

Strengthening Preparedness for Health Emergencies; Implementation of International Health Regulations (IHR, 2005)

**Draft resolution proposed by Argentina, Chile, Finland,
France, Indonesia, Netherlands, Rwanda, Singapore and Zambia**

The Executive Board,

Having considered the report of the secretariat on WHO's Work in Emergencies contained in document EB146/17 and the report of the Independent Oversight and Advisory Committee (IOAC) included in document EB146/16,

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The World Health Assembly,

(PP1) REAFFIRMING resolution WHA58.3 of the World Health Assembly (WHA) which urges Member States to build, strengthen and maintain the capacities required under the International Health Regulations (IHR, 2005), mobilize resources necessary for that purpose; collaborate with each other and WHO, provide support to developing countries upon request, and take all appropriate measures for furthering the purpose and eventual implementation of the IHR (2005);

(PP2) RECALLING the commitments made through the Sustainable Development Goals, including to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks;

(PP3) RECALLING 13th General Programme of Work and its strategic priority of one billion more people better protected from health emergencies by 2023;

(PP4) TAKING NOTE of the 2019 annual report of the independent Global Preparedness Monitoring Board (GPMB);¹

(PP5) CONCERNED with the continued risk of the occurrence of health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being

¹ https://apps.who.int/gpmb/annual_report.html.

of people around the world, particularly among vulnerable groups and people in vulnerable situations, including populations in conflict-affected areas and settings prone to natural disasters;

(PP6) RECOGNIZING the potentially catastrophic human and economic impact of a pandemic on any country and the world, and that vulnerable and low-resourced communities would be hit harder given their limited access to safe water, sanitation and hygiene services and the lack of resilient health systems that have a solid public health infrastructure and provide access for all to essential health services and quality, safe, effective, and affordable essential medicines and vaccines;

(PP7) RECALLING General Assembly Resolution [A/RES/74/118 “Strengthening the coordination of the humanitarian emergency assistance of the United Nations” of 16 December 2019];

(PP8) NOTING the International Conference of the Red Cross and the Red Crescent Resolution 33IC/19/R3 “Time to act: tackling epidemics and pandemics together”, which recalls the obligations to respect and protect the wounded and sick, health-care personnel and facilities, as well as medical transports, and to take all reasonable measures to ensure safe and prompt access to health care for the wounded and sick, in times of armed conflict or other emergencies, in accordance with the applicable legal frameworks; and resolution 33IC/19/R2 “Addressing mental health and psychosocial needs of people affected by armed conflict, natural disasters and other emergencies”, which reaffirms, inter alia, the fundamental premise and commitment to “do no harm”;

(PP9) ALARMED by increasing attacks on medical personnel and facilities and the resulting lack of access to medical services as a consequence of these attacks;

(PP10) NOTING WHO’s leadership role in the development and implementation of the Surveillance System for Attacks on healthcare (SSA) for systematic collection and dissemination of data on attacks on health facilities, health workers, health transport and patients, in complex humanitarian emergencies in response to the resolution WHA65.20;

(PP11) RECALLING FURTHER the Addis Ababa Action Agenda on Financing for Development that encourages countries to consider setting nationally appropriate spending targets for quality investments in essential public services for all, including health, education, energy, water and sanitation, consistent with national sustainable development strategies; and that makes a commitment to strong international support for these efforts;

(PP12) RECOGNIZING that investments in preparedness further social and economic benefits and advance shared goals, such as strengthening health systems in order to achieve Universal Health Coverage and the Sustainable Development Goals (SDGs);

(PP13) ACKNOWLEDGING that addressing social determinants of health and reducing health inequities, including through the provision of education and health literacy as well as access to health services and sanitation, are fundamental in strengthening public health preparedness;

(PP14) STRESSING that investments to strengthen country and regional preparedness capabilities and capacities for health emergencies reduce losses resulting from future emergencies and contribute to shared economic and social prosperity through stimulating innovation and promoting economic development, including by reducing potential investment risks;

(PP15) RECALLING ALSO the decision of the World Health Assembly WHA71(15) which welcomed with appreciation the five-year global strategic plan to improve public health preparedness and response, 2018–2023, and ACKNOWLEDGING progress made in its implementation;

(PP16) RECALLING FURTHER United Nations General Assembly resolutions on Global Health and Foreign Policy A/Res/72/139, which underlines the role of resilient health systems in responding to outbreaks, and A/Res/70/183, which recognizes the primary role of Member States in preventing, preparing for and responding to outbreaks of infectious diseases, including those that become humanitarian crises, highlighting the critical role of the World Health Organization as the directing and coordinating authority on international health work, and the roles of the United Nations humanitarian system, regional organizations, nongovernmental organizations, the private sector and other humanitarian actors in providing financial, technical and in-kind support in order to control epidemics;

(PP17) RECALLING resolution WHA65.20 on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, which recognizes that WHO is in a unique position to support health ministries and partners as the Global health Cluster Lead agency in the coordination of preparing for, responding to and recovering from humanitarian emergencies, and calls on Member States to strengthen national risk management, health emergency preparedness and contingency processes and disaster management units;

(PP18) RECALLING the political declaration of the UN High-Level Meeting on Universal Health Coverage A/RES/74/2, which emphasized the need to enhance health emergency preparedness and response systems, as well as the UN General Assembly Resolution on Foreign Policy and Global Health: an inclusive approach to strengthen health system A/RES/74/20, which encourages Member States to develop primary health care preparedness for health emergencies, to support and complement national and regional strategies, policies and programmes, and surveillance initiatives;

(PP19) RECOGNIZING the importance of both global and regional support as well as domestic resources and recurrent spending for preparedness as an integral part of national and global preparedness, Universal Health Coverage and the SDGs;

(PP20) STRESSING the importance of adopting an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, and RECOGNIZING the links between human, animal and environmental health and the need to adopt a One Health approach;

(PP21) TAKING NOTE of the Inter-parliamentary Union Resolution on achieving Universal Health Coverage by 2030 and its emphasis on the need for strong capacities to prevent, detect and respond to public health risks;

(PP22) RECALLING the need for substantially increasing the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change and air pollution, resilience to disasters, and developing and implementing, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels;

(PP23) RECOGNIZING that urban settings are especially vulnerable to infectious disease outbreaks and epidemics, given the concentration of human activity especially as hubs of trade and travel;

(PP24) ACKNOWLEDGING that long-term, sustained community engagement is crucial for detecting and preventing outbreaks early, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses;

(PP25) RECOGNIZING the need to involve women, youth, people with disabilities, and older people in planning and decision-making, and the need to ensure that during health emergencies, health systems ensure the delivery of and the universal access to health-care [services, including strong routine immunization, mental health and psycho-social support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health];

(PP26) RECOGNIZING both the vital role in all phases of health emergencies (prevention, detection and response) of motivated, skilled, and well-trained and well-resourced health workforce including, where appropriate, community health workers, for actions at all levels;

(PP27) ACKNOWLEDGING that strengthening, as appropriate, national, subnational, regional, and global emergency medical teams is a high impact investment in preparedness for disasters, outbreaks, epidemics, and other health emergencies;

(PP28) WHO's contribution to strengthening global preparedness and response to health emergencies and WELCOMING the work of the WHO Health Emergencies Programme;

(PP29) NOTING the WHO Strategic Partnership for IHR and Health Security (SPH) Portal as a tool for monitoring progress in health security capacities, identification of needs, gaps and priorities, mapping and sharing of information on investment and resources;

(PP30) REAFFIRMING the principles of humanity, neutrality, impartiality, independence in the provision of humanitarian assistance, and reaffirming the need for all actors engaged in the provision of humanitarian assistance in situations of complex humanitarian emergencies and natural disasters to promote and fully respect these principles,

(OP1) URGES Member States¹ to:

1.1 fully comply with the IHR (2005), take actions to implement the yet unmet obligations thereof and continue to build core capacities to detect, assess, report and respond to public health events as set out in the IHR (2005), while mindful of the purpose and scope of the IHR (2005) to prevent, 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;

1.2 prioritize at the highest political level the improvement of, and coordination for, health emergency preparedness in order to enable an inclusive multisectoral, all-hazards,

¹ And, where applicable, Regional Economic Integration Organisations.

health-in-all-policies and whole-of-society approach to preparedness, including, as appropriate, collaboration with civil society, academia and the private sector;

1.3 [improve national coordination and collaboration regionally, internationally and with all stakeholders, in particular WHO, to optimize mechanisms and the use of resources to avoid gaps in or duplication of efforts, and as appropriate, coordination and collaboration across borders, including according to the provisions of the IHR (2005);]

1.4 prioritize community involvement and capacity building in all preparedness efforts, building trust and engaging multiple stakeholders from different sectors;

1.5 take action to engage and involve women in all stages of preparedness processes, including in decision-making, and mainstream gender perspective in preparedness planning and emergency response;

1.6 continue to strengthen the capacities of health systems in health emergency preparedness and in providing in health emergencies continued access to affordable essential health services and primary health care, including mental health and psychosocial services, and services for people with disabilities;

1.7 dedicate domestic investments and recurrent spending and public funding to health emergency preparedness in priority setting, and budgeting processes for health system strengthening and across relevant sectors and, where necessary, work with partners to secure sustained funding;

1.8 improve governance and decision-making processes and enhance institutional and operational capacity and infrastructure for public health, including scientific and laboratory capacity and operational and research competence of national public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to tackle existing and emerging health threats and risks;

(OP2) CALLS UPON Member States, Regional Economic Integration Organisations, international, regional and national partners, donors and partners to:

2.1 provide political, financial and technical support through multisectoral efforts, to strengthen country capacities for health emergencies as an integral part of the SDGs, in particular in the most under-resourced, vulnerable and at risk countries, through development assistance for health and timely provision of humanitarian funding;

2.2 continue supporting countries in the development of health emergency preparedness and implementation of IHR core capacities, including, as appropriate, through national plans for IHR implementation and/or, where relevant national action plans for health security;

2.3 expand support for development and implementation of multisectoral national action plans and policies for preparedness, using an all hazards and, as appropriate, One health approaches, further enhancing synergies with health system strengthening, disease prevention and control, research and innovation, disaster risk management and relevant national plans in key sectors to enhance preparedness;

2.4 integrate preparedness risks and resource needs into systematic institutional, policy and economic risk assessments, as well as existing financing mechanisms across all relevant organisations;

2.5 support the provision of appropriate remuneration, resources and training to health professionals, especially those cadres typically under-represented in the health workforce, such as epidemiologists and mental health professionals, and strengthen, in particular the role of the local health workforce, and the development of effective and high-performing, as appropriate, national, subnational and regional Emergency Medical Teams, in line with WHO classification and minimum standards;

2.6 facilitate investment in strong national research agendas and adequate infrastructures for research and development of new measures to counteract the impact of health emergencies, including by non-pharmaceutical interventions;

2.7 assess vulnerabilities of cities and human settlements to health emergencies, with particular attention to communicable disease outbreaks, and enhance preparedness by integrating policies, plans and exercises across health, urban planning, water and sanitation, environmental protection and other relevant sectors, to ensure local leadership and community involvement;

2.8 pursue support for sustainable financing of WHO preparedness and response activities and the WHO Contingency Fund for Emergencies;

2.9 encourage, promote and share information about strategic partnerships and technical collaboration for preparedness, including between relevant international, regional and national institutions, in particular national public health institutes, including through the WHO Global Strategic Preparedness Network (GSPN);

(OP3) CALLS on Member States¹ and the Director-General to work with the Secretary-General of the United Nations and the United Nations Office for the coordination Humanitarian Affairs and other relevant UN Organizations to:

3.1 strengthen United Nations system-wide coordination in different country, health and humanitarian emergency contexts;

3.2 systematically review and revise UN preparedness and response strategies for outbreaks;

3.3 enhance United Nations system leadership for preparedness and response coordination, including through UN system-wide simulation exercises;

3.4 increase collaboration between relevant actors to accelerate preparedness for pandemics and disease outbreaks, in particular in fragile situations and conflict-affected areas;

¹ And, where applicable, Regional Economic Integration Organisations.

(OP4) REQUESTS the Director-General to:

- 4.1 support States Parties, upon their request, to review their implementation of the IHR (2005) by using, as appropriate, available tools included in the WHO IHR (2005) Monitoring and Evaluation Framework;
- 4.2 allocate necessary financial and human resources at all levels of the organization for activities to support countries in improving health emergency preparedness;
- 4.3 participate in UN operational reviews after major health emergencies and report in a timely manner to WHA through the Executive Board on lessons learnt and recommendations for further action;
- 4.4 conduct a study in consultation with Member States on the need and potential benefits of and, as appropriate, make proposals to 74th WHA through the Executive Board, on possible complementary mechanisms to be used by the Director General to alert the global community about the severity and/or magnitude of a public health emergency in order to mobilize necessary support and to facilitate international coordination;
- 4.5 report to the World Health Assembly, through the Executive Board, on the methodology and the implementation and findings of the Surveillance System for Attacks on Health Care (SSA) in complex humanitarian emergencies, in line with resolution WHA65.20, as part of the regular reporting on the World Health Emergency Programme;
- 4.6 report on the implementation of this resolution through the WHO Executive Board in connection with the annual reporting on WHO's work in emergencies, and annual reporting on the implementation of the IHR (2005), until the 77th World Health Assembly.

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