Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2114 (2016)[1]

The handling of international public-health emergencies

Parliamentary Assembly

1. Europe and other continents have seen significant progress in recent decades as regards health. However, in recent years the world has suffered three international public-health emergencies (linked to the H1N1, Ebola and Zika viruses) with a huge impact on essential human rights, including the right to life and the right to the highest attainable standard of health. In an increasingly globalised world, diseases are more likely to spread at high speed.

2. Today's health security threats arise from at least six sources: the emergence and spread of new microbes; the globalisation of travel and food supply; the rise of drug-resistant pathogens; the inadvertent or intentional release of pathogens; the acquisition, development and use of biological agents by terrorists; and natural disasters followed by epidemics. These major health hazards have the capacity to threaten national and international security and stability, constrain economies and put pressure on health-care systems.

3. The world is woefully ill-prepared to handle international public-health emergencies. New ways of working to face international health crises before they happen need to be explored urgently. The existing worldwide health-system architecture needs to be strengthened with an empowered, well-governed and accountable World Health Organization (WHO) at its apex, and efficient, equitable and resilient national health systems at its foundation. Political decisions must be taken in order to change health systems and effectively protect people's health.

4. All political decision makers at all levels (including the Parliamentary Assembly, the European Union and WHO) need to agree to improve international emergency preparedness, including through legislative changes. The Parliamentary Assembly thus recommends that member States work together with these political decision makers to:

4.1. make WHO the lead institution in handling international public-health emergencies, and ensure that it has the necessary powers and stable financing to effectively implement and monitor the International Health Regulations and reinforce its rapid response mechanism;

4.2. ensure effective co-operation, co-ordination and follow-up between WHO, the European Union, other specialised agencies of the United Nations, the European Centre for Disease Prevention and Control and relevant international non-governmental organisations;

4.3. actively participate in the World Health Assembly with a view to ensuring good governance of WHO, as well as promoting and monitoring reform efforts, including transparency in the composition of expert panels;

4.4. build up resilient health-care systems at the national level, with strategies in place to prevent and handle major public-health hazards, including early detection, accurate data collection, availability of diagnostic and treatment tools, and real-time continuous monitoring to improve results in accordance with international recommendations;

1. *Assembly debate* on 22 April 2016 (18th Sitting) (see Doc. 14012, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Sílvia Eloïsa Bonet). *Text adopted by the Assembly* on 22 April 2016 (18th Sitting).

4.5. put in place a financial structure for pandemic risk management able to disburse sufficient resources to respond to priority needs, and provide adequate financial support for programmes promoting public health at local, regional, national and international level;

4.6. promote community engagement and mobilisation as essential elements of any action plan to deal with international public-health emergencies;

4.7. develop partnerships between the public and private sectors, particularly in the areas of communication, information-management systems, logistics, provision of necessary medical supplies and mobilisation of health-care workers;

4.8. create and collaborate with international rapid response medical emergency teams, including specialists in public health, doctors, nurses and other community health workers, who should be adequately protected against risks and be specifically trained, ensuring that they can be safely evacuated if necessary;

4.9. facilitate access to scientific knowledge and information to all stakeholders in a timely manner, including an open data-sharing system for epidemiological, genomic, clinical and anthropological evidence, from academia to the front line;

4.10. promote research and development of medicines, diagnostic kits and vaccines, in a spirit of solidarity, with adequate research ready to be tested during an epidemic, with a view to creating fast-track authorisation procedures and ensuring that any medicines or vaccines thus developed are accessible and affordable, in particular to vulnerable groups, and keeping a reasonable stock whilst adhering to strict security conditions;

4.11. in the case of a public-health emergency created by a transmissible disease, carefully design and implement any public-health control measures for disease mitigation (such as quarantining, social distancing, border controls and travel restrictions) which could impinge on individual rights and freedoms;

4.12. following a public-health emergency, arrange rehabilitation and psychological help in order to avoid further discrimination of survivors or stigmatisation of disabled patients.

5. The Assembly calls on member States to support political actions and legislative changes at world level to promote reducing, at source, risks of zoonotic potential, including food-borne diseases and severe animal diseases.

6. The Assembly recognises the role of the European Directorate for the Quality of Medicines & HealthCare (EDQM) of the Council of Europe as an organisation contributing to quality health care, and promoting and protecting human and animal health. It thus invites its member States and its governing bodies to consider involving the EDQM in preventing and dealing with international public-health threats and designing appropriate public-health strategies, in particular in the field of medicines, vaccines and diagnostic tools, possibly with the help of a mandatory levy on sales and activities.

7. The Assembly calls on the member States to commit to the international target set by the United Nations of providing 0.7% of gross national income as official development assistance, with a view to strengthening basic health systems and enabling the most affected and at-risk countries to better withstand future public-health emergencies.