Parliamentary Assembly
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COUNCIL OF EUROPE
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Resolution 2500 (2023)[1]

Public health emergency: the need for a holistic approach to multilateralism and healthcare

Parliamentary Assembly

1. Long before the outbreak of Covid-19, scientists and public health experts had warned that threats from infectious diseases would represent one of the primary international health challenges of our times. Unfortunately, the Covid-19 pandemic hit a largely unprepared world and revealed a widespread lack of compliance with the 2005 International Health Regulations by States. This resulted in millions of deaths, a high disease burden and severe disruption in the lives of billions of people across all regions of the world, as well as a major setback to the United Nations Sustainable Development Goals.

2. It is believed that the world has entered a new pandemic era, in which Covid-19 is seen only as a forerunner of more, and possibly worse, public health emergencies to come. New emergencies linked to the climate crisis, coupled with dwindling biodiversity and the consequences of armed conflicts, are waiting to unfold and will likely hit the world unexpectedly. It is thus urgent that States demonstrate that they have learned the lessons of previous health emergencies by strengthening the global health architecture and developing necessary strategies at national levels, in order to react swiftly to emerging global health risks.

3. The Parliamentary Assembly considers that a holistic multilateral effort is needed, bringing together the World Health Organization (WHO), the World Trade Organization (WTO) and others in a multistakeholder dialogue to review the rules governing the healthcare industry in the provision of essential medicines, vaccines and healthcare services at national and international levels, including a diversification of medical supply sources. These rules should ensure that both the public and the private sectors in healthcare anchor their operations in human rights, notably the right to health, and guarantee equitable access to treatments and vaccinations of appropriate quality for all as public goods.

4. The Assembly welcomes the processes taking place at the international level to transform global health governance, including to ensure sustainable financing of WHO, to reform the 2005 International Health Regulations and to draft a legally binding instrument on pandemic preparedness, prevention and response. Moreover, the Assembly supports the reform of international trade agreements to correct and to prevent inequities in accessing public goods that are critical to preventing and controlling public health emergencies, contributing towards a safe, clean, healthy and sustainable environment.

5. The Assembly strongly believes that the processes taking place to transform global health governance must build on the principle of equity and should explicitly refer to the relevant obligations of States to protect human rights and fundamental freedoms during public health emergencies. In this regard, the Assembly supports calls from United Nations experts that the new instrument on pandemic preparedness should draw on Article 12 of the International Covenant on Economic, Social and Cultural Rights, and on Article 4 of the International Covenant on Civil and Political Rights. It must be recognised that the right to health is indivisible from all other rights and, as such, the new instrument must also impose clear obligations on States to protect the full range of human rights, especially economic, social and environmental rights, such as the rights to housing, social protection, adequate nutrition and a safe, clean, healthy and sustainable environment, which are essential to the enjoyment of the right to health.

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1. *Assembly debate* on 20 June 2023 (16th sitting) (see Doc. 15778, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Selin Sayek Böke). *Text adopted by the Assembly* on 20 June 2023 (16th sitting).

6. The Assembly welcomes the participation of parliamentarians in the drafting process of this instrument, but regrets that it has not included genuine and meaningful participation by marginalised groups, civil society organisations and non-governmental organisations working to promote public health and human rights, and urges WHO member States to reconsider this process, so as to provide transparent and accessible opportunities for all relevant stakeholders to contribute to the development of this crucial new instrument.

7. Public health authorities must implement timely and appropriate measures to curb the effects of public health emergencies, now and in the future. Member States are invited to draw inspiration from the toolkit on respecting democracy, rule of law and human rights during the Covid-19 crisis, issued by the Secretary General of the Council of Europe, as well as the relevant resolutions and recommendations adopted by the Assembly, in particular Resolution 2329 (2020) "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic", Resolution 2337 (2020) "Democracies facing the Covid-19 pandemic" and Resolution 2424 (2022) "Beating Covid-19 with public health measures".

8. The Assembly regrets that the current system of global health security is not fit for purpose. It is too fragmented, overly dependent on discretionary bilateral aid and dangerously underfunded. The Assembly thus believes this critical moment provides an opportunity to combat not just emerging threats, the Covid-19 pandemic and the devastating effects it has had on the global economy, but also pre-existing fault lines and inequities, including in access to healthcare, which have been brought to light by the pandemic. It urges governments to embrace the "One Health" approach, which contributes to health and protects against disease by encompassing the interactions between animals, humans and the environment.

9. The Assembly thus calls on governments in Council of Europe member States and worldwide, to:

9.1. with respect to ongoing processes at WHO:

9.1.1. commit to ensuring sustainable financing of WHO and make it independent of voluntary contributions so it can fulfil its essential functions;

9.1.2. actively participate in the World Health Assembly, with a view to ensuring good governance of WHO;

9.1.3. ensure inclusive decision making and full and equal participation of developing countries in the negotiating processes of the International Health Regulations and the Intergovernmental Negotiating Body to draft and negotiate a convention, agreement or other international instrument on pandemic prevention, preparedness and response ("WHO CA+");

9.1.4. ensure that the aforementioned WHO CA+ is developed through a transparent and meaningfully consultative process, involving and taking into account the proposals of civil society, non-governmental organisations and human rights organisations, and define an active role for parliamentarians to oversee the transparency and effectiveness of the much-needed consultative processes;

9.1.5. mainstream human rights in potential amendments to the International Health Regulations and in the drafting process of WHO CA+, and ensure in particular that such instruments are in line with the Principles and Guidelines on Human Rights and Public Health Emergencies (PHE Principles);

9.1.6. recognise that human rights are indivisible and impose clear obligations to protect human rights in the prevention of, during and in the aftermath of public health emergencies, in line with the PHE Principles, paying particular attention to social, economic and environmental rights, such as the rights to housing, social protection, adequate nutrition and a safe, clean, healthy and sustainable environment, which are essential to the enjoyment of the right to health;

9.1.7. impose clear obligations on States to regulate, monitor and protect against abuses by non-state actors and companies operating within their jurisdiction and transnationally;

9.1.8. prohibit the undermining of other nations' access to health goods, facilities, services and technologies, including the stockpiling of scarce resources and entering into bilateral agreements by outbidding other nations;

9.1.9. commit to supporting a "One Health" approach, which encompasses the interactions between animals, humans and the environment, as it contributes to health and protects against disease, including through the enhanced collaboration of WHO with other relevant international organisations;

9.1.10. facilitate timely access to scientific knowledge and information for all stakeholders, including an open data-sharing and benefit-sharing system for epidemiological, genomic, clinical and anthropological evidence, from academia to the front line, as recommended in Resolution 2114 (2016) “The handling of international public-health emergencies”;

9.2. with respect to the WTO and international trade:

9.2.1. interpret the Doha Declaration in the context of international legal obligations to ensure access to public goods, including medicines, diagnostics, treatments and technologies, and recognise the need to limit intellectual property rights in public health emergencies;

9.2.2. make full use of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) “flexibilities” whenever possible to ensure equitable access to public goods;

9.2.3. commit to keeping supply chains open during public health emergencies;

9.2.4. initiate a process of reform of international trade agreements, with the aim of correcting and preventing inequities in accessing health goods, facilities, services and technologies that are critical to preventing, preparing for, responding to and recovering from public health emergencies;

9.3. with respect to building stronger and more resilient health systems and responding to public health emergencies at national levels:

9.3.1. invest in primary healthcare and scale up the health workforce, ensuring decent pay and working conditions;

9.3.2. develop human rights-compliant strategies 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;

9.3.3. provide universal health coverage to everyone within their territory, regardless of legal status, nationality, ethnicity, religion, gender, sexual orientation, disability, including mental disability, health status, socio-economic background or any other relevant status;

9.3.4. develop national prioritisation strategies to ensure equitable allocation of goods, such as vaccines, medicines and protective equipment, in situations of scarce resources. In doing so, member States should be guided by Article 3 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164, Oviedo Convention), and are invited to consult Recommendation CM/Rec(2023)1 of the Committee of Ministers on equitable access to medicinal products and medical equipment in a situation of shortage, Resolution 2361 (2021) “Covid-19 vaccines: ethical, legal and practical considerations” and the statement adopted by the Council of Europe Committee on Bioethics (DH-BIO) entitled “Covid-19 and vaccines: ensuring equitable access to vaccination during the current and future pandemics”;

9.3.5. identify vulnerabilities in medical supply chains and develop strategies for strengthening and diversifying supply sources, taking into consideration the recommendations set out in Resolution 2474 (2022) “Securing safe medical supply chains”;

9.3.6. enhance public investment in research and development and share results of publicly financed research between countries;

9.3.7. strengthen manufacturing capacities and competence to produce in accordance with standards of Good Manufacturing Practice;

9.3.8. develop and maintain strong, efficient, transparent and sustainable regulatory systems for the evaluation and control of medicines throughout their life cycle; and promote reliance on recognised global expertise to harmonise and streamline the different steps of the process – from regulatory evaluation and approval to batch acceptance;

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

9.3.10. build up health literacy among all population groups and work with trusted non-governmental organisations and/or local initiatives to reach out to marginalised groups;

9.3.11. regulate activities of non-state actors and companies within their jurisdiction, in line with the United Nations Guiding Principles on Business and Human Rights, Recommendation CM/Rec(2016)3 of the Committee of Ministers on human rights and business and Principle 5 of the PHE Principles on human rights duties of States relating to non-state actors;

9.3.12. in the event of a public health emergency, carefully design and implement public health measures that would mitigate transmission, and ensure they are compatible with human rights, taking into account the recommendations in Resolution 2424 (2022);

9.3.13. continuously review public health measures put in place to ensure they are human rights compliant, relevant, proportionate, evidence based and effective at all times, and facilitate parliamentary and judicial oversight;

9.3.14. recognise the need to reach zero carbon emissions and to accelerate the transition to clean renewable sources of energy as a public health priority and take measures at national and international levels to reach these goals.

10. The Assembly recalls the critical role parliaments play in moving the global public health agenda forward by enacting legislation, approving budgets, mobilising resources and providing democratic oversight. It calls on national parliaments to continue to play a key role in transforming global health governance, including through parliamentary representation at multistakeholder events leading up to the United Nations High-Level Meeting on Pandemic Prevention, Preparedness and Response in September 2023 and open meetings of the Intergovernmental Negotiating Body to draft and negotiate the WHO CA+.

11. The Covid-19 pandemic exposed gross inequities in access to essential public goods, including medicines, vaccines and personal protective equipment. It revealed that global health is only as strong as its weakest link. The Assembly thus calls on all stakeholders, in particular the European Union and the United States of America, to support the proposals by developing countries to ensure equitable access to health products, technologies and know-how, the strengthening of health systems and an access and benefit-sharing mechanism for genetic material.