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## **Strengthening WHO preparedness for and response to health emergencies**

**Draft resolution proposed by Albania, Australia, Belarus, Canada, Chile, Costa Rica, Dominican Republic, Egypt, Georgia, Iceland, Japan, Montenegro, Norway, Paraguay, Philippines, Qatar, Republic of Korea, Republic of Moldova, Rwanda, Singapore, Sudan, Switzerland, Thailand, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Vanuatu and Member States of the European Union**

The Seventy-fourth World Health Assembly,

(PP1) Recalling decision EB148(2) (2021) on strengthening WHO's global health emergency preparedness and response, which called for the development of a resolution in this regard;

(PP2) Reaffirming that the objective of WHO is the attainment by all peoples of the highest possible level of health;

(PP3) Reaffirming 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;

(PP4) Reaffirming the functions set out in Article 2 of the WHO Constitution in order for the Organization to achieve its objective, inter alia: to act as the directing and coordinating authority in international health work; to stimulate and advance work to eradicate epidemic, endemic and other diseases; to furnish appropriate technical assistance, and, in emergencies, necessary aid upon the request or acceptance of governments; and to propose conventions, agreements and regulations, and make recommendations with respect to health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective; and acknowledging the Organization's work to achieve this and to perform the tasks assigned by Member States, including normative work;

(PP5) Reaffirming resolution WHA58.3 (2005) on the revision of the International Health Regulations and also reaffirming the principles of the International Health Regulations (2005) set out in its Article 3, including that the implementation of the Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and guided by the goal of their universal application for the protection of all people of the world from the international spread of disease as well

as by the Charter of the United Nations and WHO's Constitution and the sovereign right of Member States to legislate and implement legislation in pursuance of their health policies in this regard;

(PP6) Recalling resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) which, inter alia, urged Member States to fully comply with the Regulations and to take actions to implement the unmet obligations thereof;

(PP7) Recalling resolution WHA73.1 (2020) on COVID-19 response, which requested the Director-General to, inter alia, continue to build and strengthen the capacities of WHO at all levels to fully and effectively perform the functions entrusted to it under the International Health Regulations(2005);

(PP8) Underlining that preparing for, and responding to, health emergencies is primarily the responsibility and crucial role of governments;

(PP9) Recalling decision WHA69(9) (2016), which recognized the establishment of the WHO Health Emergencies Programme, allocated a budget to it and set up the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme;

(PP10) Acknowledging the importance of strengthened multilateral cooperation within the United Nations system taking into account, as appropriate, relevant United Nations General Assembly resolutions, including resolutions on the quadrennial comprehensive policy review of operational activities for development of the United Nations system in preparing for, and responding to, health emergencies and limiting their direct and indirect negative impacts;

(PP11) Acknowledging the key leadership role of WHO within the United Nations system in preparing for and in catalysing and coordinating a comprehensive, early, effective, transparent, sustainable response to health emergencies, that is age- and disability-sensitive and gender-responsive, ensures respect for human rights and fundamental freedoms, and recognizes the centrality of Member States' efforts therein;

(PP12) Recognizing WHO's role in the international humanitarian system, including through leadership and coordination of the Inter-Agency Standing Committee Global Health Cluster and as provider of last resort in health emergencies, acknowledging the role of other humanitarian actors including nongovernmental organizations and the Red Cross Red Crescent Movement therein and reaffirming the principles of neutrality, humanity, impartiality and independence in the provision of humanitarian assistance, and in this regard recalling the United Nations General Assembly resolution 46/182 of 19 December 1991 on the strengthening of the coordination of humanitarian emergency assistance of the United Nations and all subsequent General Assembly resolutions on the subject, including resolution 75/127 of 11 December 2020 and underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact;

(PP13) Recognizing also that attacks on medical and health personnel result in long-lasting impacts, including the loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving services and produce setbacks for health development, and recalling in that regard United Nations General Assembly resolution 75/125 of 11 December 2020 on the safety and security of humanitarian personnel and protection of United Nations personnel, as well as resolution WHA65.20 (2012);

(PP14) Noting with concern that the COVID-19 pandemic has revealed serious shortcomings in preparedness for, timely and effective prevention and detection of, as well as response to potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies;

(PP15) Acknowledging the importance of timely identification and notification of events that may constitute a public health emergency of international concern in accordance with relevant provisions of the International Health Regulations (2005), and acknowledging the critical role played by international cooperation and timely and transparent sharing of epidemiological and clinical data, biological samples, knowledge and information, including timely sharing of pathogen genetic sequence data, and in this context recalling the Convention on Biological Diversity and its objectives and principle and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity and its objective, taking into account relevant national and international laws, regulations, obligations and frameworks, in order to facilitate rapid responses to public health emergencies that equitably benefit all the countries, while taking note of the role that voluntary transfer of technology and know-how on mutually agreed terms plays for scaling up research and development and local manufacturing of health products;

(PP16) Recognizing the critical importance in preparing for future health emergencies of agile, well-coordinated and tested capacities in Member States, including core capacities required under the International Health Regulations (2005), necessary for an effective health emergency response, including strong public health expertise and effective science-based coordination to ensure evidence-based decision-making processes across government agencies;

(PP17) Recognizing that the COVID-19 pandemic and its health, economic and social consequences, including increasing gender and other inequalities, have further underlined the need for multilateral cooperation, unity and solidarity to protect public health and to prepare for and respond to health emergencies, across all sectors, using holistic, all-hazards and One Health approaches, recognizing the interconnectedness between the health of humans, animals, plants and their shared environment, including through collaboration among WHO, FAO, OIE and UNEP;

(PP18) Recalling United Nations General Assembly resolutions 74/270 (2020) on global solidarity to fight the coronavirus disease 2019 (COVID-19), 74/274 (2020) on international cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19, 74/306 (2020) on comprehensive and coordinated response to the COVID-19 pandemic, 74/307 (2020) on united response against global health threats: combating COVID-19, 75/17 (2020) on international cooperation to address challenges faced by seafarers as a result of the COVID-19 pandemic to support global supply chains, 75/27 (2020) on International Day of Epidemic Preparedness, 75/156 (2020) on strengthening national and international rapid response to the impact of the coronavirus disease (COVID-19) on women and girls and 75/157 on women and girls and the response to the coronavirus disease (COVID-19);

(PP19) Recalling United Nations General Assembly resolution 74/2 (2019), which recognizes that universal health coverage is fundamental for achieving the Sustainable Development Goals while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all and recognizing that the COVID-19 pandemic is hampering the achievement of the Sustainable Development Goals, including universal health coverage;

(PP20) Recognizing the acute direct and indirect impacts of the COVID-19 pandemic, including increased violence against women and girls, particularly in fragile situations already affected by conflict,

crime, violence, disasters, climate change and displacement and in this regard acknowledging the importance of the WHO Health Emergencies Programme's work in both acute and protracted crises;

(PP21) Acknowledging the importance of strong, resilient and agile health systems with integrated public health functions, competent and well-trained health workforce, timely and equitable access to quality health services including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health, as well as equitable access to quality, safe, effective and affordable technologies and products to strengthen multisectoral collaboration among all stakeholders for achieving universal health coverage;

(PP22) Highlighting the role of WHO in facilitating universal and equitable access to quality health services without financial hardship, in all countries, particularly those with weaker health systems and affected by conflict, which is critical for preparedness and resilience during health emergencies;

(PP23) Recognizing that country responses to health emergencies will necessarily be tailored to national circumstances, and that WHO has a role in providing advice and support in assisting countries to achieve universal health coverage thus facilitating universal access to health services;

(PP24) Acknowledging the many negative consequences of the COVID-19 pandemic on society, public health, human rights and the economy, which have disproportionately affected certain groups, such as persons with disabilities, disrupted the provision of essential health services, and have caused challenges such as interruptions to routine care, delayed immunizations, postponed diagnoses, treatments and mental health care and limited resources for the health and care workforce to address these needs, as well as the multitude and complexity of necessary immediate and long-term actions with the ambition to achieve the Sustainable Development Goals;

(PP25) Acknowledging the impact of disruptions to global travel and trade on efforts to mobilize a robust, international response to COVID-19, as well as on efforts to sustain humanitarian assistance and vital longer-term development programmes;

(PP26) Recognizing the critical role of international collaboration in research and development, including in multicountry clinical and vaccine trials, as well as rapid diagnostics test and assay development, but acknowledging the need for further rigorous scientific evidence, protocols, standards and international collaboration to assess the role and impact of public health and societal interventions and for evidence-informed decision-making in public health emergencies;

(PP27) Underscoring that fair and equitable access to health products is a global priority and that the availability, accessibility, acceptability and affordability of health products and health services of assured quality are fundamental to tackling global public health emergencies and in this regard noting the role played by WHO in initiatives such as the Access to COVID-19 Tools (ACT) Accelerator and recognizing the collaborative and inclusive approach adopted by all of its participating international health partners and the development of voluntary patent pools and other voluntary initiatives, such as the WHO COVID-19 Technology Access Pool (C-TAP);

(PP28) Recognizing that due to the geographic location of landlocked developing countries and small island developing States, their dependence on transit countries for exports and imports of goods, access to health products has been particularly affected;

(PP29) Recognizing the need for sharing of health-related technologies on voluntary and mutually agreed terms and in line with relevant international obligations, in implementing and supporting public

health measures and bolstering national response efforts to COVID-19 and other future public health emergencies of international concern;

(PP30) Recognizing the value of greater collaboration between the public and private sectors in facilitating transparency in investments and costs along the research, development and production chain and in facilitating affordability;

(PP31) Recognizing the potential of digital health technologies to strengthen secure communication in health emergencies, to implement and support public health measures, and bolster national response efforts to pandemics, epidemics and other health emergencies, to protect and empower individuals and communities, while ensuring personal data protection, including by building on the Global Strategy on Digital Health 2020–2025;

(PP32) Noting the negative impact of misinformation, disinformation and stigmatization on preparedness and response to health emergencies and people’s physical and mental health, and the need to counter mis- and dis-information and stigmatization in the context of health emergencies, and recognizing that for all stakeholders to be part of the response they need to have access to timely and accurate information and to be involved in decisions that affect them;

(PP33) Noting also the need for whole-of-government and whole-of-society Member State coordination and inclusive collaboration among all stakeholders during public health emergencies;

(PP34) Noting the independent reviews and evaluations of preparedness and response following the severe acute respiratory syndrome (SARS-CoV) epidemic, the H1N1 influenza pandemics and the 2014–2016 Ebola virus disease epidemic, which have highlighted shortcomings in the global capacity to prepare for, detect, report and respond to outbreaks in a transparent and timely manner and have made numerous and specific recommendations to address these shortcomings;

(PP35) Recalling resolution WHA73.1 (2020), which requested that the Director-General 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 included using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19;

(PP36) Taking note of the report of the Director-General, the report of the Independent Panel for Pandemic Preparedness and Response,<sup>1</sup> the report of the Review Committee on the Functioning of the International Health Regulations (2005),<sup>2</sup> the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme;<sup>3</sup>

(PP37) Taking note of the report of the Global Preparedness Monitoring Board;<sup>4</sup>

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<sup>1</sup> Document A74/INF./2.

<sup>2</sup> Document A74/9 Add.1.

<sup>3</sup> Document A74/16.

<sup>4</sup> A world in disorder. Global Preparedness Monitoring Board annual report 2020. Geneva: World Health Organization; 2020 (available at [https://apps.who.int/gpmb/annual\\_report.html#:~:text=Annual%20Reports,-A%20World%20in&text=The%20Board%20called%20for%20five,robust%20global%20governance%20of%20preparedness](https://apps.who.int/gpmb/annual_report.html#:~:text=Annual%20Reports,-A%20World%20in&text=The%20Board%20called%20for%20five,robust%20global%20governance%20of%20preparedness), accessed on 24 May 2021).

(PP38) Recalling the ongoing efforts to strengthen WHO, including through the WHO transformation agenda and the triple billion targets in WHO's Thirteenth General Programme of Work, 2019–2023;

(PP39) Stressing the need for effective and accountable management, enhanced inclusive and meaningful participation of, and engagement with, Member States at all levels of governance across WHO, including making full use of governing bodies, to enable Member States to provide informed advice and direction on WHO's work, especially during health emergencies;

(PP40) Stressing the need to strengthen the technical and normative role of WHO as the directing and coordinating authority for international health work and its capacity to provide technical advice and assistance in a timely manner to Member States, upon their request, including at the country level;

(PP41) Acknowledging 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, resilient, quality, inclusive and efficient health systems for emergency outbreak prevention and response and that deliver high-quality, affordable services to all those in need, leaving no one behind;

(PP42) Acknowledging that WHO should be adequately and sustainably resourced to fulfil its functions in an effective, efficient and strategic way and that future reforms to facilitate this should take into account the outcome of the discussions of the Working Group on Sustainable Financing;

(PP43) Recalling decision EB148(12) (2020), which established the working group on sustainable financing to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution and requested the working group to submit its final report with its recommendations and other findings to the Executive Board at its 150th session;

(PP44) Expressing its highest appreciation of, and support for, the dedication, efforts and sacrifices of health professionals, health workers and other relevant front-line workers, as well as all three levels of the Organization, who have gone above and beyond the call of duty in responding to the COVID-19 pandemic,

OP1. DECIDES to establish a Member States Working Group on Strengthening WHO preparedness and response to health emergencies, which is open to all Member States;<sup>1</sup>

OP2. REQUESTS the Working Group to consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, taking into account relevant work of WHO, including that stemming from resolution WHA73.1 (2020) and decision EB148(12) (2020) as well as the work of other relevant bodies, organizations, non-State actors and any other relevant information;

OP3. RECOMMENDS that, following regional consultations to be finalized by end of June 2021, the Working Group shall have a Bureau comprising six officers (two Co-Chairs and four Vice-Chairs, to be appointed at the first meeting), one from each WHO region;

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<sup>1</sup> And regional economic integration organizations as appropriate.

OP4. REQUESTS that the Co-Chairs and Vice-Chairs shall facilitate the work of the Working Group in close dialogue with its membership;

OP5. REQUESTS the Member States Working Group to work in an inclusive manner and to define and agree on its working methods;

OP6. REQUESTS the Working Group to submit a report with proposed actions for WHO, Member States, and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the the Executive Board at its 150th session;

OP7. URGES Member States:<sup>1</sup>

(1) to increase and improve efforts to build, strengthen and maintain the capacities required under the International Health Regulations (2005) and continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using as appropriate, available tools included in the International Health Regulations (2005) monitoring and evaluation framework;

(2) to strengthen core public health capacities and workforce for indicator-based and early-warning surveillance, based, inter alia, on disease-specific surveillance, syndromic surveillance, event-based surveillance of health-related behaviour, surveillance data relating to animal and environmental health enabling detection of public health events requiring rapid assessment, notification and public health response, in order to ensure that all relevant events are rapidly detected and controlled;

(3) to adopt an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, recognizing the links between human, animal and environmental health and the need for a One Health approach;

(4) to increase their capacity to detect new threats including through laboratory techniques, such as genomic sequencing;

(5) to notify WHO of public health events within their respective territories according to relevant provisions of the International Health Regulations (2005), including any events that may cause a public health emergency of international concern, as well as any health measures implemented in response to those events; and continue to communicate to WHO timely, accurate and sufficiently detailed public health information and laboratory results available to them on these events, as well as on the difficulties faced and support needed in responding to these events;

(6) to share with their population and the global community reliable and comprehensive information on health emergencies and the public health responses to be taken by local, national, regional and international public health authorities, and take measures to strengthen health literacy and to counter misinformation, disinformation and stigmatization, including by providing access to other sources of fact- and science-based information;

(7) to strengthen cooperation to create mechanisms for communication, coordination and articulation of programmes and policies on health issues, considered of shared interest, between

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<sup>1</sup> And regional integration organizations as appropriate.

linked border localities, to adequately respond to risks and public health emergencies of international concern;

(8) to work towards achieving strong and resilient health systems and universal health coverage, as an essential foundation for effective preparedness and response to public health emergencies, and adopt an equitable approach to preparedness and response activities, including to mitigate the risk that health emergencies exacerbate existing inequalities in access to services, including for immunization and nutrition, chronic infectious diseases and noncommunicable diseases, mental health, maternal and child health, sexual and reproductive health care services, rehabilitation and long-term care services;

(9) to take steps to ensure that the response to health emergencies and pandemics does not exacerbate other global health challenges, including the ongoing necessity to address issues such as lack of access to health services and medicines, the burden of neglected diseases, and the necessity to preserve the efficacy of antimicrobials, particularly antibacterials, including through appropriate stewardship, prudent use and sustainable access;

(10) to cooperate to facilitate cross-border travel of persons for essential purposes during a health emergency and avoid unnecessary interference with trade without undermining efforts to prevent the spread of the causative pathogen, in accordance with the International Health Regulations (2005);

(11) to support stronger coordination with relevant multilateral organizations to improve understanding and mechanisms to address travel and trade considerations, including on how best to de-link travel from trade restrictions during public health emergencies of international concern, pursuant to the International Health Regulations (2005), with the goal of maximizing the effectiveness of public health measures while minimizing negative economic impacts, including by facilitating the manufacturing and movement of critical medical supplies essential to the public health response;

(12) to take steps to prevent, within their respective legal frameworks and contexts, speculation and undue stockpiling that may hinder access to safe, effective and affordable essential medicines, vaccines, medical equipment and other health products, as may be required to effectively address health emergencies;

(13) to keep transport networks and supply chains open in order to facilitate timely, equitable and affordable access to essential, safe, affordable, quality and effective medical products, especially for landlocked developing countries and small island developing States;

(14) to support and work on enhancing regional and international cooperation mechanisms to ensure universal, timely and equitable access to, and fair distribution of, quality, safe, efficacious and affordable essential health technologies and products, including their components and precursors during global health emergencies;

(15) to promote enhanced response to future pandemics based on the lessons learned from the COVID-19 pandemic and other public health emergencies of international concern, taking into account all the obstacles that impeded the effective response to, and treatment of, the disease as well as the need for all countries to have unhindered access to vaccines and essential health products;



(16) to strengthen WHO's capacity to rapidly and appropriately assess disease outbreaks that may potentially constitute a public health emergency of international concern as early as possible, in close coordination and consultation with Member States, and to systematically communicate the results of such assessments to Member States;

(17) to seek to ensure the adequate, flexible, sustainable and predictable financing of WHO's Programme budget including the WHO Health Emergencies Programme as well as the Contingency Fund for Emergencies and follow up on the recommendations of the Working Group on Sustainable Financing;

OP8. CALLS ON international actors, partners, civil society and the private sector:

(1) to support all countries, upon their request, in implementing their multisectoral national action plans, in strengthening their health systems to respond to health emergencies, and in maintaining the safe provision of all other essential public health functions and services during them;

(2) to strengthen partnerships, global coordination and cooperation in response to infectious diseases based on lessons learned from COVID-19 and previous public health emergencies of international concern and fostering a One Health, whole-of-society and health systems strengthening approach, including between WHO and relevant multilateral organizations, including the signatory agencies of the Global Action Plan for Healthy Lives and Well-Being for all;

(3) to address – where relevant, in coordination with Member States – the proliferation of disinformation and misinformation particularly in the digital sphere, as well as the proliferation of malicious cyber-activities that undermine the public health response; and to support the timely provision of clear, objective and science-based data and information to the public;

OP9. REQUESTS the Director-General, as soon as practicably possible and in consultation with Members States:<sup>1</sup>

(1) to strengthen the global, regional, national and subnational pandemic preparedness system, support implementation by States Parties of the International Health Regulations (2005) and of core capacities required under the International Health Regulations (2005), provide clear guidance regarding requirements for States Parties under the International Health Regulations (2005), build and strengthen tailor-made support and tools for States Parties through regional and country offices and continue working collectively and collaboratively with partners and States Parties to bridge identified gaps in core capacities required under the International Health Regulations (2005), including through international cooperation, when requested;

(2) to make recommendations to Member States to build a more robust, transparent, consistent, scientific, evidence-based and cohesive International Health Regulations (2005) monitoring and evaluation framework that enables accurate assessment and reporting on national capacities in consultation with States Parties as well as actions to improve International Health Regulations (2005) implementation;

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<sup>1</sup> And regional economic integration organizations as appropriate.

- (3) to develop a detailed concept note to be included in the report by the Director-General to the Seventy-fifth World Health Assembly for the consideration of Member States as they determine next steps on the voluntary pilot phase of the Universal Health and Preparedness Review mechanism, based on the principles of transparency and inclusiveness, and on how it builds on existing International Health Regulations (2005) monitoring and evaluation framework components with the aim to assess, improve and strengthen accountability, cooperation, trust and solidarity around overall preparedness;
- (4) to lead an evidence-based process, in consultation with Member States,<sup>1</sup> relevant United Nations and other international organizations and other stakeholders, as appropriate, and taking into account the recommendations of the IHR Review Committee:
- (i) to develop practical guidance for the implementation of the International Health Regulations (2005) to prevent, protect against, detect, 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 do not unduly impede cross-border movement of people and supplies for essential purposes;
  - (ii) to prepare a report on the options, implications, benefits, possible consequences and potential risks of de-linking travel from trade restrictions during public health emergencies of international concern determined pursuant to the International Health Regulations (2005), with the goal of maximizing the effectiveness of public health measures while minimizing their economic impacts;
  - (iii) to develop recommendations, taking into consideration national circumstances, on the appropriate implementation of travel restrictions, including guidance to assist countries to facilitate the return of citizens and permanent residents to their territories and, vice versa, facilitate the departure from and transit through their territory of nationals and permanent residents of third countries;
  - (iv) to develop guidance on situations that may occur in the context of international conveyances, seafaring and aviation during public health emergencies, such as outbreaks on international cruise ships, including the division of roles and responsibilities of the various actors concerned when responding to such situations;
  - (v bis) to review and report on States Parties' experience with dispute settlement under Article 56 of the International Health Regulations (2005);
- (5) to develop strategies and tools for managing the impact of health emergencies on gender equality, health systems and health service delivery, 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 quality essential health services including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health and maternal, newborn and child health during health emergencies with a view to achieving universal health coverage;
- (6) to consider establishing risk communication strategies, adaptable to states and regions, including to facilitate specific local capacity-building, mobilize financial and technical resources

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<sup>1</sup> And regional economic integration organizations as appropriate.

and, eventually, assist countries in elaborating goal-directed development plans, including performance indicators, as a key feature of public health systems' responsiveness;

(7) to develop a global framework to generate, monitor, compare and evaluate research and policies on public health and social interventions and assess their broader impact to harness global knowledge and expertise and to translate evidence into effective health emergency and preparedness policies;

(8) to review and strengthen or reform, as applicable, existing tripartite reporting mechanisms, such as the Global Early Warning System for Major Animal Diseases (GLEWS) improving communication and information exchange across existing surveillance networks across the One Health sectors;

(9) to build on and strengthen the existing cooperation among WHO, FAO, OIE and UNEP to develop options, for consideration by their respective governing bodies, including establishing a common strategy on One Health, including a joint workplan on One Health to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks;

(10) to report on efforts to accumulate expertise on and raise visibility of One Health issues with a specific view to zoonoses, including from wildlife, through the work of the "One Health High-Level Expert Panel";

(11) to propose options to increase the transparency on the appointment, membership and deliberations of the IHR Emergency Committee including a more robust, transparent and inclusive risk assessment process, as well as detailed reporting of its proceedings, in particular in relation to its recommendations on declarations of, and suggested response measures to, public health emergencies of international concern, including options for the engagement of Member States with it;

(12) to make concrete suggestions for potential intermediate and regional levels of alert, complementary to a public health emergency of international concern, with clear criteria and practical implications for countries;

(13) to support countries, upon their request, in strengthening capacities to report on the information required under the International Health Regulations (2005), in particular under Articles 6–10, including the simplification and unification of reporting processes by States Parties and strongly encourage compliance with the International Health Regulations (2005), including reporting and sharing of information at the earliest possible stage of an outbreak of epidemic or pandemic potential in line with Article 44 requiring States Parties to collaborate with each other, to the extent possible, in the detection and assessment of, and response to, events as provided under the Regulations;

(14) to make proposals on the use of digital technologies, by WHO and International Health Regulations (2005) States Parties and, as appropriate, other stakeholders, to upgrade and modernize communication on health emergency preparedness and response, including for the improved implementation of International Health Regulations (2005) obligations, through the development of an interoperability framework for secure global digital health information exchange, and support measures to counter the spread of stigmatization, misinformation and disinformation;

(15) to work together with Member States, the medical and scientific community, and laboratory and surveillance networks, to promote early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens of pandemic and epidemic, or other high-risk, potential, taking into account relevant national and international laws, regulations, obligations and frameworks, including, as appropriate, the International Health Regulations (2005), the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization and the Pandemic Influenza Preparedness Framework and the importance of ensuring rapid access to human pathogens for public health preparedness and response purposes;

(16) to support countries, upon request, in developing and implementing national response plans to health emergencies, by developing, disseminating and updating normative products and technical guidance, learning tools, data and scientific evidence for public health responses, to provide accurate, timely and evidence-based information;

(17) in collaboration with Member States, to strengthen the capacities and capabilities of WHO to perform fully and effectively the functions entrusted to it under the International Health Regulations (2005), in particular through strategic health operations that provide swift support to countries in detection and assessment of, and response to, public health emergencies;

(18) to ensure that the advice and support provided by WHO to Member States to improve pandemic preparedness and response to public health emergencies takes into consideration different national circumstances and focuses, inter alia, on strengthening health systems;

(19) in collaboration with Member States,<sup>1</sup> other international organizations, civil society and the private sector, and based on lessons learned from the COVID-19 response and prior health emergencies, including experience in operationalizing the Access to COVID-19 Tools Accelerator and the COVID-19 supply chain system, to propose strategies to enable rapid research, development, production and global equitable distribution of quality, safe, effective and affordable medical and other countermeasures and commodities at national, regional and global levels to respond to future health emergencies;

(20) to strengthen WHO's normative role, including by strengthening the technical capacity of the WHO Health Emergencies Programme, the Chief Scientist's Office, as appropriate and the data and analytics and delivery team, and further leveraging WHO collaborating centres and expert networks in order to enable WHO to rapidly disseminate high-quality, scientific, evidence-based timely, technical guidance that is practically applicable and tailored for country-level settings, and to make global expertise available to Member States, through all levels of WHO, including the WHO Academy;

(21) to strengthen global, regional and country preparedness and response capabilities and capacities for health emergencies by enhancing engagement of relevant stakeholders at all levels;

(22) to support efforts led by Member States to improve the transparency and effectiveness of United Nations system efforts on pandemic preparedness and response and work with the United Nations Secretary-General and all multilateral partners to enhance system-wide coherence;

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<sup>1</sup> And regional economic integration organizations as appropriate.

(23) to strengthen the WHO Health Emergencies Programme's capacity to prepare for and respond to both acute and protracted humanitarian crises and health emergencies, including steps to reinforce WHO's leadership and coordination of the Inter-Agency Standing Committee Health Cluster and its complementarity to other humanitarian actors, taking into account the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme;

(24) to strengthen WHO's communications to Member States in advance of and during public health emergencies, including through governing bodies meetings, the use of Member State briefings, and complementary communications as appropriate to Member States' national focal points;

(25) to strengthen effective, representative and transparent governance, communication and oversight mechanisms, including by strengthening engagement with the Executive Board, that enable Member States to provide informed guidance to WHO's work, especially during health emergencies, and ensuring participation of Member States at different levels and structures of international health protection;

(26) to strengthen WHO's efforts to prevent and address sexual exploitation and abuse and sexual harassment, including in humanitarian emergencies when sexual exploitation and abuse and sexual harassment may be at greater risk of occurring;

(27) to review and, as appropriate clarify, in consultation with Member States, the roles, nomination procedures and mandates of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Global Preparedness Monitoring Board and other relevant entities dealing with WHO emergency preparedness and response;

(28) to continue efforts to respond to recommendations of the IOAC and integrate them as appropriate into the systems, structures, planning, working methods and organizational culture of the WHO Health Emergencies Programme and WHO more broadly, including into the gender and geographical balance approach;

(29) to extend the mandate of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to 2023 and consider steps to further strengthen its mandate based on the review;

(30) to support the work of the Working Group on Sustainable Financing for WHO, established by the Executive Board at its 148th session, 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 Organization and based on the outcomes of its work:

(i) increase efforts to broaden the donor base, including through the WHO Solidarity Fund and the WHO Foundation, while ensuring transparency and accountability and full Member States' oversight of the process;

(ii) assess the role and strategy of the Contingency Fund for Emergencies, and consider implementing a sustainable financing and replenishment mechanism for it in coordination with the relevant funding mechanisms, including the World Bank's Pandemic Emergency Financing Facility, in responding to health emergencies;

(31) to support the Member States Working Group on Strengthening WHO preparedness and response to health emergencies, by:

(i) convening its first meeting no later than 17 September 2021, announcing the date of that first meeting no later than 30 July 2021 and convening it thereafter at the request of the Member States Working Group Bureau as frequently as necessary;

(ii) providing complete, relevant and timely information to the Working Group for its discussions;

(iii) allocating the necessary resources for the Working Group to carry out its mandate, and provide information on anticipated cost and source of funding;

(32) to present a report on the implementation of this resolution to the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.

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