

## Draft resolution on strengthening WHO preparedness and response to health emergencies

74<sup>th</sup> session of the WHA, May 2021

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### Strengthening WHO preparedness for and response to health emergencies

The Seventy-fourth World Health Assembly,

PP0 *Recalling Decision EB148(2) on strengthening WHO's global health emergency preparedness and response, which called for the development of a resolution in this regard;*

PP1 *Reaffirming that the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health;*

PP2 *Reaffirming that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;*

PP5 *Reaffirming the functions set out in Article 2 of the WHO Constitution for the Organization in order to achieve its objective, inter alia, to act as the directing and coordinating authority in international health work; to stimulate and advance work to eradicate epidemic, endemic and other diseases; to furnish appropriate technical assistance, and, in emergencies, necessary aid upon the request or acceptance of Governments; and to propose conventions, agreements and regulations, and make recommendations with respect to health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective; and acknowledging the Organization's work to achieve this and to perform the tasks assigned by Member States, including [technical (BRA)] normative work;*

PP6 *Reaffirming resolution WHA58.3 (2005) on the revision of the International Health Regulations (IHR) (2005) and also reaffirming the principles of the IHR set out in its Article 3 [stop here CHN, RusFed, KEN; retain whole para, US, MCO], including [inter alia (Australia)] that the implementation of the Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease; [suggestion to add other principles]*

new PP6 chair's bis *Recalling Resolution WHA73.8 (2020) on strengthening preparedness for health emergencies and implementation of the IHR (2005) which, inter alia, urged Member States to fully comply with the IHR (2005) and to take actions to implement the unmet obligations thereof;*

PP8 *Recalling Resolution WHA73.1 on COVID-19 response, which requested WHO Director-General to, inter alia, continue to build and strengthen the capacities of WHO at all levels to fully and effectively perform the functions entrusted to it under IHR (2005);*

PP2 *bis* **Underlining that preparing for and responding to health emergencies is primarily the responsibility and crucial role of [governments (del RusFed; retain US)] / [countries (ZAM, RusFed)]; [prefer this to appear earlier (BRA)]**

PP7 **Recalling Decision WHA69(9) (2016) which recognized the establishment of the WHO Emergencies Programme (WHE), allocated a budget to it and set up the Independent Oversight Advisory Committee (IOAC) for WHE;**

[PP4 *Acknowledging* the importance of strengthened multilateral cooperation within the UN [in line with UNGA Res 75/233 on operational activities for development of the UN System, (NOR; del RusFed)] and beyond in preparing for, and responding to, health emergencies and limiting their extensive direct and indirect negative impacts, [and (del URU)] / [as well as (URU)] the key leadership role of WHO in catalyzing and coordinating an [early, [effective, transparent, (US)] sustainable, [[people-centred (del ARG)] / [human rights-based approach (ARG)] [age- and (CAN)] gender-responsive and disability-sensitive (del India)] (del RusFed, retain CAN, ARG, NOR, NZ)] / [inclusive, (India)] comprehensive global response [to global health emergencies (RusFed)] [that respects human rights [universally (India)] (del RusFed, CHN)], while recognizing the centrality of Member States' efforts therein; (del para, BRA, RusFed)]

PP21 *Recognizing* WHO's role in the international humanitarian system, including through leadership and coordination of the UN Health Cluster, and the provider of last resort in humanitarian emergencies, while ensuring the humanity, neutrality, impartiality and independence, of the health response, and *acknowledging* the role of other humanitarian actors [in conformity with UNGA res 46/182 (SYR)] including nongovernmental organizations [end here (India)] and the Red Cross Red Crescent movement therein;

[PP21 *alt* *Emphasizing* the important role of the World Health Organization, as the lead agency of the global health cluster, in the international response to outbreaks and humanitarian emergencies with health consequences; and further acknowledging the role of other humanitarian actors in providing financial, technical and in-kind support in order to bring epidemics or pandemics under control (RusFed)] (note: ref/inspired by WHA73.8)

[PP21 *bis* *Noting* the five-year anniversary of SC Res 2286 and recalling the obligation to protect health care in conflict (NOR, CAN, URU, Switz, UKR, MCO; del SYR)]

PP9 **Noting with concern that the COVID-19 pandemic has revealed serious shortcomings in [preparedness, (CHN)] timely and effective prevention and detection of as well as response to [potential (US)] health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies;**

PP10 *ter* **Recognizing the critical importance in preparing for future health emergencies of agile, well-coordinated and tested capacities in Member States, including IHR core capacities, necessary for an effective health emergency response, including strong public health expertise and effective science-based coordination to ensure evidence-based decision-making processes across government agencies;**

PP16 *Recognizing* that the COVID-19 pandemic and its health, economic and social consequences, including increasing gender and other inequalities, have further underlined the need for multilateral cooperation, unity and solidarity [to promote global health security and (del RusFed)] to prepare for and respond to health emergencies, across all sectors, using a holistic, [all-hazards and (del India; retain Australia, US, MCO, EU, BRA, URU)] One Health approach, recognizing the interconnectedness between the health of humans, animals, plants and their shared environment, including through collaboration among WHO, FAO, OIE and UNEP; [note: questions for WHO Sec – all hazard and One Health; other IGOs that should be included]

P17 *Recalling* UN General Assembly resolutions 74/270 (2020) on global solidarity to fight the coronavirus disease 2019 (COVID-19), 74/274 (2020) on international cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19, 74/306 comprehensive and coordinated response to the COVID-19 pandemic, and 75/157 on Women and girls and the response to the coronavirus disease (COVID-19);

PP17 *bis* *Recalling* the UN General Assembly resolution 74/2 which recognizes that universal health coverage (UHC) is fundamental for achieving [the (del URU)] / [several (URU)] Sustainable Development Goals (SDGs) [related not only to health and well-being, but also to eradicating poverty in all its forms and dimensions, ensuring quality education, achieving gender equality and women's empowerment, providing decent work and economic growth, reducing inequalities, ensuring just, peaceful and inclusive societies and to building and fostering partnerships, (del URU)] while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all[, with a focus on health outcomes throughout the life course,(del URU)] and recognizing that the COVID-19 pandemic is hampering the achievement of [both (URU)] the SDGs and UHC;

PP13 *Recognizing* the acute direct and indirect impacts of the COVID-19 pandemic, including increased violence against women and girls, particularly in fragile situations already affected by conflict, crime, violence, disasters, climate change and displacement and in this regard acknowledging the importance of WHE's work in both acute and protracted crises;

[PP13 *bis* *Further recognizing* that given the linkages between climate change and biodiversity loss and an increased prevalence and elevated risk of zoonotic diseases from a variety of pathogens, capacity building efforts to support upstream and preventive measures, including through a One Health approach, are required (CAN)]

PP19 *Acknowledging* the importance of strong, resilient and agile health systems with integrated public health functions, competent and well-trained health workforce, timely and equitable access to quality health services including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health, and maternal, new born and child health, as well as equitable access to quality, safe, effective and affordable technologies and products to strengthen multisectoral collaboration among all stakeholders for achieving UHC;

PP18 *Highlighting* the role of WHO in facilitating universal and equitable access to quality health services without financial hardship, in all countries, particularly those with weaker health systems and affected by conflict, which is critical for preparedness and resilience during health emergencies;

PP19 *bis* *Recognizing* that country responses to health emergencies will necessarily be tailored to national circumstances, and that the WHO has a role in providing advice and support in assisting countries to achieve universal health coverage thus facilitating universal access to health services;

PP12 *Acknowledging* the many negative [public health impacts, social, economic and gender equality (del RusFed; retain CAN)] consequences of the COVID-19 pandemic [on society, public health, human rights and the economy (RusFed; ref WHA73.1 PP17)], which have disproportionately affected certain groups, such as persons with disabilities, disrupted the provision of essential health services, and have caused challenges such as interruptions to routine care, delayed immunizations, postponed diagnoses, treatments and mental health care and limited resources for the health and care workforce to address these needs, as well as the multitude and complexity of necessary immediate and long-term actions with the ambition to achieve the Sustainable Development Goals;

PP10 *Acknowledging* further the critical role of international cooperation and the need for timely and transparent sharing of epidemiological and clinical data, biological samples, knowledge and information, including timely sharing of pathogen genetic [sequencing (del CAN)] / [sequence data (CAN)] and taking into account access and benefit sharing arrangements while ensuring compliance with applicable international legal obligations such as those under taking into account [as appropriate (MCO)] the applicable principles of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization, as well as technology and knowhow [on [voluntary and (CAN)] mutually agreed terms (Switz, MCO, CAN)] for scaling up local manufacturing of health products and scaling up of research and development including timely identification and notification of events which may constitute a Public Health Emergency of International Concern (PHEIC) in accordance with relevant provisions of the IHR (2005); [preference not to refer to any agreement (Switz, Paraguay)]

[PP10 *alt* *Acknowledging* further the critical role of international cooperation and the need for timely and transparent sharing of epidemiological and clinical data, knowledge and information, including timely identification and notification of events which may constitute a Public Health Emergency of International Concern (PHEIC) in accordance with relevant provisions of the IHR (2005), and the importance of timely sharing of biological samples and pathogen genetic sequencing while ensuring access and benefit sharing arrangements in compliance with applicable international legal obligations including those of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization, including the importance of benefit sharing for the scaling up of research and development and transfer of technology and knowhow for scaling up local manufacturing of health products; (India, INO, CHN)]

[PP10 *alt* *Acknowledging* further the importance of timely identification and notification of events which may constitute a Public Health Emergency of International Concern (PHEIC) in accordance with relevant provisions of the IHR (2005) and the critical role of international cooperation and the need for timely and transparent sharing of epidemiological and clinical data, biological samples,

knowledge and information, including timely sharing of pathogen genetic sequencing and taking into account any applicable access and benefit sharing arrangements including domestic measures implementing the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization, as well as acknowledging the role of the voluntary transfer of technology and knowhow on mutually agreed terms for , implementing evidence based approaches to preventing, detecting, reporting, and responding to potential public health emergencies, including research, development, and resilient, scalable, and geographically distributed manufacturing of public health emergency related products; (US)]

PP10 *bis* **Recognizing the critical role of international collaboration in research and development, including in multi-country clinical and vaccine trials, as well as rapid diagnostics test and assay development, but acknowledging the need for further rigorous scientific evidence , protocols, standards and international collaboration to assess the role and impact of public health and societal interventions and for evidence-informed decision making in public health emergencies;** [Question to the WHO Sec on multi-country clinical trials (EU)]

PP20 *Underscoring* that fair and equitable access to health products is a global priority and that the availability, accessibility[, acceptability (del RusFed)] and affordability of health products [and health services (EU)] of assured quality are fundamental to tackling global public health emergencies and [in this regard (Costa Rica, ECU)] [welcoming (del RusFed)] / [noting (RusFed)] the role played by WHO in [initiatives such as (Costa Rica, ECU)] the Access to COVID-19 Tools (ACT) Accelerator and recognizing the collaborative and inclusive approach adopted by all of its participating international health partners [and the development of voluntary patent pools and other voluntary initiatives, such as the WHO COVID-19 Technology Access Pool (CTAP) (Costa Rica, ECU, INO, URU, BRA, CHL, Paraguay, DomRep, MEX, EGY, ARG, Peru)];

PP20 *bis* **Recognizing that due to the geographic location of landlocked developing countries and Small Island Developing States, including the Pacific (Fiji) their dependence on transit countries for exports and imports of goods, access to health products has been particularly affected;**

PP11 *bis* *Recognizing* the need for sharing of health-related technologies [on [voluntary (CAN)] mutually agreed terms (Switz)] [and consistent with relevant international legal frameworks (CAN)] / [in line with international obligations (EGY)] to [strengthen global health security (del RusFed)], implementing and supporting public health measures and bolstering national response efforts resulting from COVID-19 and other future pandemics to protect and empower individuals and communities;

PP15 *ter* *Recognizing* that greater collaboration between the public and private sectors can facilitate transparency in investments and costs along the research, development and production chain and facilitate [fair (del US; retain MEX, ECU, ARG, ROK, IND, BRA, PHL, Paraguay, INO, BOT, DomRep, Costa Rica)] pricing, and enable voluntary licensing agreements [on mutually agreed terms (US, Switz)] for the timely, equitable and affordable access to, and rapid and broad distribution of, quality [essential (CAN)] health products, including [diagnostics, therapeutics and (IND, BOT, ECU, PHL, INO, MEX)] vaccines;

PP10 *ter alt Recognizing* the critical importance of evidence-based decision-making processes, including recognition of public health expertise, and strong systems for coordinating across government agencies in responding to health emergencies, and the need to ensure that these are regularly tested and refreshed to ensure they remain resilient and fit for purpose;

PP11 *Recognizing* the potential of digital health technologies to strengthen secure communication in health emergencies, to implement and support public health measures, and bolster national response efforts to pandemics, epidemics and other health emergencies, to protect and empower individuals and communities, while ensuring personal data protection, including by building on the Global Strategy on Digital Health 2020-2025;

PP12 *bis Noting* the negative impact of misinformation, disinformation and stigmatization on preparedness and response to health emergencies and people's physical and mental health, and the need to [manage infodemics (RusFed)] / [counter mis- and dis-information (RusFed)] [and stigmatization (CHN)] in the context of [public (del CHN)] health emergencies, and *recognizing* that for [all stakeholders, including (del NZ)] women and youth, persons with disabilities[, migrants (Paraguay)], [indigenous peoples (CAN, Paraguay, PHL, Costa Rica, Peru, NZ, ECU)] and older people [among others (ARG)] to be part of [pandemic (del CHN)] / [health emergency (CHN)] responses, they need to have access to timely and accurate information and to be involved in decisions that affect them;

PP15 *Noting* also the need for whole-of-government and whole-of-society Member State coordination and inclusive collaboration among all stakeholders during public health emergencies;

PP27 *Expressing* its highest appreciation of, and support for, the dedication, efforts and sacrifices of health professionals, health workers and other relevant frontline workers, as well as all three levels of the WHO Secretariat, who have gone above and beyond the call of duty in responding to the COVID-19 pandemic; [note that there might be a better placement for this para]

PP25 *Noting* the independent reviews and evaluations of preparedness and response following the Severe Acute Respiratory Syndrome (SARS-CoV) epidemic, the H1N1 influenza pandemics and the 2014-2016 Ebola epidemic which have highlighted shortcomings in the global capacity to prepare for, detect, report and respond to outbreaks in a transparent and timely manner and have made numerous and specific recommendations to address these shortcomings;

PP23 *Recalling* resolution WHA73.1 which requested that the Director-General initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, and noting that this included using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19;

PP24 *Taking note* of the report of the Director-General, the report of the Independent Panel for Pandemic Preparedness and Response (IPPR), the report of the Review Committee on the Functioning of the IHR (2005), the report of the IOAC, as well as the report of the Global

Preparedness Monitoring Board (GPMB); [include FNs to the reports of the DG, IPPR, IHR RC and IOAC [and GPMB (EU, NOR)]]

P26 *Recalling* the ongoing efforts to strengthen the World Health Organization, including through the 'WHO Transformation Agenda' and the 'triple billion targets' in WHO's 13th General Programme of Work;

PP15 *bis* *Stressing* the need for effective and accountable management, enhanced inclusive and meaningful participation of, and engagement with, Member States at all levels of governance across the WHO, including making full use of governing bodies [to solicit Member State guidance on (Australia)] / [to consider (del Australia)] what is necessary to [provide / allow / facilitate WHO providing (Chair)] informed guidance to effectively deal with health emergencies;

PP29 *Stressing* the need to strengthen the [technical (BRA, ZAM, Paraguay; del MCO, EU)] [and (ZAM)] normative role of WHO as the directing and coordinating authority for international health work and its capacity to provide technical advice and assistance in a timely manner to Member States, upon their request, including at the country level;

PP22 *Acknowledging* that the international community's expectations, while varying according to national contexts, generally outweigh the current WHO capacities and its ability to support Member States in developing strong, resilient, quality, inclusive and efficient health systems for emergency outbreak prevention and response and that deliver high-quality, [affordable (reserve US)] services to all those in need, leaving no one behind;

PP28 *Acknowledging* that WHO should be adequately and sustainably resourced to fulfil its functions in an effective, efficient and strategic way [propose to stop para here (ARG, Paraguay, ZAM, CHN)] [, while taking into account [, as one of the elements, (Paraguay)] the discussions of the Working Group on Sustainable Financing [end para here (Paraguay)] to identify the essential functions of WHO (del RusFed, CHN; retain US, UK, EU, NOR, MCO)] and that the level of expectation(s) from Member States should be reflected in, [but not limited to (del UK)], the level of financing of the Organization; [insert ... BRA]

[PP28 alt *Acknowledging* that WHO should be adequately and sustainably resourced to fulfil its functions in an effective, efficient and strategic way and that future reforms to facilitate this will / may / could / should take into account the [outcome of the (Chair)] discussions of the Working Group on Sustainable Financing [possibly end here (Australia)] to identify the essential functions of WHO [that should be sustainably funded (EU)] and that the level of expectation(s) from Member States should be reflected in, [but not limited to (EU)], the level of financing of the Organization; (Australia)]

PP28 *bis* *Recalling* EB148(12) which established the working group on sustainable financing to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution and requested the working group to submit its final report with its recommendations and other findings to the Executive Board at its 150<sup>th</sup> session;

~~[PP30 Stressing the need to undertake the necessary efforts and investments to strengthen WHO; (del para, UK, Australia, CAN, MEX)]~~

[OP1 DECIDES to establish a Member States Working Group open to all WHO Member States [include REIO FN] [to consider (NZ)] / [on (del NZ)] Strengthening WHO preparedness and response to health emergencies;

OP2 REQUESTS the Working Group to review the findings and recommendations of the IPPR, the IHR Review Committee and the IOAC, taking into account relevant work of WHO[, including the WHO-convened global study of origins of SARS-CoV-2 and the Working Group on Sustainable Financing, (del CHN, RusFed, SYR, PAK)] as well as the work of other relevant bodies and organizations[, including the GPMB (del RusFed)];

OP2 *bis* INVITES the Working Group to consider establishing thematic subgroups and requesting WHO to initiate studies, as appropriate, including potential mechanisms for the implementation / follow up, as appropriate, of those recommendations [, including potential international instruments and revisions thereto (US)];

NOTE: clarify language to ensure that WG is subsidiary to EB and WHA;

OP3 REQUESTS the Working Group to [[submit a[n interim / final (del MCO)] report and recommendations (del RusFed)] / [report (ResFed)] [to (del MCO)] / [for consideration by (MCO)] the 75<sup>th</sup> World Health Assembly through the 150<sup>th</sup> session of the Executive Board [or to any special session of the World Health Assembly that may be convened prior to the 150<sup>th</sup> session of the Executive Board and the 75<sup>th</sup> session of the World Health Assembly (del RusFed)]; reserve on OP1-3 (CHN)]

[NEW OP3 *bis* from Chile received 30 March : DECIDES in accordance with Rule 40 of its Rules of Procedure and under article 19 of WHO's constitution, to establish an intergovernmental negotiating body open to all Member States to draft and negotiate a WHO treaty/ international instrument / framework convention on pandemics] [del para (US)]

NOTE: in parking lot for moment (Chair)

OP4 URGES Member States<sup>1</sup> to:

OP4.1 increase and improve efforts to build, strengthen and maintain the capacities required under IHR (2005) and continue to report [annually to the [World (MCO)] Health Assembly on the implementation of the International Health Regulations (2005), using [the self-assessment annual reporting tool and, when appropriate, other [external (NOR)] voluntary [follow-up (Paraguay)] / [monitoring (del Paraguay)] and evaluation instruments, including those referenced in the five-year global strategic plan to improve public health preparedness and response, 2018–2023 (del RusFed,

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<sup>1</sup> And regional integration organisations as appropriate



Syria)] / [as appropriate, available tools included in the IHR (2005) monitoring and evaluation framework (RusFed, CHN, SYR; ref OP4.1 of res WHA73.8)];

P4.2 strengthen core public health capacities and workforce for indicator-based and early-warning surveillance, based inter alia on disease specific surveillance, syndromic surveillance, event based surveillance of (CAN)] health-related behavior and [non-human data][surveillance data relating to animal and ecosystem health (UK, Australia)], able to detect [and assess (MCO)] public health events requiring rapid [investigation (del CHN, RusFed, SYR; retain US, Australia)] / [assessment (CHN, RusFed, SYR)] and response, in order to ensure that events of all origins are rapidly detected and controlled;

OP4.4 *bis* adopt an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, recognizing the links between human, animal and environmental health and the need [to implement (del Paraguay, BRA, RusFed, URU; retain Australia, US)] / [to take into account (Paraguay, BRA, RusFed, URU)] a “One Health” approach; [Link to PP16- India]

NOTE: further discussion on One Health vis-à-vis pandemic preparedness and response proposed

[OP4.3 *bis* increase their capacity to detect new threats including using [a number of (del RusFed)] [through (Australia)] laboratory techniques, such as consensus PCR and [pathogen (Australia)] genomic sequencing, (end para here, BRA, India) and strengthen coordination on [[and rapid access to (US)] pathogen genomic[s (del US)] sequencing capacities (US)], (del Australia)] / [sharing data on new threats (Australia; end para here)] [recognizing (del ARG)] / [as well as facilitate collaboration and cooperation to address (ARG, BRA, Paraguay, ECU; if not ended earlier, India)] the differences in capabilities [within (del URU)] / [between (URU)] countries;

NOTE: yellowed text in OP4.3 *bis* reads: Increase their capacity to detect new threats including through using laboratory techniques, such as consensus PCR and pathogen genomic sequencing

OP# Notify WHO of public health events within their respective territories according to relevant provisions of the IHR (2005), including any events that may cause a PHEIC, as well as any health measures implemented in response to those events; and continue to communicate to WHO timely, accurate and sufficiently detailed public health information and laboratory results available to them on these events, as well as on the difficulties faced and support needed in responding to these events;

OP4.4 further empower national IHR Focal Points (NFP), taking into consideration recommendations provided by the WHO secretariat and the IHR Review Committee, ensuring that they are integrated into national emergency plans as well as into the national health committees or similar bodies set up at the national level, and that they enjoy a sufficient level of authority and a clear mandate for multisectoral coordination to efficiently fulfil the role expected from them in the implementation of the IHR (2005);

NOTE: in parking lot for the moment (Chair)

OP4.3 safely and rapidly share samples and genetic sequence data of pathogens with pandemic or epidemic potential, including during the assessment phase of outbreaks and as pathogens continue to circulate and new variants arise, [in accordance with national and international laws and regulations (CHN)] [[to appropriate laboratories (US)] [taking into account the (del India; retain ARG)] [(as appropriate (MCO, NZ))] / [recalling as applicable (US)] / [while ensuring fair and equitable sharing of benefits arising from their use including timely access to affordable diagnostics, therapeutics and vaccines to those in need especially in developing countries in manners consistent with the (India, INO, CHN)] [applicable principles of (del India; retain ARG)] the [objective of the (US)] Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity (del Switz)] [and (US)], [in accordance with applicable national and in international laws and obligations (Switz)] mindful of the International Health Regulations (2005) and of the importance of ensuring rapid access to human pathogens for public health preparedness and response purposes; [preference not to mention any specific agreement (Switz)] [support for Chair's original proposal (CAN, JPN, NOR, Australia, NZ (with "as appropriate"), ROK]

OP4.7 *bis* [provide their country, and support the global community, with (del RusFed)] / [share (RusFed)] reliable and comprehensive information on health emergencies and the public health responses to be taken by local, national, regional and international public health authorities, and take measures to strengthen health literacy and to counter misinformation, disinformation and stigmatization, including by providing access to [independent (clarify, CHN; del RusFed)], fact-based and science-based information; (ref HRC44 res A/HRC/44/L.18)

NOTE: ask WHO Sec re: evidence-based, fact-based, science-based

[OP4.7 *quinquies* Support initiatives and actions of governments and strengthen cooperation that allows to create mechanisms for communication, coordination and articulation of programmes and policies on health issues, considered of shared interest, between linked border localities, to adequately respond to risks and PHEICs; (Paraguay)]

[OP4.7 *sexies* Noting that the COVID-19 pandemic forced Member States to apply health measures in terms of circulation between bordering localities, making even more relevant the need to strengthen and reinforce the mechanisms of communication, information, coordination, and articulation between them, to respond collaboratively to aspects of health security, epidemiological surveillance, cooperation and intersectoral articulation between bordering localities; (Paraguay)]

OP4.9 *ter* work towards achieving strong and resilient health systems and UHC, as an essential foundation for effective preparedness and response to public health emergencies, and adopt an equitable approach to preparedness and response activities, including to mitigate the risk that health emergencies exacerbate existing inequalities in access to services, including for immunization and nutrition, chronic infectious diseases and non-communicable diseases, mental health, maternal and child health, sexual and reproductive health care services and long-term care services;

OP4.9 *quinquies* Take steps to ensure that the response to one disease outbreak does not exacerbate another global health threat, including through appropriate stewardship of and

sustainable access to antimicrobials, particularly antibacterials, to preserve their efficacy; [prefer to delete (BRA); prefer to retain (UK, EU, US)]

OP4.6 to encourage cooperation to facilitate [cross-border (del SYR)] / [the (SYR)] travel of persons for essential purposes [during a health emergency (Australia, CAN, UKR)], [and avoid unnecessary interference with trade (UK, ROK; move to after “vulnerable situations”, Australia)] [including for humanitarian access and access to [vulnerable groups and (del CAN)] people in vulnerable situations, (del SYR)] without undermining efforts to prevent the spread of the [virus] / [causative pathogen (Chair)]; [retain original language (US, NOR, UK, ROK, Turkey, EU, NZ, Switz, CAN, MEX, MCO)]

NOTE: [clarify “virus” (Australia, UKR)]

[OP4.6 *alt* to improve national coordination and collaboration regionally, internationally and with all stakeholders, in particular WHO, to optimize: mechanisms and the use of resources to avoid gaps in or duplication of efforts; and, as appropriate, coordination and collaboration across borders, including according to the provisions of the International Health Regulations (2005) (RusFed, CHN (ref OP1 (3) WHA 73.8); prefer to work with this version (Cuba)]

[4.6 *alt bis* to ensure that restrictions on the movement of people and of medical equipment and medicines in the context of global public health emergencies are temporary and specific and that they include exceptions for the movement of humanitarian and health workers, including community health workers, enabling them to fulfil their duties, and for the transfer of equipment and medicines required by humanitarian organizations for their operations (RusFed; ref op7 (3) from WHA 73.1 slightly amended (COVID-19 is replaced with global health emergencies))]

[OP4.6 *bis* implement Security Council resolution 2286 (2016) on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict (NOR, MCO)]

OP4.7 support stronger coordination with relevant multilateral organizations to improve understanding and mechanisms to address travel and trade considerations, including on how best to de-link travel from trade restrictions during PHEICs, pursuant to the IHR (2005), with the goal of maximizing the effectiveness of public health measures while minimizing negative economic impacts, including by facilitating the manufacturing and movement of critical medical supplies essential to the public health response;

OP4.7 *ter* to take steps to prevent, within their respective legal frameworks, speculation and undue stockpiling that may hinder access to safe, effective and affordable essential medicines, vaccines, medical equipment and other health products, as may be required to effectively address health emergencies;

OP4.7 *quarter* Keep cross-border freight transport networks and supply chains open in order to guarantee timely, equitable and affordable access to essential medical products, especially for landlocked developing countries;

[OP4.7 *septies* To support and work on enhancing regional and international cooperation mechanisms to ensure “universal, timely and equitable access to, and fair distribution of, all quality,

safe, efficacious and affordable essential health technologies and products, including their components and precursors (WHA73.1 res)" during global health emergencies; (ECU)]

new 4.9 *bis* strengthen WHO's capacity to independently and rapidly investigate and assess potential disease outbreaks as early as possible, including by rapidly accessing outbreak areas through WHO-led response teams, in close coordination and consultation with concerned Member States, and to systematically communicate the results of such investigations to Member States;

OP4.8 seek to ensure the adequate, flexible, sustainable and predictable financing of WHO's Programme Budget including the WHO Health Emergencies Programme as well as the Contingency Fund for Emergencies (CFE) and follow up on the recommendations of the Working Group on Sustainable Financing;

OP5 CALLS ON international actors, partners, civil society and the private sector to:

OP5.0 (new) support all countries, upon their request, in implementing their multisectoral national action plans, in strengthening their health systems to respond to pandemics, and in maintaining the safe provision of all other essential public health functions and services during them;

OP5.1 strengthen partnerships, global coordination and cooperation in response to infectious diseases based on lessons learned from COVID-19 and previous PHEICs and fostering a One Health, whole of society and health systems strengthening approach, including between WHO and other relevant organizations and UN agencies, including through the Global Action Plan for Healthy Lives and Well-Being for All;

OP5.1 *bis* alt alt to address – where relevant, in coordination with Member States – the proliferation of disinformation and misinformation particularly in the digital sphere, as well as the proliferation of malicious cyber-activities that undermine the public health response; and to support the timely provision of clear, objective and science-based data and information to the public;

OP6 REQUESTS the Director-General, as soon as practicably possible and in consultation with Members States<sup>2</sup>, to:

OP6.5 Strengthen the global, regional, national and subnational pandemic preparedness system, support implementation by States Parties of the IHR (2005) and of IHR core capacities, provide clear guidance regarding requirements for States Parties under the IHR (2005), build and strengthen tailor-made support and tools for States Parties through Regional and Country Offices and continue working collectively and collaboratively with partners and States Parties to bridge identified gaps in IHR core capacities, including through international cooperation, when requested;

OP6.7 Make recommendations to Member States to build a more robust, transparent, consistent, scientific, evidence-based and cohesive IHR Monitoring and Evaluation Framework that enables accurate, independent and collaborative assessment and reporting on national capacities in

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<sup>2</sup> And regional integration organisations as appropriate

consultation with States Parties as well as actions to improve IHR implementation, including through reviewing and strengthening existing mechanisms such as the States Parties self-assessment annual reporting (SPAR) and Joint External Evaluations (JEE) to increase accuracy and effectiveness, and take into account experience gained from the voluntary pilot phase of the Universal Health Preparedness Review (UHPR) mechanism, with a view to strengthening the preparedness and response capacities of States Parties;

OP6.9 Develop a detailed concept note and report on the voluntary pilot phase of the Universal Health and Preparedness Review (UHPR) mechanism, based on the principles of transparency and inclusiveness, and on how it builds on existing IHR monitoring and evaluation framework components with the aim to assess, improve and strengthen accountability, trust and solidarity around overall preparedness for the consideration of Member States;

OP6.12 Lead an evidence-based process, in consultation with Member States<sup>3</sup>, relevant UN and other international organizations, as appropriate, and taking into account the recommendations of the IHR Review Committee, to:

- (a) Develop practical guidance for the implementation of the IHR (2005) to achieve their purpose to prevent, protect against, detect, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, which avoid unnecessary interference with international traffic and trade and do not impede cross-border movement of people and supplies for essential humanitarian purposes,
  - (b) Prepare a report on the options, implications, benefits, possible consequences and potential risks of de-linking travel from trade restrictions during Public Health Emergencies of International Concern pursuant to the IHR (2005), with the goal of maximizing the effectiveness of public health measures while minimizing their economic impacts,
  - (c) Develop recommendations, taking into consideration national circumstances, on the appropriate uses of travel restrictions, including guidance to assist countries to facilitate the return of citizens and permanent residents to their territories and, vice versa, facilitate the departure from and transit through their territory of nationals and permanent residents of third countries,
  - (d) Develop guidance on situations that may occur in the context of international conveyances, seafaring and aviation during public health emergencies, such as outbreaks on international cruise ships, including the division of roles and responsibilities of the various actors concerned when responding to such situations,
- (d *bis*) Review and report on States Parties' experience with dispute settlement under Article 56 of the IHR;

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<sup>3</sup> And regional integration organisations as appropriate

OP6.17 Develop strategies and tools for managing the impact of health emergencies on gender equality, health systems and health service delivery, including by comprehensively increasing the resilience and capacity of health systems, in particular the health workforce, in the provision of essential public health functions and quality essential health services including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health and maternal, newborn and child health during health emergencies with a view to achieving UHC;

OP6.17 *bis* Consider establishing Risk Communication Strategies, adaptable to states and regions, including to facilitate specific local capacity-building, mobilise financial and technical resources and, eventually, assist countries in elaborating goal-directed development plans, including performance indicators, as a key feature of public health systems' responsiveness;

OP6.17 *ter* Develop a global framework to collect best practices for generating, monitoring and evaluating knowledge on public health and societal interventions and assess its broader impact to harness global knowledge and expertise and to translate evidence into effective health emergency and preparedness policies;

OP6.4 Review and strengthen or reform existing tripartite reporting mechanisms, such as the Global Early Warning System for Major Animal Diseases (GLEWS) improving communication and information exchange across existing surveillance networks across the One Health sectors, in addition to accelerating plans to develop the Tripartite Integrated System for Surveillance on AMR and Antimicrobial Use (TISSA);

[OP6.2 Based on the existing and extended tripartite cooperation between WHO, FAO, OIE and UNEP, and building on the MoU signed in 2018, establish a refined strategy on a One Health collaboration, including a joint workplan on One Health, in particular to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks, and work towards the development of (1) a global action plan on One Health, (2) joint protocols and guidance to Member States, (3) an annual report to the WHA to provide Member States with information on cooperation, strategy and guidance, and consider a joint annual report to governing bodies;

OP6.3 Report on efforts to accumulate expertise on and raise visibility of One Health issues with a specific view to zoonoses, including from wildlife, through the work of the "One Health High-Level Expert Panel" and support the Global Leaders Group on AMR;

OP6.11 Provide recommendations to State Parties on how to [empower (del BRA)] / [qualify (BRA)] IHR NFPs within their national institutional structures, and on how to improve the communication between WHO and NFPs to secure timely sharing of information and alerts;

[Parking lot until deep dive / discussion (see OP4 para for similar comment)]

OP6.10 Propose options to increase the transparency on the appointment, membership and deliberations of the IHR Emergency Committee including a more robust, transparent and inclusive risk assessment process, as well as detailed reporting of its proceedings, in particular in relation to

its recommendations on declarations of, and suggested response measures to, PHEICs, including options for the engagement of Member States with it;

OP6.6 [Based on the recommendations of the IHR Review Committee in this area, (del US)] make concrete suggestions for intermediate and regional levels of alert, complementary to a Public Health Emergency of International Concern (PHEIC), with clear criteria and practical implications for countries[, alongside protocols for countries to follow (UK, UKR)] with the objective of improving transparency, communication, and the quality of reporting, enhancing earlier preparation and preventive action, and better resource allocation [and response (CAN)] in the early stages of outbreaks and emergencies (del NZ)] as requested in resolution WHA73.8 on strengthening preparedness for health emergencies: implementation of the IHR (2005); [reserve (CHN)]

[Parking lot until publication of report of IHR RC (Chair)]

OP6.8 Support countries, upon their request, in strengthening capacities to report on the information required under the IHR (2005), in particular under Articles 6-10, including the simplification and unification of reporting processes by States Parties and strongly encourage compliance with the IHR (2005), including reporting and sharing of information at the earliest possible stage of an outbreak of epidemic or pandemic potential in line with IHR Article 44 requiring States Parties to collaborate with each other, to the extent possible, in the detection and assessment of, and response to, events as provided under the Regulations;

OP6.13 Make proposals on the use of digital technologies, by WHO and IHR (2005) States Parties and, as appropriate, other stakeholders, to upgrade and modernize communication on health emergency preparedness and response, including for the improved implementation of IHR (2005) obligations, through the development of an interoperability framework for secure global digital health information exchange, and support measures to counter the spread of stigmatization, misinformation and disinformation;

OP6.14 Work together with Member States, the medical and scientific community, and laboratory and surveillance networks, to promote early, safe and rapid sample and genetic sequence data sharing of pathogens of pandemic and epidemic, or other high-risk, potential, taking into account the applicable principles of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity;

OP6.13 *bis* Support countries, upon request, in developing and implementing national response plans to health emergencies, by developing, disseminating and updating normative products and technical guidance, learning tools, data and scientific evidence for public health responses, to provide accurate, timely and evidence-based information;

OP6.15 In collaboration with Member States, strengthen WHO's capacity to independently and rapidly investigate and assess, in cooperation with FAO, OIE and UNEP, potential disease outbreaks, and other public health events, as early as possible, including by rapidly accessing, in collaboration with receiving Member States, outbreak areas for WHO-led teams and to systematically communicate the results of such assessments to Member States;

OP6.16. *bis* Ensure that the advice and support provided by WHO to Member States to improve pandemic preparedness and response to public health emergencies takes into account a consideration of different national circumstances and focuses, inter alia, on strengthening health systems;

OP6.16 In collaboration with Member States<sup>4</sup>, other international organizations, civil society and the private sector, and based on lessons learnt from the COVID-19 response and prior health emergencies, including experience in operationalizing the Access to COVID-19 Tools Accelerator, propose strategies to ensure rapid research development, production, and global equitable deployment of quality, safe, effective, and affordable medical and other countermeasures and commodities to respond to future health emergencies, and to prevent the use of mechanisms that limit the export of essential medical products to third countries to facilitate geographically distributed, resilient and scalable manufacturing and pandemic-related supply chains;

OP6.1 Strengthen the WHO's normative role, including by strengthening the technical capacity of WHE, the Chief Scientist's Office, and the data and analytics and delivery team, and further leveraging WHO Collaborating Centres and expert networks in order to enable WHO to rapidly disseminate high-quality, scientific, evidence-based timely, technical guidance that are practically applicable and tailored for country-level settings, and to make global expertise available to Member States, through all levels of WHO, including the WHO Academy;

OP6.22 *bis* Strengthen global, regional and country preparedness and response capabilities and capacities for health emergencies by enhancing engagement of relevant stakeholders at all levels;

OP6.21 *bis* Support efforts led by Member States to improve the transparency and effectiveness of UN system efforts on pandemic preparedness and response and work with the UN Secretary General and all multilateral partners to enhance system-wide coherence;

OP6.24 *alt* Strengthen the WHE's capacity to deliver in protracted crises and health emergencies in a humane, impartial, neutral and independent manner by:

- (a) reinforcing WHO's leadership and coordination of the Inter-Agency Standing Committee Health Cluster and its complementarity to existing humanitarian actors at the global and country levels,
- (b) strengthening WHE's capacities in emergency response at all levels, particularly at the country level,
- (c) prioritizing the needs of, and access to, vulnerable, marginalized and disaster- or crisis-affected populations, and
- (d) improving the geographical and gender balance of the membership of expert committees of the WHE;

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<sup>4</sup> And regional integration organisations as appropriate



OP6.16 *ter* Strengthen WHO communications to Member States in advance of and during public health emergencies, including through governing body meetings and the use of Member State briefings and direct communications to Member States' national focal points;

OP6.22 Strengthen effective, representative and transparent governance, communication and oversight mechanisms, including by strengthening the role of the Executive Board, that enable Member States to provide informed guidance to WHO's work, especially during health emergencies, and ensuring participation of Member States at different levels and structures of international health protection;

OP6.26 *bis* Strengthen WHO's efforts to prevent and address sexual exploitation and abuse and sexual harassment, including in humanitarian emergencies when sexual exploitation and abuse and sexual harassment may be at greater risk of occurring; (ref EB148(4))

OP6.21 Clarify and, as appropriate, strengthen the roles, nomination procedures and mandates of the IOAC and the Global Preparedness Monitoring Board in consultation with Member States [,including by supporting their greater independence of operation (US)];

OP6.23 Continue efforts to respond to and integrate recommendations of the IOAC into the systems, structures, planning, working methods and organizational culture of the WHE and WHO more broadly, including into the gender and geographical balance approach;

OP6.25 Extend the mandate of the IOAC to 2023;

OP6.18 Support the work of the Working Group on Sustainable Financing for WHO, established by the 148<sup>th</sup> session of the Executive Board, as an integral element of the process of strengthening WHO, and at the same time, increase the financial transparency and accountability at all levels of the Organization and based on the outcomes of its work:

(a) Increase efforts to broaden the donor base, including through the WHO Solidarity Fund and the WHO Foundation, while ensuring transparency and accountability and full Member States oversight of the process;

(b) Assess the role and strategy of the CFE, and consider implementing a sustainable funding and replenishment mechanism for it in coordination with the relevant funding mechanisms, including the World Bank's Pandemic Emergency Financing Facility (PEF) and the Central Emergency Response Fund (CERF), in responding to health emergencies;

OP6.26 Support the Intergovernmental Working Group on WHO Strengthening and Global Preparedness, by (a) convening it as frequently as necessary, (b) providing complete, relevant and timely information to the Working Group for its discussions; and (c) allocating the necessary resources for the Working Group to carry out its mandate, and provide information on anticipated cost and source of funding.

OP6.25 *bis* Present a report on the implementation of this resolution to the 75<sup>th</sup> World Health Assembly through the 150<sup>th</sup> session of the Executive Board.