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Beating Covid-19 with public health measures

Report[1]
Committee on Social Affairs, Health and Sustainable Development
Rapporteur: Mr Stefan SCHENNACH, Austria, Socialists, Democrats and Greens Group

Summary

The Covid-19 pandemic is not over, nor is it simply a health crisis. It affects societies and economies at their core with the increase of poverty and inequalities both within member States and globally, thus also resulting in a setback for the achievement of the United Nations Sustainable Development Goals.

It is urgent that all countries learn the lessons of the pandemic, starting with the implementation of the necessary public health and social measures to get the pandemic under control.

As has been pointed out at several junctures of the pandemic, "no-one is safe until everyone is safe". The report recommends that governments and parliaments in Council of Europe member States and worldwide make the necessary paradigm shift to beating Covid-19 with public health measures in a human-rights compliant way and begin to prepare for future threats such as the climate crisis.

1. Reference to Committee: Bureau decision, Reference 4629 of 24 January 2022.

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A. Draft resolution[2]

1. By 19 January 2022, more than 332 million confirmed cases of Covid-19, including more than 5.5 million deaths, had been reported to the World Health Organization (WHO). These figures are alarming, in particular since they are bound to be a large under-estimate in many parts of the world. Currently, the European and the Americas regions of WHO are recording the most cases, as the fast-growing Omicron variant displaces the previously dominant Delta variant – nearly 9 million cases and over 21 000 deaths were recorded in the last 7 days in the European region alone.

2. At the same time, nearly 10 billion vaccine doses have so far been administered, an amazing feat only 2 years after the virus was first discovered. The vaccines approved by WHO have proven safe and very effective in reducing disease severity. However, global vaccine distribution and uptake has neither been equitable nor sufficient: in the European region, 57/100 persons are fully vaccinated, but only 7/100 persons in the African region. Despite the work of the COVAX mechanism (which won the Council of Europe North-South Prize in 2021), in lower income countries only 5/100 persons are fully vaccinated, while upper middle-income and high-income countries have already fully vaccinated 68/100 persons. Widespread vaccine misinformation and hesitancy needs to be urgently addressed in all countries.

3. Further Covid-19 vaccines are in the making, using different techniques with a view to addressing immune escape, reaching sterilising immunity and developing a general vaccine against all Covid-19 variants. First specific treatments of Covid-19, surprisingly effective if taken shortly after infection, are also starting to be authorised. To fulfil their promise, these treatments necessitate effective and accessible testing and contact-tracing systems, as well as overcoming obstacles to global equitable production and distribution.

4. The Assembly welcomes the global initiatives promoting global solidarity in the fight against the pandemic, including the efforts of countries that have supplied Covid-19 vaccines, and the holding of the thirty-first special session of the United Nations General Assembly, in response to the Covid-19 pandemic, that took place on 3-4 December 2020. It stresses the importance of international co-operation and effective multilateralism in ensuring that all States, in particular developing States, have affordable, timely, equitable and universal access to Covid-19 vaccines in order to minimise negative effects in all affected States and to beat the pandemic. In this regard, the Assembly recalls the relevant resolutions adopted by the UN General Assembly and the UN Human Rights Council.

5. Unfortunately, a significant percentage of survivors of Covid-19 infection will have persistent symptoms ("long Covid"), some severe. Research so far indicates that about 10-20% of all adults infected by the virus are affected, putting a considerable strain on healthcare systems and economies, not to mention on the quality of life of these new chronic disease sufferers, many of whom are comparatively young, and were healthy and active before infection. Governments must make this a public health priority and urgently allocate the necessary resources for research on the condition and treatment of persons suffering with post Covid-19 symptoms, in order to uphold the right to health.

6. The mental health situation has deteriorated across the globe due to the chronic stress and uncertainty of living in pandemic times, adding to the general disease burden. With the virus evolving into ever new and more infectious variants, some evading immunity provided by vaccines and prior infection, successive waves of Covid-19 infection have led to long waiting lists in most countries for treatment of other diseases, further deepening the general health crisis. Moreover, the pandemic has laid bare inequities in our health systems and lack of sufficient funding, resulting, *inter alia*, in overworked health-care staff and insufficient hospital beds. This needs to be addressed urgently.

7. However, the Covid-19 pandemic is far more than a health crisis as it affects societies and economies at their core with the increase of poverty and inequalities both within member States and globally, thus also resulting in a setback for the achievement of the UN Sustainable Development Goals. Once again, working people, parents, children, women, vulnerable persons and marginalised individuals are disproportionately affected.

8. It is thus urgent that all countries learn the lessons of the pandemic so far, starting with the implementation of the necessary public health and social measures to get the pandemic under control. High infection rates cannot be tolerated anywhere, since every infection gives the virus a new chance to mutate, and thus become more infectious, virulent, and/or immune-escaping – creating a seemingly never-ending cycle of waves of disease. These cycles push decision makers into making stark choices between

2. Draft resolution adopted unanimously by the committee on 25 January 2022.

"living with the virus" and the large burden of disease and death the virus brings on the one hand, and taking harsh public health and social measures to protect health systems from collapse, and the disruption to our economies, our education systems and our societies these measures bring on the other hand.

9. As has been pointed out at several junctures of the pandemic, "no-one is safe until everyone is safe". The Parliamentary Assembly thus recommends that governments and parliaments in Council of Europe member States and worldwide make the necessary paradigm shift to beating Covid-19 with public health measures in a human-rights compliant way, once and for all:

9.1. at all times:

9.1.1. by following WHO and expert advice, and adjusting pandemic control measures to the evolving local situation and in line with evolving scientific knowledge;

9.1.2. when it is necessary to impose public health measures which interfere with fundamental rights, by ensuring that decisions are made and communicated in a clear and transparent manner, that they fulfil a legitimate aim and that they are proportionate. Parliaments, the judiciary, and, when appropriate, external experts, should be able to assess and review the measures. Moreover, continued assessments are needed to ensure that measures are not in place for longer than necessary, but also to consider other measures that may be more appropriate;

9.1.3. by encouraging vaccinations, mask wearing, maintaining physical distancing, hand hygiene, avoiding crowded and closed spaces, and ensuring proper ventilation in schools, health- and social care settings and public buildings, with a view to preventing the spread of Covid-19 disease without having to shut down large parts of society;

9.2. with regard to bringing down infection rates:

9.2.1. by putting in place a timely and staggered response to rising infection rates in accordance with WHO guidance, adapted to the local circumstances in pandemic hotspots, while implementing appropriate measures to offset any negative impact and respecting the principle of proportionality, in particular:

9.2.1.1. developing production capacity, distribution and considering mandating the use of high-quality masks (progressively moving to masks of FFP2 standard if possible) in high-risk situations (such as on public transport, in crowded spaces inside and outside, in schools); providing such masks free of charge for vulnerable groups if possible;

9.2.1.2. making appropriate Covid-19 testing available free of charge to users, in particular for health and social care personnel, children and school personnel, essential workers, contact cases and persons with symptoms;

9.2.1.3. considering using Covid-19 passes or certificates to access non-essential businesses in line with Resolution 2383 (2021) when appropriate;

9.2.1.4. encouraging working from home where possible when necessary;

9.2.1.5. considering putting into place other proven infection control measures as and when necessary when infection rates spike (such as placing maximum capacity limits on businesses and events where the risk of infection is high), while keeping schools, universities and businesses open as long as possible;

9.2.2. by ensuring that infection chains are broken, and vulnerable persons are shielded from infection:

9.2.2.1. putting in place effective, accessible and affordable testing systems, as well as contact-tracing systems;

9.2.2.2. mandating a sufficiently long isolation period for those infected, and a sufficiently long quarantine for contact cases (based on recommendations from WHO and public health experts), and ensuring that the necessary financial, logistical and other support is in place for those affected to actually comply with the guidance given, and that their economic and social rights enshrined in the European Social Charter (ETS No. 35) are guaranteed;

9.2.2.3. shielding highly vulnerable persons from infection, including by legislating for vaccination mandates for healthcare or social-care personnel in contact with them, and ensure that the necessary financial, logistical and other support is in place for the measures to be effective, and that their economic and social rights enshrined in the European Social Charter are guaranteed;

9.3. with regard to ensuring global equitable distribution of vaccines and treatments:

9.3.1. by ensuring that market conditions no longer disadvantage countries with less economic power:

9.3.1.1. showing a stronger commitment to funding a global response, including via the COVAX mechanism;

9.3.1.2. overcoming obstacles to global equitable production and distribution, including through supporting the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver for vaccines and treatments during the pandemic, technology transfer and building up local production capacity;

9.3.2. by avoiding discrimination between and within countries:

9.3.2.1. mutually recognising all anti-Covid vaccines developed in and by Council of Europe member States, as well as all WHO-authorised vaccines;

9.3.2.2. follow the advice of WHO and avoid instituting ineffectual blanket travel bans when new variants emerge;

9.3.2.3. following the advice of independent national, European and international bioethics committees and institutions, as well as of WHO, in the development and implementation of strategies for the equitable distribution of Covid-19 vaccines and treatments within States;

9.4. with regard to sufficient vaccine uptake:

9.4.1. by ensuring free, effective and easy access to vaccination for all for whom vaccine use is authorised;

9.4.2. by taking effective measures to counter misinformation, disinformation and hesitancy regarding Covid-19 vaccines:

9.4.2.1. investing in strong vaccine education campaigns, and distributing transparent information on the safety and possible side effects of vaccines, working with and regulating social media platforms to prevent the spread of misinformation;

9.4.2.2. collaborating with non-governmental organisations and/or other local initiatives to reach out to marginalised groups, and engaging with local communities in developing and implementing tailored strategies to support vaccine uptake;

9.4.3. starting a public debate on possibly legislating for vaccination mandates for specific groups or the general population; such vaccination mandates should, however, not cover persons who for medical reasons should not get vaccinated nor should it cover children until and unless the complete safety and efficacy of all vaccines made available to children is ensured, with a focus on the best interests of the child, in accordance with the United Nations Convention on the Rights of the Child;

9.5. with regard to addressing “long Covid”:

9.5.1. by making research into the condition a priority and allocating the necessary funds to research and treatment, with a view to ultimately introducing unified treatment guidelines;

9.5.2. by setting up screening programmes to gain a better understanding of how many people are affected by the condition and the kind of support they would need, and how this support can best be provided;

9.5.3. by ensuring that sufferers are not discriminated against;

9.6. with regard to building stronger health systems nationally, at European level, and globally:

9.6.1. by ensuring the necessary funds are made available to national health systems, in particular with regard to appropriate pay for healthcare and social care personnel, and appropriate, affordable and accessible mental health care (in particular for children and young people);

9.6.2. by applying the recommendations contained in Resolution 2329 (2020) "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic" as regards:

9.6.2.1. public health and pandemic preparedness, global health security, and the "One Health" approach, also by supporting the drafting and negotiating of a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response;

9.6.2.2. WHO reform;

9.6.2.3. the development of a regional European system capable of assisting the responsible international institutions in their endeavours to ensure effective preparedness for and reaction to pandemics;

9.6.2.4. the establishment of a permanent system of inspection at the United Nations for current and future biological events with serious consequences and international oversight and accountability for pandemic preparedness through an independent external entity;

9.7. with regard to addressing the socio-economic issues that have arisen due to the pandemic:

9.7.1. by applying the recommendations contained in Resolution 2384 (2021) "Overcoming the socio-economic crisis sparked by the Covid-19 pandemic", Resolution 2385 (2021) "Impact of the Covid-19 pandemic on children's rights" and Resolution 2393 (2021) "Socio-economic inequalities in Europe: time to restore social trust by strengthening social rights";

9.7.2. by upholding the fundamental social and economic rights enshrined in the European Social Charter.

10. The Covid-19 pandemic is not over, nor is it likely to be the last pandemic of its kind. It is paramount to avoid the politicisation of pandemics – and of public health measures to contain them. To mitigate the impact of future coronavirus variants and of other health threats which may soon emerge, the world needs to urgently establish and strengthen pathogen monitoring and surveillance systems. The divides between countries and within societies need to be bridged, with politicians leading by example, so that Covid-19 can be beaten once and for all, and future threats can be faced in a more unified manner, with more solidarity.

B. Draft recommendation[3]

1. The Parliamentary Assembly refers to its Resolution … (2022) "Beating Covid-19 with public health measures". The Covid-19 pandemic is not over, it is thus urgent that all countries learn the lessons of the pandemic so far, starting with the implementation of the necessary public health and social measures to get the pandemic under control. The toolkit for governments on respecting human rights, democracy and the rule of law during the Covid-19 crisis, issued by the Secretary General of the Council of Europe, thus remains fully relevant.

2. However, the Covid-19 pandemic is far more than a health crisis, as it affects societies and economies at their core with the increase of poverty and inequalities both within member States and globally, thus also resulting in a setback for the achievement of the United Nations Sustainable Development Goals. As has been pointed out at several junctures of the pandemic, "no-one is safe until everyone is safe". The Assembly thus recommends that the Committee of Ministers support the necessary paradigm shift to beating Covid-19 with public health measures in a human-rights compliant way, and begin to prepare for future threats such as the climate crisis, including by recommending that member States:

2.1. implement the recommendations set out in Resolution … (2022), and Resolution 2329 (2020) on "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic";

2.2. support reform of the World Health Organization (WHO) and the proposal to draft and negotiate a convention, agreement or other international instrument under its Constitution to strengthen pandemic prevention, preparedness and response.

3. The Assembly welcomes the creation of the Steering Committee for Human Rights in the fields of Biomedicine and Health (CDBIO), and recommends that the Committee of Ministers promote close co-operation and co-ordination between this Committee, WHO Headquarters and WHO/Europe, the European Social Charter (ETS No. 35), the European Directorate for the Quality of Medicines & HealthCare (EDQM) and the Assembly, with a view to ensuring that it can act as a scientific and policy interface to support appropriate pandemic prevention, preparedness and response.

3. Draft recommendation adopted unanimously by the Committee on 25 January 2022.

C. Explanatory memorandum by Mr Stefan Schennach, Rapporteur

1. Introduction

1. Following a proposal by the five political groups, the Parliamentary Assembly decided on 24 January 2022 to hold a debate under urgent procedure on "Beating Covid-19 with public health measures". I was appointed rapporteur on the same day.

2. This urgent debate is being held in the context of the rapid evolvement of the Covid-19 pandemic, which is causing much suffering as the virus continues to spread at the regional and global levels. The pandemic and the consequent measures imposed by member States in order to contain the spread of the virus invites a lot of ethical, legal, and practical considerations, as was pointed out by our colleague Ms Jennifer De Temmerman in her report on Covid-19 vaccines. As the pandemic evolves, there is a need to continuously review the public health measures put in place in our member States with parliamentary oversight so as to ensure that they are always relevant, proportional and effective, in a way which is human rights compliant.

3. The pandemic has been afforded a lot of attention at the Assembly. In its Resolution 2329 (2020) "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic", the world was advised that in order to avoid a disastrous outcome in terms of lives lost and the burden of disease, and equally disastrous knock-on effects on the economy and human rights, we need to act fast to contain outbreaks, using tried, tested and effective measures, implemented in a rights-compliant way. Moreover, Resolution 2361 (2021) "Covid-19 vaccines: ethical, legal and practical considerations", underlines the importance of equitable allocation of Covid-19 vaccines globally and within member States, and provides practical recommendations on ensuring high vaccine uptake in a way which is human rights compliant. In December 2021, the Committee on Social Affairs, Health and Sustainable Development adopted a declaration expressing deep concern over the pandemic situation in Europe and worldwide.[4]

4. In light of the worrying development of the pandemic situation across the world, the urgent debate proposal asks the Assembly to urgently examine necessary measures to ensure global equitable distribution of vaccines, sufficient uptake in member States, including the question of mandatory vaccinations, building up stronger health systems to tackle the crisis and stronger commitment to addressing the socio-economic issues that have arisen due to the pandemic.

2. Fighting new waves and variants

5. By 19 January 2022, more than 332 million confirmed cases of Covid-19, including more than 5.5 million deaths, had been reported to the World Health Organization (WHO). These figures are alarming, in particular since they are bound to be a large under-estimate in many parts of the world. Currently, the European and the Americas regions of WHO are recording the most cases, as the fast-growing Omicron variant displaces the previously dominant Delta variant – nearly 9 million cases and over 21 000 deaths were recorded in the last 7 days in the European region alone.

6. The Omicron variant arrived at a time when much of Europe was already in the grip of a wave of the highly contagious, and severe disease-causing Delta variant. The vigilance and openness of the South African and Botswanan scientists and public health officials enabled the WHO to act quickly.[5] On 26 November 2021, less than two weeks after the first reported cases of the Omicron variant, it was designated a variant of concern by WHO due to the unprecedented number of spike mutations which implied even higher contagiousness, as well as a possible immune escape from both vaccines and prior infection. This prompted many member States to take new restrictive measures in order to stem the spread of the virus, but some do not seem to have not taken the warnings seriously enough.

7. The Director General of WHO, Dr Tedros Adhanom Ghebreyesus, has warned world leaders that the pandemic was nowhere near over. At a press conference on 19 January 2022, he pointed out that the Omicron variant had led to 18 million new infections across the world in the prior week alone. European countries are now facing record new case numbers, with France reporting over half a million new daily cases

4. Declaration adopted by the Committee on Social Affairs, Health and Sustainable Development on 1 December 2021: The Covid-19 situation: "No-one is safe until everyone is safe".
5. https://theconversation.com/omicron-why-the-who-designated-it-a-variant-of-concern-172727.

on Monday, 17 January 2022, and Germany surpassing 100 000 new infections in 24 hours for the first time since the start of the pandemic the following day. The United Kingdom has been suffering from very high infection rates of hundreds of thousands of infections a week for weeks.

8. Experts have warned that although the Omicron variant may prove to be less severe on average, it is misleading to say that it is a mild disease.[6] It is still causing hospitalisation and deaths, and even the less severe cases are inundating health facilities. The risk of developing long Covid, which affects even young people without underlying conditions, is another reason why it is dangerous to ease down on restrictions and let transmission get out of control.

9. According to the WHO Technical Advisory Group on Covid-19 Vaccine Composition, a vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable. Instead, they call for the development of new vaccines that not only protect people who contract the virus against becoming seriously ill, but also have high impact on prevention of infection and transmission (providing "sterilising immunity").[7]

10. As WHO has pointed out, "the situation is very different from region to region, country to country, province to province and town to town.... Getting vaccinated, maintaining physical distancing, cleaning hands, avoiding crowded and closed spaces, and wearing a mask are "anti-lockdown measures": they can prevent the spread of disease without having to shut down large parts of society. However, the inequitable distribution of the tools which assist in mitigating transmission or save lives – including diagnostics, oxygen, personal protective equipment and vaccines – is driving a two-track pandemic. This inequity will prolong the acute stage of this pandemic for years when it could be over in a matter of months. If this virus is circulating anywhere, it's a threat everywhere"[8]. WHO has developed guidance with considerations for implementing and adjusting public health and social measures in the context of Covid-19, which our member States should follow.[9]

11. The message from Resolution 2329 (2020) "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic" was to go in fast and hard in order to contain transmission so that we could possibly avoid stricter lockdowns at a later stage. We must continue with low-level protective measures such as wearing FFP2 masks, ensuring proper ventilation of indoor spaces (such as schools and workplaces), exercising physical distancing, teleworking whenever possible, encouraging outdoor serving at bars and restaurants, and frequent handwashing in order to stop the spread of the virus and buy ourselves more time in order to save lives, prevent people from getting seriously ill and save our economies. Such measures may also have the effect of preventing the necessity for harder lockdowns at a later stage when the virus could be even more dangerously out of control.

12. At the beginning of the pandemic, coronavirus transmission was not well understood, and personal protective equipment, in particular effective masks, such as FFP2/N95/K95 respirators without valves, was in short supply. While cloth masks and surgical masks are still better than no masks at all, such masks provide practically no protection to their wearers from infection, due to the extreme contagiousness via aerosol in particular of the newer variants such as Delta and Omicron (the latter of which can infect people at 3 meters physical distance still and can remain airborne for 3 hours). Mandating the use of FFP2-masks, as has been done for example in Austria and several German states, in risky situations, such as on public transport, in crowded spaces inside and outside, and in schools (in particular, secondary schools), is an effective and comparatively low-cost measure of infection control.

13. There are worries that even in Europe, mandating the use of such masks could lead to inequities. However, developing production capacity, distribution and considering mandating the use of high-quality masks (progressively moving to masks of FFP2 standard if possible) would nevertheless be useful measures, as would providing such masks free of charge for vulnerable groups if possible (and ensuring that they are affordable for the rest of the population).

14. Although vaccines lower the risks of falling seriously ill and reduces transmission, there is still a chance that one may get infected. Thus, testing systems should still be in place, and encouraged, in our member States. In November, Germany reintroduced free testing as a measure to hit the brakes on a new wave of

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6. www.euro.who.int/en/health-topics/health-emergencies/pages/news/news/2022/01/the-omicron-variant-sorting-fact-from-myth.
7. www.who.int/news/item/11-01-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition.
8. 38th Regulatory update, 12 September 2021, www.who.int/teams/regulation-prequalification/covid-19.
9. Considerations for implementing and adjusting public health and social measures in the context of COVID-19.

infections. More member States should follow this line, ensuring that testing is free and easily accessible to everyone in order to cut down on transmission chains. Persons in Germany who have not yet taken their booster shot will need to have a negative test result in addition to two vaccine doses in order to access non-essential businesses such as restaurants and bars.[10]

15. Recalling the declaration adopted by our committee on 1 December 2021, member States should mutually recognise all anti-Covid vaccines developed and authorised for use in Council of Europe member States, as well as all WHO-authorised vaccines, for the purpose of not discriminating against the millions of persons who have received their vaccine doses abroad. Member States should also collaborate on a technical solution on how to recognise proof of Covid-19 infection abroad.

16. Governments should take concrete measures based on scientific evidence to stop the spread of the virus instead of hiding behind travel bans that are not recommended by the WHO and have proven to have little efficacy. Many have rightly criticised the travel bans imposed over the Omicron variant. The travel bans targeted only African countries, several of which had not detected the Omicron variant, although the variant was already present in other continents, including in Europe. The WHO Director General expressed deep concern that these countries were being penalised by others for doing the right thing and sharing information. Moreover, Ms Maria Van Kerkhove, technical lead on Covid-19 at WHO, added that the travel bans had other serious implications, including limiting the ability of South African researchers to ship virus samples out of the country.[11]

17. On 1 December 2021, the World Health Assembly established an intergovernmental body to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization.[12] The Council of Europe member States should support the development of such a global accord. This would help build preparedness and resilience to pandemics and other global health emergencies, support prevention, detection, and responses to outbreaks with pandemic potential, ensure equitable access to pandemic countermeasures, and support global co-ordinating through a stronger WHO.[13]

3. Urgent need for global equitable distribution of Covid-19 vaccines

18. The committee has on several occasions warned that “no-one is safe until everyone is safe” and the emergence of new variants is further proof of this. Already in the early stages of the vaccine rollout, a year ago, our colleague Jennifer De Temmerman underlined in her report that if we allow the virus to mutate, by allowing “pockets” of the virus to remain in circulation in certain parts of the world, we might blunt the world’s most effective instrument against the pandemic so far – and have to go back to square one all over again.

19. Global equitable distribution of vaccines and transfer of technology is vital in order to protect public health and to overcome the social and economic crisis sparked by the pandemic. Despite longstanding calls from the WHO, public health experts and scientists, as well as Resolution 2369 (2021) “Covid-19 vaccines: ethical, legal and practical considerations”, member States have not done nearly enough to ensure global equitable access to Covid-19 vaccines.

20. The COVAX initiative, which won the 2021 Council of Europe North-South Prize, was launched in 2020 in order to ensure global equitable allocation of Covid-19 vaccines with the goal of delivering 2 billion doses to low- and middle-income countries by the end of 2021. Regrettably, it did not manage to deliver even half of the doses last year. Only on 13 January 2022, it surpassed 1 billion doses. While according to a WHO press release, 36 of the WHO member States have vaccinated less than 10% of their population, and 88 member States less than 40%, high income countries, including many of the Council of Europe member States, began vaccinating healthy individuals with booster shots already in the second half of 2021.

21. COVAX’s mission was compromised by hoarding and stockpiling by rich countries, as well as catastrophic outbreaks leading to borders and thus supply chains being closed down. Moreover, a lack of sharing of licenses, technology and know-how by pharmaceutical companies meant manufacturing capacity went unused.[14] This lack of global equitable allocation of Covid-19 vaccines has already resulted in a setback of the United Nations Sustainable Development Goals.

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10. www.integrationsbeauftragte.de/ib-de/staatsministerin/corona/what-do-you-currently-need-to-know-about-corona-englisch--1876282.
11. https://edition.cnn.com/2021/12/04/africa/africa-travel-ban-omicron-variant-intl-cmd/index.html.
12. www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response.
13. A Potential Framework Convention for Pandemic Preparedness and Response.
14. https://news.un.org/en/story/2022/01/1109852.

22. Member States must thus redouble their efforts for equitable and speedy delivery of Covid-19 vaccines on a global level together with the necessary technology transfer and building up local production capacity.[15] It should be our top priority to ensure that vulnerable groups[16] and healthcare workers everywhere have access to vaccines in order to stop the virus from circulating and to avoid more deaths and disease, and further damaging of our economies. This includes, *inter alia*, that member States must refrain from contributing to market conditions that substantially disadvantage countries with less economic power. At the international and multilateral level, we need a stronger commitment to finding a global response including through support of a Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver[17] and technology transfer so that no one is left behind.

4. Measures to ensure higher vaccination rates and the question of mandatory vaccinations

23. Insufficient vaccination rates within many countries, including in the Council of Europe member States, is another contributing factor to the continued spread of the virus and the consequent strain on our health systems. Vaccine hesitancy, fuelled by disinformation, misinformation and distrust in government, is making it more difficult to obtain progress in vaccination rates.

24. As many European countries are struggling to obtain higher vaccination rates, some have imposed vaccine mandates or other measures to exclude the unvaccinated from being able to take fully part in society, reviving the debate around individual autonomy on the one hand, and the need to protect public health and the most vulnerable in our societies on the other hand, as provided for in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) and Article 11 of the European Social Charter (STE No. 53).

25. In the case of *Solomakhin v. Ukraine*, the European Court of Human Rights (the Court) held that mandatory vaccination is an interference with the right to integrity enshrined in Article 8 of the European Convention on Human Rights. Nevertheless, it concluded that such interference may be justified if considered a "necessity to control the spreading of infectious diseases" (paragraph 36).

26. In April 2021, the Court delivered a judgement in the case of *Vavřička and Others v the Czech Republic*, in which the Grand Chamber provided a more detailed discussion of the implications of the European Convention on Human Rights (STE No. 5) on mandatory vaccination in the context of childhood vaccines. The Court found that the Czech policy of fining parents who refused to let their children get vaccinated and excluding these children from preschool was compatible with the European Convention on Human Rights. The Court noted that States have a positive obligation to protect the health and life of their residents, including those particularly vulnerable to certain diseases and those who cannot have specific vaccines for medical reasons (paragraph 282). Low vaccination rates increase risk of outbreaks of serious diseases which may severely impact individuals' health and society in general.

27. Whether or not mandatory vaccination and/or the use of vaccine passes are a necessary public health measure and human rights compliant, will depend on the context and scientific evidence, but the State enjoys a large margin of appreciation.[18] There are valid reasons for mandating vaccination for specific groups, such as health care workers or others who are in contact with vulnerable groups, or indeed, those more vulnerable themselves.[19] Austria has just become the first country to mandate Covid-19 vaccination for almost everyone 18 and over, beginning 1 February 2022, with routine checks of vaccination status to begin in mid-March 2022, with fines up to 600 Euros.

28. Mr Robb Butler, the Executive Director of WHO Europe, expressed in November 2021 that a conversation about mandatory vaccination is a healthy debate to have.[20] At a critical time when our societies are trying to overcome new waves of the pandemic, governments must balance individual rights with their obligation to protect public health and safeguard the right to health of vulnerable individuals in society who are

15. https://theconversation.com/omicron-why-the-who-designated-it-a-variant-of-concern-172727.
16. There is a risk of low immunogenicity of Covid-19 vaccines among immunocompromised people, particularly in solid organ transplant recipients and patients with malignant hemopathies: www.pasteur.fr/en/press-area/press-documents/covid-19-systematic-review-clinical-and-immunological-efficacy-vaccines-immunocompromised-people.
17. The World Trade Organization Agreement on Trade Related Aspects of Intellectual Property Rights.
18. https://gchumanrights.org/preparedness/article-on/is-mandatory-vaccination-against-covid-19-justifiable-under-the-european-convention-on-human-rights.html.
19. For example, Greece has introduced vaccination mandates for those 60 and older, and Italy for those over 50 – with fines for those who do not comply.
20. https://news.sky.com/story/covid-19-who-warns-of-half-a-million-more-virus-related-deaths-by-spring-across-europe-12477120.

at increased risk because others choose not to get vaccinated. I believe there are less restrictive ways of ensuring higher vaccination rates as I will elaborate on below, but I agree with WHO that the time has come to have a debate on this – one that is necessary to have in open and democratic societies.

29. In a study published in *Nature*, the introduction of the health pass in France (*passe sanitaire*) was found to have increased levels of vaccination. That is good news for public health in terms of reducing serious illness and death, as well as the burden on the health system. However, the study noted that the increased uptake was achieved to a less extent amongst the most vulnerable groups. Moreover, it did not reduce vaccine hesitancy itself, showing the importance of outreach to underserved communities and the potential limits of mandatory vaccination policies. In fact, the study suggested that having hesitant or reluctant persons getting vaccinated for the wrong reasons may have negative consequences which can reinforce mistrust of institutions and of the healthcare system.[21]

30. The use of Covid passes or certificates was subject to a report by my colleague, Mr Damien Cottier, entitled "Covid passes or certificates: protection of fundamental rights and legal implications". Ms Carmen Leyte wrote an opinion to the report on behalf of our committee, underlining that "Covid passes" should only be used to exempt their holders from restrictions intended to prevent the spread of the SARS-CoV-2 virus when there is clear and well-established scientific evidence that proof of vaccination, past infection or negative test results are effective tools of infection control, namely lower the risk of transmission of the SARS-CoV-2 virus to an acceptable level from a public health point of view.

31. From previous expert hearings we have learned that groups and movements against vaccination are unfortunately better at reaching the undecided. Vaccine mandates and polarising vocabulary to describe persons who for various reasons are not vaccinated may therefore be counterproductive and contribute to a further divide in our societies. In a historical context, such regulations have sometimes been associated with systemic government oppression of marginalised groups. Taking this into account, outreach programmes and sustained efforts to motivate those who are hesitant should be the cornerstone of Covid-19 vaccine policies.

32. It has been the view of the Assembly that vaccine hesitancy should be tackled first and foremost through democratic and awareness raising measures. More could have been done, and can still be done, in order to persuade more people to get vaccinated, but it requires investment, time and effort from governments and public health authorities. Resolution 2369 (2021) provides member States with practical recommendations to consider in order to ensure high vaccine uptake, based on frameworks and studies developed by WHO and other public health experts.

33. These include strengthening health literacy, engagement with non-governmental organisations, trusted persons within communities and other local efforts when developing and implementing tailored strategies to support vaccine uptake (which can be particularly helpful when trying to reach out to marginalised communities and groups that have historically been subject to systemic discrimination and oppression from governments) and being open and transparent in communication. In particular, it is important to communicate the benefits of vaccination, that they have undergone rigorous testing and have proven to be safe and effective at preventing severe illness, hospitalisation and death from Covid-19. Studies also indicate that vaccination reduces the risk of developing long Covid. Vaccines are thus one of the most effective ways to protect ourselves, our families and society as a whole against the virus.

5. Building stronger health systems

34. The pandemic has laid bare the inequities in our health systems, including in mental health, and lack of sufficient funding, resulting, *inter alia*, in overworked and underpaid health care staff and insufficient hospital beds. In the WHO Europe region, staff shortages were the overriding problem for hard-pressed health services. In our member States, there are big differences in the number of intensive care beds relative to population. At the beginning of the pandemic, Germany had 28.2 hospital beds per 100 000 inhabitants and Austria had 21.8, while the European average was only 14.1.[22]

35. The first waves of the pandemic should have been a wake-up call for governments that this must be urgently addressed, but so far little has been done. Chronic under-investment and mismanagement means workforce shortages are constraining intensive care provision.[23] Moreover, there is an urgent need to make mental health care services affordable (ideally free for children and adolescents) and accessible for everyone.

21. www.nature.com/articles/s41591-021-01661-7.
22. www.ft.com/content/43ba23b5-7dc3-435d-9d6a-201dbc038451.
23. www.ft.com/content/43ba23b5-7dc3-435d-9d6a-201dbc038451.

With waiting lists hitting all-time highs due to the pandemic, governments should also consider low threshold offers such as short-term therapy for mild or moderate mental health problems and disorders. The promotion of good health and wellbeing should be included in school curriculums.

36. Thus, member States must urgently allocate the necessary funding in order to build up stronger health systems. This includes combatting not just the pandemic and its devastating effects on the global economy, but also the pre-existing fault-lines and inequalities, including in access to healthcare, which the pandemic has exposed, and embrace the One Health approach.

37. Before the pandemic hit, the world was taking positive steps with regard to Universal Health Coverage in order to deliver health for all by 2030. The pandemic fundamentally disrupted our health systems, societies and economies, and has thus eroded the development gains over the past 25 years.[24] Member States should therefore follow WHO advice and take this crucial opportunity to reset the very foundations of health systems: from governance to financing, strengthening access to medicines, vaccines and health services, building up the health workforce, to strengthening the capacities of all countries to prevent and respond to health emergencies.[25] The Assembly should consider working on this issue, as well.

38. We have no time to lose. The nature of the pandemic implies that we have to act now. Resolution 2329 (2020) "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic" and the report of the Pan European Commission on Health and Sustainable Development "Drawing light on the pandemic: a new strategy for health and sustainable development" provides member States with further guidance in this matter.

6. Commitment to addressing the socio-economic issues that have arisen due to the pandemic

39. Health is a fundamental human right indispensable for the exercise of other human rights. Protecting public health is not only about avoiding infection in society. The pandemic and the stringent measures imposed to avoid transmission in society have had devastating effects on other rights and freedoms, and member States must show stronger commitment to address this.

40. The pandemic has taken a great toll on human lives. But it is far more than a health crisis as it affects societies and economies at their core with the increase of poverty and inequalities both within member States and globally, thus also resulting in a setback for the achievement of the UN Sustainable Development Goals. Once again, working people, parents, children, women, vulnerable persons and marginalised individuals are disproportionately affected.

41. The Covid-19 pandemic knows no borders and does not discriminate, but our efforts to prevent and contain it do.[26] While the world's 10 richest men have more than doubled their collective fortune from March 2020, the income of the other 99% has fallen. The pandemic has hit the poorest and most vulnerable in our societies the hardest, with lower incomes for the world's poorest contributing to the death of 21 000 persons each day.[27]

42. The world is now facing the biggest economic recession in eight decades. But these inter-generational impacts are not due to Covid-19 alone. Rather, they are the result of long-term fragilities, inequalities and injustices that have been exposed by the pandemic.[28] When implementing policies to recover from the crisis sparked by this pandemic, we must take this opportunity to build back better, greener and fairer, as underlined in the report on "Overcoming the socio-economic crisis sparked by the Covid-19 pandemic" by our colleague Mr Andrej Hunko.

43. Council of Europe member States should commit to stronger mitigating measures, such as paying for sufficiently high sick leave payments to persons infected by the virus, persons who need to quarantine at home due to being contact cases, or parents who have to look after children who cannot go to school because they are sick or contact cases. As a minimum, this should apply to those who are vaccinated (without discriminating against persons who for medical reasons cannot be vaccinated).

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24. www.who.int/news-room/feature-stories/detail/responding-to-covid-19-and-building-stronger-health-systems-for-universal-health-coverage.
25. Ibid.
26. www.un.org/en/coronavirus/stronger-health-systems-and-universal-health-coverage-must-be-priority.
27. www.oxfam.org/en/press-releases/ten-richest-men-double-their-fortunes-pandemic-while-incomes-99-percent-humanity.
28. www.un.org/en/coronavirus/stronger-health-systems-and-universal-health-coverage-must-be-priority.

44. While there has been a lot of talk about not discriminating against persons who do not wish to take the vaccine, discrimination of persons who are vulnerable to the virus has fallen in the shadow of this. A disproportionate number of persons in intensive care units in hospitals are now healthy, unvaccinated individuals. The unvaccinated thus pose a serious threat to our public health systems and our economies, as they are more likely to be infected, and to be infectious themselves for longer (putting more vulnerable individuals at risk), and more likely to fall seriously sick. We must show solidarity with health care workers and protect the most vulnerable persons in our societies.

45. Many have experienced disruption in education due to the pandemic. School and university closures have a high negative socioeconomic impact for children and adolescents, and disproportionally affect the most vulnerable and marginalised within our communities. The resulting disruptions exacerbate already existing disparities within the education system but also in other aspects of life.[29] Thus, member States should follow the message from WHO, UNESCO and UNICEF that if and when restrictions are imposed to decrease transmission and control, schools should be the last places to close down and the first to reopen with appropriate infection prevention measures.[30]

7. Transparency and assessment of public health measures to ensure compliance with human rights

46. As public health measures interfere with some of our most fundamental rights, it is of utmost importance that governments and decision makers are transparent and open on the reasons for imposing restrictive measures. Parliaments, the judiciary, and, when appropriate, external experts, should be able to assess and review the measures so as to ensure that they fulfil a legitimate aim and that they are proportionate. Moreover, continued assessments are needed to ensure that measures are not in place for longer than necessary, but also to consider other measures that may be more appropriate.

47. The Secretary General of the Council of Europe has issued a toolkit for governments on respecting human rights, democracy and the rule of law during the Covid-19 crisis.[31] Member States should make use of this toolkit in order to ensure that measures taken during this crisis remain proportional to the threat posed by the spread of the virus and are limited in time.

48. Member States must by all means avoid politicising the pandemic and instead ensure that measures are well founded in scientific evidence and follow the recommendations made by WHO and other public health experts.

49. I would like to stress that as parliamentarians and decision makers we have a particular responsibility to lead by example. Bad judgements, even though they may be in accordance with the sanitary rules put in place, may undermine trust and create the impression that there is another set of rules which apply to the “elite”. Such behaviour is particularly upsetting for those who have lost their loved ones, fallen seriously ill themselves, or have been impacted by the pandemic in other ways, such as having lost their jobs or been isolated from their friends and family for long periods of time.

8. Conclusions

50. It is urgent that all countries learn the lessons of the pandemic so far, starting with the implementation of the necessary public measures to get the pandemic under control. Sky-high infection rates cannot be tolerated anywhere, since every infection gives the virus a new chance to mutate, and thus become more infectious, virulent, and/or immune-escaping – creating a seemingly never-ending cycle of waves of disease. These cycles push decision-makers into making stark choices between “living with the virus” and the large burden of disease and death the virus brings, and taking harsh public health measures to protect health systems from collapse, and the disruption to our economies, our education systems and our societies these measures bring.

29. https://en.unesco.org/covid19/educationresponse/consequences.
30. www.euro.who.int/en/media-centre/sections/press-releases/2021/whoeurope-keep-schools-open-this-winter-but-with-precautions-in-place.
31. www.coe.int/en/web/congress/covid-19-toolkits.

51. As has been pointed out at several junctures of the pandemic, “no-one is safe until everyone is safe”. The Assembly thus recommends that governments and parliaments in Council of Europe member States and worldwide make the necessary paradigm shift to beating Covid-19 with public health measures in a human-rights compliant way, once and for all, with regard to:

– bringing down infection rates;

– ensuring global equitable distribution of vaccines and treatments;

– sufficient vaccine uptake;

– addressing “long Covid”;

– building stronger health systems nationally, at European level, and globally;

– and addressing the socio-economic issues that have arisen due to the pandemic.

52. The Covid-19 pandemic is not over, nor is it likely to be the last pandemic of its kind. It is paramount to avoid the politicisation of pandemics – and of public health measures to contain them. To mitigate the impact of future coronavirus variants and of other health threats which may soon emerge, the world needs to urgently establish and strengthen pathogen monitoring and surveillance systems. The divides between countries and within societies need to be bridged, with politicians leading by example, so that Covid-19 can be beaten once and for all, and future threats can be faced in a more unified manner, with more solidarity.