Declaration of Intent

As members of the UNITE Parliamentarians Network for Global Health, considering the essential role of parliaments in promoting efficient and sustainable policies for improved global health systems, in alignment with the United Nations Sustainable Development Goals (SDGs), through international cooperation and multilateralism, we declare:

Section 1 – Infectious diseases and pandemic preparedness

(1.1) That infectious diseases represent a major cause of preventable deaths worldwide and that resilient and equitable public health systems must be put in place to address current health challenges and prevent future pandemics.

(1.2) That pandemic prevention, preparedness, and response capacity, embedded in strong national health systems, needs to be strengthened to prevent future outbreaks from becoming pandemics, including through a legally binding global agreement, to protect human lives and future generations.

(1.3) That it is imperative that the reform of the global health architecture embraces the principles of equity, accountability, and transparency, to effectively protect the world from pandemics and other health threats. At the same time, there is a need for collaborative financing of a new global health architecture that is fit for purpose. We believe that parliamentarians can play a critical role driving advocacy for increased resources, monitoring, and proposing changes to policy environments, as well as holding governments and multilateral institutions accountable for their commitments.

(1.4) That measures are urgently required to improve the protection of human rights during health emergencies, particularly for already vulnerable and marginalized communities, as well as to strengthen civil society participation in the development of national and global health policies and systems.

(1.5) That it is critical to invest in Research and Development (R&D) mechanisms to support the creation of new therapeutics and vaccines as they can give the world more effective tools to cope with current and future health threats. We also acknowledge the important role of the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, and the COVAX facility, and that these and other mechanisms should be perfected and used to fight other infectious diseases, ensuring equitable access to new vaccines. Additionally, to ensure that there is a translation of R&D into real impact in the life of citizens, mechanisms such as the Global Fund and Unitaid are critical as financing institutions which improve access to healthcare and health outcomes.
Section 2 – The future of health systems

(2.1) That national governments and other levels of power should prioritize health and take urgent actions to scale up their health systems by strengthening their health and community workforce, develop pandemic prevention and preparedness measures such as surveillance systems, invest in R&D, as well as innovative approaches to new global health challenges, such as digital transition. Simultaneously, the 2023 UN High-level meetings provide political leaders an opportunity to make actionable commitments to strengthen equitable health systems.

(2.2) That additional sustainable resources are urgently required from the international community to rebuild and further strengthen health systems, and that multilateral aid mechanisms have a key role to play in providing these resources. We welcome the decision of the World Health Assembly (WHA) on Sustainable Financing of the World Health Organization (WHO). Furthermore, ensuring and supporting the successful replenishment of the Global Fund, CEPI, GAVI and all funding mechanisms that support diseases not covered by the aforementioned organizations is essential to channel investments into strengthening health systems, addressing both existing and future pandemics, alongside the need for more international and domestic investments in Universal Health Coverage (UHC) and Primary Health Care.

(2.3) That the control of communicable diseases must be a priority in health policies in agreement with the SDGs, alongside the increasing burden of non-communicable diseases. It is critical to address HIV, Syphilis, Hepatitis B, Tuberculosis, and Malaria alongside other major health threats with strategic and effective measures. This will be important not only to save lives but to decrease the burden of disease and increase the quality-of-life indicators alongside reducing the costs for national health budgets. Therefore, Parliamentarians' work is fundamental to discuss what is needed to face the burden of communicable diseases.

(2.4) That we must embrace the digital transition as an opportunity to substantially reform health systems to focus less on reacting to diseases and crisis and towards promoting health, preventing diseases, and ensuring well-being for all. And that the current digital age offers unprecedented opportunities to adopt and apply technology and use data to generate evidence for sound decision-makers which should include the most marginalized and neglected populations, with the objective of achieving UHC. Nevertheless, it is also important to ensure the support for infrastructure and connectivity strengthening allowing the application of digital health solutions.

(2.5) That we acknowledge the need to work towards achieving strong and resilient health systems and UHC, as an essential foundation for effective preparedness and response to public health emergencies, and adopt more effective approaches to preparedness and response to mitigate the impact of health emergencies in access to services, including those for immunization and nutrition, chronic infectious diseases and noncommunicable diseases, mental health, maternal and child health, sexual and reproductive health care services, rehabilitation and long-term care in accordance with the 75th WHA resolution.
Section 3 – Health as a human right

(3.1) That given the financial gap to achieve the UN Sustainable Development Goals for Health, additional investments are needed within and between countries to achieve UHC, enabling equitable access to health care and ultimately health for all, regardless of socio-economic and other status.

(3.2) That in line with the WHA74.7 resolution, it is critical to take steps to ensure that the response to health emergencies and pandemics does not exacerbate other global health challenges, including the ongoing necessity to tackle issues such as lack of access to health services and medicines, the burden of neglected diseases, and the necessity to prevent antimicrobial resistance, in alignment with the concept of one health.

(3.3) That there is a human rights, moral, and economic obligation to ensure universal and equitable access to diagnostics, treatments, and vaccines, and that the lack of universal access to such health products represents a threat to global public health. Parliamentarians play a pivotal role as they can hold their governments accountable and promote policies and plans that measure and enact the commitment towards UHC.

(3.4) That there is a need to align drug policies with global health and human rights, in order to achieve the SDGs agenda, including ensuring good health and well-being for all, tackling poverty, ending hunger, achieving gender equality and protection of the environment, and creating peaceful and inclusive societies, by providing access to justice for all; and that implementation of evidence-based harm reduction approaches to drugs result in better, more equitable and more cost effective public health outcomes.

(3.5) That, as mentioned in 75th WHA, without peace there is no health and without health there is no peace. We need to address the global humanitarian crisis from a health perspective and make sure that national health systems are ready to deal with crisis beyond borders and to receive and treat those escaping from war. Furthermore, armed conflicts bring consequences “beyond bullets” and, as mentioned in the WHA74.7 resolution at the 74th WHA, attacks on medical and health personnel result in long-lasting impacts, including the loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving services and produce setbacks for health development. In this regard, we recall the United Nations (UN) General Assembly resolution 75/125 of the 11th of December of 2020 on the safety and security of humanitarian personnel and protection of UN personnel, as well as resolution WHA65.20 (2012).
Therefore, we commit to:

1. Establish the principles and guidelines identified during the UNITE Global Summit 2022 for our advocacy work as UNITE members and global health champions.

2. Encourage multilateralism and international cooperation to strengthen health systems and improve pandemic preparedness, health financing, and universal health coverage to support sustainable health policies towards the achievement of the SDGs.

3. Establish peer-to-peer collaboration from across regions under a common global health agenda, fostering international cooperation on pressing issues such as pandemic prevention, preparedness, and response, global health security, health financing, research and development, equitable access to new and existing health tools, universal health coverage, fighting against HIV/AIDS, tuberculosis, malaria, and other infectious diseases, digital health and the growing threat of antimicrobial resistance, among others.

4. Support and promote the participation of parliamentarians in the negotiation process around the future international pandemic agreement, promoting a whole-of-government and whole-of-society approach.


6. Promote an equitable and rights-based health response agenda, and identify, monitor, mitigate and overcome stigma and discrimination, and other human rights related barriers to access health services.

7. Support a Health in All Policies (HiAP) approach, with the aim of collaborating across sectors to achieve common goals. Ensuring a strategy to include health considerations in policy making across different sectors that influence health, such as transportation, agriculture, land use, housing, public safety, and education. It reaffirms the essential role of public policy in addressing determinants of health, acknowledging the need to have one health and planetary health approach to the decision-making process.

8. Recognize that the WHO assumes a pivotal role in being the main source of information during global crisis and, therefore, policymakers should find direct channels to make sure that policies at regional and national levels have a strong evidence-based support, to better serve the citizens that they represent.

9. Support the work of the WHO and advocate for a common agenda that ensures that policymakers have the right information at the right time to support better public health policies in their regional and national contexts.
Signatures

Gisela Scaglia, Argentina

Peter Njume, Cameroon

Marta Bravo Salinas, Chile

Daniel Lilayu, Chile

Maria José Plaza, Ecuador

Jean François Mbaye, France

Levan Gogichaishvili, Georgia

Mariam Jashi, Georgia
Lenin Laínez, Honduras

Lynn Ruane, Ireland

Sabina Chege, Kenya

Kelvin Yii Lee Wuen, Malaysia

Saraí Nuñez Cerón, Mexico

Ibtissame Azzaoui, Morocco

Benjamin O. Kalu, Nigeria

Given Katuta, Republic of the Zambia

Carmen Leyte, Spain

Pia Cayetano, The Philippines
Galyna Mykhailiuk, Ukraine

José Rivera, United States of America

Luís Gallo, Uruguay

Ruth Labode, Zimbabwe

Daniel Molokele, Zimbabwe