



Alliance for **Multilateralism**

Declaration

Strengthening the multilateral health architecture

The COVID-19 pandemic, which has already claimed the lives of more than 470,000 people and is challenging our societies, requires increased international cooperation and global solidarity. It is a reminder of how crucial multilateral institutions are to our collective health, prosperity and security.

We fully support the World Health Organization (WHO) to coordinate the public health response, and more generally the United Nations and the other international and regional organisations to implement a coordinated and coherent global response to the broader socio-economic repercussions of the crisis.

We support in particular the work of the WHO, multilateral health funds (GAVI, the Vaccine Alliance, Unitaïd, the Global Fund to fight AIDS, tuberculosis and malaria), and other public and private actors, in order to accelerate the development and ensure equitable and universal access to therapeutics, diagnostics and vaccines, as well as the strengthening of health systems, especially in the most vulnerable countries, thanks to the Access to COVID-19 Tools (ACT) Accelerator initiative.

We also agree on the need to learn all the lessons from collective management of the current health crisis and to take the necessary measures to strengthen the multilateral health architecture and ensure that the world is better prepared for the next pandemic.

In this context, we welcome the decision taken with the “COVID-19 response” resolution adopted by consensus at the Seventy-Third World Health Assembly to initiate, at the earliest appropriate moment, and in consultation with Member States, a process of impartial, independent and comprehensive evaluation to review experience gained and lessons learned from the international health response, looking in particular at the effectiveness of the mechanisms at the WHO’s disposal and the functioning of the IHR (International Health Regulations) and the status of implementation of the relevant recommendations of the previous IHR Review Committees.

While awaiting the results of this evaluation, we wish to begin to reflect on concrete proposals to improve collective preparedness and capacity for action in the management of health crises and effectively strengthen the coordinating role of the WHO.

We agree to work on the following priorities:

1. Strengthening health systems at the national level, in order to ensure better resilience of countries to health crises and maintain access to essential health services.

We support the WHO transformation agenda to strengthen the 149 WHO country offices to help countries, starting with the most vulnerable, develop their health systems. We reaffirm the need for collective mobilization to ensure universal health coverage (UHC) which contributes to better resilience in the face of health crises. We agree on the importance of reflecting on how to direct more stable resources towards strengthening health systems, preventing pandemics and maintaining essential services, in particular for the least developed countries. In this respect, the alignment of donors with national strategies and coordination between donors are priorities, particularly in the context of the Providing for Health network (P4H) and the UHC 2030 platform involving the WHO and the World Bank.

2. Strengthening the implementation of the IHR and the accountability of States Parties which are responsible for their implementation.

The International Health Regulations (IHR) are the main tool available to the international community to prevent serious public health risks which are likely to spread across borders and pose a threat to the entire world. However, the COVID-19 crisis has highlighted their uneven implementation by the 196 States Parties and that they are subject to varying interpretations. Today, many States Parties to the IHR do not fully comply with them and do not have the capacities to prevent, detect and respond to a major health risk. Strengthening the WHO's capacities relating to the implementation of the IHR should be explored, particularly the possibility of giving the WHO the capacity to verify implementation of the IHR.

3. Improvement of the public health risk notification system, as required by the IHR.

The current system does not have a sufficiently graduated alert level. Notification may be inadequate, and sometimes come too late, due for instance to the differing capacities among States. The WHO does not have verification powers to ensure that States notify it within the stipulated 24-hour period. We call for exploring all possible avenues to make the current system more efficient, such as strengthening the Emergency Committee's remit or creating an intermediate alert level to trigger earlier funding or deployment of personnel, as recommended by the Global Preparedness Monitoring Board in its first report, dated September 2019. A maximum level of alert could also be created to provide a legal basis for the term "pandemic".

We support, in this regard, the adoption by the 73rd session of the World Health Assembly of the resolution "Strengthening preparedness for health emergencies: application of the International Health Regulations (2005)", which requests the Director-General of WHO to explore, in consultation with Member States, complementary mechanisms to warn the international community of the severity and / or scale of a public health emergency with a view to mobilizing essential aid and facilitating international cooperation.

4. A comprehensive approach to global health, taking account of the increasingly strong links between human and animal health, in the context of the biodiversity crisis.

According to the WHO, 75% of new human infectious diseases are of zoonotic origin. To reduce the risk of new viruses emerging and of transmission from animals to humans, we call for addressing root causes of zoonotic diseases to prevent future pandemics. Further large-

scale loss of biodiversity threatens the vital contribution of nature to people and planet and fundamentally increases the risk of emergence, transmission and spillover to humans of infectious diseases in wildlife and domestic animals.

We recognize that human, animal, plant and ecosystem health are interdependent and reaffirm the value of the “One Health” approach, an integrated approach that fosters cooperation between environmental conservation and the human health, animal health and plant health sectors as outlined in the Berlin Principles on One Health developed in October 2019. We support the joint work of the WHO, the FAO and the OIE in this regard and welcome their “Tripartite Guide to Addressing Zoonotic Diseases in Countries”. This tripartite work should be enhanced further and have more visibility.

5. Improved financial margin of manoeuvre for the WHO.

The WHO is highly dependent on voluntary contributions from its member states and from non-state organizations. We reaffirm the need to reflect on how to mobilize more sustainable resources for the WHO and for preparedness and response to health emergencies.

Building on the work priorities defined in this declaration, we intend to participate constructively in the upcoming discussions on strengthening the multilateral health architecture, at the next General Assembly of the United Nations and the next session of the World Health Assembly, as well as in all other relevant international fora./.