



**Doc. 15778 – Compendium of written amendments**  
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**(Final version)**

## **Public health emergency: the need for a holistic approach to multilateralism and health care**

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## A. Draft Resolution

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 widespread lack of compliance with the International Health Regulations by States. This has resulted in millions of deaths, a high disease burden, and severe disruption of 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, where Covid-19 is seen only as a forerunner of more – and possibly worse – public health emergencies to come. New public health emergencies linked to the climate crisis, coupled with dwindling biodiversity, are waiting to unfold, and will likely hit the world unexpectedly. It is thus urgent that States learn the lessons from 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 multi-stakeholder dialogue to revisit the rules governing the health-care industry in the provision of essential medicines, vaccines, and health-care 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 health care 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 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

### **Amendment 13**

**Tabled by Mr Oleksii GONCHARENKO, Ms Yevheniia KRAVCHUK, Mr Oleksandr MERZHKO, Mr Bob van PAREREN, Ms Lesia VASYLENKO, Mr Markus WIECHEL, Mr Dmytro NATALUKHA, Mr Emanuelis ZINGERIS**

*In the draft resolution, paragraph 2, second sentence, after the words "coupled with dwindling biodiversity," add the following words: "and the consequences of the armed conflicts,"*

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 right to housing, to social protection, to adequate nutrition, and to a safe, clean, healthy, and sustainable environment, which are essential to the enjoyment of the right to health.

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 and non-governmental organisations working to promote public health and human rights, and urges WHO member States to reconsider this process, so as to enable 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 issued by the Secretary General of the Council of Europe, on respecting human rights, democracy and the rule of law during the Covid-19 crisis, as well as the relevant resolutions and recommendations adopted by 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 health care, which have been brought to light by the pandemic. It urges governments to embrace the “One Health” approach, which embraces the interactions between animals, humans and the environment, and which contributes to health and protects against disease.
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 the 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 International Negotiation Body to draft and negotiate a convention, agreement or other international instrument to strengthen pandemic prevention, preparedness and response;

**Amendment 1**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, paragraphs 9.1.3 and 10, replace the words "International Negotiation Body" with the following words:*

*"Intergovernmental Negotiating Body".*

**Amendment 2**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*(If rejected or withdrawn, Amendments 14 and 15 fall) In the draft resolution, paragraph 9.1.3, replace the words "to draft and negotiate a convention, agreement, or other international instrument to strengthen pandemic prevention, preparedness and response" with the following words:*

*"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 new legal instrument to strengthen pandemic prevention, preparedness and response 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;

**Amendment 14**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*(Falls if Amendment 2 is rejected or withdrawn) In the draft resolution, paragraph 9.1.4, replace the words "new legal instrument to strengthen pandemic prevention, preparedness and response" with the following words:*

*"WHO CA+"*

9.1.5. mainstream human rights in the revision of the International Health Regulations and in the drafting process of a convention, agreement or other international instrument to strengthen pandemic prevention, preparedness and response, and ensure in particular that such instrument is in line with the "10 Human Rights Principles for a Pandemic Treaty" by the Civil Society Alliance for Human Rights in the Pandemic Treaty;

**Amendment 3**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, replace paragraph 9.1.5 with the following paragraph:*

*"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 on States to protect human rights during public health emergencies in line with the Siracusa Principles, in particular social, economic and environmental rights, such as the right 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;

**Amendment 4**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, replace paragraph 9.1.6 with the following paragraph:*

*"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 right 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 and protect against abuses by non-state actors and companies within their jurisdiction;

**Amendment 5**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, replace paragraph 9.1.7 with the following paragraph:*

*"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. include a clause to prohibit undermining of other nations' access to public goods, such as stockpiling of scarce resources and entering into bilateral agreements by outbidding poorer nations;

**Amendment 6**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, replace paragraph 9.1.8 with the following paragraph:*

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

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

9.1.10. facilitate timely access to scientific knowledge and information to all stakeholders, including an open data-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";

**Amendment 7**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre**

- 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 technologies critical to preventing and controlling 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 health care 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 or socio-economic background;

**GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, paragraph 9.1.10, after the words "open data-sharing", add the following words:*

*"and benefit-sharing".*

**Amendment 8**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, replace paragraph 9.2.4 with the following paragraph:*

*"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 critical to preventing, preparing for, responding to, and recovering from public health emergencies;"*

**Amendment 9**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre**

**GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, paragraph 9.3.3, replace the words "or socio-economic background" with the following words:*

*"disability, including mental disability, health status, socioeconomic 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 of the Council of Europe 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 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. identify vulnerabilities in medical supply chains and 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 lifecycle, 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 amongst 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 and Recommendation CM/Rec(2016)3 of the Committee of

**Amendment 10**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre**

Ministers of the Council of Europe (2016) on “Business and human rights”;

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) “Beating Covid-19 with public health measures”;

9.3.13. continuously review public health measures put in place to ensure they are human-rights compliant, relevant, proportionate, and effective at all times, and enable 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 multilateral 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 multi-stakeholder events leading up to the United Nations High Level Meeting in September 2023 and open meetings of the International Negotiating Body to draft and negotiate a new legal instrument on pandemic preparedness, prevention, and response.

11. The Covid-19 pandemic exposed gross inequities in access to essential public goods, including medicines,

**GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, at the end of paragraph 9.3.11, add the following words:*

*"and Principle 5 of the PHE Principles on human rights duties of States relating to non-state actors".*

**Amendment 11**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, paragraph 9.3.13, after the word "proportionate", add the following words:*

*"evidence-based".*

**Amendment 12**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*In the draft resolution, paragraph 10, second sentence, after the words "United Nations High Level Meeting", add the following words:*

*"on Pandemic Prevention, Preparedness and Response".*

**Amendment 15**

**Tabled by Mr Stefan SCHENNACH, Mr Frank SCHWABE, Ms Petra BAYR, Mr Jean-Pierre GRIN, Mr Simon MOUTQUIN, Ms Carmen LEYTE, Ms Ada MARRA**

*(Falls if Amendment 2 is rejected or withdrawn)  
In the draft resolution, paragraph 10, second sentence, replace the words "a new legal instrument on pandemic preparedness, prevention, and response" with the following words:*

*"WHO CA+"*

vaccines, and personal protective equipment. It revealed that the 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.