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COMMENTS ON THE ZERO DRAFT OF THE WHO CA+ FOR THE CONSIDERATION OF THE INTERGOVERNMENTAL NEGOTIATING BODY AT ITS FIFTH MEETING

Overarching comments

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) increases the vulnerability of populations to pandemics. Some studies estimate that mortality in 60 to 90 % of COVID-19 cases is attributable to either one or more of these comorbidities.[1] At the same time emerging data suggests that people living with NCDs also experience worse health outcomes from these existing conditions during pandemics as a result of service disruptions, delays, and cancellations of essential health services.[2][3]

- We welcome the zero draft and active consultation with organisations around the world and different segments of society.
- The COVID-19 pandemic has, and continues to, demonstrate the need for greater political commitment and allocation of resources for health as it underpins the social and economic wellbeing of all communities and countries.
- We urge Member States to include specific language on the continuation of essential health services across the continuum of care, particularly for NCDs, during pandemic preparedness, response and recovery within the WHA CA+.
- We urge Member States to include specific language on the protection of health and care workforce during pandemic preparedness, recovery and response within the WHA CA+.
- We urge Member States to include provision relating to dealing with or managing conflict of interest, which may arise for a range of bodies involved including the private sector, trusts, industry associations, etc.

Specific recommendations

Introduction: Paragraph 10.

- We recommend adding specific reference to the threat of pandemics on **individuals and groups at high / higher risk**.

Article 1. Definitions and use of terms

- Art. 1(d) We welcome the definition of “persons in vulnerable situations”, particularly the reference to “persons with health conditions”, and use of this term in the zero draft thereafter.
- It would also be helpful to also include a definition of “individuals and groups at high / higher risk”.
- Given the indisputable links between NCDs and public health emergencies people living with NCDs must be identified as vulnerable populations in all conversations related to preparedness and response for public health emergencies.
- We therefore strongly recommend specific reference to **people living with noncommunicable diseases** within the definition Art. 1(d) “persons in vulnerable situations” including...persons with health conditions**, in particular people living with noncommunicable diseases,** pregnant women”.
- We would also strongly recommend specific reference to **people living with noncommunicable diseases** within any upcoming definition of “individuals and groups at high / higher risk” as recommended above.

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[1] https://ijme.in/articles/non-communicable-disease-management-in-vulnerable-patients-during-covid-19/?galley=html

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7248450/

[3] https://www.who.int/publications/i/item/9789240010291

Article 4. Guiding principles and rights

- Art 4.4: We strongly welcome the inclusion of equity as a guiding principle. More explicit elaboration of this principle is required throughout the chapters and articles that follow, specifically in terms of the absence of unfair, avoidable, or remediable differences within countries, including between groups of people.
- Art 4.9, 10, 11, 12, 13: We welcome the inclusion of Inclusiveness, Community engagement, Gender equality, Non-discrimination and respect for diversity, Rights of individuals at higher risk and in vulnerable situations. We recommend the explicit reference of the right to participate in all aspects of health systems particularly for individuals and groups at higher risk and in vulnerable situations. Accordingly, Art 4.10 should be expanded as follows: "Full engagement of communities including **all groups at high / higher risk and in vulnerable situations** in prevention, preparedness, response and recovery…".

Article 7: Access to technology: promoting sustainable and equitably distributed production and transfer of technology and know-how

- We recommend adding a new paragraph with text specifying the need to protect the health workforce during pandemic preparedness, response and recovery as per WHO recommendations. New paragraph 4 e) in Chapter III Article7:
  "Shall make all medical countermeasures and their supplies to protect and safeguard their health accessible and available to all health and care workers working **in the forefront** of pandemic response or providing continuous essential medical and care services**.**"
- We recommend the amendment of language in Art 7.3 par a) to broaden the mechanism to include non-directly pandemic related products. Previous efforts to establish these kinds of mechanisms have been unsuccessful, but integrating this mechanism into health systems by utilising facilities to produce other vaccines and biologicals should help to contribute to the financial sustainability of these facilities, the retention of trained staff and support improved access to essential health products in low- and middle-income countries.
- Art 7.3.a coordinate, collaborate, facilitate and incentivize manufacturers of **essential health** products to transfer relevant technology and know-how to capable manufacturer(s) (as defined below) on mutually agreed terms, including through technology transfer hubs and product development partnerships, and to address the needs to develop new **essential health** products in a short time frame;
- In support of the amendments suggested above, we also recommend the addition of a further point as part of article 7.3: "Shall endeavour to integrate this production capacity into national manufacturing and procurement processes to respond to country disease burdens and ensure the sustainability of these mechanisms during the inter-pandemic period."

Article 11. Strengthening and sustaining preparedness and health systems' resilience

- We strongly welcome and support the inclusion of this Article.
- Art 11.4(a) We strongly welcome this provision ensuring continued provision of quality routine and essential health services with a focus on primary health care. We recommend this provision be expanded as follows "continued provision **and access to** quality routine and essential health services **across the continuum of care, including health promotion, prevention, screening, diagnosis, treatment, rehabilitation and palliative care** during pandemics, including … other illnesses, **particularly for individuals and groups at high / higher risk and in vulnerable situations, such as those living with NCDs and** including care for patients with long-term effects from the pandemic disease;"
- **Art 11.4(b) We recommend adding specific reference to competencies in text: "strengthening human resource capacities and competencies** during inter-pandemic times and during pandemics";

Article 12. Strengthening and sustaining a skilled and competent health and care workforce.

- Art 12.1 We recommend adding specific text clarifying need to protect the health and care workforce from violence and stigma as follows: "Each Party shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce, …., **including protection from violence and stigma**, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining **quality** essential health services and **all other essential public health functions**.
- Art 12.1(a) We recommend adding specific text specifying the ongoing training needs of health and care workforce: (a) Strengthening **pre-service, in-service and specialization education** and training **to build a health and care**

workforce with the requisite competencies to deliver all of the essential health services and essential public health functions, invest in the employment, distribution and retention of the health and care workforce including community health workers and volunteers;

Article 13. Preparedness monitoring, simulation exercises and universal peer review

- Art 13.1 We recommend adding specific text on need for regular and systematic review of health system capacities and national health burden: "Each Party shall undertake regular and systematic capacity assessments, **including health system capacities and national disease burden**, in order to identify capacity gaps and develop and implement comprehensive, inclusive, multisectoral national plans and strategies for pandemic prevention, preparedness and response, based on relevant tools developed by WHO.**"**

Article 14. Protection of human rights.

- We strongly welcome and support the inclusion of this Article.
- Art 14.2(a)ii: We recommend rewording as follows in order to highlight the vital need to ensure people at high risk and persons in vulnerable situations have unrestricted access to health services across the continuum of care: "**Any restrictions are non-discriminatory, and take into account the needs of people at high risk and persons in vulnerable situations, and the targeted measures needed to ensure their equitable access to health facilities, goods and services across the continuum of care, including medical counter-measures**."

Article 16. Whole-of-government and whole-of-society approaches at the national level.

- We strongly welcome and support the inclusion of this Article.
- Art. 16.4: As prioritisation of populations for access to pandemic-related products and health services relies on adequate data, we recommend expanding this provision as follows: "(i) identify and prioritize populations access to pandemic-related products and health services**, including through the collection and use of existing medical conditions-, gender-, age-, and disability-disaggregated data**."

Article 19: Sustainable and predictable financing

- Art. 19. 1(b): We recommend the addition of language that highlights the importance of implementing financial protection as part of the achievement of UHC and pandemic recovery for patients and families. "(b) plan and provide adequate financial support in line with its national fiscal capacities for: (i) strengthening pandemic prevention, preparedness, response and recovery of health systems; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and progressive realization of universal health coverage **minimising out of pocket spending for patients and families**;"

Article 20. Governing Body for the WHO CA+ and Article 21. Consultative Body for the WHA CA+

- We recommend further clarity on the relationship between the Conference of the Parties and the Consultative Body as well as the involvement of civil society within these governance arrangements. See Framework Convention on Tobacco Control provisions on observers which allow for civil society participation in WHO Framework Convention on Tobacco Control sessions of the Conference of the Parties.

For more information on the impact of COVID-19 on people living with NCDs and solutions for resilience and recover please refer to "A Global NCD Agenda for Resilience and Recovery from COVID-19".