



# **GHC Overarching Feedback on the Zero Draft of the Political Declaration of the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness, and Response**

*June 14, 2023*

## **Introduction**

Thank you for the opportunity to provide input to the *Zero Draft of the Political Declaration of the United Nations General Assembly (UNGA) High-level Meeting on Pandemic Prevention, Preparedness, and Response (PPPR)*.

Global Health Council is a coalition of more than 120 member organizations devoted to advancing global health priorities and improving health and well-being worldwide.

Global Health Council applauds the commitment of Member States to address PPPR through the Zero Draft of the UNGA declaration. However, we are concerned that the commitments laid out in the draft are merely lofty aspirations, without being backed by mechanisms required for success. Many provisions in the draft Declaration are positive, recognizing and affirming key points in global PPPR architecture. We are supportive of the inclusion of recognition of vaccine inequity, affirmation of key principles of equity and non-discrimination, support for the health workforce, strengthening One Health capacities, and support for the World Health Organization (WHO). However, there are very few, if any, concrete targets set. The Declaration is missing commitments to specific numbers or targets for national PPPR strategies.

We also applaud the recognition of the adverse impacts of climate change and environmental degradation on health, health emergencies, and health system resilience (PP25).

With input from a range of our diverse members, please find included in this document our section by-section overarching comments in response to the Zero Draft. Our line-by-line edits are included as an Appendix.

## **Section-by-Section Comments**

### **Equity**

- We recommend Member States accelerate PPPR by using the definition of universal health coverage (UHC) as detailed within the 2019 Political Declaration on the topic within OP3: “UHC implies that all people have access, without discrimination to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population” and continuing to ensure cohesion and complementarity with the 2023 Political Declaration on Universal Health Coverage text.
- We appreciate that the declaration starts out by identifying and prioritizing vulnerable populations and that it recognizes the disproportionate impact of pandemics on low- and



middle-income countries (LMICs). As a reminder, at the height of the SARS-CoV-2 pandemic, high-income countries stockpiled vaccines while LMICs were left without access to immunization despite their contributions to clinical trials and in the production of the said vaccines. The Declaration puts PPPR in the broader context of the Sustainable Development Goals, UHC, human resources for health capacity-building and retention, and other health system strengthening priorities. The Declaration highlights the fact that the pandemic emphasized a well-known fact – an epidemic anywhere is a potential pandemic everywhere. Member States must work together to better PPPR against public health emergencies of international concern. Specifically, Member States should commit to working with the WHO by sharing data in real time.

- In OP14, we recommend including language on not only innovative financing, but also sustainable research and development (R&D) financing to address pathogens of pandemic potential and also to advance efforts to end the continuing threats of AIDS, tuberculosis, malaria, neglected tropical diseases and the rising threat of antimicrobial resistance (AMR).
- The clauses relating to access to pandemic-related tools and products are strong. We call on Member States to retain this language and implement our suggestions to strengthen it further, namely to not only encourage voluntary licensing and technology transfer in the event of a pandemic threat. While we appreciate the reiteration of countries' ability to implement flexibilities provided in the TRIPS agreement, we recognize that often some countries wield influence to block other countries from implementing these flexibilities. To alleviate this pressure, the Declaration should explicitly call for access provisions in any and all R&D and purchasing agreements that utilize public investment.
- We applaud the frequent and explicit mention of equity, equality, and non-discrimination throughout the draft declaration and the inclusion of people with disabilities within PP3. ● We recommend that Member States accelerate PPPR by strengthening the language and specificity of vulnerable groups by including "persons with health conditions such as non-communicable diseases" within the definition in PP3 and OP4 as already recognized in the COVID Omnibus Resolution (A/RES/74/306). The COVID-19 pandemic has shown that the prevalence of underlying conditions, such as non-communicable diseases (NCDs), increases the vulnerability of populations to pandemics in high-income and low-income countries. It is estimated that 60-90% of COVID-19 mortalities are attributable to people who had one or more of these comorbidities. At the same time, emerging data suggests that people living with NCDs also experienced worse health outcomes from these existing conditions during pandemics as a result of service disruptions, delays, and cancellation of essential health services.
- We recommend clarifying that financing initiatives should be undertaken in partnership with governments to ensure rights-based and equitable solutions within PP17 and OP14. ● We recommend better aligning PPPR strategies by strengthening recognition of Small Island Developing States (SIDS) as being in a vulnerable situation due to their susceptibility to climate change by explicit recognition of the high burden of NCDs in these countries which contribute to their vulnerability (PP25).

## Global Governance

- The draft declaration centers global governance of PPPR through the WHO as the “directing and coordinating authority,” and recognizes its “leadership and centrality” on



global health matters. While we recognize and reaffirm WHO’s central role in the global health architecture, we know that consistent high-level political leadership is required to comprehensively address health emergencies. Therefore, we encourage Member States to improve global PPPR governance by exploring the development of a body that includes high-level political leadership within the UN General Assembly

- In OP20, we recommend including language emphasizing R&D integration to PPPR, for example by supporting the 100 Days plus mission.

### Leadership & Accountability

- We recommend that Member States engage civil society in PPPR by including provisions for civil society organizations’ engagement, including people living with NCDs, HIV, and other affected communities, in the planning and implementation of PPPR strategies at national, regional, and global levels given the proactive role that many civil society organizations (CSOs) took in providing care and supporting patients and communities throughout the pandemic (OP19, OP28).
- We recommend including language on the need for due regard to addressing, managing and redressing conflicts of interest, power imbalances, and undue influence given existing explicit mention of engaging private sector (OP14, OP19, OP23).

### Overarching Health & Related Issues

- We recommend including specific mention of the need to continue the provision of, and ensure access to, essential medical services across the continuum of care throughout pandemic response and recovery, specifically health promotion, prevention, diagnosis, treatment, rehabilitation, and palliative care for people living with chronic conditions, including NCDs within OP4, OP33, OP36, OP37. Building off OP37, we suggest a new paragraph highlighting this need to ensure provisions for people living with NCDs other than mental health conditions are recognized within the text.

### Health Workforce

- We applaud and support the strong language on health workers, including community health workers in the draft declaration, in PP21 and OP6, and in particular we think it is critical to keep OP25, OP30, and OP31.
- PPPR requires **investments in overall health workforce capacity, including public health and emergency workforce**. References to the workforce have to be holistic and include the clinical care workforce.
- We also suggest explicitly noting in the declaration that incorporating community health workers into national pandemic planning is critical to improving systems for the surveillance of emerging diseases to minimize risk.
- We have several proposed suggestions to strengthen the commitments on health workforce,

including gender parity, water, sanitation and hygiene, collecting data, and on international assistance and cooperation, which we have included in our line-by-line edits in the Appendix.

- We also propose a new paragraph to address migration of health workers because the current draft declaration only notes this issue with concern in OP30 and makes no commitment to take any action on it. So, we propose adapting language and citations on

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health worker migration that are included in the Zero Draft of the Political Declaration on UHC.

### Coordination & Integration

- We applaud the clear connection made between (PPPR with UHC and Primary Health Care (PHC), including recognition of the importance of the health workforce. Efforts related to PPPR must be supportive of the progressive realization of UHC as healthy populations and strong health systems will support resilience in the face of any future pandemic threat (PP22-23, OP: 3, 10, 24, 29, 30, 33).
- It is very important in this period, when the global health architecture is under discussion, that the world recognize both that working to end current epidemics is central to meaningful pandemic preparedness and UHC, and also that the AIDS, TB and malaria platforms (including the Global Fund) have much to contribute and are one useful pathway to pandemic preparedness and UHC.
- Missing from the Declaration overall, and in particular in the section on Overarching Health Related Issues, is recognition of and specific ways to commit countries to both learning from and building on the global responses to ongoing epidemics, including but not limited to, HIV/AIDS, TB, malaria, polio eradication efforts, and other neglected disease outbreaks such as Ebola, Marburg, and cholera, and AMR. This is a huge missed opportunity and is a clear indicator of the inability of the world to build on the existing health and community infrastructures, integrate responses, and avoid erecting isolated pillars in global health architecture. Many of the capacities indicated by PPPR monitoring frameworks exist in these responses and can be expanded and strengthened for broader pandemic preparedness purposes. In addition, the HIV/AIDS, TB, and malaria responses have taught us much about the need to center community-led responses and meaningfully engage civil society to achieve success and meet people where they are to prevent spread. The existing, ongoing responses should be the foundation for any future pandemic preparedness and response efforts and the exclusion of these responses is stark.
- We are pleased to see recognition of water, sanitation, and hygiene (WASH), including in healthcare facilities, for infection prevention and control and AMR prevention, and the need for universal access highlighted in PP28 of the draft. While this recognition is of critical importance, it would be ideal to accompany it with action propositions to Member States through an OP, we have suggested text which is very slightly adapted from the WHA resolution on WASH in healthcare facilities (WHA.72.7 OP2), which had its final report at WHA this year.
- Strengthening access to oxygen is a critical component of PPPR. We recommend language flagging this critical need throughout (including in OP2, OP11, and OP33), as well as including stronger language encouraging coordination and investment to strengthen oxygen

and respiratory care in LMICs.

- Unfortunately, the draft declaration includes no mentions of tuberculosis (TB). As a respiratory pathogen with a high risk of drug resistance that continues to affect vulnerable populations globally, there are many similarities between the steps Member States must take to strengthen PPPR and to end TB. Member States cannot afford to take a siloed approach to strengthening core public health functions needed to reinforce PPPR, and by aligning action on PPPR and TB, Member States can ensure core respiratory systems deliver impact on a daily basis and are action-ready in the event of a novel outbreak.

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Additionally, there is strong UN precedent for language which speaks to the importance of aligned action on multiple health priorities.

- The COVID-19 pandemic highlighted deficiencies in emergency, critical, and operative care services especially in LMICs. Emergency, critical, and operative care services are indispensable components of healthcare and by extension pandemic prevention, preparedness, and response. Lack of access to emergency and critical care was responsible for excess morbidity and mortality during the COVID-19 pandemic. Recognizing the contributions of surgery, emergency, critical, and operative care to the attainment of the Sustainable Development Goals, the declaration should recognize the contributions of surgery, obstetrics, trauma, and anesthesia to the COVID-19 pandemic response and for future pandemic prevention, preparedness, and response. There are unique capacities involved in surgical, obstetric, trauma and anesthesia care that enable rapid redeployment for emergency and critical care, in particular capacities associated with the workforce, facilities, equipment, and supply chains.

#### Prevention

- We welcome the inclusion of principle PP24, and provisions OP34 and OP35, which recognize the importance of a One Health approach and commit Member States to address the drivers of zoonotic spillover (primary prevention). The draft declaration is, however, strongly focused on actions to contain outbreaks (secondary prevention, preparedness, and response). While these actions are crucial, primary prevention of pandemics by reducing the risk of spillover is equally crucial and needs to be equally emphasized. *We believe the draft could better reflect primary prevention priorities by i) explicitly mentioning the drivers of spillover, including land use change (particularly deforestation), commercial wildlife trade and markets, weak animal health systems and management, and climate change, and ii) recognizing the crucial role of spillover prevention to achieve global health equity.*

#### Surveillance Systems

- We recommend a stronger focus on surveillance systems and language that calls for surveillance systems that can monitor and test for multiple diseases and emerging threats and prioritize existing threats, like AMR.

#### Research & Development

- We are pleased to see a strong focus on the need for continued R&D for new tools to address emerging health issues. We are also pleased to see the clear link to strengthening

the R&D ecosystem to promote access, particularly in LMICs to products, with a strong focus on strengthening manufacturing capacity in LMICs.

- We are pleased to see the strong focus on strengthening manufacturing in LMICs, however without parallel focus on strengthening national and regional regulatory systems, we are concerned products will not ultimately reach the people for whom they are intended. We recommend adding language to recognize the critical role of regulatory systems in supporting access to safe and effective products, and calling for national and regional regulatory bodies to be strengthened as a critical component of supporting access to products.
- We welcome the recognition of the vital role of diagnostics as a core pillar of pandemic prevention, preparedness, and response contained within the draft declaration. Following

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the landmark adoption of the Resolution on Strengthening Diagnostics Capacity during WHA this year, it is crucial that countries are given adequate support to implement the recommendations of the resolution and develop strong diagnostic systems.

### **Financing & Investments**

- Member States must commit to mobilizing additional financing (both resources for existing funding mechanisms such as the Pandemic Fund and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and for surge financing mechanisms, including but not limited to the WHO Contingency Fund for Emergencies, and baseline preparedness capacities. The Declaration would be strengthened overall with such targets and would do much more to move the world's ability to prepare and respond, providing specific commitments to which civil society and communities can hold countries accountable.
- We recommend that Member States invest in PPPR by clarifying that mobilization of public resources as financing for PPPR should be rooted in UHC and PHC initiatives aimed at health system strengthening and resilience-building measures within OP39.

### **Follow Up**

- We are supportive of the proposed follow-up measures.
- It is critical that Member States come together to affirm their commitment to the needed leadership and coordination at the highest level in order to ensure the alignment and acceleration of pandemic prevention, preparedness and response.



*Appendix to GHC Overarching Feedback on the Zero Draft of the Political Declaration of the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness, and Response (June 14, 2023)*

## **ZERO DRAFT**

### **Political Declaration of the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response**

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 20 September 2023, with a dedicated focus for the first time on pandemic prevention, preparedness and response, affirm that pandemics call for timely, urgent and continued leadership, global solidarity, multilateral commitment and cooperation among Member States and with relevant United Nations entities and other relevant international organizations, to implement robust global, regional, national and local actions, driven by equity and the respect for human rights, to strengthen pandemic prevention, preparedness and response, and fully address the direct and indirect consequences of current and future pandemics, and in this regard we: [\(Based on A/RES/74/2 and A/RES/76/301\)](#)

PP1. Recognize that a pandemic situation is extraordinary in nature and that the devastation caused by the COVID-19 pandemic has brought urgency to efforts to strengthen the way countries and the world prepare for, prevent and respond to pandemics and health emergencies; [\(Based on WHA A76/10 PP1\)](#)

- PP2. Recognize also that the COVID-19 pandemic is one of the greatest global challenges in the history of the United Nations, and noting with deep concern its impact on health and the loss of life, mental health and well-being, as well as the negative impact on global humanitarian needs, on gender equality and the empowerment of all women and girls, the enjoyment of human rights and across all spheres of society, including on livelihoods, food security and nutrition, and education, the exacerbation of poverty and hunger, disruption to economies, trade, societies and the environment, and the exacerbation of economic and social inequalities within and among countries; (Based on [A/RES/77/275 PP13](#))
- PP3. Express concern that the emergence and re-emergence of epidemic-prone diseases continues to accelerate, and recognize that the COVID-19 pandemic has a disproportionate impact on low and middle-income countries as well as people living in poverty, women and girls, migrants, refugees, internally displaced persons and persons with disabilities, as well as those who are vulnerable or in vulnerable situations, with repercussions on health and development gains, thus hampering the achievement of the Sustainable Development Goals; (Based on [A/RES/77/275 PP5](#))
- PP4. Express concern also that the inequities in access to COVID-19 [products, including therapeutics, vaccines, diagnostics, and other medical tools](#), are stark, with 22% of the population fully vaccinated in lower-income economies compared to 75% in high-income economies, as of 19 December 2022; (Based on [WHA A76/6](#))

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- PP5. Express concern further that during the height of the COVID-19 pandemic, 92% of Member States reported disruptions to almost half of essential health services monitored (45% of services disrupted on average), and three years into the COVID-19 pandemic, 84% of countries continued to report disruption to at least one essential health service (23% of services disrupted on average); ([WHA A76/6, OP12](#))
- PP6. Express concern further that the COVID-19 pandemic has reversed years of progress made in many areas, with the latest available data suggesting that continued disruptions have affected health systems and health outcomes worldwide and evidence of its full impact will emerge in years to come. [and recognize that robust and resilient health services are core to delivering on the Sustainable Development Goals, including ending tuberculosis, advancing universal health coverage and contributing to effective pandemic prevention, preparedness, and response, while recognizing the opportunity for alignment and synergies that the three high-level meetings on pandemic preparedness, prevention and response, universal health coverage and on ending tuberculosis present](#); (Based on [WHA A76/37](#))
- PP7. Express concern that there remains a fundamental mismatch between the scale and speed at which funds are required to finance large-scale operations and ensure equitable and timely access to pandemic related



products during global and regional health emergencies ([WHA A76/10, PP22](#))

- PP8. Recognize the need to build trust within and between countries and strengthen political will to capitalize on the momentum from the COVID-19 response by turning temporarily scaled up capacities into permanent capacities, agendas and networks by building on lessons learned and best practices and welcome international frameworks for international cooperation and global solidarity; ([New language](#))
- PP9. Note with appreciation the progress made in the work of the Intergovernmental Negotiating Body, which is drafting and negotiating a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, and the working group on the International Health Regulations that is considering amendments to the International Health Regulations (2005), mindful that the decisions under such processes will be made by the World Health Assembly; ([A/RES/77/275, Verbatim PP12](#))
- PP10. Reaffirm political will at the national, regional and international levels to prevent, prepare for and respond to pandemics, and promote international cooperation and global solidarity for advancing health systems resilience and recovery, informed by and aligned with the work of the Intergovernmental Negotiating Body and of the Working Group on Amendments to the International Health Regulations (2005); ([Based A/RES/77/275, OP5](#))
- PP11. Recognize that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries,

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regions and populations, still remain and demand persistent and urgent attention; ([A/RES/76/301, Verbatim PP 7](#))

- PP12. Recognize also the need to tackle health inequities and inequalities, within and among countries, through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health and ensure that no one is left behind, with an endeavor to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equity, equality and non-discrimination; ([Based on A/RES/74/2, OP11 and OP70](#))
- PP13. Recognize further that, through the adoption of the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, we supported research and development of vaccines and medicines, as well as preventive measures and treatments for communicable and non-communicable diseases, in particular those that disproportionately impact developing countries; ([A/RES/77/275, Verbatim PP3](#))

- PP14. Note that the local production of medicines and other health technologies is a critical development to provide for greater sustainability of supply chains, especially in public health emergencies; (WHA 74.6, Verbatim PP16)
- PP15. Recognize the need to support developing countries in building expertise and in developing local and regional manufacturing capacities for tools, including by building on efforts under the COVID-19 Vaccine Global Access (COVAX) Facility, and RDT manufacturing investments in coordination with G20 and FIND, including by establishing mechanisms to ensure transfer of technology, such as building on efforts of the WHO mRNA Technology Transfer hub, with a view to developing improved global, regional and local manufacturing, handling and distribution capacities while further enabling the increased use of health technologies and the digital transformation of health and community systems; (Based on A/RES/76/257, Verbatim PP17)
- PP16. Recognize also 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; (WHA74.7 PP26)
- PP17. Recognize further the important role played by the private and public sector, and the role of public finance, in research and development of innovative medicines, encourage the use, where appropriate, of alternative financing mechanisms for research and development as a driver of innovation for new medicines and new uses for medicines and continue to support voluntary initiatives and incentive mechanisms that recognize pandemic-related health products as global public goods and separate the

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cost of investment in research and development from the price and volume of sales; commit to ensuring equitable access to the outputs of publicly funded R&D by people who need it most, particularly in low and middle-income countries, to facilitate equitable and affordable access to new tools and other results to be gained through research and development; (Based on A/RES/74/2, Verbatim PP53)

- PP18. Recognize further the potential of digital health technologies in strengthening secure communications in health emergencies, implementing and supporting public health measures and bolstering 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; (WHA 74/7, PP31)
- PP19. Recognize further the critical role of and efforts made by health workers, 70 per cent of whom are women, yet face a 24 percentage point pay gap compared to men across the health and care sector, and other community health workers, front-line health workers, and other essential workers, including

humanitarian personnel, around the world aimed at addressing pandemics through measures to protect the health, safety and well-being of people, and emphasizing the importance of providing health and other essential workers with the necessary protection and support; (A/RES/75/157, PP16)

PP20. Recognize further the need to take necessary steps at the country level to protect health and care workers from all forms of harm, violence, attacks, harassment and discriminatory practices, and to promote their decent and safe working environment and conditions at all times, as well as ensure health and care workers' physical and mental health; (A/RES/74/2, Verbatim OP64)

PP21. Recognize further the need to invest in training, developing, recruiting and retaining a skilled health workforce, including doctors, nurses, midwives and community health workers, as fundamental to strong and resilient health systems to prevent, prepare and respond to pandemics and health emergencies, and improve working conditions and management of the health workforce to ensure the safety of health workers; (Based on WHO EB152(5) PP8 & PP9 + SDG3.c)

PP22. Recognize further the fundamental role of primary health care in preventing, preparing and responding to pandemics, through achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana, and further recognize that primary health care, including community-based services, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, noting that primary health care and health services should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, noting the work of the World Health Organization on the operational framework for primary health care; (Based on A/RES/74/2 OP13 and OP46, and WHO EB152(5) PP5)

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PP23. Recognize also that primary health care can contribute to raising public awareness and addressing misinformation and disinformation, including during public health emergencies, and in preventing, preparing for and responding to infectious disease outbreaks; (Based on A/RES/77/287, PP13)

PP24. Recognize further the need to strengthen epidemic prevention by sharing experience and best practices, and to raise the level of preparedness, including early warning systems, in order to have the earliest and most adequate response to any epidemic that may arise, and recognizing also the value of an integrated One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors; (A/RES/76/301, Verbatim PP12)

PP25. Recognize further the consequence of the adverse impact of climate change, natural disasters, extreme weather events as well as other environmental determinants of health, such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter, and in this regard underscore the need to foster health in climate change adaptation efforts, underlining that resilient and people

centered health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations, particularly those living in small island developing States; (A/RES/74/2, OP15)

PP26. Recognize further the impact of pandemics on the mental health and well-being of all and call for the development and strengthening of timely and quality provision and continuity of comprehensive and integrated mental health services and psychosocial support, as part of a broader whole-of-government and whole-of-society approach; (New language)

PP27. Express concern that the disruptions to routine immunization services: 25 million children under the age of 5 missed out on routine immunization in 2021 alone, and in this regard emphasize that routine immunization plays a crucial role in preventing outbreaks and future pandemics, while laying the infrastructure for effective and equitable vaccine delivery during health emergencies, and that investing in routine immunization, particularly for children, is one of the most efficient and cost-effective healthcare interventions with the greatest reach and demonstrated health outcomes, (New language/statistics from WHA A76/6, PP13 )

PP28. Recognize further that hygiene, including hand hygiene, and access to adequate water and sanitation services, including in health facilities are essential for preventing the emergence and spread of infectious diseases, including infection prevention and control and antimicrobial resistance reduction, that can have a negative impact on the enjoyment of all human rights, and highlighting in this regard the importance of urgent universal and equitable access to safe drinking water and sanitation, including through enhanced investment, as a crucial aspect of pandemic preparedness and response; (Based on A/RES/76/153 and A/RES/77/287 PP12)

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PP29. Welcome the launch of the Pandemic Fund in November 2022, to strengthen national health emergency preparedness, response and resilience in low-income and middle-income countries and recall that financing effective national, regional and global health emergency preparedness will require approximately US\$ 30 billion per year, outside current Official Development Assistance levels, of which \$10.5 billion per year is needed in global contributions, recognizing the need for countries to contribute according to their capacity and implementing the “all contribute, all benefit, all decide” principles of Global Public Investment; (WHA A76/10, PP19, WHA A76/10, PP17)

PPXX. Recognize that healthy relationships between people, animals and the environment are key to preventing spillover events that lead to pandemics;

PPXX. Recognize that preventing pandemics at the source by reducing the risk of spillover is significantly less costly than responding to pandemics once they have emerged, with numerous societal and environmental co-benefits, and is critical to achieve global health equity;

PPXX. Recognize the need for more integrated and increased funding from all sources, including international public finance, to address the interlinked challenges of pandemics, biodiversity loss and climate change, including investment to minimize risks of zoonotic spillover and subsequent pandemics;

PPXX. Recognize that availability of emergency, critical, and operative care services as part of primary health care and universal health coverage is essential for pandemic prevention, preparedness, and response, and that limited access to intensive care unit capacity, oxygen therapy, and anesthesia resulted in excess death and disability;

PPXX. Express concern regarding the impact of COVID-19 on the global effort to end tuberculosis in particular, with the first increase in incidence and mortality in over a decade due to widespread disruption of core services, recognizing the particular intersection of existing and novel respiratory pathogens and the critical role that national tuberculosis programs played during the pandemic in mobilizing health and research infrastructure, workforce, community-led systems and expertise to respond to COVID-19, and in this regard emphasize the importance of leveraging alignment and synergies in efforts to strengthen pandemic prevention preparedness and response and to end TB moving forward, noting the outcome of the UN High-Level Meeting on ending tuberculosis;

PPXX. As part of pandemic preparedness, we recommit to ending the epidemics of AIDS, tuberculosis and malaria, recognizing that these disease-focused programs played a crucial role in helping countries respond to COVID-19 and are critical assets to pandemic preparedness, stronger health systems and universal health coverage.

## CALL TO ACTION

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We therefore commit to scale up our efforts to strengthen pandemic prevention, preparedness and response and further implement the following actions:

### **EQUITY**

- OP1. Strengthen international collaboration and coordination at the highest political levels with the determination to reduce inequities and increase the fair, equitable and timely access to, and strengthening of capacities for pandemic prevention, preparedness and response; (New language)
- OP2. Ensure the timely, sustainable and equitable access to pandemic -related products, including vaccines, diagnostics, therapeutics, and oxygen, and recognize the need to strengthen and accelerate regulatory processes and guidance adoption and dissemination activities at the World Health Organization and to facilitate countries reliance upon and adoption of the same, and call on the World Health Organization to coordinate this with relevant partners, ensuring coherence with the ongoing discussions of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International

- OP3. Call for equity, social justice and social protection mechanisms to ensure universal and equitable access to quality health services without financial hardship for all people, particularly for those who are vulnerable or in vulnerable situations, as well as the elimination of the root causes of discrimination and stigma in health-care settings; [\(Based on A/RES/74/2, OP14\)](#)
- OP4. Address the particular needs and vulnerabilities of children, youth, persons with disabilities, people living with HIV/AIDS, [people affected by tuberculosis](#), older persons, migrants, refugees, internally displaced persons and indigenous peoples, which may include assistance, health care and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities; [\(Based on A/RES/74/2, OP71 and A/RES/76/257, OP5\)](#)
- OP5. Ensure that mental health and well-being of health workers are addressed [through prioritization and budgetary support](#), especially for women at the forefront who manage heavy workloads during pandemics, including patient surges, unpaid care, domestic support and long working hours during pandemics and health emergencies; [\(New language\)](#)
- OP6. Also ensure that health workers, including community health workers, are appropriately compensated, and are granted safe and decent work conditions, [including access to water, sanitation and hygiene](#), with adequate protections including gender responsive workplace policies that ensure equal pay for equal work or work of equal value and protect health workers, particularly women, from sexual harassment, exploitation and abuse; [\(New language\)](#)
- OP7. Ensure further the safe, timely and unhindered access of humanitarian personnel and medical personnel responding to pandemics, as well as their means of transport, supplies and equipment [through](#)

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- [international agreements to lift restrictions on international movement of personnel and relevant materials, including visa requirements, tariffs, and import restrictions](#), and to support, facilitate and enable transportation and logistical supply lines, in order to allow such personnel to efficiently and safely perform their task of assisting affected populations; [\(Based on A/RES/77/31, OP6\)](#)
- OP8. In accordance with international humanitarian law, respect and protect, in situations of armed conflict, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities, which must not be unlawfully attacked, and ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required; [\(A/RES/74/2, verbatim OP75\)](#)
- OP9. Commit to [reaching gender parity in strengthen women's leadership and in](#) decision-making processes, to mainstream a gender perspective into all policies and programmes, including in budgetary responses; [\(Based on A/RES/75/157, OP2\)](#)

- OP10. Call upon Member States to take all measures necessary to ensure the right of women and girls to the enjoyment of the highest attainable standard of health, including sexual and reproductive health, and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, and to develop sustainable health systems and social services, with a view to ensuring universal access to such systems and services without discrimination; ([A/RES/75/157](#), [Verbatim OP8](#))
- OP11. Promote equitable distribution of and increased access to quality, safe, effective, affordable and essential medicines, including generics, vaccines, diagnostics, [oxygen](#), and health technologies, to ensure affordable quality health services and their timely delivery; ([A/RES/74/2](#), [Verbatim OP49](#))
- OP12. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products; ([A/RES/74/2](#), [Verbatim OP51](#))
- OP13. Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the World Trade Organization Doha Declaration on the TRIPS

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Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices, while noting the discussions in the World Trade Organization and other relevant international organizations, including on innovative options to enhance the global effort towards the production and timely and equitable distribution of COVID-19 vaccines, therapeutics, diagnostics and other health technologies, including through local production; ([A/RES/76/257](#), [Verbatim PP20](#))

- OP14. Explore, encourage and promote a range of innovative incentives and financing mechanisms for health research and development, including a stronger and transparent partnership between the public and the private sectors as well as academia, acknowledging the important role played by the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, affordability, effectiveness, efficiency, equity and considered as a shared

responsibility, as well as appropriate incentives in the development of new health products and technologies; (Based on A/RES/74/2, OP52 and OP53)

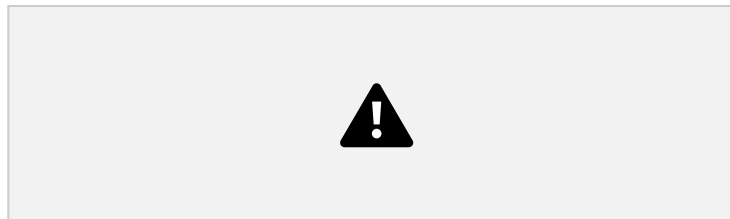
OP15. Promote the transfer of technology and know-how and, encourage research, innovation and commitments to voluntary licensing, where possible, in agreements where public funding has been invested in research and development for pandemic prevention, preparedness and response, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to [diversified](#) vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements [and through investment in resilient, sustainable, and diverse supply chains](#); (A/RES/76/257, Verbatim OP11)

OP16. Address the need for removing trade barriers, strengthening supply chains, and facilitating the movement of medical and public health goods, especially during pandemics and health emergencies among and within countries, including through appropriate waivers; (New language)

OP17. Call to ~~ensure~~[improve](#) timely and equitable access to quality, safe, effective and affordable vaccines, therapeutics, diagnostics and other health technologies, inter alia, through building capacity for local and regional production, especially in low- and middle-income countries, technology transfer on mutually agreed terms, cooperation with, support to and the development of voluntary patent pools and other voluntary initiatives, such as, [but not limited to](#), the World Health Organization COVID-19 Technology Access Pool, [the World Health Organization mRNA Technology Transfer Hub](#), and the Medicines Patent Pool, and promoting generic competition in line with the World Health Organization road map for access to medicines, vaccines and other health products, 2019–2023; (Based on A/RES/76/257, Verbatim PP21)

## **GLOBAL GOVERNANCE**

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OP18. Strengthen international collaboration and coordination for pandemic prevention, preparedness and response at the highest political level to accelerate efforts to ensure international, national, regional and local readiness for future pandemics and health emergencies; (New language)

OP19. Commit to promote the full potential of the multilateral system and call upon the relevant entities of the United Nations development system, within their respective mandates, primarily the World Health Organization, as the directing and coordinating authority on international health work in accordance with its Constitution, as well as the reinvigorated resident coordinators and the United Nations country teams, within their respective mandates, as well as other relevant global development and health actors, including civil society, the private sector and academia, to assist and support countries in their efforts to achieve pandemic prevention, preparedness and response at the national level, in accordance with their respective national contexts, priorities and competences; (Based on



OP20. Call for the integration of a multisectoral approach towards pandemic prevention, preparedness and response, given the multifaceted consequences of pandemics; (Based on A/RES/77/275, OP2)

OP21. Commit to a fully supported World Health Organization with the authority, independence and funding required to support countries to minimize the risks of health emergencies, and to mitigate their consequences and recognize the leadership and centrality of the World Health Organization on global health matters within the broader United Nations response; (New language)

OPXX. Commit to ensuring a whole-of-society and whole-of-government approach to preventing, preparing for, and responding to pandemic outbreaks, through exploring the development of a high-level council comprised of regional representatives of heads of government, together with representatives from civil society, academia and the private sector, to make decisions regarding prevention, preparedness and response actions including necessary commitments, mobilization of funds, monitoring of progress, and incentives for compliance.

## **LEADERSHIP AND ACCOUNTABILITY**

OP22. Reaffirm the multilateral goal of solidarity alongside national sovereignty, and the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own paths towards pandemic prevention, preparedness and response, in accordance with national contexts and priorities, which is critical for minimizing public health hazards and vulnerabilities as well as delivering effective prevention, surveillance, early warning, response and recovery in health emergencies; (Based on A/RES/74/2 OP6 and A/RES/76/257 PP6)

OP23. Provide strategic leadership at the national level for the achievement of pandemic prevention, preparedness and response by strengthening legislative and regulatory frameworks, promoting greater

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policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect people from pandemics and health emergencies, and comprehensively address social, economic and environmental and other determinants of health by working across all sectors through a whole-of-government and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive, integrated and whole-of-society action and response; (Based on A/RES/74/2, OP57 and OP59)

OP24. Commit to prioritizing pandemic prevention, preparedness and response in national agendas, with full respect for human rights, to ensure a whole-of-government and whole-of-society approach, to achieve universal health coverage with primary health care as its cornerstone, which is fundamental to realizing the 2030 Agenda for Sustainable Development, to build resilient health systems able to maintain essential public health functions, services and access to these, to support and protect the health workforce, and to institute social and economic support that can sustain the widespread uptake

of public health measures; (A/RES/76/257, Verbatim OP3)

OP25. Recognize that emergency coordination must be embedded in strengthened national health systems and linked to multiple sectors and systems, be enacted by a well-resourced and protected [health and care workforce, including public health and emergency workforce](#); underpinned by [disaggregated data, integrated analytics, research and innovation, be informed by dynamic assessments and monitoring of threats, vulnerabilities and functional capabilities, including collection of relevant data, disaggregated by gender and age, on health worker location, capability, vaccination status, infections, deaths and resignation](#), and have strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing, preventing, detecting, responding and recovering; (WHA A76/10, OP45)

OP26. Commit to strengthening objective, evidence-based and multisectoral monitoring and accountability for required action and results for pandemic prevention, preparedness and response; (New language)

OP27. Encourage fair, equitable and timely sharing of benefits of pathogens with pandemic potential, including genomic sequences and information, through a multilateral system, and the sharing of benefits arising from their use, including data, knowledge, innovations and tools and taking into account relevant national and international laws, regulations, obligations and frameworks, including the International Health Regulations, the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, and the Pandemic Influenza Preparedness Framework, and also mindful of the work being undertaken in other relevant areas and by other United Nations and multilateral organizations or agencies, particularly the ongoing work of the International Negotiating Body and Working Group on Amendments to the International Health Regulations (2005) in Geneva; (New language)

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OP28. Recognize the need to strengthen relevant stakeholder participation, ensure ownership and sustainability, while including those most affected by health emergencies, by integrating communities in global health governance processes, through transparent information-sharing and inclusive processes; (New language)

OP29. Resolve to address the global shortfall of health workers in accordance with the Global Strategy on Human Resources for Health: Workforce 2030 by investing in education, employment and retention, [addressing root causes of health worker departure from service, and](#) strengthening the institutional capacity for health workforce governance, leadership and planning, and protecting all health workers from all forms of violence, attacks, harassment and discriminatory practices, while recognizing that health and care worker safety and patient safety are inseparably connected; (Based on A/RES/74/2 OP60 + SG Report on UHC, advanced version + WHO Technical Brief on Health and Care Workers)

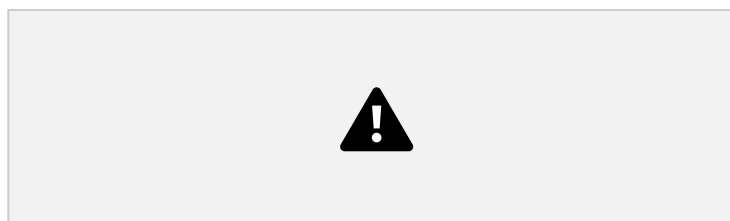
OP30. Call to further strengthen cooperation to train, develop and retain a [well-planned and distributed skilled health workforce](#), which is an important element of strong and resilient health systems, as part of health emergency prevention and preparedness strategies, guided by target 3.c of the 2030 Agenda, [including through financial and technical support, international assistance and cooperation, in particular to developing countries, in order to strengthen and sustain a skilled and competent health workforce](#), and notes with concern that highly trained and skilled health personnel from developing countries continue to emigrate at an increasing rate to certain countries, which weakens health systems in countries of origin; (A/RES/76/257, Verbatim OP6)

OP31. [Commit to robust and well-planned health workforce teams, including community health workers, to continue to scale up efforts and strengthen cooperation to promote the training, development, recruitment and retention of competent, skilled and motivated health workers, including community health workers and mental health professionals, guided by target 3.c of the 2030 Agenda; \(Based on A/RES/72/4, OP62\)](#)

OP32. Take measures to address the negative impact of misinformation and disinformation on public health measures as well as people's physical and mental health, and to counter mis- and dis-information, especially on social media platforms, in the context of pandemic prevention, preparedness and response and to foster trust in health systems and vaccine confidence, while recognizing that the effective engagement of stakeholders requires access to timely and accurate information; (WHA 74.7, OP32)

[OPXX.Operationalize transparency and accountability for pandemic prevention, preparedness and response through an independent and objective oversight body for monitoring and verification of compliance with binding obligations to the pandemic agreement, a corresponding structure of incentives and disincentives tied to compliance, issued by a high-level council.](#)

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[OPXX.Commit to supporting equitable distribution and availability of health workers for pandemic preparedness, response and recovery by observing all provisions of the World Health Organization Global Code of Practice on International Recruitment of Health Personnel, avoiding active recruitment from the 55 countries facing the most severe health workforce vulnerabilities, while ensuring that bilateral labor agreements entail proportional benefit for both countries of origin and destination and protect migrant health workers; \(Based on A/RES/74/2 Paragraph 62 + updated with A/RES/76/257 OP6 and WHO Technical Brief on Health and Care Workers\)](#)

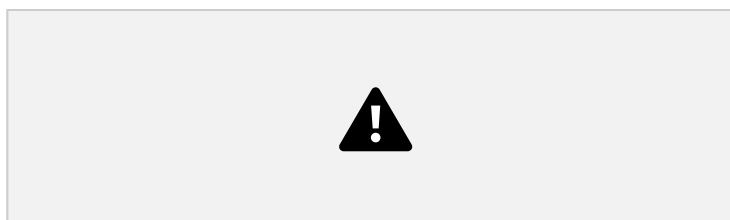
[OPXX.Commit to align efforts to strengthen pandemic prevention, preparedness and response with efforts to end tuberculosis and strengthen core public health functions, noting significant opportunities for dual impact across the prevention, detection and response to novel and already prevalent respiratory](#)

[pathogens, and commit to involving relevant stakeholders in the conception, planning and delivery of National Health Security Action Plans, diagnostic strategies and other national, regional and global policy frameworks, with the aim of ensuring greater efficiency and alignment.](#)

## **OVERARCHING HEALTH RELATED ISSUES**

- OP33. Continue strengthening national, regional and local health systems by advancing universal health coverage and universal access to affordable quality essential health services, which will enhance their pandemic prevention, preparedness and response, with a focus on primary health care, as well as the availability, accessibility and affordability of quality health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics, [oxygen](#), and health technologies; (A/RES/76/257, Verbatim OP4)
- OP34. Strengthen pandemic prevention by sharing experience and best practices, and to raise the level of preparedness, including early warning systems, in order to have the earliest and most adequate response to any pandemic that may arise, and recognizing also the value of a One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors, including through collaboration among the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme, and look forward to the high-level meeting on antimicrobial resistance to be held in 2024; (Based on A/RES/77/275, PP16)
- OP35. Call for international cooperation and coordination, to ensure support in building national and community level One Health capacities, enable rapid diagnostics of drivers of outbreaks in animals of zoonotic potential, support communities in transitioning away from high-risk practices and towards other sources of livelihood to support in preventing and mitigating any outbreaks in animals, the environment and humans during both inter-pandemic and pandemic times; (New language)

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- OP36. Commit to utilizing innovative technologies, including remote mental health services through promoting equitable access to telemedicine and other essential and cost-effective technologies, when feasible, in the context of the COVID-19 pandemic and beyond, and considering the lasting impacts of pandemics; (New language)
- OP37. Call on national emergency committees, health care providers, relevant organizations and other stakeholders to include mental health, well-being and psychosocial support needs in prevention, preparedness and response plans with due attention to the longer-term funding required to build or rebuild community-based, resilient mental health services after pandemics and health emergencies; (New language)

OP38. Call also for the improvement of routine immunization, vaccination and outreach capacities, including by providing evidence-based information on countering vaccine hesitancy, and expand vaccine coverage to prevent outbreaks as well as the spread and re-emergence of communicable diseases, including for vaccine-preventable diseases already eliminated as well as for ongoing eradication efforts, such as for poliomyelitis; (Based on A/RES/74/2, OP31)

OPXX. Invite international, regional and local partners to raise the profile of and accelerate progress on safe water, sanitation and hygiene for infection prevention and control, particularly in health care facilities, in health strategies and in flexible funding mechanisms, and thereby direct efforts towards strengthening health systems as a whole as a crucial aspect of pandemic preparedness and response: (Based on WHA 72.7. OP2)

OPXX. Recognize that equitable access to diagnostic testing and surveillance is integral to early warning systems for threats of epidemic and pandemic potential and call for continued investment in and development of diagnostics tools, infrastructure and capacity at national, regional, and global levels, including R&D, manufacturing, and genomic surveillance, particularly at the primary health care level in low- and middle-income countries and ensure maintenance of this capacity for future pandemics, with complementary development of coordinated information and data sharing systems to adequately ensure early identification of and rapid response to current and future outbreaks;

OPXX. Call for the improvement of integrated emergency, critical, and operative care as part of a primary health care-oriented approach to preparedness for health emergencies, and commit to strengthening surgical, obstetric, trauma, and anesthesia care as part of universal health coverage.

## **FINANCING AND INVESTMENTS**

OP39. Mobilize domestic public resources as the main source of financing for pandemic prevention preparedness and response, through political leadership, consistent with national capacities, and expand

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pooling of resources allocated to health, identify new sources of revenue and improve the efficiency of public financial management; (Based on WHO EB152(5) OP1 (5) and A/RES/74/2 Paragraph 41)

OP40. Strengthen international cooperation to support efforts to build and strengthen capacity for pandemic prevention, preparedness and response in developing countries, including through enhanced official development assistance; (Based on A/RES/76/257, OP12)

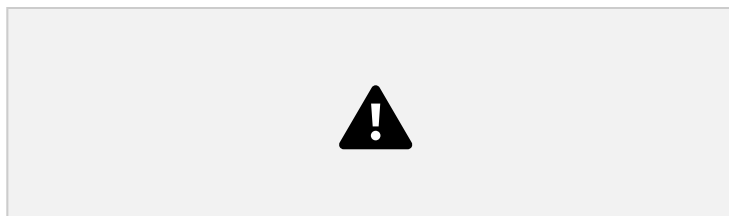
OP41. Ensure timely, adequate, predictable, evidence-based and sustainable financing for infrastructure and

capacities, while improving their effectiveness to support national efforts in strengthening pandemic prevention, preparedness and response, in accordance with national contexts and priorities, through domestic, bilateral, regional and multilateral channels, including international cooperation, financial and technical assistance, considering the use of traditional and innovative financing mechanisms, as well as partnerships with the private sector and other relevant stakeholders; (New language)

OP42. Commit to leveraging existing financing tools including, but not limited to, by increasing funding to the Global Fund to Fight AIDS, TB, and Malaria; the Pandemic Fund; and Unitaid; and to explore potential options to mobilize additional timely, reliable, equitable, predictable and sustainable funding for pandemic prevention, preparedness and response, as well as funding for rapid surge financing response in the event of a public health emergency of international concern, and to consider strengthening global health financing mechanisms, as well as their roles and responsibilities, with recognition of the need to coordinate and harmonize financial investment mechanisms to maximize potential benefit and lessen burden on countries and organizations seeking resources, and reiterate that the fulfillment of all official development assistance targets remains crucial, and recall the respective commitment of many developed countries to provide official development assistance equal to 0.7 percent of gross national income; (Based on A/RES/76/257, OP10)

OP43. Commit further to sustainable financing that provides adequate and predictable funding to the World Health Organization, which enables it to have the resources needed to fulfil its core functions as defined in its Constitution, noting the importance of transformation, increased transparency, accountability and efficiency gains in the World Health Organization and stressing the relevance and importance of adequate funding of the World Health Organization Contingency Fund for Emergencies for its rapid response to health emergencies (A/RES/76/257, Verbatim OP9)

OPXX.To ensure the sustainability of pandemic preparedness, prevention and response services, expand pooling of resources with those allocated to prevalent communicable diseases where appropriate, including tuberculosis, maximizing efficiency and targeting investments to areas with broad impact, noting that there is a range of communicable diseases and conditions for which the risk factors and preventive measures, screening, treatment and care requirements overlap significantly with those needed in the event of an outbreak of the most probable cause of future pandemics.



## **FOLLOW-UP**

As a follow-up to the present political declaration, we:

OP44. Call also for the conclusion in 2024 of the negotiations of the Intergovernmental Negotiating Body in Geneva, of an ambitious and legally binding convention, agreement, or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19 of the Constitution of the World Health Organization, or under other provisions of the Constitution of the World Health Organization as may be deemed appropriate by the Intergovernmental Negotiating

Body, to strengthen the pandemic prevention, preparedness and response spectrum and inviting all other initiatives to support this central endeavor, and for the conclusion in 2024 of the negotiations of the Working Group on International Health Regulations Amendments (2005), to provide support to all the health and health-related measures necessary to prevent, protect against, control and provide a public health response to the international spread of disease; (New language)

OP45. Request the Secretary-General to provide, in consultation with the World Health Organization and other relevant agencies, a report including recommendations on the implementation of the present declaration towards strengthening pandemic prevention, preparedness and response during the seventy-ninth session of the General Assembly, which will serve to inform a high-level meeting to be convened in 2026; (New language)

OP46. Decide to convene a high-level meeting on pandemic prevention, preparedness and response in 2026 in New York, aimed to undertake a comprehensive review of the implementation of the present declaration to strengthen pandemic prevention, preparedness and response, the scope and modalities of which shall be decided no later than the seventy-ninth session of the General Assembly, taking into consideration the outcomes of other ongoing related processes to strengthen pandemic prevention, preparedness and response. (New language)