

EU-led Draft Resolution on Strengthening WHO Preparedness and Response to Health Emergencies

Email from DELEGATION-STRENGTHENING-WHO@eeas.europa.eu

Received: Friday, 5 February 2021 12:22

Re: Zero draft resolution on strengthening WHO preparedness and response Dear Colleagues,

Dear Colleagues,

In follow-up to the Decision of the 148th Executive Board setting up a process leading to the adoption of a Resolution on Strengthening WHO Preparedness and Response (Decision EB148(2)), the Delegation of the European Union presents its complements and kindly requests that you block the date of 19 February afternoon for an informal consultations on a zero draft of the resolution (attached). The meeting will be from 14.00 to 17.00 CET and will take place in English. Connection details will be provided as soon as we receive them.

The intention of the EU Delegation here in Geneva is to organise informal consultations of WHO Member States on the zero draft over the coming months and we think that it is important that WHO Member States be aware of the views of all relevant stakeholders during this process. We plan to present the zero draft to you, explain its origins and motivations and to solicit your feedback. This feedback may be given in the meeting itself.

However, we also invite you to provide written comments addressed to this functional mailbox by 26 February 2021. The Delegation will then share your comments with the WHO Membership so that each Member State is aware of your views when it is forming its own national position.

We attach a copy of the zero draft that was circulated to WHO Member States yesterday.

Best wishes

74th session of the WHA, May 2021

Draft Resolution on Strengthening WHO Preparedness for and Response to Health Emergencies

The Seventy-fourth World Health Assembly,

PP1 Recalling that the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health;

PP2 Recalling that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

PP3 Recalling the constitutional mandate of WHO to act, inter alia, as the directing and coordinating authority on international health work, and recognizing the Organization's key leadership role within the broader United Nations response and the importance of strengthened multilateral cooperation in responding to health emergencies and the extensive negative impacts thereof;

PP4 Acknowledging the key leadership role of WHO and the fundamental role of the United Nations system in catalysing and coordinating the comprehensive global response to health emergencies, and the central efforts of Member States therein;

PP5 Recalling WHO's function to, inter alia, propose conventions, agreements and regulations, set norms, provide technical assistance and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;

PP6 Reaffirming resolution WHA58.3 (2005) on revision of the International Health Regulations and resolution WHA73.8 (2020) on strengthening preparedness for health emergencies and implementation of the International Health Regulations (2005), and reiterating the obligation for all States Parties to fully implement and comply with the International Health Regulations (2005);

PP7 Recalling decision WHA69(9) (2016) which recognised the establishment of the WHO Emergencies Programme (WHE), allocated a budget to it, as well as set up the Independent Oversight Advisory Committee (IOAC)

PP8 Recalling WHA73.1 which requests WHO Director general, inter alia, to continue to build and strengthen the capacities of WHO at all levels;

PP9 Acknowledging that the COVID-19 pandemic has revealed serious shortcomings in addressing health emergency prevention, preparedness and response efficiently, thus underlining the need to prioritize them accordingly;

PP10 Acknowledging further that the Covid-19 pandemic has highlighted the critical role of timely and transparent sharing of epidemiological and clinical data, samples, knowledge and information, including timely identification and notification and acknowledging the primary role and responsibility of Member States in preventing, preparing for and responding to health emergencies;

PP11 Recognizing the potential of digital technologies to strengthen global health security, implement public health measures, bolster national response efforts resulting from COVID-19, to protect and empower individuals and communities, including by building on decision WHA73(28) (2020) on Digital Health;

PP12 Acknowledging the many unforeseen public health impact, social and economic consequences, challenges such as postponed treatments and mental health issues, resources and healthcare force needs generated by the COVID-19 pandemic and the potential re-emergences thereof, as well as the multitude and complexity of necessary immediate and long-term actions;

PP13 Recognizing the particularly acute primary and secondary impacts of the COVID-19 pandemic in contexts already affected by fragility, conflict, and violence, and in this regard the importance of the Health Emergencies Programs' work in both acute and protracted crises;

PP14 Noting the need for a coordinated UN system wide approach, including the involvement of non-state actors and communities, to prevent emergencies and address them as soon as they appear;

PP15 Noting also the need for continued Member State coordination and inclusive collaboration at all levels of governance across organizations, regions and sectors, including with non-state actors and the whole of society;

PP16 Recognizing that the COVID-19 pandemic, and its health, social and economic consequences, have further underlined the need, inter alia, for strong global multilateral cooperation, including in global public health, across all sectors using a holistic One Health approach;

PP17 Recalling the United Nations General Assembly resolutions 74/270 (2020) on global solidarity to fight the coronavirus disease 2019 (COVID-19) and 74/274 on international cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19;

PP18 Highlighting the role of WHO in facilitating universal access to health services in all countries, particularly the most vulnerable ones, which is also important for preparedness and resilience during a health emergency.

PP19 Acknowledging the importance of strong health systems, universal, timely and equitable access to, and fair distribution of, all quality, safe, efficacious and affordable essential health services, technologies and products, and the need to remove obstacles thereto;

PP20 Welcoming the role played by WHO as secretariat of the Access to COVID-19 Tools (ACT) Accelerator;

PP21 Recognizing the importance of WHO's obligations within the global humanitarian system, including through leadership of the Global Health Cluster;

PP22 Acknowledging that the Covid-19 pandemic, together with the latest health emergencies, have shown that the international community's expectations, while varying according to national contexts, generally outweigh the current WHO capacities and its ability to support Member States in developing strong and resilient health systems for emergency outbreak prevention and response and that deliver high-quality services to all those in need, leaving no one behind;

PP23 Recalling further that WHO Member States required the Director General to initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, and noting that this includes using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19;

PP24 Taking note of the report of WHO Director General, the report of the Independent Panel for Pandemic Preparedness and Response (IPPR), the report of the Review Committee on the Functioning of the International Health Regulations (2005), the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC), as well as the report of the Global Preparedness Monitoring Board;

PP25 Recalling the reviews and evaluations following the Severe Acute Respiratory Syndrome (SARS-CoV) epidemic, the H1N1 influenza pandemics and the Ebola outbreaks, which have highlighted shortcomings in the global capacity to prepare for and respond to outbreaks, and have made numerous and specific recommendations to address these shortcomings;

PP26 Welcoming the ongoing efforts to transform the organisation through the 'WHO Transformation Agenda' and the 'triple billion targets' in WHO's 13th General Programme of Work;

PP27 Expressing its highest appreciation of, and support for, the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals, health workers and other relevant frontline workers, as well as the WHO Secretariat, in responding to the COVID-19 pandemic;

PP28 Acknowledging that WHO should be adequately and sustainably resourced to fulfil its mandate and that the level of expectations from Member States should be reflected in but not limited to the level of financing of the Organization;

PP29 Acknowledging the need to strengthen the normative role of the WHO and its capacity to provide technical advice and assistance

PP30 Affirming its willingness to undertake the necessary efforts and investments to strengthen WHO:

OP1 DECIDES to establish an open-ended Member State Working Group on WHO Strengthening and Global Preparedness, open to all Member States [footnote: and, where applicable, regional economic integration organizations.];

OP2 REQUESTS the Working Group to review interim and final recommendations from the IHR Review Committee, the Independent Oversight and Advisory Committee for WHE, the Independent Panel for Pandemic Preparedness and Response (IPPR), and to take into account relevant work of WHO and other relevant bodies and organizations, with a view to ensuring that WHO and the international system are effectively empowered to defeat COVID-19 and build back better for a more prepared, equitable, and healthy world;

OP3 REQUESTS the Working group to submit progress reports and recommendations to the 75th World Health Assembly through the 150th Session of the Executive Board;

OP4 URGES Member States¹ to:

OP4.1 step up efforts to build, strengthen and maintain the capacities required under the International Health Regulations (2005), including through support to evaluation mechanisms and multisectoral follow-up actions on their recommendations;

OP4.2 strengthen surveillance and continuous information-sharing with WHO as required under the IHR as well as simplification and unification of reporting, in particular the timely notification to WHO of all events which may constitute a public health emergency of international concern in accordance with article 6 of the IHR;

OP4.3 collaborate with the WHO Secretariat, the medical and scientific community, and laboratory and surveillance networks to promote safe and rapid sample sharing of

¹ And regional integration organisations as appropriate

pathogens with pandemic potential or high risk, including during the assessment phase of outbreaks;

OP4.4 strengthen National IHR Focal Points (NFP) and foster a One Health approach to strengthen health security at national level, taking into consideration recommendations provided by the WHO secretariat, including by reviewing the position of NFPs within national institutional structures, and to consider an increased level of autonomy to improve the effectiveness and efficiency of NFPs in the implementation of health measures under the IHR;

OP4.5 provide WHO officials and WHO-led international expert teams with support and rapid access to outbreak areas to facilitate independent investigation and assessment of outbreaks and potential health emergencies;

OP4.6 protect against the spread of disease and, giving due consideration to global health, avoid unnecessary interference with international traffic and facilitate cross-border movement for essential humanitarian purposes, especially during public health emergencies of international concern;

OP4.7 consider how best to de-link travel from trade restrictions under emergency conditions, with the goal of maximizing the effectiveness of public health measures while minimizing economic impacts;

OP4.8 building on the outcomes of the working group on sustainable financing (EB148(12) (2021)), ensure the adequate, flexible, sustainable and predictable financing of the WHO's Programme Budget, the Contingency Fund for Emergencies and the WHO Health Emergency Programme (WHE) therein;

OP4.9 commit to continuous follow-up to the recommendations of the IHR Review Committee and the Independent Panel on Pandemic Preparedness (IPPR);

OP5 CALLS ON international actors, partners, civil society and the private sector to:

OP5.1 strengthen partnerships, global coordination and cooperation in response to infectious diseases based on lessons learned from COVID-19 and fostering a one health approach, including between WHO and relevant organizations and UN agencies, including through the Global Action Plan for healthy Lives and well-being for all;

OP6 REQUESTS the Director General to:

OP6.1 Strengthen the WHO's normative role, including by empowering as appropriate the Chief Scientist's Office, and support the development of the WHO Academy to enable WHO to rapidly disseminate high-quality guidance and make global expertise available at all levels of WHO

OP6.2 Based on the existing tripartite cooperation between WHO, FAO and OIE, establish a refined strategy on a “One Health” cooperation between WHO, FAO, OIE and UNEP, and consider producing joint annual reports to their respective governing bodies, as well as publishing joint protocols and guidance to Member States;

OP6.3 Report on efforts to accumulate expertise on and raise visibility of “One Health” issues with a specific view to zoonosis, including through the establishment of a “One Health High-Level Expert Council”;

OP6.4 Review and strengthen existing tripartite reporting mechanisms, such as the Global Early Warning System for Major Animal Diseases (GLEWS);

OP6.5 Strengthen the global pandemic preparedness system and the implementation by States Parties, including at the subnational level, of the IHR, and clearly define requirements for States Parties under the IHR and work towards full implementation of the IHR core capacities;

OP6.6 Based on the recommendations of the IHR Review Committee in this area, make concrete suggestions for intermediate and regional levels of alert, complementary to a Public Health Emergency of International Concern (PHEIC), with clear criteria and practical implications for countries with the objective of improving transparency, communication, and the quality of reporting, enhancing earlier preparation and preventive action, and better resource allocation in the early stages of outbreaks and emergencies as requested in resolution WHA73.8 on “Strengthening preparedness for health emergencies: implementation of the IHR (2005)”;

OP6.7 Make recommendations to build a more consistent overall evaluative system enabling accurate and independent assessment and reporting on national capacities in IHR implementation, including through reviewing and strengthening existing mechanisms such as the IHR evaluation and Joint External Evaluations (JEE) mechanisms, with a view to strengthening the preparedness and response capacity of the States Parties;

OP6.8 Support countries in strengthening capacities to report on the information required under the IHR and encourage early reporting and sharing of information in line with IHR Article 44 requiring Member States to collaborate for IHR implementation;

OP6.9 Develop a detailed concept note and report on the proposed voluntary pilot phase of the Universal Health and Preparedness Review (UHPR) mechanism with the aim to assess and improve overall preparedness, for the consideration of Member States;

OP6.10 Propose options for approaches to increase the transparency on the appointment, the membership and the deliberations of the IHR Emergency Committee, in particular in relation to a declaration of and suggested response measures to a PHEIC, including options for the engagement of Member States with it;

OP6.11 Provide recommendations on how to empower IHR National Focal Points within their national institutional structures, and on how to improve the communication between WHO and National Focal Points to secure timely sharing of information and alerts;

OP6.12 Lead an evidence-based process, in consultation with the Member States (REIO footnote) and relevant UN and other international organisations, as appropriate, to:

OP6.12.a - Develop practical guidelines for the implementation of the IHR to achieve its purpose to protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade, and do not impede cross-border movement of people and supplies for essential humanitarian purposes

OP6.12.b - prepare a report on the benefits of de-linking travel from trade restrictions under emergency conditions, with the goal of maximizing the effectiveness of public health measures while minimizing their economic impacts,

OP6.12.c - Develop recommendations on the appropriate roles of domestic and international travel restrictions,

OP6.12.d - Develop guidance on situations that may occur in the context of international navigation and aviation during public health crises, including the division of roles and responsibilities of the various actors concerned when responding to such situations;

OP6.13 Make proposals on the use of digital technologies, by WHO and IHR State Parties and, as appropriate, other stakeholders, to upgrade and modernize communication on health emergency preparedness and response, including for the improved implementation for IHR during health emergencies, through the development of an interoperability framework for secure global digital health information exchange.;

OP6.14 Work together with Member States, the medical and scientific community, and laboratory and surveillance networks, to promote early, safe and rapid sample sharing of pathogens of pandemic potential or high risk;

OP6.15 Strengthen WHO's capacity to independently and rapidly investigate and assess potential disease outbreaks as early as possible, including by rapidly accessing outbreak areas through WHO-led response teams, and to systematically communicate the results of such investigations to Member States;

OP6.16 Propose strategies to ensure the rapid development, production, and global equitable deployment of medical and other countermeasures and commodities to

respond to future health emergencies, based on lessons learnt from the COVID-19 response;

OP6.17 Develop strategies and tools for managing the collateral health risks associated with health emergencies, including by comprehensively increasing the resilience and capacity of health systems, in particular the health workforce, in the provision of essential public health functions and essential health services during health emergencies;

OP6.18 Support the work of the Working Group on Sustainable Financing for WHO, established by the 148th Session of the Executive Board, as an integral element of the process of strengthening WHO, and at the same time, increase the financial transparency and accountability at all levels of the organisation

OP6.19 Increase efforts to broaden the donor base, including through the WHO Solidarity Fund and the WHO Foundation, while ensuring full Member State oversight, transparency and accountability;

OP6.20 Implement a sustainable funding and replenishment mechanism for the Contingency Fund for Emergencies (CFE);

OP6.21 Clarify and strengthen the roles, nomination procedures and mandates of the Independent Oversight and Advisory Committee and the Global Pandemic Monitoring Board;

OP6.22 Strengthen effective, representative and transparent governance, communication and oversight mechanisms that enable Member States to provide informed guidance to WHO's work, especially during health emergencies;

OP6.23 Continue efforts to respond to and integrate current and future recommendations of the IOAC into the systems, structures, planning, working methods and organizational culture of the WHE and WHO more broadly;

OP6.24 Strengthen WHE's capacity to deliver in protracted crises, including through further reinforcing WHO's leadership of the IASC Health Cluster at the global and field levels;

OP6.25 Mandate an existing committee or an ad-hoc time-limited panel or expert group to follow up on the implementation of this resolution and, in consultation with this panel, present a report on the implementation of this resolution through the Executive Board to the 75th World Health Assembly.

OP6.26 (a) support the convening of the Working Group on WHO Strengthening and Global Preparedness, as frequently as necessary, (b) provide complete, relevant and timely information to the Working Group for its discussions; and (c) allocate the necessary resources for the Working Group to carry out its mandate.