVID-19 vaccines; the waiver will facilitate the transfer of technology and know-how necessary to scale up the manufacturing of medical products and equipment.

Fifthly, the COVID-19 vaccine should be made a global good and be distributed in a fair, equitable and timely manner that prioritizes front-line workers and high-risk populations, inclusive of refugees and displaced communities.

And lastly, we call for the lifting of sanctions and unilateral coercive measures in order to allow countries subject to them to devote their efforts and resources to strengthening health and protection systems and promoting universal access to vaccines and treatments developed to fight the COVID-19 pandemic equitably and affordably. If ever there were a time for enhanced global unity, solidarity and cooperation, this is that time. Our success in the fight against this pandemic will be realized only through collaboration, cooperation and, most important, global solidarity. The most potent weapon against COVID-19 remains international cooperation and solidarity.

Annex 40**Statement by the Permanent Mission of Sweden to the United Nations**

I have the pleasure to submit this statement on behalf of the Nordic countries — Denmark, Finland, Iceland, Norway and my own country, Sweden.

The coronavirus disease (COVID-19) outbreak presents an unprecedented global crisis. It reminds us that we cannot tackle global challenges alone and offers an opportunity to demonstrate that multilateralism, collaboration and international solidarity can deliver results for us all.

With the adoption of resolution 2532 (2020), the Security Council recognized the unprecedented challenges posed to international peace and security by the COVID-19 pandemic. Efforts aimed at maintaining peace and security should be included in the broader global pandemic response. In this regard, we strongly support the Secretary-General's call for a global humanitarian ceasefire to refocus our efforts on combating the pandemic and its devastating consequences.

We must look beyond our own borders and employ a vaccine strategy that can effectively put an end to the acute phase of the pandemic, including in fragile and conflict-affected settings. While the vaccination roll-out is bringing rays of hope, the global recovery will require sustained international cooperation for the foreseeable future. A truly comprehensive global approach must go beyond development cooperation and humanitarian assistance and include efforts to promote international peace and security, with human rights and gender equality as central principles, and while promoting free, sustainable and fair trade. No one will be safe until we all are safe.

The Nordic countries are committed to fair global access to COVID-19 vaccines, therapeutics and diagnostics. We must all support their development, procurement and distribution through the Access to COVID-19 Tools Accelerator. As long-standing and active champions of multilateral cooperation, we emphasize the role of multilateralism and the United Nations in achieving this goal and acknowledge the role of the World Health Organization (WHO) as the leading global health authority. Rapid, safe and fair access to vaccinations for all is also an investment in the 2030 Agenda for Sustainable Development — and in leaving no one behind.

While we are concerned about the fact that vaccines have yet to be rolled out in over 100 countries, we are encouraged by the detailed plans by the COVID-19 Vaccine Global Access (COVAX) Facility to begin distributing doses in the first half of this year to 145 countries, including 88 countries with the support of donor funding. The Nordic countries are members and active supporters of COVAX, which is our best chance of ending the pandemic. We particularly welcome the COVAX Facility's plans to establish a dedicated humanitarian buffer intended to make vaccines available in humanitarian situations, while we recognize that efforts still need to be made.

The imperative to reach people in unstable and conflict-affected settings is already enshrined in international humanitarian law and related humanitarian principles. States Members of the United Nations and non-State actors alike must allow full, rapid and unimpeded access to people in need of vaccines and all other forms of humanitarian assistance. The Security Council and its members bear a special responsibility in this regard.

As part of our international development cooperation, the Nordic countries provide support to health systems in the most vulnerable countries. As we move from vaccines to vaccinations, this support will help tackle the pandemic and better

prepare for the vaccine roll-out at the local level. The pandemic has also caused additional strain on health systems — already fragile systems and robust systems alike. We must remember that efforts to address health challenges and inequities that existed before the pandemic still need adequate attention and funding.

We are pleased to note that the United Nations has demonstrated the ability to deliver as one in support of Member States. Faced with the COVID-19 pandemic, the Secretary-General has provided excellent leadership, and the United Nations system has acted rapidly and flexibly. From the health response led by WHO to the humanitarian response with agencies such as the World Food Programme, to the wider socioeconomic response coordinated by the United Nations Development Programme. At the same time, we must learn from the crisis and commit to building an even stronger multilateral system with the United Nations at its core to address future health crises and other global challenges.

Stepped up efforts are now needed to follow up on the call for a global ceasefire so as to enable equitable access to COVID-19 vaccines, including in conflict-affected areas. The implementation of the ceasefire should be guided by a gender-responsive approach and ensure the meaningful participation of civil society, including women and girls, in order to promote inclusive and sustainable peace and to avoid further acceleration of conflict dynamics. This approach also includes providing financial support to local peacebuilding and recovery initiatives.

Now is the time for collaboration, solidarity and to build back better and greener with a view to creating a more equal, resilient and sustainable world, as set out in the Declaration on the Commemoration of the Seventy-fifth Anniversary of the United Nations. We are stronger together.

Annex 41**Statement by the Permanent Representative of Switzerland to the United Nations, Pascale Baeriswyl**

[Original: French]

Switzerland would like to thank the United Kingdom for organizing today's important debate, and the briefers for their contributions. The coronavirus disease (COVID-19) continues to have an impact on international peace and security. It is evident that Security Council instruments, in particular mediation processes and the deployment of peacekeeping missions, have been affected by the crisis.

In view of the magnitude of the pandemic, vaccines offer a way out of the acute phase of the crisis. Equitable distribution based on the principle of global solidarity is crucial to ensuring that no one is left behind. The international community must work closely together to secure the fair distribution of vaccines, especially in conflict and insecurity contexts. The continuity of essential health services and universal health coverage, including during armed conflicts, contributes to more inclusive societies, a key factor in sustaining peace.

The longer the acute phase of the health crisis continues, the greater the risk that the pandemic will undermine conflict-resolution efforts and the peacebuilding and development gains of countries in transition. It is therefore important for the Security Council to actively support vaccination efforts, particularly in conflict zones and fragile contexts. Switzerland would like to highlight three priority areas for action.

First, Switzerland welcomes the establishment of the COVID-19 Vaccine Global Access (COVAX) Facility, to which it contributes substantially as a self-financing country and as a donor to the COVAX Advance Market Commitment. As a first step, its immediate objective is to achieve the vaccination of the most vulnerable groups, such as health workers, in all countries by June. Switzerland also supports the work of various organizations, such as the Global Vaccine Alliance, to provide technical support to low- and middle-income countries in the preparation of vaccination campaigns, as well as to ensure that they have access to diagnostics and therapies. Accordingly, Switzerland supports the overall efforts of the Access to COVID-19 Tools Accelerator initiative.

Secondly, Switzerland urges all parties to armed conflicts to guarantee humanitarian actors rapid and unimpeded access to affected populations. On the eve of the fifth anniversary of resolution 2286 (2016), Switzerland calls on the Security Council to ensure the protection of medical missions: it is unacceptable that attacks on patients, hospitals and medical personnel are increasing in the middle of a pandemic. The Council must also rigorously monitor its commitments to protecting civilians, including women and children. The Secretary-General should include elements related to vaccination in his next report on the protection of civilians.

Thirdly, an effective fight against the pandemic undeniably requires the cessation of hostilities. Almost a year after the Secretary-General's appeal, Switzerland calls for a collective effort and the conclusion of ceasefire agreements, particularly in Yemen, Syria and the Central African Republic. Resolution 2532 (2020) was a crucial call for a humanitarian pause. The Council must strengthen its monitoring of the implementation of resolution 2532 (2020), including in the country situations with which it deals. Switzerland supports efforts to update resolution 2532 (2020) and address the current state of the crisis, in particular support for the delivery of vaccines to conflict areas and in peacebuilding contexts.

Annex 42**Statement by the Permanent Representative of Turkey to the United Nations, Feridun H. Sinirlioğlu**

The coronavirus disease (COVID-19) crisis has been devastating for millions of people across the world, with far-reaching implications for international peace and security. The emergence of new variants further complicates our plans to return to normal.

Although we take heart from the safe and effective development of COVID-19 vaccines, their equitable distribution to all remains another challenge. The World Health Organization (WHO) and UNICEF recently stated that more than three quarters of the 128 million vaccine doses administered to date were allocated to only 10 countries. Clearly, this strategy will not help us end the pandemic. Vaccine nationalism is morally wrong and counter-productive in practical terms, undermining the efforts to bring COVID-19 under control.

We must first recognize that vaccines and diagnostic tests and treatments must be global public goods. We must also improve our joint efforts aimed at overcoming operational challenges on the ground, including logistics, storage and humanitarian access.

Turkey has been actively engaged in multilateral efforts to contain the virus and mitigate its impact. We support equitable access to effective and affordable COVID-19 vaccines and pledged \$53 million to the COVID-19 Vaccine Global Access (COVAX) Facility initiative. We aim to inoculate 60 per cent of our population in the coming months. Millions of displaced Syrians and people of other nationalities who have taken refuge in Turkey benefit from medical services free of charge and are naturally part of our vaccination programme. We invite all Member States and international organizations to adopt the guiding principle of “leaving no one behind” in their vaccination programmes.

We also take pride in the fact that 18 vaccine candidates developed in Turkey are listed in WHO’s list. Our first domestic COVID-19 vaccine is expected to be ready for deployment in the spring.

The situation of vulnerable groups in emergency settings has been aggravated by relentless attacks, the spread of COVID-19 and harsh winter conditions. It is time for the international community, and in particular the members of the Security Council, to heed the voices of these people.

In Syria, the failure of the Security Council to reauthorize the Bab Al-Salam crossing point within the United Nations cross-border mechanism has exacerbated the already dire situation of 1.3 million civilians living in northern Aleppo. More than 4 million people in north-west Syria depend on these operations. Since December 2020, the number of COVID-19 cases in north-west Syria has increased by over 7 per cent, and associated deaths rose by around 46 per cent.

To date, WHO has dispatched 141,100 test kits and other pandemic-related items from Turkey to north-west Syria through the United Nations cross-border mechanism. The Turkish Red Crescent, in cooperation with the Office for the Coordination of Humanitarian Affairs and WHO, delivered pandemic response items in the north-west worth around \$7.7 million.

We expect the United Nations to plan implementing a vaccine campaign for those living in north-west Syria as well as in the Ras Al-Ayn and Tel Abyad regions, in addition to dispatching additional test kits and personal protective equipment.

The cross-border mechanism remains the only instrument to channel COVID-19 vaccines to the most vulnerable in north-west Syria. It is incumbent upon

the Council to uphold its responsibilities and secure the continuation of the cross-border humanitarian operations with the inclusion of the Bab Al-Salam crossing point in the mechanism. The Council should not fail to prevent a new catastrophe with negative humanitarian and security repercussions in the region and beyond.

Unfortunately, diagnostic tests and basic medical equipment are still out of reach in many least developed countries, which face imminent challenges of conflict and fragility. To prevent further economic costs and other drivers of instability, we need to increase our efforts to ensure that the least developed countries are not left behind, especially in the provision of an affordable and rapid supply of vaccines.

Importantly, we should improve our policies on sharing technical know-how to enable the manufacture of drugs and vaccines in developing countries. With this understanding, the United Nations Technology Bank for Least Developed Countries launched the Tech Access Partnership initiative last year to increase the local production of essential medical technologies in the least developed countries.

The pandemic has exposed and compounded the fragility of economic and health-care systems in the face of an emergency like the coronavirus disease pandemic. The crisis has laid bare the fact that no country can overcome the COVID-19 threat on its own, regardless of its size or power. It also demonstrated that in the face of such a daunting challenge, our fates are closely interlinked — across borders, cultures and generations.

The recovery from this crisis will be assured only by coordinated multilateral efforts, with a strong response from the United Nations system on the ground. The reinvigorated United Nations development system, together with the Organization's funds and programmes, is well-positioned to live up to this task.

More than ever, we need a robust multilateral response led by the United Nations and WHO in the next stages of our efforts aimed at fighting this unprecedented crisis. Turkey will continue to be a steadfast member of the international community as we strive to overcome the adverse consequences of the pandemic. We also look forward to contributing to the efforts aimed at enhancing the United Nations partnership with all relevant stakeholders to deliver COVID-19 response tools, including vaccines, to the most vulnerable people and countries.

Annex 43**Statement by the Permanent Mission of Ukraine to the United Nations**

The delegation of Ukraine thanks the United Kingdom for organizing today's open debate on the issue of equitable access to coronavirus disease (COVID-19) vaccines in contexts affected by conflict and insecurity.

Now we face an unprecedented challenge created by COVID-19. This pandemic is altering social and economic systems, compounded by the worsening economic crisis, food insecurity and increasing humanitarian needs. It has explicitly shown how dramatically the newly emerging challenge could complicate our efforts to address long-lasting threats, in particular violations of international law and bloody conflicts.

No country is able to address this crisis alone. It is a global responsibility. This is precisely the kind of situation in which we must demonstrate that solidarity is not an empty promise. It is critical to spare no effort to ensure access to COVID-19 vaccines and the technologies essential to guaranteeing their universal distribution. It should not stop even with the restrictions caused by the crisis or conflicts.

In this regard, we note with satisfaction that the United Nations plays a crucial role in coordinating global actions during the pandemic. We appreciate the Secretary-General's leadership in the global response, particularly with respect to an affordable COVID-19 vaccine, as well as his call for a global ceasefire, which we have fully supported.

We commend the COVID-19 Vaccines Global Access Facility, which is aimed at having 2 billion doses available by the end of 2021 to protect high-risk and vulnerable people and front-line health-care workers. We appreciate that Ukraine has been included in the list of participants in this initiative.

At the same time, our country is ready to contribute to the fight against the coronavirus. We have the appropriate infrastructure and enterprises for the production of vaccines and are ready to participate in their mass production, together with other countries. My country is also ready to propose its air cargo fleet for the safe transportation of COVID-19 vaccines worldwide.

The COVID-19 pandemic continues to pose substantive risks to international peace and security. The pandemic's consequences, as we see it, are more severe for vulnerable countries, in particular for countries that are in conflict or emerging from conflict, where peacebuilding and post-war State-building could be undermined or reversed, as well as those experiencing humanitarian crises.

The already challenging humanitarian situation in the conflict-affected areas of Donbas, which is a direct consequence of the ongoing Russian aggression, has deteriorated due to the COVID-19 pandemic. We express particular concern over the fact that the Russian occupation administration does not take sufficient measures to stop the spread of the coronavirus, withholds information about morbidity rates from the local population and deprives the civilian population of opportunities to protect their health.

According to the United Nations Office for the Coordination of Humanitarian Affairs, the fragile health-care systems in the temporarily occupied territories of Ukraine could be put under extreme pressure due to the limited capacity of hospitals and laboratories.

In this regard, I want to recall that, under the Charter of the United Nations and international law, the Russian Federation, as the occupying Power, has clear

obligations to protect the affected population in the occupied territory, including the duty of ensuring and maintaining public health and hygiene.

That is why we reiterate our appeal to international humanitarian organizations to intensify, within the framework of their respective mandates, the monitoring of the situation regarding medical care for the residents of temporarily occupied territories and inform the international community about blatant violations of the human rights to life and health by the Russian occupation administration.

We also call on the Russian Federation to stop using the pandemic as a reason for restricting the access of humanitarian actors to the temporarily occupied territories, as such access would make it possible to provide assistance to the affected vulnerable population.

In conclusion, I would like to underscore that we need to respond through concrete action to the pandemic in these difficult times and promote collective efforts to overcome its consequences. The United Nations has a crucial role to play in supporting countries towards overcoming this crisis and post-pandemic recovery.

Annex 44**Statement by the Permanent Mission of the Bolivarian Republic of Venezuela to the United Nations**

The coronavirus disease (COVID-19) pandemic constitutes a great challenge to humankind. Venezuela wishes to pay tribute to the women and men who, in many ways and around the world, have suffered from the pandemic. We mourn the victims of COVID-19 and express our gratitude to those who have served to mitigate the impact of the pandemic and are working to defeat it.

The pandemic continues to exacerbate vulnerabilities and inequalities in both developing and developed countries, but also between them, deepening poverty and exclusion. The unequal distribution of COVID-19 vaccines undermines international efforts to eradicate the pandemic, while the mutation of the coronavirus may constitute a greater global humanitarian catastrophe than ever before.

In the absence of an enhanced and truly inclusive and effective multilateralism, there will be no sustainable way out of this human crisis and the international health emergencies that may arise in the future. To save humankind from the scourge of the pandemic, the international community needs to deliver a comprehensive, coordinated and concerted strategy, based on strong political will, solidarity and bilateral and multilateral cooperation.

There is an urgent need to avoid turning the COVID-19 vaccine into a tool for politicization, domination or geopolitical confrontation, and to declare it a universal public good. The pandemic must not be a new expression of discrimination and exclusion. It is necessary to guarantee timely access to vaccines and their licenses in an equitable and unhindered manner, at affordable prices, including through the COVID-19 Vaccines Global Access mechanism, to support international financing mechanisms, to advance in the transfer of technology and medical supplies, to strengthen national health systems and to avoid xenophobic and discriminatory policies in the distribution and deployment of vaccines around the world.

Although Venezuela has pursued an effective, consistent and inclusive strategy against COVID-19, together with several bilateral and multilateral strategic partners that have provided assistance and cooperation, in the context of a global pandemic the negative impacts of unilateral coercive measures tend to deepen. These measures violate a broad spectrum of economic and social rights, obstruct the work of international organizations in addressing the global health crisis, and undermine national and international efforts for its eradication, including for the purchase of vaccines and medicines for the coronavirus.

As expressed in our letters to the President of the Security Council in April 2020, on the impact of United States sanctions on the Bolivarian Republic of Venezuela in the context of the coronavirus disease pandemic (S/2020/337), and in May 2020, on the theft by the Bank of England of gold reserves deposited by the Bolivarian Republic of Venezuela in that financial institution in the context of the coronavirus disease pandemic (S/2020/444), the illegal imposition of unilateral coercive measures by some members of the Security Council has negatively affected the Venezuelan people's ability to secure access to medicines, treatment, food, basic services and fuel, inflicting sustained damage on the economy and the population, particularly the most vulnerable sectors, within the framework of a calculated policy of maximum pressure to deliberately generate suffering and pain for the Venezuelan civilian population.

These damaging effects have even been recognized by the United Nations system's independent experts, including the United Nations Special Rapporteur

on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan, who recently concluded a visit to our country to evaluate the negative impact of these criminal measures on the Venezuelan people's enjoyment of their human rights in a context marked by the worst pandemic humankind has faced in the last 100 years.

Like other States that are victims of illegal unilateral coercive measures, we reiterate the international denunciation of the economic and financial siege, demand its immediate elimination and call for its prevention.

Likewise, the decision of some States to create mechanisms that limit the exportation of vaccines and medical supplies to third countries affects international efforts to effectively combat the pandemic. This situation, which affects entire populations around the world, is even more worrying for countries in vulnerable situations and experiencing conflict-affected and insecure contexts. While resolution 2532 (2020) calls for the fight against COVID-19 in these situations, the Security Council should be careful to differentiate between specific situations in the face of a global phenomenon.

In a world marked by COVID-19, we are all vulnerable, and saving the planet and future generations from the scourge of the pandemic is a collective responsibility. While the challenges are daunting, the current crisis provides a valuable opportunity for resilience and awareness to foster international solidarity and cooperation among leaders able to rise to the occasion, with political and economic resources at the service of all to provide an adequate and sustainable response to the pandemic.
