

FROM COMMITMENT TO ACTION

Civil Society and Communities Statement for the United Nations General Assembly 2023 High-Level Meeting on Pandemic Prevention, Preparedness and Response

Pandemic prevention, preparedness and response (PPPR) must be informed by the key principles of equity, inclusivity, and human rights for all. Ahead of the first high-level meeting on PPPR, this advocacy agenda includes a set of action-oriented policy recommendations building on the lessons learned from HIV, TB, malaria, COVID-19, and other diseases with pandemic potential as well as the role of community-led responses. An effective PPPR agenda must prepare for future pandemics but must also start with ending the epidemics that today harm the most vulnerable, including HIV, TB, and malaria.

Community-based health systems and health literacy

Community-based health systems are the combination of actions taken by, in, and with communities to prevent and address health problems and to ensure the wellbeing of everyone. They are an integral part of resilient and sustainable health systems. Pandemics begin and end in communities. A high-level political declaration that elevates community-based health systems and related social supports as the foundational building blocks for effective PPPR, including through investment, community-led responses, civil society and community leadership and meaningful engagement, will help people access needed health services today and make these systems better prepared for tomorrow. For this to be most effective, communities and their members must also be empowered and informed with culturally-competent and linguistically-accessible health literacy, including knowledge about relevant vaccines, tests, treatments, and protective equipment and their proper use. Communities should also be reinforced in their knowledge about their right to health and to equitable delivery of good quality and effective health services.

Therefore, the HLM communique must:

- Include reference to 'community-based health systems' and 'community health workers' as distinct building blocks of PPPR whenever formal health systems and health workers are referenced
- Commit governments and international donors to investing in community systems, leadership, and engagement, including mechanisms to fund civil society and communities, as part of PPPR efforts
- Reference the right of individuals and communities to effective, culturally competent, and linguistically accessible health literacy and health communication so that they might meaningfully engage in maximizing health outcomes

Equitable access to medical countermeasures

From avian flu to HIV to COVID-19, the lack of equitable access to medical technologies has been and continues to be a clear impediment to effective and equitable responses to these, and other, diseases. Therefore, the communique must:

- Clearly commit, particularly in times of global crisis, to mandatory sharing of knowledge, intellectual property waivers, and technology transfer of all medical technologies relevant to the pandemic diseases including vaccines, therapeutics, diagnostics, and other tools such as PPE through full use of TRIPS flexibilities
- Commit to including mandatory conditions on sharing of data, technology transfer, and transparency of costs and net prices in public financing of R&D and purchasing agreements of medical countermeasures
- Support increased local manufacturing capacity for low- and middle-income countries (LMICs), including through financing and logistical support for initiatives such as the World Health Organisation mRNA Technology Transfer Hubs
- Commit to funding and expanding vaccination, diagnostics, and therapeutics infrastructure and capacity, including R&D, manufacturing, genomic surveillance, and community-based test and treat strategies, recognising that pandemic preparedness and response and routine primary healthcare services are delivered by the same system
- Commit to implementing global and regional resources for fair allocation of developed medical countermeasures according to population need
- Ensure timely WHO guidance on use cases and delivery of medical countermeasures (including self-tests and clinical guidance) to ensure LMICs are able to access at the same time as high-income countries
- Accelerate and strengthen WHO Prequalification and Collaborative Registration mechanisms, and support national and regional regulatory agencies to streamline the regulatory approval process across countries and regions
- Commit to developing a “library” of countermeasures against pathogens of pandemic potential in accordance with the goals of the 100 Days Mission

One Health

Adequate preparation for future pandemics requires inclusion of other stakeholders beyond the health field including sectors such as labor, education, finance, and animal health, environment, and agriculture. A multi-sectoral whole-of-society and a whole-of-system approach, including civil society and communities at the centre of it, must be applied to adequately prepare and build resiliency. National frameworks should build in cross-government coordination and delivery.

Therefore, the HLM communique must:

- Commit to building and supporting fit-for-purpose animal health systems through improving access to animal health services for communities, increasing and upskilling the animal health workforce, guaranteeing access to veterinary medicines and vaccines, and improving animal disease surveillance
- Complete risk assessments based on the drivers of zoonoses and produce a tailored package of interventions as part of a pandemic prevention plan
- Establish, sustain, coordinate and mobilize an available, skilled and trained One Health workforce
- Meet existing minimum standards for animal health services as set out by Quadripartite partners, including WOAHA's Animal Terrestrial Animal Health Codes and Manuals
- Secure benefit sharing mechanisms in all surveillance so that sharing pathogens is accompanied by sharing technologies, knowledge, products and sale profits
- Integrate capacities for One Health with investments in community-based primary health care, particularly for health-related aspects such as surveillance of emerging pathogens

Civil society & community participation and leadership in decision-making and governance of the global and national health architecture

The right to participation is a core component of the right to health (as enshrined in the WHO Constitution)¹ and grounded in international human rights law and standards as well as UN guidance². Civil society and communities are critical partners at the local, national, and governance levels and must be formally represented in decision-making processes as well as technical areas of work.

The HLM communique must include commitments to:

- Enable meaningful community and civil society participation in governance and decision-making across policies, programmes, and resource allocation
- Recognise the disproportionate impact of pandemics on marginalized and criminalized communities and ensuring these communities are at the centre of pandemic responses
- Specify the populations most left behind and restricted in accessing health services to include the most stigmatized populations using the agreed language in paragraphs 25, 60 and others of the 2021 UN Political Declaration on HIV and AIDS referring to these populations being people living with HIV, men who have sex with men,³ sex workers, transgender people, people who use drugs, particularly those who inject drugs, and people in prisons and other closed settings
- Guarantee gender equality in health systems and decision-making at all levels
- Allocate funding to enable meaningful community and civil society participation
- Create and maintain a safe, open, and enabling environment in which communities and civil society can fully contribute to the implementation of the political declaration

- Ensure the operations and governance of new and existing global health mechanisms and agreements are co-created with communities and civil society with permanent representation in the governance structure, provision of voting rights, and funding to support engagement with broader civil society and communities
- Provide for transparent information-sharing and inclusive processes that will allow for the meaningful engagement and integration of communities and civil society

Accountability

We have seen from experience with previous and existing pandemics, epidemics, and outbreaks that it is clear that actions happen at community and national level even if decisions are made elsewhere in a global forum. Mechanisms need to be established or strengthened to empower national and regional decision making and to ensure full community involvement. This must be a key goal of the ongoing redesign of the global architecture for health emergency prevention, preparedness, and response (HEPPR) in the aftermath of the COVID-19.

Transparency, accountability, and coordination must happen at all levels from community to national, regional to global. Therefore, the HLM communique must include commitments to:

- Develop an overarching accountability framework for all global architectures for health emergency prevention, preparedness, and response. The framework should clearly identify roles and responsibilities of relevant stakeholders and clarify relationships between relevant initiatives and their relation to the leadership from regions and countries, and explicitly integrate the meaningful engagement of civil society and community groups across these initiatives
- Define the leading role of regions and countries in the event of an outbreak or pandemic, or public health emergency of international concern (PHEIC)
- Prioritize efficiency and avoid duplication of efforts or reinvention of platforms and groups across the current global health architecture
- Include commitments to creating and maintaining safe, open, and enabling mechanisms on national and global levels in which civil society and communities can fully contribute to the implementation of the political declaration

Financing

Adequate financing for PPPR is essential but also needs to move beyond the donor-recipient model that reinforces the underlying structural power imbalances that in turn sustain pandemic vulnerabilities for all. Financing commitments must be long-term and strategic to drive additional finance to where it is needed most. Following the lead of the UNSGs High Level Advisory Board on Effective Multilateralism, financing must be used to promote the values of a global public investment approach to this critical global public good.⁴

The communique must commit governments to:

- Develop an explicit plan for financing PPPR capacity development and resilient health systems, with clear expectations of national governments and multilateral institutions and ensure that such a plan conforms to the “all contribute, all benefit, all decide” principles of Global Public Investment
- Mobilize financing for PPPR must include allocation to support the key role of community-based health systems and community-led efforts
- Contribute full, long-term funding that meets the need of existing multilateral institutions already contributing to PPPR, including the WHO assessed contributions, Unitaid, and the Global Fund to Fight AIDS, TB, and Malaria (of which more than a third of its investments advance global pandemic prevention and preparedness)
- Commit to common but differentiated responsibilities which recognise the different available resources and different needs of all countries

Digital Health

Without action to increase digital access to health information and services in a way that is safe and inclusive, we risk deepening health inequities. To reap the benefits of digital technologies for health while safeguarding against harms, political leaders need to build and progress on commitments to address critical gaps in digital governance and accountability mechanisms that uphold human rights in the digital age. The HLM communique must:

- Recognise that the global and, in many cases, national governance of data and digital technologies is currently inadequate for safeguarding human rights, including the right to privacy and right to non-discrimination, and is failing to address digital inequities
- Commit to establishing new norms, guidance, and laws, grounded in human rights and civil society participation, that strengthen and enforce the governance of data and digital technologies, including artificial intelligence
- Recognise the particular risks for marginalized and vulnerable communities and commit to overcoming the digital divide, particularly for women and girls, by investing in digital literacy
- Invest in the meaningful engagement of civil society and communities in decision-making at all levels, including the design, implementation, evaluation, and governance of digital technology

Synergies between disease-specific programs and PPPR

Effective and inclusive pandemic preparedness needs to build on decades of experience and expertise in fighting current epidemics. Since the start of the COVID-19 pandemic, frontline health workers, community workers, and civil society advocates trained in fighting specific diseases have successfully pivoted and mobilized their expertise in the COVID-19 response. National, regional, and international efforts to prepare for the next pandemic must prioritize dual-purpose investments and build on top of existing disease programs rather than create new silos.

The HLM communique must:

- Recognise the interconnectedness between the high-level meetings taking place in 2023 on PPPR, universal health coverage (UHC) and tuberculosis (TB)
- Commit to continued support and resources for ongoing pandemic and epidemic responses, including HIV, TB, malaria, COVID-19, and others, as the base for strong health systems and PPPR
- Commit governments and international agencies to provide cross-disease training for health and community workers in order to leverage surveillance and detection capacities built in disease-specific programming
- Enable engagement of civil society and communities in PPPR processes and deliberations on consultation & delegation structures as established in the HIV, TB, malaria, and UHC movements

References

1. World Health Organization. Constitution. <https://www.who.int/about/governance/constitution>; World Health Organization. Human rights and health. 2017. <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>
2. See, for instance: International Covenant on Civil and Political Rights, Convention on the Elimination of Discrimination Against Women, Convention on the Rights of Persons with Disabilities and the International Convention on the Rights of All Migrants and Members of their Families
3. United Nations, Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (2021)
4. High-Level Advisory Board on Effective Multilateralism (HLAB), A Breakthrough for People and Planet: Effective and Inclusive Global Governance for Today and the Future (New York: United Nations University, 2023)

Organisations

Action for Animal Health coalition
Advocacy Network Africa (AdNetA)
AfNHi
African Alliance
African Network of Adolescents and Young Persons Development (ANAYD)
AfroCAB
Aidsfonds
Alliance Myanmar
Ambassador For Youth and Adolescent Reproductive Health Program
APCOM
Association For Promotion Sustainable Development
Association of people living with HIV/AIDS
ATHENA Network
AVAC
BOKK YAKAAR
Centre for Environment, Human Rights & Development Forum - CEHRDF
Coalition of women living with HIV and AIDS
Communauté Burundaise des Femmes/filles Seropositives
Companions on a Journey
COSWA-K
CSYM HUDUMA CHRISTIAN SPIRITUAL YOUTH MINISTRY YLO TANZANIA -MBUENET
COALITIONS TZ EAST AFRICA
DISABILITY PEOPLES FORUM UGANDA
ECOM - Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
Friends of the Global Fight Against AIDS, TB and Malaria
Frontline AIDS
Fundamental Human Rights & Rural Development Association FHRRDA
Ghana Network of Persons Living with HIV
Global Action for Trans Equality
Global Coalition of TB Advocates
Global Fund Advocates Network
Global Health Italian Network
Global Network of People Living with HIV (GNP+)
GrIS (gruppo Regionale Immigrati salute) Piemonte
Harm Reduction International
ICWAP
ICW Global
Ilias Centre for Global Liberty
India HIV/AIDS Alliance
Institute of Allergy and Clinical Immunology of Bangladesh (IACIB)
International Network of People who Use Drugs (INPUD)

Organisations

Internews

Jaringan Indonesia Positif

Kimirina

LENDING HANDS INITIATIVE

Liliane Foundation

Medical Impact

MENAPlus

Most At Risk Populations' Society in Uganda (MARPS In Uganda)

MPact Global

MPact Global Action

Network for Adolescent and Youth of Africa

Network of African People living with HIV

Nkoko Iju Africa

ONE

PATA

People PLUS

Peoples Vaccine Alliance - Africa

Physicians for Human Rights

Positive Women Together in Action

Positive Womens Network

Public Health International Consulting Center (PHICC)

REPSSI (Regional Psychosocial Support Initiative)

Results International (Australia)

Rumah Cemara

SAF-TESO

Salud por Derecho

Stephen Lewis Foundation

STOP TB PARTNERSHIP-KENYA

STOPAIDS

Suruwat

The Coalition for Children Affected by ADS

Treatment Action Group

Uganda Network of AIDS service organisations

VIER PFOTEN International (FOUR PAWS)

Voluntary Services Overseas (VSO)

WACI Health

Wemos

Women 4 Global Fund

Women Together Edu-Cultural Center

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