

COVID-19 response

Draft resolution proposed by Albania, Australia, Azerbaijan, Bahrain, Bangladesh, Belarus, Bhutan, Bolivia (Plurinational State of), Brazil, Canada, Chile, China, Colombia, Cook Islands, Costa Rica, Djibouti, Dominican Republic, Ecuador, El Salvador, Fiji, Georgia, Guatemala, Guyana, Honduras, Iceland, India, Indonesia, Iraq, Jamaica, Japan, Jordan, Kiribati, Maldives, Marshall Islands, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Morocco, Nauru, Nepal, New Zealand, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, San Marino, Saudi Arabia, Serbia, Singapore, Sri Lanka, Thailand, the African Group and its Member States, the European Union and its Member States, Tonga, Tunisia, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland and Uruguay

The Seventy-third World Health Assembly,

Having considered the address of the Director-General on the ongoing COVID-19 pandemic,¹

PP1 Deeply concerned by the morbidity and mortality caused by COVID-19 pandemic, the negative impacts on physical and mental health and social well-being, the negative impacts on economy and society and the consequent exacerbation of inequalities within and between countries;

PP2 Expressing solidarity to all countries affected by the pandemic, as well as condolences and sympathy to all the families of the victims of COVID-19;

PP3 Underlining the primary responsibility of governments to adopt and implement responses to the COVID-19 pandemic that are specific to their national context as well as for mobilizing the necessary resources to do so;

PP4 Recalling the constitutional mandate of WHO to act, inter alia, as the directing and coordinating authority on international health work, and recognizing its key leadership role within the

¹ Document A73/3.

broader United Nations response and the importance of strengthened multilateral cooperation in addressing the COVID-19 pandemic and its extensive negative impacts;

PP5 Recalling the Constitution of WHO, which 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;

PP6 Recalling the declaration of a Public Health Emergency of International Concern on novel Coronavirus (2019-nCoV) on 30 January 2020 by the Director-General; and the temporary recommendations issued by the Director-General under the International Health Regulations (2005, IHR) upon the advice of the Emergency Committee for COVID-19;

PP7 Recalling the United Nations General Assembly resolutions A/RES/74/270 on “Global solidarity to fight the coronavirus disease 2019 (COVID-19)” and A/RES/74/274 on “International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19”;

PP8 Noting resolution EB146.R10 entitled “Strengthening Preparedness for Health Emergencies: implementation of the International Health Regulations (2005)” and reiterating the obligation for all Parties to fully implement and comply with the IHR;

PP9 Noting WHO’s Strategic Preparedness and Response Plan (SPRP) and the Global Humanitarian Response Plan for COVID-19;

PP10 Recognizing that the COVID-19 pandemic disproportionately affects the poor and the most vulnerable people, with repercussions on health and development gains, in particular in low- and middle-income and developing countries, thus hampering the achievement of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) including through the strengthening of Primary Health Care, and reiterating the importance of continued and concerted efforts, and the provision of development assistance, and further recognizing with deep concern the impact of high debt levels on countries’ ability to withstand the impact of the COVID-19 shock;

PP11 Recognizing further the negative impacts of the COVID-19 pandemic on health, including hunger and malnutrition, increased violence against women, children, and frontline health workers, as well as disruptions in care of older persons and persons with disabilities;

PP12 Emphasizing the need to protect populations, in particular people with pre-existing health conditions, older persons, and other people at risk of COVID-19 including health professionals, health workers and other relevant frontline workers, especially women who represent the majority of the health workforce as well as persons with disabilities, children and adolescents and people in vulnerable situations, and stressing the importance of age-, gender-responsive and disability-sensitive measures in this regard;

PP13 Recognizing the need for all countries to have unhindered timely access to quality, safe, efficacious and affordable diagnostics, therapeutics, medicines and vaccines, and essential health technologies, and their components as well as equipment for the COVID-19 response;

PP14 Noting the need to ensure the safe and unhindered access of humanitarian personnel, in particular medical personnel responding to the COVID-19 pandemic, their means of transport and equipment, and to protect hospitals and other medical facilities as well as the delivery of supplies and

equipment, in order to allow such personnel to efficiently and safely perform their task of assisting affected civilian populations;

PP15 Recalling resolution 46/182 of 19 December 1991 on the strengthening of the coordination of emergency humanitarian assistance of the United Nations and all subsequent General Assembly resolutions on the subject, including resolution 74/118 of 16 December 2019;

PP16 Underscoring that respect for international law, including international humanitarian law, is essential to contain and mitigate outbreaks of COVID-19 in armed conflicts;

PP17 Recognizing further the many unforeseen public health impacts, challenges and resource needs generated by the ongoing COVID-19 pandemic and the potential re-emergences, as well as the multitude and complexity of necessary immediate and long-term actions, coordination and collaboration required at all levels of governance across organizations and sectors, including civil society and the private sector, required to have an efficient and coordinated public health response to the pandemic, leaving no-one behind;

PP18 Recognizing the importance of planning and preparing for the recovery phase, including to mitigate the impact of the pandemic and of the unintended consequences of public health measures on society, public health, human rights and the economy;

PP19 Expressing optimism that the COVID-19 pandemic can be successfully mitigated, controlled and overcome through leadership and sustained global cooperation, unity, and solidarity;

OP1 Calls for, in the spirit of unity and solidarity, intensification of cooperation and collaboration at all levels to contain, control and mitigate the COVID-19 pandemic;

OP2 Acknowledges the key leadership role of WHO and the fundamental role of the United Nations system in catalysing and coordinating the comprehensive global response to the COVID-19 pandemic and the central efforts of Member States therein;

OP3 Expresses its highest appreciation of and support to the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals, health workers and other relevant frontline workers, as well as the WHO Secretariat, in responding to the COVID-19 pandemic;

OP4 Calls for the 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 required in the response to the COVID-19 pandemic as a global priority, and the urgent removal of unjustified obstacles thereto; consistent with the provisions of relevant international treaties including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;

OP5 Reiterates the importance of urgently meeting the needs of low- and middle-income countries in order to fill the gaps to overcome the pandemic through timely and adequate development and humanitarian assistance;

OP6 Recognizes the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end, once safe, quality, efficacious, effective, accessible and affordable vaccines are available;

OP7 Calls on Member States,¹ in the context of the COVID-19 pandemic, to:

OP7.1 Put in place a whole of government and whole of society response including through implementing a national, cross-sectoral COVID-19 action plan that outlines both immediate and long term actions with a view to sustainably strengthening their health system and social care and support systems, preparedness, surveillance and response capacities as well as taking into account, according to national context, WHO guidance, engaging with communities and collaborating with relevant stakeholders;

OP7.2 Implement national action plans by putting in place, according to their specific contexts, comprehensive, proportionate, time-bound, age- and disability-sensitive and gender-responsive measures across government sectors against COVID-19, ensuring respect for human rights and fundamental freedoms and paying particular attention to the needs of people in vulnerable situations, promoting social cohesion, taking necessary measures to ensure social protection, protection from financial hardship and preventing insecurity, violence, discrimination, stigmatization and marginalization;

OP7.3 Ensure that restrictions on the movement of persons and of medical equipment and medicines in the context of COVID-19 are temporary and specific and include exceptions for the movement of humanitarian and health workers, including community health workers to fulfil their duties and for the transfer of equipment and medicines required by humanitarian organizations for their operations;

OP7.4 Take measures to support access to safe water, sanitation and hygiene, and infection prevention and control, ensuring that adequate attention is placed on the promotion of personal hygienic measures in all settings, including humanitarian settings and particularly in health facilities;

OP7.5 Maintain the continued functioning of the health system in all relevant aspects, in accordance with national context and priorities, necessary for an effective public health response to the COVID-19 pandemic and other ongoing epidemics, and the uninterrupted and safe provision of population and individual level services, for, among others, communicable diseases, including by undisrupted vaccination programmes, neglected tropical diseases, noncommunicable diseases, mental health, mother and child health and sexual and reproductive health and promote improved nutrition for women and children, recognizing in this regard the importance of increased domestic financing and development assistance where needed in the context of achieving UHC;

OP7.6 Provide the population with reliable and comprehensive information on COVID-19 and the measures taken by authorities in response to the pandemic, and take measures to counter misinformation and disinformation and as well as malicious cyber activities;

OP7.7 Provide access to safe testing, treatment, and palliative care for COVID-19, paying particular attention to the protection of those with pre-existing health conditions, older persons, and other people at risk, in particular health professionals, health workers and other relevant frontline workers;

OP7.8 Provide health professionals, health workers and other relevant frontline workers exposed to COVID-19, access to personal protective equipment and other necessary commodities and

¹ And regional economic integration organizations as appropriate.

training, including in the provision of psychosocial support, taking measures for their protection at work, facilitating their access to work, and the provision of their adequate remuneration, consider also the introduction of task-sharing and task-shifting to optimize the use of resources;

OP7.9 Leverage digital technologies for the response to COVID-19, including for addressing its socioeconomic impact, paying particular attention to digital inclusion, patient empowerment, data privacy, and security, legal and ethical issues, and the protection of personal data;

OP7.10 Provide WHO timely, accurate and sufficiently detailed public health information related to the COVID-19 pandemic as required by the IHR;

OP7.11 Share, COVID-19 related knowledge, lessons learned, experiences, best practices, data, materials and commodities needed in the response with WHO and other countries, as appropriate;

OP7.12 Collaborate to promote both private sector and government-funded research and development, including open innovation, across all relevant domains on measures necessary to contain and end the COVID-19 pandemic, in particular on vaccines, diagnostics, and therapeutics and share relevant information with WHO;

OP7.13 Optimize prudent use of antimicrobials in the treatment of COVID-19 and secondary infections in order to prevent the development of antimicrobial resistance;

OP7.14 Strengthen actions to involve women's participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery;

OP7.15 Provide sustainable funding to WHO to ensure that it can fully respond to public health needs in the global response to COVID-19, leaving no one behind;

OP8 CALLS on international organizations and other relevant stakeholders to:

OP8.1 Support all countries, upon their request, in the implementation of their multisectoral national action plans and in strengthening their health systems to respond to the COVID-19 pandemic, and in maintaining the safe provision of all other essential public health functions and services;

OP8.2 Work collaboratively at all levels to develop, test, and scale-up production of safe, effective, quality, affordable diagnostics, therapeutics, medicines and vaccines for the COVID-19 response, including, existing mechanisms for voluntary pooling and licensing of patents to facilitate timely, equitable and affordable access to them, consistent with the provisions of relevant international treaties including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;

OP8.3 Address, and 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 support the timely provision of clear, objective and science-based data and information to the public;

OP9 REQUESTS the Director-General to:

OP9.1 Continue to work with the United Nations Secretary-General and relevant multilateral organizations, including the signatory agencies of the Global Action Plan for Healthy Lives and Well-Being, on a comprehensive and coordinated response across the United Nations system to support Member States in their responses to the COVID-19 pandemic in full cooperation with governments, as appropriate, demonstrating leadership on health in the United Nations system, and continue to act as the health cluster lead in the United Nations humanitarian response;

OP9.2 Continue to build and strengthen the capacities of WHO at all levels to fully and effectively perform the functions entrusted to it under the IHR;

OP9.3 Assist and continue to call upon all States' Parties to take the actions according to the provisions of the IHR, including by providing all necessary support to countries for building, strengthening and maintaining their capacities to fully comply with the IHR;

OP9.4 Provide assistance to countries upon their request, in accordance with their national context, to support the continued safe functioning of the health system in all relevant aspects necessary for an effective public health response to the COVID-19 pandemic and other ongoing epidemics, and the uninterrupted and safe provision of population and individual level services, for, among others, communicable diseases, including by undisrupted vaccination programmes, neglected tropical diseases, noncommunicable diseases, mental health, mother and child health and sexual and reproductive health and promote improved nutrition for women and children;

OP9.5 Assist countries upon request in developing, implementing and adapting relevant national response plans to COVID-19, by developing, disseminating and updating normative products and technical guidance, learning tools, data and scientific evidence for COVID-19 responses, including to counter misinformation and disinformation, as well as malicious cyber activities, and continue to work against substandard and falsified medicines and medical products;

OP9.6 Continue to work closely with the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and countries, as part of the One-Health Approach to identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts, including through efforts such as scientific and collaborative field missions, which will enable targeted interventions and a research agenda to reduce the risk of similar events as well as to provide guidance on how to prevent SARS-COV2 infection in animals and humans and prevent the establishment of new zoonotic reservoirs, as well as to reduce further risks of emergence and transmission of zoonotic diseases;

OP9.7 Regularly inform Member States, including through Governing Bodies, on the results of fundraising efforts, the global implementation of and allocation of financial resources through the WHO Strategic Preparedness and Response Plan (SPRP), including funding gaps and results achieved, in a transparent, accountable and swift manner, in particular on the support given to countries;

OP9.8 Rapidly, and noting OP2 of RES/74/274 and in consultation with Member States,¹ and with inputs from relevant international organizations civil society, and the private sector, as

¹ And regional economic integration organizations as appropriate.

appropriate, identify and provide options that respect the provisions of relevant international treaties, including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health to be used in scaling up development, manufacturing and distribution capacities needed for transparent equitable and timely access to quality, safe, affordable and efficacious diagnostics, therapeutics, medicines, and vaccines for the COVID-19 response taking into account existing mechanisms, tools, and initiatives, such as the Access to COVID-19 Tools (ACT) accelerator, and relevant pledging appeals, such as “The Coronavirus Global Response” pledging campaign, for the consideration of the Governing Bodies;

OP9.9 Ensure that the Secretariat is adequately resourced to support the Member States granting of regulatory approvals needed to enable timely and adequate COVID-19 countermeasures;

OP9.10 Initiate, at the earliest appropriate moment, and in consultation with Member States,¹ a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms,² as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, including (i) the effectiveness of the mechanisms at WHO’s disposal; (ii) the functioning of the IHR and the status of implementation of the relevant recommendations of the previous IHR Review Committees; (iii) WHO’s contribution to United Nations-wide efforts; and (iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic, and make recommendations to improve global pandemic prevention, preparedness, and response capacity, including through strengthening, as appropriate, WHO’s Health Emergencies Programme;

OP9.11 Report to the Seventy-fourth World Health Assembly, through the 148th session of the Executive Board, on the implementation of this resolution.

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¹ And regional economic integration organizations as appropriate.

² Including an IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.