

WHA74 Constituency Statement Agenda Item 17/18

- Agenda item 17: WHO's work in health emergencies and strengthening preparedness for health emergencies
- Agenda item 18: Mental health preparedness for and response to the COVID 19 pandemic

More than a year into the COVID-19 pandemic, over one billion vaccine doses have been delivered globally. Yet access to vaccines and other lifesaving tools has not been equitable. The pandemic has spotlighted health inequities, which allow the virus to continue to spread, mutate, and overwhelm health systems—leaving marginalized populations further behind. These inequities were not borne of COVID-19 and inadequate investment and policy responses risk further widening the gap.

We applaud WHO efforts to address inequities through strengthened international cooperation and support negotiations to improve international pandemic preparedness. Collective action, with WHO leading the charge, is critical to end this pandemic, achieve equitable recovery, and create stronger, resilient systems. We urge Member States to maximize dose sharing through COVAX, fully fund the ACT-Accelerator, support C-TAP, address barriers to expand vaccine supply, and commit political leadership to oversee response and recovery.

We welcome the Director-General's update on implementation of resolution WHA73.1—which acknowledges COVID-19 disruptions to essential health services—and urge Member States to increase investment in health systems, including the workforce, to ensure continuity and strengthening of services in pursuit of health for all.

We need a holistic approach to pandemic prevention, preparedness, response, and health system strengthening. To prepare for future health emergencies, WHO and Member States must urgently improve global coordination, increase sustainable financing for preparedness, including through a catalytic mechanism, and invest in better and more effective surveillance systems and field epidemiology training.

National and global responses to future health emergencies, must include:

- Investment in national leadership positions, multisectoral coordination, implemented action plans, and sustained funding to increase global health security to fully reach IHR compliance;
- Prioritization of regional research and manufacturing capacity;
- Strengthened medical and pharmaceutical supply chains in advance of health emergencies;
- Incorporation of pathogen spillover prevention and zoonotic risk assessment; and
- Training and support for a broad range of health workforce cadres.

Member States, WHO, and other stakeholders must promote an all-of-society approach to health system strengthening and pandemic preparedness that includes meaningful civil society engagement and addresses inequities at their roots. Building health system resilience requires not only recruiting more health workers in a time of crisis, but looking after their wellbeing and mental health and offering incentives when they are asked to go far beyond the call of duty. WHO must be well-resourced to prioritize a comprehensive preparedness agenda that ensures systems and services reach the last mile so that everyone is protected from future health emergencies.

NSAs in official relations supporting this statement: Global Health Council, IntraHealth International, International Women's Health Coalition, PATH, Save the Children, The Task Force for Global Health, United Nations Foundation, Women Deliver, World Vision International

GHC Delegation Members who contributed to this statement: Conservation International, DAI, GHTC, IDSA, IFPA, MSH, NCD Alliance, NTI, Pandemic Action Network, Partners In Health