

STATEMENT OF THE INTER-PARLIAMENTARY UNION'S ADVISORY GROUP ON HEALTH REGARDING THE CURRENT OUTBREAK OF CORONAVIRUS (COVID -19)

INTRODUCTION

The World Health Organization (WHO) declared COVID-19 as a global pandemic on March 11, 2020. The COVID-19 has spread over **212 countries and territories** around the world. As of 27 July 2020, the number of confirmed cases is 16,114,449 and 646,641 deaths were recorded.

On May 19, 2020, the Seventy-third World Health Assembly called on all Member States to address the COVID-19 pandemic on the following terms:

- Enact a “whole-of-government” and “whole-of-society” response to the pandemic through an action plan that includes immediate and long-term actions.
- Implement national action plans that contain context-specific measures which are comprehensive, proportionate, time bound, gender responsive, and sensitive to vulnerable groups.
- Ensure that any restrictions on movement of people, medical equipment and medicines are limited and temporary, with provision of exceptions for humanitarian and health workers.
- Guarantee access to safe water, sanitation, hygiene, and infection prevention and control.
- Afford the necessary domestic financing and development assistance to maintain the functioning of health systems, which is indispensable for an effective public health response to the COVID-19 pandemic.
- Inform the population in a reliable and comprehensive manner on the ongoing COVID-19 pandemic, including authorities’ response, in addition to tackling misinformation and disinformation.
- Make sure that access to safe testing, treatment and care for COVID-19 is provided, with particular attention to those groups who are prone to higher risk.
- Provision of personal protective equipment, psychosocial support, training, and other necessary commodities to all relevant frontline health workers.
- Use of digital technologies to address the pandemic comprehensively, with attention to privacy, personal data, and security concerns.
- Present timely, accurate, detailed public health information on the pandemic to WHO, per the International Health Regulations (2005).
- Share knowledge, lessons learned, experiences, best practices, data, materials, and commodities with both WHO and other countries.

- Promote both public and private funding of research and development, particularly for vaccines, diagnostics, and therapeutics, as well as sharing relevant information on this matter with WHO.
- Optimize use of antimicrobials in the treatment of COVID-19 and secondary infections, preventing development of antimicrobial resistance.
- Promote actions that include women at all stages of decision-making processes.
- Contribute funding to WHO, so that the Organization can respond to public health needs across the world during this pandemic.

The International Health Partnership for UHC 2030 (UHC2030)¹ has also released a political statement reminding governments of their commitments towards UHC made in the Political Declaration on universal health coverage (UHC), which cannot be forgotten in their COVID-19 response. Further, guidance for various health and non-health actors, including parliamentarians, was developed in May 2020 on what to prioritize in terms of service delivery, health financing, and governance for UHC in times of COVID-19 in the Discussion Paper 'Living with COVID-19: Time to get our act together on health emergencies and UHC' as well as a specific letter to all presidents of parliaments in June.

PUBLIC HEALTH AND SOCIOECONOMIC IMPLICATIONS

In addition to the Ministry of Health and other government sources for respective countries, WHO and UHC2030 are trustworthy sources of information for parliamentarians to stay informed on new developments related to the COVID-19 pandemic.

PUBLIC HEALTH IMPLICATIONS

The immediate health risks for individuals range from mild symptoms to life-threatening situations. Certain groups of people are particularly vulnerable to contracting and/or developing serious health complications from COVID-19, including:

- Older adults (particularly over age 60);
- Individuals with underlying medical conditions (e.g., heart disease, diabetes, and chronic respiratory diseases); and

¹ UHC2030 is a movement to accelerate progress toward UHC by providing a multi-stakeholder platform that promotes collaboration on health systems strengthening at the global level and in countries around the world. We promote enhanced commitments for UHC, more coherent health systems strengthening by all relevant health partners, inclusive approaches, and accountability for results. IPU joined UHC2030 in 2019 and the President of IPU is a member of the UHC Movement Political Advisory Panel of UHC2030.

- Individuals with compromised immune systems (e.g., people living with HIV or undergoing chemotherapy).

The health workforce has a high risk of exposure to COVID-19 and many have become ill or died. There are important gender considerations. For example, women make up half the doctors and 80% of the nurses, and they also perform the majority of unpaid care work. Other indirect health and social effects include mental health and psychosocial effects, such as those related to isolation and stress as well as social stigma as a result of health misinformation. Moreover, COVID-19 has the potential to overburden health care systems, which in turn affects the provision of essential health services.

Overwhelmed health systems and COVID-19 response measures are also seriously disrupting access to health services, including disruptions to supply chains for medications and medical products, suspension of large-scale public health programmes, closure of health services, and lack of access to health care facilities. UN agencies are warning of significant impacts on vaccination programmes, HIV services, maternal health care and sexual and reproductive health programmes in particular, with projections of serious short and long-term health and mortality ramifications now and into the future.

SOCIOECONOMIC IMPLICATIONS

The COVID-19 pandemic has disturbed the existing political, economic, and social structures. The situation has had a significant impact on the global, national, and local economies. Furthermore, existing socioeconomic factors also make certain groups of people more vulnerable during this pandemic. Overcrowded living conditions and settings with poor water and sanitation—commonly seen with refugee and internally displaced populations, urban slums, and prison populations, for example—amplify the risk of outbreaks. Such conditions expedite person-to-person transmission and limit the ability to practice preventive behaviours, such as hand washing and physical distancing. Poverty, disability, and low literacy also affect access to health care and information, the ability and/or resources to act on recommended prevention measures, and the resources to access basic needs for preparedness (e.g., water, food, housing, medicines). The pandemic also has the potential to trigger widespread economic consequences.

This economic downturn is likely to disproportionately harm vulnerable and marginalized groups and further exacerbate income and gender inequality. As such, it is crucial that under-privileged, women and marginalized groups, including daily wage earners, be included in the development of immediate and long-term responses using an all-hazard, all-of-government and all-of-society approach.

PARLIAMENT'S ROLE DURING THE HEALTH CRISIS- COVID 19

The current outbreak of coronavirus disease (COVID-19) sets a challenge to all countries globally, as it places new and increasingly complicated demands on decision makers, including parliamentarians, to take action. Members of Parliaments around the world need to collaborate with all stakeholders from a variety of sectors to enhance capacities to manage the risks and impacts of emergencies, including emergency prevention, preparedness, response, and recovery, as well as to promote the rapid deployment and efficient coordination of emergency medical teams with a bearing on human health.

The WHO recognizes the authority that parliamentarians have in tackling emergencies, both nationally and globally, through the key enabling roles of legislation, oversight, budgeting, and representation. It is clear that the communication of health risks must be reinforced, with the population at its center, so that the effects on health and other parts of society are minimized. In playing their role to strengthen capacities to effectively and efficiently implement preparedness and response to this emergency, Parliaments will need to work to achieve the following specific objectives:

OBJECTIVES:

- *Guarantee the allocation of a specialized fund* for the acquisition of essential supplies such as hand sanitizer with alcohol-based gel, antibacterial spray, hand gloves, high efficiency face mask and Personal Protection Equipment (PPE) for health workforces and all other essential workers.
- *Communicate evidence-based information to protect human life:* Official information on COVID19 should be guided by the science and evidence following the global and national standard and procedure. All information disseminated to the population must be factual, evidence based and culturally appropriate, and originated from a reliable source. This will be instrumental in stopping the infodemic (rumors and spreading of unvalidated information).
- *Facilitate Governments' accountability to collect, analyze and report reliable statistics with equity disaggregation, in salutation with civil society and those who are directly affected by COVID-19*, regarding the number of infection cases and its impact on human lives, in particular for those commonly left behind in health.
- *Support Governments to carry necessary preparedness and response measures* to manage COVID-19 related issues including rapid case identification, rapid testing and isolation of cases, comprehensive contact tracing and quarantine of contacts, readiness of hospitals with dedicated number of beds, COVID-19 specific personal protective measures & equipment's for health workforces, laboratories, intensive care facilities with protection and isolation wards with the scope of surge in order to anticipate changes in the implementation of hospital

containment policies, as well as recognizing the costs of minimal standards and be able to allocate budgets accordingly.

- Engage the whole of society to the COVID-19 preparedness and response, mobilizing all available resources in the public and the private health sectors to strengthening health system capacity, ensuring optimal functioning through an integrate and coordinated response.²

Parliaments must also make sure that they comply with the following general objectives with regards to the rapid responses of crisis:

- Facilitate for strengthening and sustaining the capacity of the health system to prevent, prepare for and respond to COVID-19 pandemic including continuation of essential services;
- Oversee the capacity to establish protocols, guidelines, rapid case detection and contact tracing for confirming the outbreaks;
- Provide leadership for establishing a functioning public health emergency management system, strengthen and sustain the capacity to promptly respond to and recover from the negative effects of outbreaks and other concurrent health emergencies.
- Promote multisectoral collaboration and coordination and encourage Government to engage health experts in the overall decision making for issues related to COVID-19 as well as to monitoring the progress of emergency responses, accountability for measuring the success, and reporting to constituencies.
- Advocate with central government to address the local challenges, needs and gaps with required resource allocation.
- Clearly communicate to their constituents the importance of prioritizing and supporting increasing investments in public health 'common goods for health', such as comprehensive surveillance, laboratories, information systems, information, education and communication starting at the community – to strengthen health systems for both emergency preparedness and UHC. This can mobilize the people to value and align behind these critical priorities.³

² See the WHO's [Action Plan to engage the private health service delivery sector in the response to COVID-19](#).

³ See page 4 of UHC2030's discussion paper "[Living with COVID-19: Time to get our act together on health emergencies and UHC](#)".

To achieve the above listed objectives, parliamentarians should play the following roles:

a) Enactment of laws and policies that handle emergencies

Legislating is a unique function of Parliaments which plays a critical role in preparing for emergencies based on local evidence while also upholding international human rights obligations. Parliaments need to enact legislation that enables countries to respond effectively to emergencies including facilitating the implementation of measures necessary for ensuring the continuation of essential health services. These laws and policies should provide for emergency funds or easy variation of funds to be channeled to areas in a crisis. Parliamentarians should repeal laws and policies that are prejudiced and ineffective in dealing with the epidemics and may be hampering the management of emergencies or the provision of essential health services. The laws and policies should also provide for the various aspects of emergencies like prevention, prepared health systems, the international health regulations as well as maintaining essential health services as part of efforts towards Universal Health Coverage, in keeping with the 2019 IPU resolution *Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health and the Political declaration of the high-level meeting on universal health coverage in 2019*. Parliaments also have a key role to play in ensuring that States comply with their international human rights obligations and that where restrictions are imposed on certain rights to protect public health, these restrictions are necessary, proportionate, non-discriminatory, and limited in duration.⁴

b) Representation of Constituents affected by epidemics

Parliamentarians play a crucial role in representing their constituency, which includes people affected by emergencies. Representation is one role that enables parliamentarians to use their position to advocate for assistance for the people at risk or affected by a disaster and ensure their participation in task forces, planning and implementation. COVID-19 reinforces the importance of governments seeing local communities, women, and affected populations as part of the solution to the epidemic and working closely with them. An effective response necessitates that governments are trusted from these constituencies through parliamentarians so that governments' strategies are supported.⁵

Further, parliamentarians can contribute to the prevention and recovery from a health emergency by promoting awareness on the vulnerability of some of their constituents, as well as educating the constituents, especially the vulnerable groupings, on the prevention, management and recovery mechanisms and system of an epidemic. Clear

⁴ See "UN Policy Brief: COVID-19 and Human Rights: We are all in this together".

⁵ See pages 5-6 of UHC2030's discussion paper "Living with COVID-19: Time to get our act together on health emergencies and UHC".

and consistent messaging from parliamentarians to these constituents also helps build trust. COVID-19 is a source of fear and confusion for many people, often struggling to cope with the 'infodemic' at the same time as the epidemic. Clear messaging from parliamentarians needs to be transparent and based on evidence.⁶

c) Oversight over the Executive's response to an emergency

The oversight function of a Parliament allows it to hold the government to account for appropriate and timely funding of health programmes. In doing so, Parliaments can assess how government interventions prepare for health emergencies and how they are responsive to an emergency. Parliamentarians are positioned to advocate and lobby for the Executive to act on a scourge that is exhibiting tendencies of becoming endemic.

Further, parliamentarians have an obligation to monitor government's holistic preparedness and response facilities to health threats as well as mechanisms established to respond to possible outbreaks. Infrastructure such as facilities to quarantine and isolate suspected cases as well as confirmed cases. Parliaments can also hold their governments accountable for the non-domestication of ratified and assented treaties or other international agreements.

Parliamentarians should also be alert to the risk of the diversion of resources from the response and should hold governments to account for the creation and maintenance of appropriate risk-based probity controls designed to ensure a rapid public health response while also ensuring that resources are not diverted, depriving people of health care and resources from the public health response.

d) Budget Approval / Allocation of sufficient resources for health emergencies

Parliaments use their budget approval function to ensure that sufficient funds and other resources are allocated for health emergencies. This entails appropriation of public funds; monitoring budgetary processes; commitments and fulfilment of financial assurances on health aspects related to emergencies that are aimed at addressing the epidemics like the coronavirus.

It is also the duty of parliamentarians to look at the resources allocated to the prevention of outbreaks and match it with the risk or likelihood of their country being attacked by the outbreak. As parliamentarians we should reinforce our position as key stakeholders in managing emergencies at the various stages, from preparation and prevention to when recovering from an emergency. We set the legal framework, which sets the tone for the control programmes. We also have a unique and advantageous position, as elected leaders representing the people, to be among the front liners in preparedness,

⁶ See page 5 of UHC2030's discussion paper "[Living with COVID-19: Time to get our act together on health emergencies and UHC](#)".

prevention and advocating for funds to manage the emergencies through the discharge of their constitutional functions.

e) Promoting multi-sectoral collaboration and monitoring, Evaluation & Reporting of emergency response to COVID 19 for its accountability

Recognizing the importance of a multi-sectoral and all-of-society approach to the COVID-19 response, parliament and parliamentarians can help government to strengthen multisectoral collaboration on COVID-19 preparedness, response, and management. The Member of Parliament (MP) also needs to participate, engage, and oversee the monitoring and evaluation of emergency responses for COVID-19. It can be done through designated technical and oversight committees for tracking the progress and generate support to emergency responses. This monitoring, evaluation and reporting will further strengthen national data base and overall reporting on COVID-19 responses. It is also important that parliamentarians ensure governments to embark on a 'whole of society' approach with strong accountability, gender equity and the empowerment of women in shaping health emergency preparedness and response. COVID-19 has exposed weaknesses in links between health and social care systems and renewed attention on both the balance of responsibilities between local and central government and the role of the private sector. An effective response requires managing across multiple organizations, together with agreed responsibilities, fit-for-purpose regulation, and clear accountability. Parliamentarians may play a key role in balancing and coordinating different priorities and incentives from their constituencies.⁷

CONCLUSIONS

The COVID-19 pandemic has put significant pressure on Governments around the world to respond to a rapidly evolving situation with many unknown variables and emergencies. In addition, such crises exacerbate pre-existing social and economic inequalities. Thus, Parliamentarians have a crucial function to oversee this response, as well as evaluate and swiftly pass emergency legislation to approve national funds to meet the needs of the populations they serve. They can also promote transparency around global and national developments surrounding COVID-19, which is key to maintaining the public's trust in the government's response to the pandemic. In this sense, they can also complement communication efforts, where possible, to ensure that their constituencies receive the information they need and also appreciate citizen's health.

⁷ See pages 5-6 of UHC2030's discussion paper "[Living with COVID-19: Time to get our act together on health emergencies and UHC](#)".