

EU proposal for a CONSOLIDATED zero draft on a WHA73: "Covid-19 Response"

*WHA73, 17-21 May 2020*

Agenda item XX

**Zero Draft Resolution Text of 15.04.2020**

The Seventy-third World Health Assembly,

Having considered the report of the Director General on the current Covid-19 pandemic,

**PP1** Expressing deep concern at the COVID-19 pandemic and its immediate and long-term burden on health systems and its severe global impact on societies, economy, physical and mental health, and wellbeing, particularly among vulnerable groups and people in vulnerable situations, including populations in conflict-affected areas and settings prone to natural disasters;

**PP2** Recalling the declaration of a Public Health Emergency of International Concern and the temporary recommendations issued on January 30 by the WHO Director General, based on the recommendations of the WHO Emergency Committee;

**PP3** Noting General Assembly resolution A/74/L.52 on the "Global Solidarity to Fight COVID-19", the International Conference of the Red Cross and the Red Crescent resolution 33IC/19/R3 entitled "Time to act: tackling epidemics and pandemics together", as well as WHO's Strategic Preparedness and Response Plan (SPRP) and the Global Humanitarian Response Plan for COVID-19; [Add Mexico UNGA resolution if and when this is passed]

**PP4** [Reaffirming resolution WHA73/xx entitled "Strengthening Preparedness for Health Emergencies; Implementation of International Health Regulations (IHR, 2005)" and the importance of investing in health systems strengthening and preparedness for future pandemics, for, in an interconnected world, the world is only as strong as the weakest health system;]

**PP5** Reaffirming that the enjoyment of the highest attainable standard of health as a fundamental right of every human being, without distinction of race, religion, political belief, economic or social condition<sup>1</sup>;

**PP6** Further recognizing the need to respect the rule of law, fundamental freedoms and human rights of all, including persons in vulnerable situations, all across the spectrum of the response to COVID-19;

**PP7** Noting the continued relevance during the COVID-19 pandemic of the objective of achieving the Sustainable Development Goals by 2030 and of leaving no one behind, inter alia, by leveraging the Global Action Plan for Healthy Lives and Well-being for All, and Recognising the commitments of world leaders to Universal Health Coverage at the United Nations High-Level Meeting "Universal Health Coverage: Moving Together to Build a Healthier World";

**PP8** Acknowledging that firm commitment to solidarity and shared responsibility at all levels of governance needs to be the leading principles/values in the COVID-19 response, including in the multilateral coordinated response, taking into account the benefits of the triple dividend available from investing in health on economic growth, public health, and employment;

**PP9** Commending the WHO leadership and broad support to Member States in the COVID-19

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<sup>1</sup> WHO Constitution

response;

**PP10** Reiterating the obligation for all countries to fully implement and comply with the International Health Regulations (2005) (IHR);

**PP11** Recognising the different levels of preparedness among countries, including the different capacities of their health systems for surveillance, diagnosis and response as well as the need to scale up health capacity for testing, tracing, quarantine, isolation and treatment, and vaccination;

**PP12** Recognising the importance of a multisectoral Whole-of-Government, Whole-of-Society and a human rights-based approach, in the Framework of the SDGs, to addressing the COVID-19 pandemic, as well as ensuring protection of personal data, data security, ethics, and fundamental rights;

**PP13** Recognising the need of the continued functioning of health systems to ensure their effective contribution to the COVID-19 response, the provision of essential public health functions and the continuation of other necessary health services to address all health needs of their populations, in particular in humanitarian crises, including by eliminating barriers to the mobility of all front-line workers in order to avoid service disruptions;

**PP14** Underlining the serious challenges that the COVID-19 pandemic and its response pose to people's mental health and social wellbeing, and stressing the need to prevent and address them, including by meeting social security needs and through the provision of a range of mental health and psychosocial support services, including peer support, that are based on respect for human rights and provided in the community; paying particular attention to the needs of health professionals and other frontline workers;

**PP15** Recognising high risk to front-line health workers, first responders and providers of other critical services and the need to ensure their protection and occupational safety, including in communities, and their access to personal protection equipment and other necessary commodities;

**PP16** Recognising the need to achieve equitable access and availability of appropriate quality protective and other equipment, medical devices, medicines, vaccines and other health technologies related to COVID-19 and vaccines by scaling up research and development, clinical trials, and production, engaging early with regulators, as well as addressing market and supply-chain failures;

**PP17** Recognizing the links between human, animal and environmental health and food safety and adopting a One Health approach as well taking into account the risk of antimicrobial resistance, are crucial in the successful response to the COVID-19 pandemic;

**PP18** Acknowledging that a long-term, sustained community engagement is crucial for prevention and early detection of outbreaks, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses, while ensuring that all social security needs are met;

**PP19** Stressing the importance of engagement with and communication to the public to address COVID-19 disinformation and misinformation as well as of countering cyber attacks;

**PP20** Recognising the need to adopt gender-responsive measures for the protection of health professionals and frontline workers since a large percentage of them are women;

**PP21** Recognising the importance of planning and preparing for the recovery phase, including to mitigate the impact of the pandemic and of the response on society, public health, human rights and the economy;

**OP1** Commends the dedication, efforts, hard work, quick and timely response, above and beyond the call of duty, of health professionals, other frontline workers and WHO staff, across the globe in responding to COVID-19;

**OP2** Recognizes population-wide immunization against COVID-19 as a global public good for health and the crucial role of quality, safe, and efficacious vaccines therein;

**OP3** URGES Member States<sup>2</sup> in their COVID-19 response to:

**OP3.1** Take necessary measures to ensure the continued functioning of all essential public services and health systems in the COVID-19 response, by securing the safety and access of health professionals and other frontline workers, particularly in humanitarian crises;

**OP3.2** Ensure that adequate capacity and knowledge are available and used to develop, implement and continuously adapt national action plans on coordinated cross-sectorial response to the COVID-19 pandemic, using the measures taken also to build permanent and sustainable health emergency preparedness and response capacity, and show solidarity to other countries by supporting their responses where possible;

**OP3.3** Mindful of their obligation to fully implement the IHR, provide WHO in a timely manner with information related to the COVID-19 pandemic required by the IHR (2005), and share knowledge, data, and lessons learned with WHO and other Member States;

**OP3.4** Adopt a human rights-based approach across the whole spectrum of the response to COVID-19, including during the duration of states of emergency, in particular concerning temporary containment measures such as quarantine, paying particular attention to the needs of the most vulnerable groups, people in vulnerable situations and those in need, avoiding stigmatization and discrimination;

**OP3.5** Ensure that WHO guidelines for containing and mitigating the outbreak are followed, taking into account the national context and optimal use of available resources;

**OP3.6** Ensure access to a range of mental health and psychosocial support services, based on respect for human rights and available in the community, to protect and promote the mental health of the population, and paying particular attention to the needs of health professionals and other frontline workers;

**OP3.7** Ensure access, without discrimination, to reliable information from authoritative sources on the pandemic, on prevention and on access to testing and health services, including to demote misleading content and to address misinformation and disinformation, including misleading content and explore the opportunities of digital technologies in particular through the use of big data and artificial intelligence, while respecting ethical principles and ensuring data security, and the protection of fundamental rights and personal data;

**OP3.8** As far as existing international treaties allow, remove the existing barriers in access quality protective equipment, medical devices and other technologies, medicines, and vaccines related to COVID-19;

**OP3.9** Invest in and support research and development of diagnostics, treatments, therapeutics,

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<sup>2</sup> And regional economic intergration organisations as appropriate

medicines, and vaccines as appropriate and to sustainably strengthen national R&D capacities for the current and future outbreaks, and collaborate in order to harmonise efforts as appropriate, with all relevant international actors in this field;

**OP3.10** Ensure the rational and prudent use of antimicrobials and ensure the continued implementation of national action plans on antimicrobial resistance;

**OP3.11** Strengthen actions to include, engage and involve women in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery;

**OP3.12** Prioritize community engagement and involvement, training as well as capacity-building in all COVID-19 response efforts, building trust and social cohesion, by engaging multiple stakeholders from all sectors and involving local and community-based health and humanitarian workers and organisations in sustainable health emergency preparedness and response;

**OP4** CALLS on international actors, partners, civil society, public health institutions and the private sector to:

**OP4.1** Support countries in the implementation of their multisectoral national action plans and in strengthening their healthy systems in COVID-19 response and in guaranteeing the provision of other public health functions;

**OP4.2** Work collaboratively at international level to develop, test and produce safe, effective, quality diagnostics, medicines and vaccines for the COVID-19 response, and to facilitate the equitable and affordable access of people to them, including through voluntarily pooling their intellectual property for all COVID-19-related medical interventions;

**OP4.3** Cooperate closely with relevant regional organisations, Member States, with the WHO, with United Nations system and the other relevant international organizations, to ensure and scale-up the production of, and equitable access to, adequate supplies, basic equipment, diagnostics, therapeutics, medicines and vaccines, in order to achieve an optimal and timely response in all countries;

**OP4.4** Take active measures to support the efforts of UN organisations and countries in disseminating reliable information and in countering misinformation and disinformation by using media, big data, artificial intelligence and digital communication, ensuring personal data protection, data security, including by preventing cyber attacks as well as respect for ethical principles and human rights;

**OP5** REQUESTS the DG to:

**OP5.1** Work with the United Nations Secretary-General on a comprehensive and coordinated response across the UN system and on assisting countries in their response to the COVID-19 pandemic, and Continue to assume leadership on health in the UN system overall response, to support countries' national responses, and to act as the health cluster lead in the UN humanitarian response;

**OP5.2** Continue to strengthen coordination efforts with UN agencies and other major multilateral organizations involved in the COVID-19 response such as signatory agencies of the Global Action Plan for Healthy Lives and Well-Being, and to facilitate a coordinated response among regional and local actors in the public and private sector as well as civil society, bilateral agencies and development banks;

**OP5.3** Provide assistance to Member States in ensuring the continued effective functioning of their health systems in the response to the COVID-19 pandemic and in the uninterrupted provision of essential public health functions and necessary health services, as well as in taking the actions required under the International Health Regulations (IHR, 2005) during the COVID-19 pandemic;

**OP5.4** Regularly inform member states on the allocation of funding and the results achieved allocated to the WHO Strategic Preparedness and Response Plan (SPRP) in a transparent, accountable and swift manner, in particular on the support given to countries with weak health systems and the way how funds are being made available to implementing bodies and country authorities and to provide a report to the 148<sup>th</sup> Session of the Executive Board;

**OP5.6** Assist all countries and regions, upon request, and in line with the SPRP, in developing, implementing and adapting their National Action Plans for Health Security (NAPHS) and Pandemic Influenza Preparedness Plans (PIPP) to COVID-19 pandemic, in concert with, as appropriate, the UN resident coordinators and humanitarian coordinators, including in order to take measures that contribute to sustainable health emergency preparedness;

**OP5.7** Maintain and update regularly the WHO COVID-19 Partners Platform or other publicly accessible portal to document country needs and donor offers for funding preparedness and response efforts;

**OP5.8** Compile, share and exchange knowledge of academic and other research on the COVID-19 pandemic and leverage the role of the WHO Academy in this regard;

**OP5.9** Continue to provide health workers and communities with learning tools aimed at improving their knowledge and skills related to the COVID-19 pandemic;

**OP5.10** Update, as the situation evolves, the list of critical items for COVID-19 response, and continue assessing the magnitude and nature of global shortages and supporting national authorities in their supply-related planning;

**OP5.11** Continue to develop necessary guidelines, protocols, other normative products and technical guidance for COVID-19 response, including on preventive measures, standardized diagnostics and clinical protocols, based on expert scientific advice and translated in WHO's six official languages, to make them publicly available in a timely manner and make easily available the latest scientific evidence and facilitate the application of the main conclusions in practice;

**OP5.12** Continue to provide guidance on how to promote Mental Health and psycho-social wellbeing to strengthen the resilience of people and communities in order to reduce the negative impact of the COVID-19 pandemic;

**OP5.13** Assist countries in building up their national digital capacities and facilitate open access to safe digital health solutions that can be used in the implementation of response measures, including by facilitating the sharing of best practices with other countries;

**OP5.14** Continue to counter misinformation and disinformation and supporting Member States and other partners in this regard;

**OP5.15** Continue to work with researchers, research funding organisations, the private sector, philanthropic organisations and further partners to ensure a focussed and coordinated R&D effort to develop and scale up countermeasures, including treatments and diagnostic tests for COVID-19;

**OP5.16** Ensure that the WHO prequalification programme, working with regulatory authorities in Member States and at the regional level, facilitates the rapid processing and assessment of COVID-19 related requests;

**OP5.17** Draft a plan, in consultation with Member States<sup>3</sup>, in line with their respective obligations resulting from international treaties and with inputs from relevant international organizations including WIPO, GAVI, UNITAID, the Medicines Patent Pool, CEPI, the Global Fund to fight Aids, TB and Malaria, and UNICEF, to achieve equitable access to quality, safe, and efficacious COVID-19 vaccines and other health technologies necessary for COVID-19 response, for consideration of the WHO Governing Bodies;

**OP5.18** Plan for an evaluation, to be conducted in consultation with Member States at the earliest appropriate moment, on lessons learnt from the international health response to COVID-19, addressing the long-term consequences on health, , in order to assess, in line with the statement made by G20 leaders, gaps in pandemic preparedness with a view to establishing a global initiative on pandemic preparedness and response capitalizing on existing structures and programmes to align priorities in global preparedness<sup>4</sup>;

**OP5.19** Report to the 74<sup>th</sup> World Health Assembly, through the Executive Board, on the implementation of this resolution.

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<sup>3</sup> And regional economic integration organisations as appropriate

<sup>4</sup> Extraordinary G20 Leaders' Summit Statement on COVID-19