Parliamentary Assembly
Assemblée parlementaire
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Declassified[1]
AS/Soc (2020) PV 03add
2 June 2020
Asocpv03add_2020

Committee on Social Affairs, Health and Sustainable Development

Minutes

Public hearing on "Lessons for future public health emergencies from an effective and rights-based response to the COVID-19 pandemic", held by videoconference on Tuesday, 19 May 2020

In the framework of the report currently in preparation on "Lessons for future public health emergencies from an effective and rights-based response to the COVID-19 pandemic", Rapporteur: Mr Andrej Hunko (Germany, UEL), the Committee held a public hearing with the participation of:

- Ms Stella Kyriakides, Commissioner for Health and Food Safety, European Commission;
- Ms Dunja Mijatović, Council of Europe Commissioner for Human Rights;
- Mr David Nabarro, Special Envoy on COVID-19 to the World Health Organization Director-General;
- Ms Rebecca Katz, Director of the Center for Global Health Science and Security, Georgetown University, USA.

Mr Leite Ramos, **the Chairperson**, briefly introduced the guest speakers and gave the floor to the newly appointed rapporteur.

Mr Hunko stressed the importance of the report which he had been entrusted to prepare. The health-care systems of 47 member States were facing a common challenge. This required a broad societal debate to draw lessons for the future. This Committee's earlier reports on the H1N1 pandemic and on the Ebola epidemic would guide its current work on the COVID-19 pandemic.

The Committee then **heard** statements by **Ms Kyriakides** and **Ms Mijatović**. The full text of their statements is included in the appendix to these minutes.

Ms Sayek Böke asked whether there was a need to revisit the European Social Charter with a view to strengthening the right to health in light of the COVID-19 pandemic, or whether this was more of an implementation issue. She also asked for comments on the possible discrimination of older persons in long-term care and on the implications of enhanced use of artificial intelligence (AI) during the pandemic, notably in terms of data and privacy protection.

Baroness Massey enquired about the European Commission's (EC) guidelines regarding contact tracing applications, and about ways to better protect human rights and achieve greater solidarity and co-operation on the European continent. She also wondered if one could consider the human rights situation as being in crisis due to the public health crisis in many member States.

Mr Amraoui underscored the importance of preventive measures which needed to be implemented in a manner so as to optimise citizens' adherence to various restrictions and social distancing. Could the official authorities' position be challenged by the public in this context?

Ms Kyriakides deplored the massive loss of life among Europe's older persons. To better analyse problems in this sector, the EC was working on a green paper. Concerning the use of AI applications for contact tracing,

[1]The minutes were approved and declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 2 June 2020, held by videoconference.

the EC's dedicated toolbox[2] served as guidance to member States; these, however, were currently developing national approaches. Clearly, safeguarding individual rights called for a voluntary approach and strong protection of privacy. The COVID-19 crisis was so unprecedented and unforeseen that all countries were learning and testing different approaches on the go.

Ms Mijatović referred to the recent comment by the President of the European Committee of Social Rights on the interpretation of the right to health as enshrined in the European Social Charter. The Charter remained a valid instrument in the context of COVID-19 but the member States should make better use of it. Concerning the use of AI, she had published a reference handbook in 2019, spelling out ten crucial steps to protect human rights. It was necessary to bridge the digital divide in Europe and within individual States and to manage properly both the risks and the opportunities that AI represented. Further to her recent statement on the situation of the elderly during the COVID-19 crisis, she was preparing specific recommendations in this field. As stated in a recent article, the current pandemic was no reason to hijack people's privacy.

Ms Leyte was convinced that Europe needed a common framework for handling the pandemic and should embrace new technologies as appropriate. This would help counter the populist rhetoric. Her country Spain was undergoing multiple challenges in the context of COVID-19 crisis and remained in a state of alert. Europeans had to emerge more united and stronger from the pandemic. Significant economic efforts would also be needed for this reason.

Ms Günay pointed out the need for targeted international solidarity efforts and gave the example of Turkey that had sent cargo planes with medical equipment to several countries. She wondered about similar action by other Council of Europe Member States.

Mr Sahin raised the issue of health rationing and the *de facto* discrimination of elderly COVID-19 patients who had been refused hospitalisation in some countries.

Ms Kyriakides shared the pain of people in Italy and Spain who had gone through enormous suffering. Whilst the EC issued various guidelines, member States faced different epidemiological realities and opted for different timelines for action. Greater solidarity was particularly needed between neighbouring countries. Some states, such as Germany, had treated a number of COVID-19 patients from countries facing capacity problems. This had shown that the coronavirus had not divided Europe, even though individual countries' efforts could have been better coordinated.

Ms Mijatović admitted that the allocation of scarce medical resources was a complex issue. National authorities should aim to maximise the number of lives saved, should respect human dignity and should ensure equitable access to health care. Citizens should be heard, and their rights had to be respected at all times.

The Chairperson concluded that human rights could not be put in quarantine during the health crisis. He then gave the floor to **Mr Nabarro** and **Ms Katz**; their full statements are appended to these minutes.

Baroness Massey asked Mr Nabarro what community action could be deemed most useful in times of the epidemic.

Mr Hunko wondered about prospects for developing a vaccine against the coronavirus. Was the new virus similar to past flu viruses? Could any parallels be drawn with the Spanish flu which had hit society in three waves?

Ms Sayek Böke asked the guest speakers what the most important parliamentary duties in the current context were. Should national parliaments push for more testing at national level? Informed decisions needed reliable data and public trust.

Mr Nabarro explained that on average 18 months minimum were required to develop a vaccine. To validate a new vaccine, extensive safety testing was imperative. Then, countries would need to mobilise in order to produce it on a massive scale. The whole process could be compressed to about 12 months, but one could also expect failures such as in the case of vaccine development for HIV/AIDS. An ordinary flu usually spread in cold winter months and receded in spring. The coronavirus was different and was hitting countries across different climatic zones. The current coronavirus was less deadly than the SARS virus; however, it risked staying around for longer. Everyone should behave in a responsible manner and people were learning to adapt their behaviour simultaneously. Both national policies and global strategies were important. Nation states could

[2] Mobile applications to support contact tracing in the EU's fight against COVID-19 - Common EU Toolbox for Member States, version 1.0 of 15 April 2020.

act at global level via their representatives in the United Nations. Young people across the planet were perplexed about the lack of global leadership. Continued testing was useful to determine what share of the population had developed antibodies to the novel coronavirus.

Ms Katz, replying to a question put by Mr Hunko, said that all bets were open as to a possible return of COVID-19 virus in a second wave. Preparedness of national health systems was key, and the public should be adequately involved. States should invest in developing treatments while awaiting a vaccine. On a global level, governance structures could be made more democratic, and in many different ways adapted to local circumstances.

Mr Hunko presented concluding remarks and thanked the guest speakers for offering much food for thought to parliamentarians. He would now concentrate on preparing his draft report to be discussed at the next committee meeting.

The Chairperson in turn thanked all the participants for their contribution to the discussion, wished everyone to stay healthy and to continue to work. He then formally closed the hearing.

Appendixes

Ms Stella Kyriakides,
Commissioner for Health and Food Safety,
European Commission

Dear Mr Chairperson Ramos,
Mme Commissioner for Human Rights of the Council of Europe,
Dear Rapporteur,
Dr Nabarro, Professor Katz,
Colleagues, friends, ladies and gentlemen,

It is a great pleasure to be back with you this morning, if only by video link. My term in office, at this Pan-European organisation, has truly been precious. I look back and I only see the hard and fruitful teamwork we shared and the beneficial results we witnessed, touching the lives of millions of European citizens.

As former Chairperson of this very Committee, I recall all the important work done, for e.g. in the framework of the One in Five Campaign, against sexual violence and exploitation of Children. A Pan-European campaign that broke the silence and gave many children the right to childhood, without fear and despair.

The yearly cancer-awareness campaigns and my Presidency of the PACE, which, albeit in difficult for the Assembly times, I am hopeful that it contributed, in turning a page, to a new era of transparency, openness, calmness, also re-focusing on the values and principles of the organization's founding fathers.

When I left the PACE, at the end of 2019, I never imagined that a few months later, we would be living in a world where friends, families and colleagues had to be separated to remain safe.

COVID-19 has turned lives and economies upside down.

As it is stated in the pertinent motions for a resolution, "the world was not ready for this pandemic" and "such diseases are merely a flight away".

And it's true – we were faced with an unprecedented crisis, speedily spreading across countries. We were called, literally overnight, to mobilise all forces in our power to face up to this 'invisible enemy'. To protect and assist our citizens against the worst public health danger they were ever faced with.

Drawing lessons from this experience will be instrumental in how we respond to such situations in the future, and I am very pleased this will be the focus of the first PACE report and subsequent resolution on COVID-19.

But it is still early days.

The crisis is not over and the next weeks and months are still very critical.

As countries begin to gradually, and very cautiously, ease their confinement measures, the immediate priority is to contain the virus and avoid a surge in new cases. Your role, dear colleagues, in alerting your citizens of the importance to continue keeping all necessary precautionary measures is crucial.

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That said, we at the European level, can already draw some early lessons.

First, <u>the value added of action at global, multilateral, and European level.</u>

So far, we have adopted over 200 initiatives to fight the COVID-19 crisis, and provide swift support to the health systems, societies and economies of the Member States.

Although the EU has a limited mandate in the field of public health, as the primary responsibility rests with the Member States, it has nonetheless exploited and fully mobilized every means possible, to support Member States in this area, during the pandemic.

Through Joint Procurement Agreements, and close collaboration with industry, the EU is helping Member States access essential medical and protective equipment, and ramping up European production of safe, high-performing medical devices.

It has mobilised additional funding – including a European Support Instrument, specifically designed to help EU countries respond to the crisis.

It has also launched the RescEU initiative under the Union's Civil Protection Mechanism – enabling us, for the first time, to create a European stockpile of emergency medical assets at European level.

The overriding conclusion here, is that we can only deal with such threats together. Fragmentation of effort makes us all vulnerable. Looking inwards will only decrease our chances of tackling the invisible threat. It is only through solidarity and cooperation across borders that we can defeat the virus.

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This is how our role became critical in facing up to the virus.

Our Member States themselves requested from us to have first daily, and then weekly meetings with Ministers of Health to share guidance, advice, information and situation updates.

With the support of the European Centre for Disease Prevention and Control and the European Medicines' Authority, we published several guidelines to support pandemic management strategies and ensure a coherent approach across countries.

They include guidance on cross border emergency health care assistance, on testing strategies, medicinal shortages, and the use of contact tracing apps.

Based on objective science, we provided concrete and valuable advice to forge a coordinated response to the virus across the Union.

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The second lesson we have learned is the value of solidarity.

The world is in this together, and together we must find the way out.

The best way to truly end this pandemic is to find targeted therapeutics and of course a vaccine.

The best way to accelerate this is by working with a united front.

Two weeks ago, the Commission co-convened a Coronavirus Global Response pledging event.

It brought together partners from around the world to mobilise funds to support work on diagnostics, treatments and vaccines for coronavirus.

So far, it has raised €7.4 billion - €1.4 billion of which was pledged by the Commission.

It is an important reflection of a determined, shared political will at global level to find a global and equitable solution to the COVID problem.

The next test beyond this is to ensure that any vaccine is both safe and effective, and universally accessible for all people.

No one is safe until everyone is safe.

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Alongside this, the Commission – with the European Investment Bank – has built a "Team Europe" package worth €15.6 billion to support its global humanitarian work. To strengthen the COVID response in partner countries and in regions where conflict has destabilised and weakened health systems.

This will focus on the people who are most at risk – including children, women, the elderly, people living with chronic conditions, as well as migrants, refugees and displaced persons and their host communities.

The EU's response will concentrate on three key areas:

Urgent needs and the short-term emergency response;

Strengthening health, water, and sanitation systems and general preparedness;

And mitigating the economic and social impact of the pandemic, with a focus on SMEs and government reforms to reduce poverty.

Finally, on global solidarity, I want to mention the new Humanitarian Air Bridge – a collaboration between EU institutions and Member States to take aid and supplies to some of the most vulnerable communities.

My colleague, Commissioner Lenarčič travelled on the first flight to the Central African Republic on 8 May with medical and humanitarian staff and 40 tonnes of supplies. More flights are scheduled.

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The third conclusion we have already identified, is a need to make Europe's systems stronger and more self-sufficient.

Specifically, Europe's pharmaceutical supply and medical shortages.

The pandemic has highlighted the vulnerability of our manufacturing chain and our high dependency on imports of active pharmaceutical ingredients and medicines from outside of the EU.

This makes it absolutely clear that a strategic EU approach is needed to limit dependency on single manufacturers or countries and establish the means to produce essential medicines within the EU.

In the short-term, we have coordinated closely with all important actors, including the European Medicines Agency, European Centre for Disease Prevention and Control, national agencies and the industry to tackle bottlenecks, anticipate future shortages and help production systems to adapt.

We have also worked with the European Medicines Agency to put mechanisms in place to support rapid development, assessment and authorisation of new COVID-19 medicines and vaccines.

Longer-term, however, we need to address deeper structural issues and review our system and policies to iron out any weaknesses and strengthen the relevant links. To bring more Europe into our health systems.

A key focus of the forthcoming EU pharmaceutical strategy will be how to respond better to shortages of medicines in the EU, including in crises.

It ties in closely with the EU's industrial strategy and will take into account lessons learned during the pandemic including reinforcing Europe's strategic autonomy for medicines.

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So, with these points in mind, I want to conclude with some reflections that apply to all three areas I have spoken about today.

Multilateral engagement will remain essential – both to meet our domestic objectives of managing the pandemic successfully, and to support Europe's neighbours and partners in their ability to do so too. I am delighted that David Nabarro is here to highlight further the important role of WHO in leading the world out of this pandemic.

Inclusion is critical to recovery – and we particularly need to support vulnerable groups and ensure they are actively involved and accounted for, in each step of the pandemic response.

We need to reinforce our governance tools and build on some of the new and successful mechanisms that have been put in place during the crisis – like RescEU.

We could extend stockpiling, for example, to include essential therapeutics that are less commercially interesting, like vaccines, last-resort antibiotics, and rarely used diagnostics.

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At the same time, we need to strengthen European coordination on crisis and pandemic preparedness.

This includes the crucial role played by the EU's agencies in Europe's management of crises, and whether this should be reinforced.

We can also look at how we manage medical supplies.

We need to work together to identify where more action is needed, and where we could make better use of existing tools.

This is essential for European citizens.

We are now working towards a new, dedicated EU Health Programme, with an unprecedentedly significant budget going forward to reinforce our resilience, and that funding for Horizon Europe – Europe's research programme, will be substantially strengthened.

These actions are not exhaustive, but they give you a flavour of what we have done, and areas we consider improving in future.

Europe has been wounded by this crisis, but together, we will make it stronger. Togetherness, solidarity and a united front are crucial ingredients for the way forward.

Thank you for your attention and I look forward to hearing your views – and to reading your report in due course.

Introductory Statement by Dunja Mijatović
Council of Europe Commissioner for Human Rights

Speaking Notes

I would like to thank you for your kind invitation to participate in this hearing. I am very happy to meet with all of you, even if only remotely.

The coronavirus pandemic has placed heavy burdens on governments and parliaments with responsibilities to address the quickly moving situation. It has certainly concentrated minds about the effectiveness and resilience of our health care systems. Health care professionals have found themselves on the frontline of the response. In addition to the right to health, the pandemic has a wide-ranging impact on the enjoyment of economic and social rights, and on civil and political freedoms. We cannot pretend to have learned all the lessons about our responses as so much remains unknown. Yet, we can already highlight some of the fundamentals of a national health system which seeks to meet the needs of the entire population and which builds resilience against public health emergencies.

It is obvious that all people have the right to the protection of their health against the pandemic. This is also about the right to life. From the beginning of the emergency, I have raised awareness about the specific risks and vulnerabilities faced by many groups of people whose rights were already largely neglected in the past. In fact, the pandemic has exacerbated long-standing problems and exposed some of the fault lines that were undermining the protection of human rights previously.

Early on, I warned against the difficulties and dangers faced by older persons. The pandemic has been particularly tragic among them and the confinement measures in place in many of our member states are still having a strong impact on their social and mental wellbeing. The situation raises legitimate doubts as to whether all those who lost their lives in long-term care facilities had access to adequate healthcare, including life-saving curative treatments and end-of-life care to reduce their suffering. We must urgently provide more support to older persons and prepare for the implementation of overdue social care reforms which put human dignity and needs at the centre.

Persons with disabilities have been hard hit by the pandemic. Many of them are at increased risk of serious health complications and rely on the support of others in their daily activities. Some of them are still deprived of their liberty in institutions and psychiatric hospitals in contravention of human rights obligations. It is essential to ensure the continuity and safety of the services required by persons with disabilities. Deinstitutionalisation is a priority. Member states should reassure people with disabilities that they will not risk discrimination in receiving health care. Health information in accessible formats is also a must.

In many places in Europe, Roma living in informal settlements still lack access to clean water and sanitation. This makes it very difficult to apply crucial hygiene measures such as regular hand washing. It is also unlikely that social distancing and isolation can be effectively implemented in overcrowded housing. Access to health care for persons living in informal and segregated settlements remains an issue, especially for many Roma without identity documents or health insurance coverage. It is necessary to revitalise the implementation of inclusion programmes for Roma.

Homeless people and those living in grossly inadequate housing are especially vulnerable to the virus. It is obvious that homeless people should not be penalised for not being able to stay at home during the pandemic. While the provision of safe temporary accommodation is important, long-term housing solutions for homeless people remain necessary.

Another group particularly at risk are refugees, asylum-seekers and migrants. I have called on all member states to review the situation of rejected asylum seekers and irregular migrants in immigration detention, and to release them to the maximum extent possible. Many refugees and migrants also lack adequate housing and sanitation.

I have urged governments to safeguard the rights and health of all persons in prison during the emergency. Prisoners and detainees in overcrowded and poor conditions are among the most vulnerable to viral contagion. Many member states have released certain categories of prisoners or apply other means to reduce the prison population. It is important to consider alternatives to detention whenever possible.

In view of the multiple risks the pandemic presents to the population, universal health coverage should be the foundation for ensuring everybody's right to the protection of their health. No one should be left behind. Universal coverage means that all people receive the health services they need without suffering financial

hardship. It includes the full range of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. Mental health care, essential medicines and vaccines must be covered as well. A strong and resilient health system, which builds on universal coverage and reaches disadvantaged people, is prepared for effective responses to public health emergencies.

In Europe, the unaffordability of health care, exacerbated by the austerity measures of the past decade, has been an important barrier to the full realisation of universal coverage. Significant out-of-pocket payments can result in unmet needs or financial hardship for service users as I have pointed out in my reports on Armenia, Estonia and Greece and recently during my visit to Moldova. According to the WHO, this can be an issue in the majority of European countries. Many people belonging to vulnerable groups may also face problems about health insurance entitlement.

In the recovery from the pandemic, the existing gaps in universal health coverage should be addressed. There is a special need to promote deinstitutionalisation, outpatient services and primary health care. The health and safety at work, remuneration and gender equality of health care professionals are further issues to be tackled. The participation of users and transparency in health system development will improve the availability and effectiveness of services. In the aftermath of the pandemic we should not repeat the mistakes of the previous economic crisis in diminishing health system capacity.

The gaps in the reach of universal health coverage in Europe are related to health inequalities and the broader issues of poverty and social determinants of health. The right to health is closely interconnected with other social rights such as the rights to social security and protection, and the right to housing. In addition to promoting universal health coverage, we need a broader social rights approach to remove entrenched inequalities in wellbeing among disadvantaged groups.

Social protection, housing, education and employment are key factors in improving people's health status. Investment in adequate housing is a particularly effective means of closing the health divide which has also been highlighted during the pandemic. In January, I paid attention to the penury of affordable housing in Europe and urged member states to step up investment in social and affordable housing. Integrated measures promoting equality should form an essential part of recovery efforts.

Gender is another determinant of health. The differences in health status and needs between women and men are not simply related to biological differences but to the impact of societal gender norms and stereotypes. We need gender-responsive approaches to health which take gender norms and inequalities into account and act to reduce their harmful effects. Progress towards gender equality has a positive impact on the health of both women and men.

The coronavirus has gender-differential effects. It is reported that the fatality rate for men is up to twice as high as for women. It has been suggested that both biological factors and gendered risk behaviours, such as smoking, may be relevant. Gender matters in responses to the pandemic, too. Social distancing or lockdowns at home bear a specific danger to women's health in terms of a higher risk of domestic violence. There is a need to scale up support services during the emergency. Women's exposure to the coronavirus is aggravated by the fact that they are the majority among health and social care staff and as informal and family carers.

Health policies which address both women's and men's health in gender-specific ways through the different stages of their lives are mutually reinforcing and promote gender equality. It is essential that the prioritisation of the availability of health services during the pandemic or other health emergencies does not discriminate on the ground of gender. I have stressed that this also applies to access to sexual and reproductive health care, including abortion.

The coronavirus pandemic does not respect boarders. Although the national authorities have the primary responsibility for providing protection against public health emergencies, the right to health also entails general social rights obligations for international co-operation and solidarity. The international community has a collective duty to address the pandemic. One key aspect is to share information about the risks and evolution of the virus and means to treat it. States should facilitate access to essential health facilities, goods and services in other countries, wherever possible and provide the necessary aid when required. They should refrain from imposing embargoes or similar measures restricting the supply of medicines and medical equipment.

The co-ordinated implementation of the 2030 Agenda for Sustainable Development offers a central platform for international co-operation in the recovery phase. The Sustainable Development Goal 3 aims to ensure healthy lives and promote well-being for all at all ages. One of its specific targets is to achieve universal health coverage. Another seeks to strengthen the capacity of all countries for the reduction and management of

national and global health risks. The 2030 Agenda is a blueprint for building resilient and sustainable societies which are prepared to face emergencies and leave no one behind.

The current public health crisis has again demonstrated that human rights are not abstract concepts but the concrete foundation of our societies. The pandemic has been an unprecedented shock, yet human rights give us vital guidance for effective responses. We should also use them as signposts for recovery efforts to ensure that human dignity and equality continue to be respected in our new reality.

Mr David Nabarro,
Special Envoy on COVID-19 to the World Health Organization Director-General

Good morning Chairperson Ramos, Commissioner Kyriakides, Commissioner Mijatović, Ms Katz, Parliamentarians, colleagues. It is a great pleasure to have been invited to speak with you, and to be here today.

We are meeting on an auspicious day. The 194 Member States of the World Health Organization are meeting today as the 73rd World Health Assembly. Because of the pandemic, they are meeting virtually. This is unprecedented. In another unprecedented – at least in my memory – moment of support for WHO, many Heads of State or Government joined the WHO Director-General and the UN Secretary General in opening the Health Assembly and giving WHO their support. These included France, Germany, Switzerland, China, Republic of Korea, Barbados and South Africa.

This support mirrors the statement "**Let's help the WHO help all of us**" recently released by the Council of Europe's Chairperson of the Committee on Social Affairs, Health and Sustainable Development and the Chairperson of its Sub-Committee on Public Health and Sustainable Development. I could not agree more – we need to support WHO as it helps all of us. And together we, with WHO, need in turn to support governments, parliaments, communities, families and individuals as we face yet another unprecedented moment: the COVID pandemic.

COVID is in 216 countries, areas or territories.

These numbers are staggering. And we are only at the tip of the iceberg as we watch the virus move into many lower- and middle-income countries. I am, for example, mindful that Brazil has overtaken Spain and Italy to become the country with the fourth-largest number of confirmed coronavirus infections in the world. And Brazil has a robust health system throughout much of the country – I fear greatly for the one million Rohingya encamped in Cox's Bazar in Bangladesh where just yesterday, the first two cases were positively identified.

As President Ramaphosa of South Africa said yesterday at the WHA opening: Although the virus affects both developed and developing nations, it is the poor and most vulnerable – everywhere – who suffer the most. All countries struggle to contain outbreaks of COVID in densely populated settlements, and it is largely poorer people who live in such circumstances.

COVID can cause lengthy and disturbing illness in younger people: we continue to be reminded that there are perils of underestimating this virus. There have been reports from China and Italy of whole-body weakness, shortness of breath after any level of exertion, persistent coughing and irregular breathing. Plus needing a lot of sleep. I hear the same from colleagues and family members in the UK and here in France and Switzerland. It is, ironically and tragically, particularly tough for those who exercise regularly.

In all cases, the health care workers responding are doing their utmost. They deserve our thanks and our protection.

There are shortages of required equipment, from personal protective equipment to ventilators to diagnostic kits and reagents. I worry about how, when these things are available, we will ensure that they are equitably distributed. I am glad that my friends and colleagues in WHO's health emergency programme – especially the expert logisticians and administrative officers – are facilitating the procurement and distribution of what is needed, where it is needed. I am also glad for partners and stakeholders in the UN, civil society and the private sector that have been unhesitatingly willing to engage, donate and contribute.

As much of western Europe is beginning to lift lockdown measures, I am mindful that there are places in Eastern Europe where the curve that we all talk about bending is weeks earlier in its evolution.

The nations that are getting ahead of the virus know that economies and societies can thrive if they implement comprehensive action to keep it at bay. The recommendations include:

a) **making it hard for the virus to move from person to person** – physical distancing, face protection and hygiene;

b) **disrupting transmission** from person to person when it occurs – high index of suspicion, detect the disease (ideally with virus testing), separate those with the disease from others quickly and effectively, trace their contacts, separate the contacts and do it with respect;

c) **containing outbreaks** as they develop robustly and rapidly – localized movement restriction, separating those who are infected and their contacts, stopping transmission;

d) **protecting lives** as those most at risk are poorer people, especially those who work and live in confined places, as well as those whose occupations lead to high exposure, and those who receive residential care - older people, prisoners and their carers;

e) **sustaining livelihoods, especially those** that are put at risk through movement restrictions;

f) **reinforcing community health services and hospitals** so that they support all these functions, protect all health and other close-contact workers.

Countries that get ahead of the virus know that it does not go away during lockdowns: transmission is slowed but the virus is still there and will spread quickly when movement restarts unless comprehensive defence strategies are in place. The knock-on effects on employment, food systems, child nutrition, tourism income, women's status and so much more will continue to be felt as long as countries continue to export the virus.

Many poorer countries are implementing courageous strategies (including but not limited to Ethiopia, Mali, Uganda, South Africa, India, Costa Rica, and Liberia, which is building on its Ebola experience) but they will face constant challenges if wealthier countries are unable to get their virus defences in place and working.

Testing: Virus testing IS so helpful as it enables authorities to know where the virus is. Finding treatment regimes that work and are affordable and accessible would be game changing.

Vaccine: It will make a huge difference. [We all should support the world as it pushes scientific innovations in vaccines, diagnostics and therapeutics forward. Initiatives like the ACT Accelerator and CEPI, which are helping identify promising leads, finance their development and plan for equitable distribution, show the best of all of us.]

However, I want to remind everyone of two realities:

First: there may not be a vaccine in 18 months. Sometimes it takes longer. Sometimes it does not happen at all.

Second: Having a vaccine is not the same as having global vaccination coverage. We have to plan for this to take years and that must be equitable. The people who need it most are the people who are taking care of people who already have COVID.

Evaluation: The World Health Assembly is considering is how, when and by whom the world's response to the COVID pandemic should be evaluated. How has the WHO Secretariat has performed? Are the International Health Regulations are "fit for purpose". WHO, national authorities, communities, civil society and business are all accountable – and this is as it should be. It is particularly important that there is follow-through on the recommendations of evaluations.

At this time nothing should distract the attention of the WHO Secretariat, national Governments or communities from responding to COVID, maintaining other health services and protecting groups of people that face higher risks of illness and death. Every effort must be made to limit the consequences of COVID containment for poorer people. So let the evaluations take place after the world has come through the crisis. Otherwise it will feel like we are interrupting efforts to fight a fire to look for its cause, and that will only mean that the fire itself will cause more damage.

Humanity is challenged as never before in most of our lifetimes. I believe that our collective ingenuity and compassion will prevail.

Ms Rebecca Katz,
Director of the Center for Global Health Science and Security,
Georgetown University, USA

Thank you for the opportunity to speak with you all today. This is a tremendous honor and I'm delighted and encouraged that this body is discussing lessons for improving preparedness and response to public health emergencies. I am a professor at Georgetown University in Washington, DC, where I direct the Center for Global Health Science and Security. I have been working on global health security challenges for almost two decades. I would like to focus my remarks today on aspects of global governance of disease which we suspected required strengthening in the past, and COVID has only highlighted the need to take rapid action.

Several years ago, I was asked to testify at a U.S. Congressional hearing on pandemic preparedness and global health institutions. I was privileged to be co-panelists - as today- with Dr. David Nabarro. On reviewing my remarks from that day in June 2018, I realized that many of the themes we discussed then, are still as relevant, if not more so today. The major difference is that we no longer have to convince anyone that a pandemic is a real threat; that a novel airborne pathogen can spread rapidly around the world; that a pandemic can influence all aspects of society; that it can lead to massive economic losses; that it can exacerbate inequalities; and that no one nation can fight the virus alone. We can skip the detailed analyses regarding how the world had not devoted sufficient resources to building pandemic preparedness capacity and that our international institutions we rely upon to govern disease events remained under resourced, because these truths are painfully obvious today.

We must, however, focus on what we require today to govern the pandemic and the institutions and capacities that will be required in the future. Drawing from the seven core principles put forward in the June 2019 Sydney Statement on Global Health Security, our analyses of health security governance from the past two decades, and our ongoing observations and analyses from the COVID-19 pandemic, I would like to present a list of ten priorities for strengthening our global ability to respond to public health emergencies going forward.

1. We must strengthen multilateral leadership to prevent the next pandemic. This can take many forms, but I believe we should encourage strong, enduring leadership at the United Nations for current and future high consequence biological events, including possibly promoting a permanent, designated facilitator in the Office of the UN Secretary-General. Coordination, particularly in outbreak response, will only become more complex as the challenges become more complex – as we see more health emergencies in dense urban environments, in conflict zones, and affecting populations not well understood – linguistically or culturally – by international actors, or populations who are displaced or living in ungoverned spaces. The UN should also ensure global oversight and accountability for pandemic preparedness through an independent external entity. Nations should commit to supporting the World Health Organization Health Emergencies programme, fully resourcing the WHO and its Contingency Fund for Emergencies so it can do the job we all need it to do to provide evidence-based guidance, technical assistance, and resources to assist in response and recovery.

2. We should re-examine and strengthen the International Health Regulations to reframe global governance of disease, make the treaty more fit for purpose, and explore mechanisms for compliance. This requires either a full re-negotiation of the treaty text, or, to borrow from other treaties, a review conference for members states of the World Health Assembly to reach understandings about implementation of the articles in a changing world. We must also revisit how we govern information, including sample and genetic sequence sharing. All of these efforts will require difficult discussions around the balance between national sovereignty and adherence to international agreements.

3. Global health security and pandemic preparedness interventions must be data driven. We must get better at using diverse sources of data, creating unified data infrastructure, as well as modelling for decision making; and translating these models and data into triggers for action.

4. A minimum level of disease prevention, detection and response capabilities are critical for all countries. We need transparent discussion, sharing and measurement of these capacities, and I recommend we revisit both how we have defined critical core capacities and how we measure them going forward, as our current systems for monitoring and evaluation have not been predictive of national capacity to respond to COVID-19. It will also be critical to link these core capacities for health security to efforts to achieve universal health coverage, health system strengthening, and the sustainability development goals.

5. We must ensure there is a competent, funded public health and healthcare workforce everywhere in the world that can provide appropriate level of services for everyday operations, and are also able to adapt and surge during an emergency.

6. Public health preparedness and global health security must embrace a One Health approach, embracing the interactions between animals, humans and the environment which contribute to and protect us against disease. We must strive to find the next zoonotic disease before it jumps into humans, to continue to strengthen the coordination of animal and human systems for disease detection and response, and to protect the ecosystems that underpin human, animal and environmental health. This includes identifying and fighting climate change as a driver of emerging health threats.

7. Given that most if not all outbreaks in the future will be urban, or at minimum have a large urban component, we need to focus on strengthening municipal level governance of disease, integrating subnational authorities into pandemic preparedness planning and ensuring these authorities are provided appropriate financial resources and technical assistance to protect their populations.

8. There must be continued support for basic research and development, and to the organizations working to accelerate research and development during emergencies. We must also work to strengthen global supply chains for essential items like medical countermeasures and personal protective equipment, and while we think about the mechanisms for moving supplies around the world, we must also think about resource distribution from an equity and social justice perspective. How should global distribution of antivirals and vaccine by prioritized? And what would an international virtual stockpile look like?

9. We must support the push to have all sectors of society engaged in public health preparedness, from finance ministers to religious leaders. This must include an effort to codify the evolving relationships between private sector and global public health.

10. Countries with higher capacity to respond to adverse public health events have a moral and ethical duty to work in partnerships with those with less resources to strengthen their capacities in a sustainable manner.

Pandemics clearly know no borders and have global consequences requiring effective collective action. There are researchers and practitioners all over the world who are working on these challenges, trying to produce an evidence base so decision makers like yourselves can be well informed, and encouraging global collaboration and cooperation. That is the only way we successfully fight the pandemic.

Thank you again for the opportunity to testify today. I look forward to answering your questions.

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Commission des questions sociales, de la santé et du développement durable

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