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Global health and foreign policy

Draft resolution submitted by the President of the General Assembly

Scope, modalities, format and organization of the high-level meeting on pandemic prevention, preparedness and response

The General Assembly,

Recalling its resolution [76/301](#) of 2 September 2022 calling for a high-level meeting on pandemic prevention, preparedness and response, at the level of Heads of State and Government, by no later than the last day of the general debate of the General Assembly at its seventy-eighth session, in which it decided to adopt a succinct political declaration aimed at, inter alia, mobilizing political will at the national, regional and international levels for pandemic prevention, preparedness and response,

Recalling also its resolutions [75/27](#) of 7 December 2020 on the International Day of Epidemic Preparedness and [76/257](#) of 29 March 2022 on elevating pandemic prevention, preparedness and response to the highest level of political leadership,

Recognizing that, through the adoption of the Addis Ababa Action Agenda of the Third International Conference on Financing for Development,¹ Heads of State and Government supported research and development of vaccines and medicines, as well as preventive measures and treatments for communicable and non-communicable diseases, in particular those that disproportionately impact developing countries,

Reiterating the commitment to the decade of action and delivery for sustainable development towards the full implementation of the 2030 Agenda for Sustainable Development,²

Recognizing that the coronavirus disease (COVID-19) pandemic has a disproportionate impact on low- and middle-income countries as well as people living in poverty, women and girls, and persons with disabilities, as well as those who are vulnerable or in vulnerable situations, with repercussions on health and development gains, thus hampering the achievement of the Sustainable Development Goals,

¹ Resolution [69/313](#), annex.

² Resolution [70/1](#).



Recalling the importance of World Health Assembly resolutions 73.1 of 19 May 2020 on the COVID-19 response,³ 73.8 of 13 November 2020, entitled “Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)”,⁴ and 74.7 of 31 May 2021 on strengthening World Health Organization preparedness for and response to health emergencies,⁵

Recalling also World Health Assembly decision 74(16) of 31 May 2021 on a special session of the World Health Assembly,⁶ World Health Assembly resolution 75.12 of 28 May 2022 on amendments to the International Health Regulations (2005)⁷ and World Health Assembly decision 75(9) of 27 May 2022 on strengthening World Health Organization preparedness for and response to health emergencies,⁸ in which it decided to commence a Member State-led process to consider proposed and targeted amendments to the International Health Regulations (2005),⁹

Taking note of the report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, as well as the reports of the Independent Oversight and Advisory Committee for the World Health Organization Health Emergencies Programme related to the COVID-19 pandemic, the reports of the Independent Panel for Pandemic Preparedness and Response, the final report of the Review Committee regarding amendments to the International Health Regulations (2005), and the report of the Group of 20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response,

Noting with concern that the COVID-19 pandemic has revealed serious shortcomings at the national, regional and global levels in preparedness for, timely and effective prevention and detection of, and response to potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies,

Recalling decision SSA2(5) of 1 December 2021, adopted by the World Health Assembly at its second special session,¹⁰ in which it established an intergovernmental negotiating body to draft and negotiate a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under article 19, or under other provisions of the Constitution of the World Health Organization¹¹ as may be deemed appropriate by the intergovernmental negotiating body, the outcome of which is to be submitted to the seventy-seventh World Health Assembly,

Recalling also that, in its decision SSA2(5) of 1 December 2021, the World Health Assembly acknowledges the need to address gaps in preventing, preparing for, and responding to health emergencies, including in development and distribution of, and unhindered, timely and equitable access to, medical countermeasures such as vaccines, therapeutics and diagnostics, as well as strengthening health systems and their resilience with a view to achieving universal health coverage,

Noting with appreciation the progress made in the work of the Intergovernmental Negotiating Body, which will draft and negotiate a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, and the working group on the International

³ See World Health Organization, document WHA73/2020/REC/1.

⁴ Ibid.

⁵ See World Health Organization, document WHA74/2021/REC/1.

⁶ Ibid.

⁷ See World Health Organization, document WHA75/2022/REC/1.

⁸ Ibid.

⁹ World Health Organization, document WHA58/2005/REC/1, resolution 58.3, annex.

¹⁰ See World Health Organization, document WHASS2/2021/REC/1.

¹¹ United Nations, *Treaty Series*, vol. 14, No. 221.

Health Regulations that will consider amendments to the International Health Regulations (2005), mindful that the decisions under such processes will be made by the World Health Assembly,

Recognizing that the COVID-19 pandemic is one of the greatest global challenges in the history of the United Nations, and noting with deep concern its impact on health and the loss of life, mental health and well-being, as well as the negative impact on global humanitarian needs, on gender equality and the empowerment of all women and girls, the enjoyment of human rights and across all spheres of society, including on livelihoods, food security and nutrition, and education, the exacerbation of poverty and hunger, disruption to economies, trade, societies and the environment, and the exacerbation of economic and social inequalities within and among countries, which is reversing hard-won development gains and hampering progress towards achieving the 2030 Agenda for Sustainable Development and all its Goals and targets,

Acknowledging that preparing for and preventing future global health emergencies calls for multisectoral and whole-of-government and whole-of-society approaches, continued leadership, solidarity and prioritizing the need for equity, multilateral commitment and collaboration, among Member States and with relevant United Nations entities, especially the World Health Organization, and other relevant international and regional organizations, to implement robust global, regional, national and local responses, in accordance with the Charter of the United Nations, as well as the key leadership role of the World Health Organization within the broader United Nations response,

Recognizing the need to strengthen pandemic prevention by sharing experience and best practices, and to raise the level of preparedness, including early warning systems, in order to have the earliest and most adequate response to any pandemic that may arise, and recognizing also the value of a One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors, including through collaboration among the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme, and looking forward to the high-level meeting on antimicrobial resistance to be held in 2024,

Highlighting the importance of ensuring coordination in the organization of the high-level meeting on pandemic prevention, preparedness and response with the high-level meetings on universal health coverage and on tuberculosis, in order to ensure action-oriented health agendas,

1. *Decides* that the one-day high-level meeting on pandemic prevention, preparedness and response to be convened by the President of the General Assembly in collaboration with the World Health Organization shall be held at United Nations Headquarters in New York on 20 September 2023, on the second day of the general debate of the Assembly at its seventy-eighth session, from 10 a.m. to 6 p.m., and shall consist of an opening segment, a plenary segment for general discussion, two multi-stakeholder panels and a brief closing segment;

2. *Also decides* that the goal of the high-level meeting is to further mobilize political momentum, including through the integration of a multisectoral approach towards pandemic prevention, preparedness and response, given the multifaceted consequences of pandemics;

3. *Further decides* that:

(a) The one-day high-level meeting shall provide for the full and effective participation of all Member States and members of the United Nations specialized agencies;

(b) The opening segment, to be held from 10 to 10.30 a.m., will feature statements of the President of the General Assembly at its seventy-eighth session, the Secretary-General, the Director General of the World Health Organization, the President of the World Bank Group, as well as an eminent high-level champion of pandemic prevention, preparedness and response, selected in consultation with Member States by the President of the General Assembly, giving due consideration to gender balance and level of development and geographical representation;

(c) The plenary segment, to be held from 10.30 a.m. to 5.30 p.m., will comprise statements by Member States and members of the United Nations specialized agencies, and the time limits for these statements will be three minutes for individual delegations and five minutes for statements made on behalf of a group of States;

(d) The closing segment, to be held from 5.30 to 6 p.m., will comprise summaries of the multi-stakeholder panels and concluding remarks by the President of the General Assembly;

4. *Decides* that the organizational arrangements for the two multi-stakeholder panels will be as follows:

(a) Two multi-stakeholder panels will be held in parallel to the plenary segment, one from 11 a.m. to 1 p.m. and the other from 3 to 5 p.m.;

(b) Each of the two multi-stakeholder panels will be co-chaired by two representatives, one from a developed country and one from a developing country, to be appointed by the President of the General Assembly from among the Heads of State or Government attending the high-level meeting, in consultation with Member States, taking into account gender balance, level of development and geographical representation;

(c) The themes of the multi-stakeholder panels will take into consideration the direction and outcomes of preceding and ongoing pandemic prevention, preparedness and response processes and initiatives, as well as the interactive multi-stakeholder hearing, with a view to ensuring the most effective and efficient outcomes and potential deliverables and to sharing experiences and lessons learned from the COVID-19 pandemic and other outbreaks to address remaining implementation gaps;

(d) The President of the General Assembly may invite parliamentarians, local governments, the heads or senior representatives of relevant United Nations entities, including the World Health Organization, international financial institutions, development partners, civil society, the private sector, academia, medical, health and scientific associations, Indigenous Peoples, representative organizations of persons with disabilities and community organizations to serve as speakers on the panels, taking into account gender balance, level of development, geographical representation and the representation of youth and older persons;

5. *Also decides* that the high-level meeting shall approve a concise and action-oriented political declaration on, inter alia, mobilizing political will at the national, regional and international levels for pandemic prevention, preparedness and response, agreed in advance by consensus through intergovernmental negotiations, informed by and aligned with the work of the Intergovernmental Negotiating Body and of the Working Group on Amendments to the International Health Regulations (2005), to be submitted by the President of the General Assembly for adoption by the Assembly;

6. *Requests* the President of the General Assembly, with the support of the World Health Organization and other relevant partners, to organize and preside over an interactive multi-stakeholder hearing, no later than June 2023, with the active

participation of appropriate senior-level representatives of Member States and members of the United Nations specialized agencies, observers of the General Assembly, parliamentarians, representatives of local government, relevant United Nations entities, non-governmental organizations in consultative status with the Economic and Social Council, invited civil society organizations, philanthropic foundations, academia, medical associations, the private sector and broader communities, ensuring the participation and voices of women, children, youth and Indigenous Peoples, as part of the preparatory process for the high-level meeting, and also requests the President to prepare a summary of the hearing prior to the high-level meeting;

7. *Encourages* all Member States and members of the United Nations specialized agencies to participate in the high-level meeting, including the multi-stakeholder panels, at the highest possible level, preferably at the level of Heads of State and Government, and invites all observers of the General Assembly to be represented at the highest possible level;

8. *Invites* the United Nations system, including funds, programmes and specialized agencies, including the World Health Organization, regional commissions and relevant envoys of the Secretary-General, to participate in the high-level meeting, as appropriate, and urges them to consider initiatives in support of the preparatory process and the high-level meeting, particularly with regard to sharing evidence and good practices, challenges and lessons learned;

9. *Also invites* non-governmental organizations with relevant expertise that are in consultative status with the Economic and Social Council to register with the Secretariat to attend the high-level meeting and participate in the multi-stakeholder panels and the interactive multi-stakeholder hearing;

10. *Requests* the President of the General Assembly to draw up a list of representatives of other relevant non-governmental organizations, civil society organizations, academic institutions and the private sector who may participate in the high-level meeting, including its panel discussions, taking into account the principles of transparency and equitable geographical representation, with due regard for gender parity, to submit the proposed list to Member States for their consideration on a non-objection basis¹² and to bring the list to the attention of the Assembly for a final decision by the Assembly on participation in the high-level meeting;

11. *Invites* members of civil society, non-governmental organizations, the private sector, academia, development partners and other relevant stakeholders to make a fundamental contribution to the process in terms of raising awareness of the importance of pandemic prevention, preparedness and response as a key component of universal health coverage and its contribution towards the achievement of the Sustainable Development Goals, among others;

12. *Encourages* Member States and members of the United Nations specialized agencies to include in their delegations to the high-level meeting ministers from all relevant ministries, as appropriate, as well as representatives such as parliamentarians, mayors and governors, representatives of Indigenous Peoples, representatives of civil society, including non-governmental organizations, community organizations, religious leaders and faith-based organizations, academia, philanthropic foundations, the private sector and pandemic preparedness, prevention and response networks, with due regard to gender balance;

¹² The list will include proposed as well as final names. The general basis of any objections, if requested by one or more States Members of the United Nations or States members of the specialized agencies, will be made known to the Office of the President of the General Assembly and the requester.

13. *Decides* that the proceedings of the high-level meeting and the multi-stakeholder hearing shall be webcast, and encourages the President of the General Assembly, the Secretary-General and the Director General of the World Health Organization to give the highest visibility to the high-level meeting, through all relevant media platforms and information and communications technologies;

14. *Requests* the President of the General Assembly at its seventy-seventh session to finalize the organizational arrangements for the high-level meeting, in close consultation with Member States, the World Health Organization and other relevant international organizations, including the overall theme of the high-level meeting and the themes of the multi-stakeholder panels in line with paragraphs 2 and 4 (c) of the present resolution.
