



Resolution 1749 (2010)¹

Final version

Handling of the H1N1 pandemic: more transparency needed

Parliamentary Assembly

1. The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities both at the level of the European Union and at national level. It is particularly troubled by some of the consequences of decisions taken and advice given leading to the distortion of priorities of public health services across Europe, the waste of large sums of public money and unjustified fears about health risks faced by the European public at large.
2. The Assembly notes that grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic. The Assembly fears that this lack of transparency and accountability will result in a drop in confidence in the advice given by major public health institutions. This may prove disastrous in the case of a next disease of pandemic scope, which may turn out to be much more severe than the H1N1 influenza.
3. The Assembly recalls its previous work on good governance in the public health sector in Council of Europe member states, in particular Recommendations 1725 (2005) on Europe and bird flu – preventive measures in the health field and 1787 (2007) on the precautionary principle and responsible risk management. In Recommendation 1908 (2010) on lobbying in a democratic society (European code of conduct on lobbying), the Assembly noted that unregulated or secret lobbying may be a danger and undermine democratic principles and good governance.
4. On a positive note, the Assembly welcomes the review and evaluation processes regarding the handling of the H1N1 crisis recently launched, or about to be launched, by WHO, European institutions dealing with health issues and a number of national governments and parliaments. The Assembly urges all parties concerned to continue and reinforce dialogue between public health institutions at all levels and to hold more regular exchanges on good governance in the health sector in the future.
5. Notwithstanding the willingness of WHO and the European health institutions concerned to enter into dialogue and conduct a review of the handling of the pandemic, the Assembly seriously regrets that they have not been willing to share some essential information, in particular to publish the names and declarations of interest of the members of the Emergency Committee of WHO and relevant European advisory bodies directly involved in recommendations concerning the handling of the pandemic. Furthermore, the Assembly regrets that WHO has not moved swiftly to revise or re-evaluate its position on the pandemic and the real health risks involved, despite the overwhelming evidence that the seriousness of the pandemic was vastly overestimated by WHO at the outset. In addition, the Assembly regrets the highly defensive stance taken by WHO, whether in terms of being unwilling to accept that a change in the definition of a pandemic was made, or an unwillingness to revise its prognosis on the pandemic.

1. *Assembly debate* on 24 June 2010 (26th Sitting) (see [Doc. 12283](#), report of the Social, Health and Family Affairs Committee, rapporteur: Mr Flynn). *Text adopted by the Assembly* on 24 June 2010 (26th Sitting). See also [Recommendation 1929 \(2010\)](#).



6. In the light of the widespread concerns raised over the handling of the H1N1 pandemic, the Assembly calls on public health authorities at international, European and national level – and notably WHO – to address in a transparent manner the criticisms and disquiet raised in the course of the H1N1 pandemic, by:

6.1. reviewing the terms of reference of their general governance bodies and special advisory bodies wherever appropriate with a view to ensuring the utmost transparency and the highest level of democratic accountability regarding public health decisions;

6.2. agreeing in a transparent manner on a common set of definitions and descriptions concerning influenza pandemics, involving a cross section of expertise, in order to generate a coherent worldwide understanding of such events;

6.3. revising and updating existing guidelines on working with the private sector or preparing such guidelines where they are lacking, in order to ensure that:

6.3.1. a wide range of expertise and opinions is taken into account, including contrary views of individual experts and opinions of non-governmental organisations;

6.3.2. declarations of interest of experts involved are made public without exception;

6.3.3. collaborating external organisations are obliged to indicate their links with key opinion leaders or other experts likely to be subject to the risk of conflicts of interest;

6.3.4. all persons subject to conflicts of interest are excluded from sensitive decision-making processes;

6.4. improving communication strategies related to public health matters by taking into account the current social context marked by a high level of access to new technologies and by closely collaborating with the media in order to avoid sensationalism and scaremongering in the public health domain;

6.5. preparing and refining the ground for the proper use of the precautionary principle in health matters in the future, including through the preparation of fully transparent communication strategies and accompanying education and training measures;

6.6. sharing the results of H1N1 influenza pandemic review processes in the most transparent and comprehensive manner possible amongst all stakeholders concerned, including WHO, the European institutions (the European Union and the Council of Europe), national governments and parliaments, non-governmental organisations and the European public as a whole, in order to learn from this experience, to ensure that responsibility is taken for any errors made, and to re-establish confidence in public health decisions and advice.

7. The Assembly furthermore invites WHO, and, where appropriate, the European health institutions concerned, to engage in more regular European exchanges on the issue of good governance in the health sector by:

7.1. participating in more regular debates on topics related to good governance in the health sector within the Parliamentary Assembly;

7.2. actively contributing to the intergovernmental work undertaken at Council of Europe level on good governance in the public health sector.

8. The Assembly also calls on member states to:

8.1. make use of their means of democratic control through the internal governance systems of WHO and European institutions, with a view to ensuring that this resolution is properly implemented;

8.2. launch critical review processes at national level if they have not yet done so;

8.3. develop systems of safeguards against undue influence by vested interests if they have not yet done so;

8.4. ensure stable funding for WHO;

8.5. consider establishing a public fund to support independent research, trials and expert advice, possibly financed by an obligatory contribution from the pharmaceutical industry;

8.6. ensure that the private sector does not gain undue profit from public health scares and that it is not allowed to absolve itself of liabilities with a view to privatising profits whilst sharing the risks. In order to avoid this, member states should be ready to develop and implement clear national guidelines for dealing with the private sector and to co-operate with one another in negotiations with international corporations whenever necessary.

9. The Assembly invites national parliaments to support national policies aimed at the improvement of governance systems in the public health sector and ensure that they are involved in relevant national review and policy-making processes in order to guarantee the highest democratic accountability possible.

10. Finally, the Assembly invites the pharmaceutical industry, including corporations and associations, to revise their own rules and functioning regarding co-operation with the public sector in order to ensure the highest degree of transparency and corporate social responsibility when it comes to major public health matters.