



## Resolution 2329 (2020)<sup>1</sup>

# Lessons for the future from an effective and rights-based response to the Covid-19 pandemic

Parliamentary Assembly

1. In 2015, the World Health Organization (WHO) developed a special tool for determining which diseases and pathogens to prioritise for research and development in public health emergency contexts. In 2018, “Disease X” was added to this list, to represent the knowledge that a serious international epidemic could be caused by a pathogen at that time unknown to cause human disease.
2. Following the Ebola epidemic of 2015 and 2016, the Parliamentary Assembly adopted [Resolution 2114 \(2016\)](#) on the handling of international public-health emergencies. In this resolution, the Assembly made a number of recommendations – which remain valid – to better prepare the world for the inevitable next international pandemic, urging new ways of working to face international health crises before they happen. The Assembly’s call unfortunately went largely unheeded.
3. “Disease X” hit the largely unprepared world in the form of Covid-19, provoked by a novel coronavirus: 2019-nCoV (also called SARS-CoV-2). First reported to the WHO Country Office in China on 31 December 2019, the outbreak was declared a Public Health Emergency of International Concern on 30 January 2020, and a pandemic on 11 March 2020. The virus spread to six continents, infecting millions and killing hundreds of thousands within months.
4. Unfortunately, in the face of a rapidly spreading virus and stark mortality predictions, some States opted for nationalist isolation and repressive and authoritarian responses, instead of effective action that was cool headed, warm hearted, evidence based, internationally co-ordinated and compliant with human rights. Many States also seem to have realised the danger they were in too late (or did not want to face up to the danger). Even at the European and international level, including at WHO, the impression that the reaction was too late is hard to ignore.
5. The price of the initial inaction, the subsequent slow response, rushed measures and premature re-openings may well be paid in lives lost, as well as in potentially lasting damage to our political, democratic, social, financial and economic systems, and in non-respect for several of the rights guaranteed by the European Convention on Human Rights (ETS No. 5) and other Council of Europe legally binding instruments, as well as United Nations conventions, such as the Convention on the Rights of Persons with Disabilities. Public-health control measures for disease mitigation with human rights implications (such as quarantining, physical distancing, contact tracing, border controls and travel restrictions) must be based on relevant standards and on public trust to be effective: they need to be designed and implemented in a transparent, evidence- and rights-based manner; they must be de-politicised, co-ordinated nationally, regionally and internationally, communicated clearly and applied fairly, as outlined in Assembly [Resolution 2114 \(2016\)](#).

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1. *Text adopted by the Standing Committee, acting on behalf of the Assembly, on 26 June 2020 (see [Doc. 15115](#), report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Mr Andrej Hunko).*  
See also [Recommendation 2174 \(2020\)](#).



6. Although the first peak of the pandemic seems to have passed in most European countries, the health crisis is not over – and may not be for some time. The lessons from the suffering of the past few months must be that, to avoid a disastrous outcome in terms of lives lost and the burden of sickness, 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.

7. The Assembly thus recommends that member States, during outbreaks of the coronavirus SARS-CoV-2 on their territory:

7.1. take rapid and sustained action to reduce human contact through physical distancing, as far as possible on a voluntary basis and if necessary through rights-compliant shutdowns/lockdowns, for the time it takes until active community spread of SARS-CoV-2 is reduced to a level that is controllable through rigorous testing, data protection-compliant contact tracing, quarantine and self-isolation, respecting the principle of proportionality and taking into consideration the impact such measures have on fundamental rights including social and economic rights, as well as physical and mental health, and implementing measures to offset any negative impact;

7.2. procure protective gear for health and other essential personnel, boost and optimise the capacity of the health system by mobilising inactive health professionals, and by increasing supplies of the necessary equipment to diagnose and treat patients safely and effectively – in particular diagnostic tests, oxygen and ventilators/respirators – as well as augmenting the numbers of acute care beds available in hospitals;

7.3. ensure that all public health measures respect human rights, are gender sensitive, involve women in decision making in a meaningful way and protect vulnerable groups of the population (in particular, persons with disabilities, children and the elderly);

7.4. put in place conditions to isolate and care for symptomatic cases not requiring immediate hospitalisation, on a voluntary basis, with a view to preventing household/family infection clusters and having the necessary medical supervision in place to allow rapid hospitalisation when a patient's condition deteriorates;

7.5. open borders and lift unnecessary travel restrictions to allow for an unhindered emergency response across borders; within the European Union at least, allow public health measures to be designed centrally and implemented along regional rather than jurisdictional (member State) lines, as needed, depending on where outbreaks are situated.

8. The Assembly recommends that member States, at all times:

8.1. make available reliable information on the comparative dynamic changes in the number of deaths due to different pathologies in the last three years, and the number of those infected with Covid-19 among them;

8.2. communicate information in a full and timely manner, which is clear to all and accessible to persons with disabilities, and ensure that any decisions made take into account evidence-based scientific opinion and are transparent (including by publishing expert advice);

8.3. organise active and broad community testing of all persons present on their territory regardless of status, which is not just limited to those admitted to hospital or health or other essential personnel, and roll out wide antibody testing of representative samples of the population as soon as is feasible;

8.4. actively promote responsible research, development and production of medicines, diagnostic kits, vaccines and personal protective equipment, and regulate prices in a spirit of solidarity, ensuring that any medicines, tests or vaccines thus developed are accessible and affordable to all, in particular to vulnerable groups;

8.5. prioritise and systemise European and international solidarity, co-ordination and co-operation; protective gear should not be hoarded by States "just in case", but distributed in areas where the need is greatest across Europe and the rest of the world;

8.6. establish and keep up to date an open access, transborder directory of available intensive care unit (ICU) beds, as well as ventilated and staffed beds in ICUs, and make them available to member States in need;

8.7. avoid executive overreach, disproportionate and unnecessarily repressive measures infringing human rights or human dignity, as well as all discrimination in the implementation of public health measures, with special attention to discrimination against persons with disabilities and the elderly, notably avoiding discriminatory triage systems;

- 8.8. reaffirm the fundamental role of parliaments in their mandate to oversee government actions and ensure that they are able to fully exercise this mandate, by providing them with both the technical means and the required level of information;
  - 8.9. ensure that their economic recovery and safeguarding plans do not create the conditions for a future degradation of ecosystems likely to generate other epidemics of a zoonotic nature, and thus condition the aid put in place on the fulfilment of ambitious environmental and social criteria in line with the United Nations Sustainable Development Goals.
9. Furthermore, in the face of the current pandemic, the Assembly calls on member States to intensify efforts to:
- 9.1. evaluate the state of their health systems, pandemic preparedness and infection surveillance systems, with a view to improving them as necessary, in order to guarantee free access to high-quality public health care guided by the needs of patients rather than profit, regardless of their gender, nationality, religion or socio-economic status;
  - 9.2. evaluate the effectiveness, as well as the collateral damage (in particular to the full exercise of human rights, including socio-economic rights), of the measures taken to confront the current pandemic, in order to apply the lessons learned to future public health emergencies.
10. Beyond the current pandemic, public health preparedness and global health security must adopt the “One Health” approach, which embraces the interactions between animals, humans and the environment which contribute to and protect against disease. Efforts must be stepped up nationally and internationally to find the next zoonotic disease before it spreads to humans, to continue to strengthen the co-ordination of animal and human systems for disease detection and response, and to protect the ecosystems that underpin human, animal and environmental health. This includes identifying and fighting climate change as a driver of emerging health threats and improving policies regulating animal agriculture and addressing human destruction of pristine natural habitats.
11. International and European health security and pandemic preparedness interventions must also be data driven and evidence based, and they must incorporate human rights provisions. Diverse sources of publicly available data need to be brought together to create an internationally unified data infrastructure that can facilitate modelling for decision making. These models need to be translated into triggers for action. In cases where sensitive data are transferred, appropriate privacy and security safeguards must be guaranteed.
12. The Assembly thus recommends that the European Union build a regional system capable of assisting the responsible international institutions in their endeavours to ensure effective preparedness for and reaction to pandemics.
13. Furthermore, the Assembly recommends a reform of WHO in order to allow it to better fulfil its function of achieving the highest attainable standard of health for everyone, which:
- 13.1. makes WHO independent of voluntary contributions to fulfil its essential functions;
  - 13.2. gives WHO the necessary power to visit member States unannounced in a public health crisis which could become a Public Health Emergency of International Concern;
  - 13.3. re-examines and strengthens the International Health Regulations in order to reframe global governance of disease, make the treaty more fit for purpose (including the governance of information such as sample and genetic sequence sharing) and explore mechanisms for compliance;
  - 13.4. puts in place effective and independent, ideally parliamentary, oversight of the organisation: at international level, through the Inter-Parliamentary Union, and at regional level, through regional parliamentary assemblies, such as the Parliamentary Assembly of the Council of Europe for the WHO Europe region;
  - 13.5. binds WHO to develop regionally adaptable containment strategies to fight future health hazards, taking into account the everyday realities of countries, regions and populations.
14. The Assembly proposes that member States step up their efforts to make progress regarding the European Social Charter (ETS No. 35 and ETS No. 163) and the Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention, ETS No. 164) that facilitate the safeguarding of social, economic and other human rights, which are the most vulnerable during responses to a pandemic.

15. Finally, the Assembly proposes to establish a permanent system of inspection at the United Nations for current and future biological events with serious consequences, possibly including a permanent, designated facilitator in the Office of the United Nations Secretary-General. The United Nations should also ensure international oversight and accountability for pandemic preparedness through an independent external entity.