



Resolution 2591 (2025)¹

“Long Covid” and access to the right to health

Parliamentary Assembly

1. The Parliamentary Assembly notes that “long Covid”, characterised by the continuation of symptoms or the development of new symptoms three months after the initial infection with SARS-CoV-2 (which caused the Covid-19 pandemic) and the persistence of these symptoms for at least two months without any other explanation, affects a large and growing number of people across Europe and the world, and it has significant repercussions for public health, the economy and the quality of life of those affected.
2. This disease, which manifests itself through a variety of symptoms, such as chronic fatigue, neurological disorders and other physical and mental complications, can, in some cases, be comparable to myalgic encephalomyelitis or chronic fatigue syndrome. It poses major physical and mental challenges, affects social and professional relationships and leads to increased psychological distress. Patients are often confronted with a limited understanding of their condition by the medical community and those around them, making their experience even more difficult.
3. The Assembly expresses its concern about the socio-economic impact of this disease, which can be severely disabling for millions of people and manifest itself as visible or invisible disabilities. While policy makers and the healthcare sector focused initially on containing and then preventing a recurrence of the Covid-19 pandemic, and today concentrate on other emerging health issues, the millions of long Covid patients have become a huge blind spot.
4. The Assembly regrets that, to date, there is no single, consensual definition of long Covid, although most countries broadly adhere to international guidelines. A clearer and more disaggregated definition of long Covid could help to improve clinical management and to better target policies.
5. The Assembly also regrets that no solution has yet been identified to ensure patients’ recovery and long-term healing, as research to understand the causes and consequences of the disease is still in its early stages.
6. The Assembly is concerned about the limited access to healthcare for people with long Covid, resulting from insufficient investment in biomedical research and weakened healthcare systems. It underlines that Article 11 of the European Social Charter ([ETS No. 35](#) and [ETS No. 163 \(revised\)](#)) enshrines the right to protection of health.
7. The Assembly refers to its [Resolution 2373 \(2021\)](#) “Discrimination against persons dealing with chronic and long-term illnesses”, in which it urged member States of the Council of Europe “to strengthen capacities for screening and prevention with respect to chronic and long-term illnesses and to adopt a holistic approach, which is regularly reviewed and adjusted and involves all sectors of the administration to promote the well-being of individuals, fight against inequalities and take vulnerabilities into consideration. The authorities must fight against diagnostic delays so that, after a certain period, which should not be longer than one year, each patient is able to exercise their rights again without hindrance”.

1. *Assembly debate* on 31 January 2025 (9th sitting) (see [Doc. 16088](#), report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Carmen Leyte). *Text adopted by the Assembly* on 31 January 2025 (9th sitting).



8. Recognising the need to adopt a human rights-based approach in the fight against long Covid, the Assembly calls on Council of Europe member States to:
- 8.1. ensure sufficient funding for biomedical research so that a common definition and terminology are established, and effective treatments are available to ensure an appropriate, safe and sustained recovery that reduces long-term disability;
 - 8.2. adopt public policies co-ordinated at national level and defined in collaboration with people suffering from long Covid to meet their medical, social and professional needs;
 - 8.3. set up transdisciplinary centres of expertise for diagnosis, treatment and prevention in order to facilitate access to care for people suffering from long Covid;
 - 8.4. work with the health sector to disseminate information and provide medical staff with specific training on long Covid;
 - 8.5. run, in partnership with civil society, public awareness campaigns on long Covid, with a view to gaining an understanding of the disease which will, in turn, allow those affected by it to enjoy as normal a life as they can, free from stigmatisation and with full respect for their rights and freedoms;
 - 8.6. recognise that long Covid should fall within the scope of the United Nations Convention on the Rights of Persons with Disabilities in order to allow access to social security, disability benefits and compensatory aids;
 - 8.7. ensure equitable access to healthcare for people suffering from long Covid, in particular children and young people, and, for the States Parties to 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), to take the necessary measures to give effect to the provisions of its Article 3;
 - 8.8. promote flexible policies for patients with long Covid, both in the workplace and in educational institutions, ensuring adjustments to enable them to continue their work or education under appropriate conditions;
 - 8.9. encourage international co-operation in the fight against this disease.
9. Finally, the Assembly also reiterates its strong encouragement to the Council of Europe member States which have not yet ratified the revised European Social Charter to do so as soon as possible.