

First report of Committee A

(Draft)

Committee A held its second and third meetings on 10 November 2020 chaired by Dr Bjørn-Inge Larsen (Norway).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Ms Tamara Mawhinney (Canada) and Dr Susie Perera De Silva (Sri Lanka) as Vice Chairs, and Dr Jane Ruth Aceng Ocero (Uganda) as Rapporteur.

It was decided to recommend to the Seventy-third World Health Assembly the adoption of the attached resolution relating to the following agenda item:

Pillar 2: One billion more people better protected from health emergencies

13. Review of and update on matters considered by the Executive Board

13.2 WHO's work in health emergencies

One resolution entitled:

- Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

Agenda item 13.2

Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

The Seventy-third World Health Assembly,

Having considered the report by the Director-General on WHO's work in health emergencies,¹ and the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme;²

Reaffirming resolution WHA58.3 (2005) on revision of the International Health Regulations, in which the Health Assembly urged Member States, inter alia, to build, strengthen and maintain the capacities required under the International Health Regulations (2005), and to mobilize resources necessary for that purpose; to collaborate with each other and WHO; to provide support to developing countries upon request; and to take all appropriate measures for furthering the purpose and eventual implementation of the International Health Regulations (2005);

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;

Recalling further the Thirteenth General Programme of Work, 2019–2023, and its strategic priority of one billion more people better protected from health emergencies by 2023;

Taking note of the 2019 annual report of the independent Global Preparedness Monitoring Board;³

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 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;

Recognizing the potentially catastrophic human and economic impact of a pandemic on any country and on 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;

¹ Document A73/11.

² Document A73/10.

³ A world at risk – annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019 (https://apps.who.int/gpmb/annual_report.html, accessed 8 February 2020).

Recalling United Nations General Assembly resolution 74/118 (2019) on strengthening the coordination of emergency humanitarian assistance of the United Nations;

Noting the International Conference of the Red Cross and the Red Crescent resolution 33IC/19/R3 entitled “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 entitled “Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies”, which reaffirms, inter alia, the fundamental premise and commitment to “do no harm”;

Alarmed by increasing attacks on medical personnel and facilities and by the lack of access to medical services that is a consequence of these attacks;

Noting WHO’s leadership role in the development and implementation of the Surveillance System for Attacks on Health Care 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 resolution WHA65.20 (2012) on WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies;

Recalling the Addis Ababa Action Agenda on Financing for Development, which 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 which makes a commitment to strong international support for these efforts;

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;

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;

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

Recalling decision WHA71(15) (2018) on implementation of the International Health Regulations (2005), in which the Health Assembly decided, inter alia, to welcome with appreciation the five-year global strategic plan to improve public health preparedness and response, 2018–2023, and acknowledging progress made in its implementation;

Recalling further United Nations General Assembly resolutions 72/139 (2017), which underlines the role of resilient health systems in responding to outbreaks, and 70/183 (2015), 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 WHO 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 bring epidemics under control;

Recalling also resolution WHA65.20 (2012) 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 lead agency for the Inter-Agency Standing Committee Global Health Cluster, in coordinating preparations for, the response to and the recovery from humanitarian emergencies, and calls on Member States to strengthen national risk management, health emergency preparedness and contingency processes and disaster management units;

Further recalling the political declaration of the United Nations high-level meeting on universal health coverage,¹ which emphasized the need to enhance health emergency preparedness and response systems, as well as the United Nations General Assembly resolution 74/20 (2019) on global health and foreign policy: an inclusive approach to strengthening health systems, 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;

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 Sustainable Development Goals;

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;

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;

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;

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;

Acknowledging that long-term, sustained community engagement is crucial for early detection and response to outbreaks, and for controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses;

¹ United Nations General Assembly resolution 74/2 (2019).

Recognizing the need to involve women, young people, 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 those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health;

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

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;

Recognizing WHO's contribution to strengthening global preparedness and response to health emergencies and welcoming the work of the WHO Health Emergencies Programme;

Noting WHO's portal for the Strategic Partnership for International Health Regulations (2005) and Health Security as a tool for monitoring progress in health security capacities, identification of needs, gaps and priorities, and mapping and sharing of information on investment and resources;

Reaffirming the principles of humanity, neutrality, impartiality and 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,

1. URGES Member States:¹

- (1) to fully comply with the International Health Regulations (2005), to take actions to implement the unmet obligations thereof, and to continue to build core capacities to detect, assess, report on and respond to public health events as set out in the International Health Regulations (2005), while mindful of the purpose and scope of the Regulations 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;
- (2) to prioritize at the highest political level the improvement of, and coordination for, health emergency preparedness in order to enable an inclusive multisectoral, all-hazards, health-in-all-policies and whole-of-society approach to preparedness, including, as appropriate, collaboration with civil society, academia and the private sector;
- (3) to 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

¹ And, where applicable, regional economic integration organizations.

collaboration across borders, including according to the provisions of the International Health Regulations (2005);

(4) to prioritize community involvement and capacity-building in all preparedness efforts, building trust and engaging multiple stakeholders from different sectors;

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

(6) to continue to strengthen the capacities of health systems in health emergency preparedness and in providing during 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;

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

(8) to 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;

2. CALLS UPON Member States, regional economic integration organizations, international, regional and national partners, donors and partners:

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

(2) to continue supporting countries in the development of health emergency preparedness and implementation of core capacities under the International Health Regulations (2005), including, as appropriate, through national plans for implementation of the Regulations and/or, where relevant, national action plans for health security;

(3) to 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;

(4) to integrate evaluation of preparedness risks and resource needs into systematic institutional, policy and economic risk assessments, as well as into existing financing mechanisms across all relevant organizations;

- (5) to 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, national, subnational and regional Emergency Medical Teams, as appropriate, in line with WHO classification and minimum standards;
 - (6) to facilitate investment in strong national research agendas and adequate infrastructures for research and development in support of new measures to counteract the impact of health emergencies, including non-pharmaceutical interventions;
 - (7) to assess the vulnerabilities of cities and human settlements to health emergencies, paying particular attention to communicable disease outbreaks, and to 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;
 - (8) to pursue support for the sustainable financing of WHO's preparedness and response activities and the Contingency Fund for Emergencies;
 - (9) to encourage, promote and share information about strategic partnerships and technical collaboration for preparedness, including those between relevant international, regional and national institutions, in particular national public health institutes, including through the WHO Global Strategic Preparedness Network;
3. 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 of Humanitarian Affairs and other relevant United Nations organizations:
- (1) to strengthen United Nations system-wide coordination in different country, health and humanitarian emergency contexts;
 - (2) to systematically review and revise United Nations preparedness and response strategies for outbreaks;
 - (3) to enhance United Nations system leadership for preparedness and response coordination, including through United Nations system-wide simulation exercises;
 - (4) to 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 organizations.

4. REQUESTS the Director-General:

- (1) to support States Parties, upon their request, to review their implementation of the International Health Regulations (2005) by using, as appropriate, available tools included in the International Health Regulations (2005) monitoring and evaluation framework;
- (2) to allocate the necessary financial and human resources at all levels of the Organization for activities to support countries in improving health emergency preparedness;
- (3) to participate in United Nations operational reviews after major health emergencies and report in a timely manner to the Health Assembly, through the Executive Board, on lessons learned and recommendations for further action;
- (4) to conduct a study in consultation with Member States on the need for and potential benefits of and, as appropriate, make proposals to the Seventy-fourth World Health Assembly 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;
- (5) to report to the Health Assembly, through the Executive Board, on the methodology and the implementation and findings of the Surveillance System for Attacks on Health Care in complex humanitarian emergencies, in line with resolution WHA65.20 (2012), as part of the regular reporting on the WHO Health Emergencies Programme;
- (6) to report on the implementation of this resolution in connection with the annual reporting on WHO's work in emergencies, and annual reporting on the implementation of the International Health Regulations (2005), until the Seventy-seventh World Health Assembly.

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