



PRESIDENT OF THE GENERAL ASSEMBLY

**Summary by the President of the General Assembly of the Multistakeholder Hearing in preparation of the General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response**

**9 May 2023  
Trusteeship Council Chamber  
United Nations Headquarters, New York**

**Overview**

The President of the General Assembly organized an interactive multistakeholder hearing on 9 May 2023 as part of the preparatory process for the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response (PPPR), with support from the World Health Organization (WHO), pursuant to United Nations (UN) General Assembly resolution 77/275. The hearing was meant to ensure an inclusive, active and substantive engagement of stakeholders in the preparation for the high-level meeting.

The Multi-stakeholder Hearing provided a forum for all relevant stakeholders to contribute to the ongoing preparatory process for the High-Level Meeting through an interactive discussion, with a focus on the current state of efforts and emerging needs to accelerate response. The meeting brought together representatives of the Member States, observers of the General Assembly, parliamentarians, representative of local government, relevant United Nations entities, civil society organizations, non-governmental organizations, academia, professional associations, the private sector and broader communities. This summary of discussions presented is meant to inform the High-Level Meeting, to be held on 20 September 2023.

The hearing was divided into an opening and closing segment, as well as two panel discussions; the first panel was entitled “Lessons learned from the COVID-19 Pandemic: The case for Pandemic Prevention, Preparedness and Response”. The second panel was entitled “Investing in Pandemic Prevention, Preparedness, and Response”.

**Opening Segment**

**The President of the General Assembly, H.E. Mr. Csaba Korosi**, highlighted the purpose of the Multi-Stakeholder Hearing as being integral to developing a ‘whole-of-society’ approach, targeted at applying economic, political, social, and environmental conditions. He further emphasized that the process is complementary to other ongoing processes, like that of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instruments on pandemic prevention, preparedness and response.

**Dr. Tedros Adhanom Ghebreyesus, WHO Director-General**, via video, stated that despite the end of COVID-19 as a Public Health Emergency of International Concern, the threat of another pandemic remains. Consequently, he highlighted the continued importance of some of the initiatives, such as that on financing (Pandemic Fund); accountability (Universal Health and Preparedness Review); monitoring (Global Preparedness Monitoring Board); governance (process on the amendments to the International Health Regulations); and international

cooperation (proposed Pandemic Accord), among others. However, he noted that with the proliferation of these mechanisms, it is imperative to chart a coherent way forward to avoid a fragmentation of efforts.

**Ms. Joy Phumaphi, the co-chair of the Global Preparedness Monitoring Board**, drew attention to the fact that multi-stakeholder inclusion is crucial to providing timely feedback on proposed reforms needed to build a safer world. She also stressed on the need for greater equity, coherence, leadership and accountability; including through ensuring life-saving countermeasures for those that need them, the importance of working effectively across sectors and stakeholders, and the need for monitoring to provide regular, timely feedback on implementation. Monitoring was also identified as being crucial to ensuring continuous improvement in prevention, preparedness and response.

### **Panel 1: Lessons learned from the COVID-19 Pandemic: The case for Pandemic Prevention, Preparedness, and Response**

The first panel discussion was moderated by Ms. Precious Matsoso, Co-Chair of the Intergovernmental Negotiating Body. The panellists were Dr. Carlos Maria Correa, Executive Director, South Centre, Ms. Cindy Kelemi, Executive Director of the Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Dr. Pamela Cipriano, President, International Council of Nurses and Ms. Hamaiyal Sana, Liaison Officer to the World Health Organization, International Federation of Medical Students' Association.

- With reference to challenges of the COVID-19 pandemic, it was noted that inequity was the world's biggest failure. The inequitable distribution of vaccines and other pandemic-related products made this evident. In order to address this challenge, a new mechanism for equitable distribution that is multilateral in nature should be established. Also, a benefit-sharing system, under which information, in line with biodiversity international systems should be planned. These would be examples of equity underpinning financial and technical capacity development.
- Speakers reiterated a number of key elements to include in the Political Declaration, building on the lessons learned from the COVID-19 pandemic. These included: political leadership at the highest level for pandemic prevention, preparedness and response; prioritized, sustainable and predictable financing; strengthening capacity of health workers and their protection; community engagement and community leadership; whole of society and whole of government approaches at national level, and multi-sectoral coordination at regional and global levels; inclusive approaches to ensure that no one is left behind, especially persons in vulnerable situations; building trust within and between countries; investing in capacities for essential public health functions, early warning and alert, surveillance, laboratories, sharing of information, technology and regulatory. Speakers emphasized the importance of complementarity, harmony and avoiding duplication in any initiatives that aim to strengthen pandemic prevention, preparedness and response.
- The importance of including community systems, community-led initiatives, and civil society leadership in the language of the Political Declaration was referenced. It is an opportunity to endorse community-led decision-making in pandemic prevention, preparedness, and response. The expert further drew parallels of the utility of this suggestion with lessons from community-led experience and expertise in response to diseases such as HIV/AIDS.

- Testimonies were heard on the challenges faced by the health workforce, particularly nurses, during the pandemic. These challenges included, among others, the shortage of nurses, excessive burnout, and death for lack of personal protective equipment. As a way forward, it was suggested that the Declaration require cooperation of actors from all sectors. Such cooperation would be geared towards, *inter alia*, protecting investments in health systems, development and financing of national health workforce plans, investments in high-quality nursing education, ensuring safe and fair working conditions, and the involvement of nurses and health care workers in decision-making processes.
- Member States should consider developing human and financial resource capacity in pandemic prevention, preparedness and response processes, in order to ensure sustainable and predictable financial investments to increase in quality and quantity of human resources, supporting research on the interlinkage of the causes and/or drivers of pandemics, and aligning global strategies to the national context through tailored design and implementation processes, among others.

In summing up, many stakeholders reiterated, among others, the need for the Declaration to include multistakeholder engagement that incorporates both participation and consideration of the interests of communities, civil society, women and girls, people living with non-communicable diseases, health workforce, and private sector, among others, as a way of centring equitable health solutions. Member States also opined that the Political Declaration should be based on equity as a guiding principle, trust and transparency of information, multisectoral international cooperation and coordination, emphasizing the interlinkage between health and financing, as well as rigorous accountability mechanisms, so as to ensure pandemic prevention, preparedness and response.

## **Panel 2: Investing in Pandemic Prevention, Preparedness and Response**

The second panel discussion was moderated by Prince Zeid bin Ra'ad al-Hussein, the President and CEO of the International Peace Institute. The panellists were: Ms. Anamaria Bejar, Director, Public Policy Engagement, GAVI, Dr. Ayoade Olatunbosun-Alakija, Co-Chair, African Vaccine Delivery Alliance, Dr Ricardo Baptista Leite, UNITE Parliamentarians Network for Global Health and Ms Angela Kane, Senior Adviser, Nuclear Threat Initiative. The panellists were asked to propose key elements that Member States should consider during the negotiation of the Political Declaration.

- Drawing on lessons from the COVID-19 pandemic, it was noted that in considering investments in pandemic prevention, preparedness, and response, there should be an acknowledgment of the global, multiple, and reinforcing crises caused by different threats. There is a need to construct resilient health systems across all levels, supported by initiatives such as the establishment of the Global Health Threats Council, as well as investment in human resources, and reform of global financial systems that address the needs of communities. Calls were made to move beyond rhetoric to implement global commitments.
- It was proposed that Member States, through the Political Declaration, consider equity as being a prominent principle. Equity comprises seven main pillars, namely: i) building resilient health systems, particularly through investment in primary health care; ii) investment in universal health coverage; iii) a people-centred approach with gender equality considerations, and improvement of the working conditions of health workers; iv) agile financing for pandemic prevention, preparedness, and response; v) investment

in diversified regional vaccine manufacturing capacity; vi) ensuring timely access to pandemic products for vulnerable populations by removing legal and operational barriers and vii) strengthened multi-sectoral collaboration.

- One challenge identified was the lack of knowledge of parliamentarians on negotiation processes related to pandemic prevention, preparedness, and response. The Political Declaration should focus on people, science, and commitments. In relation to ‘People’, exporting universal health coverage models from high-income countries to low-income countries is insufficient, as these models are disease-driven models of care, which often exclude people-driven considerations. On science, there is a need to scale investment in research and development and improve access to health products. There is an evolving nature of collaboration, which is currently comprised of efforts by regional organizations, digital transformation, and private sector inclusion. In terms of commitment, funding is key to developing Universal Health Coverage and surveillance mechanisms, as well as positive accountability mechanisms.
- Is enough being done to cater to the ambiguities in identifying the source of an outbreak? This question was identified as being critical to creating a rapid pandemic response and preventing future pandemics. The capacity and comparative advantages of the WHO to identify origins of spill-over pathogens was clearly identified, as well as the United Nations Secretary-General’s Mechanism for Investigation of Alleged Use of Chemical and Biological Weapons (UNSGM), which requires the cooperation of countries, to investigate allegations of deliberate biological weapon use. Having identified the limitations inherent in the existing UN mechanisms, it was emphasized that we need to build more effective multilateral mechanisms to identify the sources of pathogen spill overs, and to build broader capacities for pandemic preparedness.

During the interactive session, participants raised a number of key elements to include in the Political Declaration, building on the investment required for strengthening pandemic prevention, preparedness and response. The key elements raised fall under the following areas: investment in universal health coverage; commitment to sharing technology; removal of legal and operational barriers; the realization of associated socio-economic and cultural rights including the rights to food and adequate standard of living, among others; coherent and consistent investment in research and development across all countries; commitment to common but differentiated responsibilities; harmonization of government responses with equity as a guiding principle; as well as transparency and accountability mechanisms. Member States further expressed that the Political Declaration include strengthening of national health care systems, investment in capacity building at local levels, continued investment in new technologies, harnessing of already existing technologies such as virtual platforms, and the need for continuous support to WHO to lead global efforts for pandemic prevention, preparedness and response.

### **Closing Segment**

The co-facilitators of the preparatory process for the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response took the offered their reflections. **H.E. Mr. Omar Hilale, Permanent Representative of the Kingdom of Morocco** commended the UNGA for ensuring that stakeholders were given an opportunity to be heard and exchange ideas on the topics at hand. These would be crucial to informing the Political Declaration, going forward. He also highlighted the key issues that emerged throughout the hearing. In a pre-recorded statement **H.E. Mr. Gilad Erdan, Permanent Representative of**

**Israel**, emphasized the need for continued multi-stakeholder engagement, to push forward political commitment.