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World Health
Organization



Strengthening health security preparedness: The International Health Regulations (2005)

Handbook for Parliamentarians No. 34

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Foreword

Global health crises impact all segments of society, and no community in our world is fully protected against them. Recent public-health emergencies of international concern (PHEICs)¹ include the ongoing COVID-19 pandemic, the 2018–20 Ebola epidemic in the Democratic Republic of the Congo, the 2015–16 Zika virus epidemic, the 2014-16 Ebola outbreak in West Africa and the 2009 H1N1 pandemic.

Each of these examples underscores how a public-health crisis can lead to significant health and economic losses and deprive people of opportunities.

Resilient health systems are vital for preparing for and responding to emergencies, and for maintaining essential health services during a crisis. The International Health Regulations (2005)² are an important tool of international law, reflecting the commitment by States to prevent, detect and respond to emergency health risks.

Parliaments and parliamentarians play a unique and powerful role in achieving preparedness through their various responsibilities: law-making, oversight, budgetary allocation and citizen representation. High-level reviews of the response to the COVID-19 pandemic emphasize the importance of State capacity, social trust and leadership when it comes to preparedness.³ Parliaments and parliamentarians are extremely well positioned to help build and strengthen all three.

This handbook was created to enhance parliamentary contributions to health-security preparedness. It is designed to be used by parliamentarians and parliamentary staff as they consider important aspects of preparedness that need to be established or strengthened at all levels including communities. The handbook contains key questions that can help guide parliamentarians in their capacity-building efforts.

1 Public health emergencies of international concern are declared by the WHO Director-General under the powers set out in the International Health Regulations (2005). See Article 12 of the *International Health Regulations (2005)*, (Geneva, 2016): www.who.int/health-topics/international-health-regulations#tab=tab_1 (accessed 11 November 2020).

2 World Health Organization, *International Health Regulations (2005)* (Geneva, 2016): www.who.int/health-topics/international-health-regulations#tab=tab_1 (accessed 11 November 2020).

3 The Independent Panel for Pandemic Preparedness and Response, *COVID-19: Make it the Last Pandemic* (Geneva, 2021), 31: theindependentpanel.org (accessed 17 May 2021), and Francis Fukuyama, "The Pandemic and Political Order", *Foreign Affairs*, July/August 2020: www.foreignaffairs.com/articles/world/2020-06-09/pandemic-and-political-order (accessed 17 May 2021).

We trust that this handbook will be an important tool for parliamentarians to carry out their leadership role effectively and to fulfill their democratic functions. All members of society must work together to ensure that the lessons of COVID-19 are learned effectively so that the world is prepared to respond to future health emergencies – because no one is safe until we are all safe.



Martin Chungong
IPU Secretary General



Dr. Tedros Adhanom Ghebreyesus
WHO Director-General

1. Introduction



Commuters wearing masks in Tokyo. © Miho Ikeya/The Yomiuri Shimbun via AFP

This handbook describes the role of parliaments in strengthening emergency preparedness and health security.

Throughout 2020 and 2021, the COVID-19 pandemic subjected global and country emergency preparedness to a tough stress test. As the disease emerged and transmitted easily from person to person and country to country, it simultaneously overwhelmed the national capacities of many countries and resisted containment measures. As countries struggled to bring down their infection numbers, many experienced multiple waves of infection with high morbidity and mortality rates.

As emergency responses were deployed, the lack of preparedness was further highlighted. An overreliance on the capacity to react to emerging health risks resulted in strained health and financial systems. It also caused human suffering, disrupted work and education and reduced economic and commercial opportunity – thereby entailing further misery and chaos. Vulnerable groups were particularly hard hit, and existing inequalities worsened.

There have been at least six pandemics since the 1918 Spanish Influenza pandemic, including COVID-19. Each of these has been a zoonosis (a disease caused by germs that spread from animals to people).⁴ Without preventive strategies, more pandemics are possible.⁵ Yet there is no way to know when the next health emergency will strike, whether it is a PHEIC, a pandemic or some other kind of disaster. For a zoonotic disease to emerge, for example, an easily transmitted pathogen simply needs to jump from animal to human. The likelihood of that occurring increases with climate change and closer contact between humans and wild and domestic animals. Preparedness cannot wait.

Parliamentarians can leverage their various roles and positions to advocate and lead and to bring about better emergency preparedness and health security. The parliamentary functions of law-making, oversight, accountability and budgetary approval, together with the individual opportunities that parliamentarians have as representatives and community leaders, should be put to use so that emergency preparedness becomes a priority and the devastating impact of COVID-19 and other health emergencies is never again repeated.

This handbook aligns with and contributes to the implementation of the IPU resolution *Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health*⁶ and the WHO resolution *Strengthening preparedness for health emergencies: Implementation of the International Health Regulations (2005)*.⁷ Both emphasize the importance of health security in attaining universal health coverage (UHC).

The International Health Regulations (2005) (IHR) are an instrument of international law conferring rights and obligations on their 196 States Parties. Their purpose is to prevent the international spread of disease and to enable a public-health response when risks arise that is proportional to the risk and avoids unnecessary interference with international traffic and trade.⁸ Their implementation is supported by WHO, which has produced tools and guidance materials including a monitoring and evaluation framework that offers several mechanisms to countries to gauge their capacity to prevent, detect and respond to health security risks.⁹ More recently, WHO has developed the Universal Health and Preparedness Review based on a voluntary mechanism of peer-to-peer review, led by Member States, to promote greater, more effective international cooperation by bringing nations and stakeholders together in a spirit of solidarity.¹⁰

Parliamentarians act collectively as a parliament but may also contribute individually as parliamentarians to the activities of their parliaments and their constituencies. Options for action to support health emergency preparedness and health security are as multifarious as the types of positions that parliamentarians can hold. The commonality is that all

4 Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, *IPBES Workshop on Biodiversity and Pandemics* (Bonn, 2020): ipbes.net/sites/default/files/2020-12/IPBES%20Workshop%20on%20Biodiversity%20and%20Pandemics%20Report_0.pdf (accessed 6 January 2021).

5 As above.

6 See Article 29 in particular of the IPU resolution *Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health*, adopted by consensus at the 141st IPU Assembly (Belgrade, 17 October 2019): www.ipu.org/file/8200/download (accessed 14 December 2020).

7 World Health Assembly (WHA) 73.8 "Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)": apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R8-en.pdf.

8 International Health Regulations, page 1 (see note 2 above).

9 apps.who.int/iris/bitstream/handle/10665/276651/WHO-WHE-CPI-2018.51-eng.pdf;sequence=1 (accessed 7 January 2021).

10 apps.who.int/gb/ebwha/pdf_files/EB148/B148_18-en.pdf (accessed 3 June 2021).

parliamentarians may serve their own communities and constituencies powerfully as influencers, leaders and advocates by supporting and protecting human health and economic security.

As lawmakers, parliamentarians can directly contribute to legal preparedness for health emergencies by helping to develop and then passing appropriate legislation.

Through their accountability and oversight activities, parliaments and parliamentarians can hold governments to account for their commitments to plan, implement and fund health emergency preparedness and to implement the IHR.

As representatives, parliamentarians may contribute in their own constituencies through formal or informal advocacy and communication to promote public trust.

In addition to research and available evidence, this handbook was informed by a small qualitative study undertaken to ensure the authors took into account the real-time experience and perspective of parliamentarians during COVID-19 and other health emergencies. Furthermore, ideas for the handbook were reality checked through the prism of the lived experience of parliaments and parliamentarians during health emergencies in their own countries.

In the absence of an emerging or established public-health risk, some may see health emergency preparedness as a lower priority. However, recent global experience of the COVID-19 pandemic has demonstrated its critical importance and the consequences of facing a pandemic unprepared. Effective emergency preparedness begins well before the need to respond to a health emergency arises. It entails plans and protocols, the capacity to identify and manage risks, an adequate and available workforce, and resources and facilities. Supporting legislation is also likely to be necessary.

Every country and every parliament has had a harsh reminder of the need for emergency preparedness. Recent experience with health emergencies caused by communicable diseases such as SARS, MERS-CoV, Ebola, H1N1 and Zika, as well as by natural disasters and other hazardous and multi-hazard events, clearly pointed to the need for health emergency preparedness. Yet several independent reports have stated that the world was not adequately prepared for COVID-19.^{11,12} The consequences of ill-preparedness can be measured in deaths, affected livelihoods, devastated families, reduced economic opportunities and lost years of good health and societal development.

There is currently a renewed interest in and recognition of the importance of emergency preparedness and health security. Parliaments should harness this momentum now, before the next health risk emerges.

How can this handbook help parliaments and parliamentarians to seize this opportunity? How should this handbook be used?

11 World Health Organization, *A world in disorder: Global Preparedness Monitoring Board annual report 2020* (Geneva, 2020): www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2020-annualreport-en.pdf?sfvrsn=bd1b8933_36.

12 *Make it the Last Pandemic* (see note 3 above).

1.1 Handbook objectives

- Introduce the concepts of health emergency preparedness and health security, and discuss the importance of these concepts and of the International Health Regulations (2005)
- Consider global and domestic opportunities for parliaments and parliamentarians to help achieve health security and health emergency preparedness nationally
- Focus on the following functions of parliaments, each of which provides different opportunities for parliaments and parliamentarians to address health security and emergency preparedness:
 - Law-making
 - Oversight and accountability
 - Budgeting and approval of expenditure
 - Representation
- Explore the unique role that parliaments and parliamentarians can play, through their functions, in advocating for and achieving health emergency preparedness and health security
- Provide practical suggestions, actionable recommendations and further resources

1.2 Who is this handbook meant for?

- Parliaments and parliamentarians
- Those who advise or work with parliamentarians, along with the parliamentarians' staff and advisers
- Government officials, members of civil society, academics and anyone who might want to encourage or work with parliaments and parliamentarians to advocate for or facilitate emergency preparedness and health security
- The IPU, WHO and other multilateral organizations that work with parliaments and parliamentarians

1.3 How should this handbook be used?

Any individual section of the handbook may be consulted for a brief explanation of the relevant area and how it may be used to advance emergency preparedness and health security. The handbook also provides links to other informational materials along with suggested actions. Not all of these actions will suit the needs of every country, but they provide ideas and examples that may be worthy of further consideration. All

of the suggested actions have been drawn from the experience of parliaments and parliamentarians.

Health security and emergency preparedness	<ul style="list-style-type: none">• What they are, and what is necessary to achieve them• Finding out more• Opportunities for parliaments
International Health Regulations (2005)	<ul style="list-style-type: none">• What they are, and what are the obligations of States Parties• Finding out more• Opportunities for parliaments
Parliamentary functions: oversight and accountability	<ul style="list-style-type: none">• How the oversight function can be leveraged to achieve emergency preparedness• Budgeting and oversight• Finding out more• Opportunities for parliaments
Parliamentary functions: law-making	<ul style="list-style-type: none">• How the law-making function can be leveraged to achieve emergency preparedness• Finding out more• Opportunities for parliaments
Parliamentarians as representatives and leaders	<ul style="list-style-type: none">• How parliamentarians as representatives and leaders can contribute to emergency preparedness nationally and within their constituencies• Finding out more• Opportunities for parliamentarians
Parliamentary opportunities for international cooperation and activity in multilateral organizations, and other international activity	<ul style="list-style-type: none">• How parliaments can operate within the international arena to support emergency preparedness globally and domestically• Finding out more• Opportunities for parliaments

2. Health security preparedness



Police personnel distribute face masks to pilgrims at a transit camp. © Dibyangshu Sarkar/AFP

2.1 What are the International Health Regulations?

The International Health Regulations (2005) (IHR) are an instrument of international law conferring rights and obligations on their 196 States Parties. They are designed to prevent the spread of disease internationally and to guide the public-health response when risks arise. The response must be proportional to the risk and avoid unnecessary interference with international traffic and trade.¹³

What do the IHR mean to my country?

The IHR set out obligations in handling public-health events and emergencies that have the potential to cross borders. The IHR require countries to establish and maintain core

¹³ *International Health Regulations*, page 1 (see note 2 above).

Key elements of the IHR

- Continuously monitoring public-health risks and multi-hazard risks
- Maintaining information flow between WHO and national focal points in each State Party
- Achieving core capacities in the public-health response
- Achieving core capacities at points of entry, i.e. airports, ports and ground crossings
- Using and reporting health measures
- Setting out special provisions for conveyances, cargo and travellers
- Protecting human rights

capacities, which are capacities required to detect, assess, notify and report events, as well as to respond to public-health risks and emergencies.

Are the IHR legally binding?

Yes. They were created using the authority set out in WHO's constitution.¹⁴ The IHR entered into force and became legally binding on most States Parties on 15 June 2007 when they were approved by the World Health Assembly (WHA).¹⁵ Regulations developed under this WHO regulation-making power come into force for all members after due notice has been given of their adoption by the World Health Assembly unless they are rejected by the Assembly or the WHO Director-General is informed of a reservation.¹⁶ No WHO member rejected the IHR, and the two reservations received did not prevent

the IHR from entering into force for those two Member States. All countries that are members of WHO are States Parties.¹⁷

What are core capacities?

The IHR set out 13 core capacities which, once achieved, ensure country preparedness for public-health risks and the ability to respond. Core capacities are found throughout the articles of the IHR, and States Parties are legally committed to meet them. They include:

- Designating or establishing a National Focal Point (NFP) and authorities with the required attributes and capacities to fulfil their responsibilities under the IHR.¹⁸
- Developing, strengthening and maintaining the capacity required to detect, assess, notify and report events.¹⁹

14 Article 21 of World Health Organization, *Constitution of the World Health Organization*: apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1.

15 The IHR came into force at a later date for the two Member States that filed reservations and for new Member States (see appendix One to the 3rd edition).

16 *WHO Constitution*, Article 22 (see note 15 above).

17 www.who.int/countries (accessed 21 January 2022).

18 See Article 4 of *International Health Regulations* (see note 2 above).

19 See Article 5, annex 1A (Core capacity requirements for surveillance and response) and annex 1B (Core capacity requirements for designated airports, ports and ground crossings) in *International Health Regulations* (see note 2 above).

- Developing, strengthening and maintaining the capacity to promptly and effectively respond to public-health risks²⁰ and public-health emergencies of international concern.^{21,22}

The definitions of the terms “disease”,²³ “event”²⁴ and “public-health risk”²⁵ are quite broad and effectively cover the day-to-day domestic public-health surveillance of risks that have the potential to escalate and present a significant harm to humans.

Consequently, most risk-management detection and response functions and powers are core capacities under the IHR. Where the arrival of travellers, goods or conveyances may constitute a risk to public health, they are also part of those IHR core capacities. As travel and trade are important areas of attention in the IHR, there are also specific core capacities for designated airports, ports and ground crossings.²⁶

2.2 Health security preparedness

Since the 1918 Spanish influenza pandemic, there have been at least six pandemics, including COVID-19. Each of these pandemics has been a zoonosis. Climate change, the wildlife trade and damage to natural ecosystems all increase the potential for viruses that infect animals to make the jump to people.

It is clear that health emergencies continue to have a significant and sometimes catastrophic impact on countries’ economies and development and on the health of their people. Both recent and ongoing public-health events have demonstrated that many communities remain at high risk, and that strong levels of national preparedness across all relevant sectors are crucial to ensuring the effective management of health emergencies. They also illustrate the need to scale up the implementation of the IHR, under which countries are required to build and maintain strong and resilient health systems in order to prevent, detect and rapidly respond to and recover from public-health emergencies.

This is the essence of health security. It is about reducing health emergency threats, risks and vulnerabilities so that countries and communities can manage them before

20 An “event” means a manifestation of a disease or an occurrence that creates a potential for disease; “public-health risk” means a likelihood of an event that may adversely affect the health of human populations, with an emphasis on one which may spread internationally, or may present a serious and direct danger. See the definitions in *International Health Regulations*, pp. 6–10 (see note 2 above).

21 A “public-health emergency of international concern” means an extraordinary event which is determined, as provided in these regulations: (i) to constitute a public-health risk to other States through the international spread of disease; and (ii) to potentially require an international response. See the definitions in *International Health Regulations*, pp. 6–10 (see note 2 above).

22 See Article 13 and annex 1A (Core capacity requirements for surveillance and response) in *International Health Regulations* (see note 2 above).

23 A “disease” means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans. See the definitions in *International Health Regulations*, pp. 6–10 (see note 2 above).

24 An “event” means a manifestation of disease or an occurrence that creates a potential for disease. See the definitions in *International Health Regulations*, pp. 6–10 (see note 2 above).

25 A “public-health risk” means a likelihood of an event that may adversely affect the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger. See the definitions in *International Health Regulations*, pp. 6–10 (see note 2 above).

26 Article 19 of the IHR requires States Parties to meet the core capacities set forth in annex 1 for designated points of entry within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13.

It is important to mention that we have had several cholera outbreaks, including a very serious one in 2017. Several lessons came from that, driven by the minister for health, national development partners and also the private sector. But parliament was left out of the response. Our participation was limited to receiving information.

We think one lesson is that we must always be part of the response itself, part of these committees, etc. Various lessons were learned from cholera:

- *We need teamwork and a multisectoral approach, and we must have a governance structure allowing us to talk to everybody.*
- *We must also have money.*
- *We must also have the political will.*
- *The top political leadership must buy into everything that is happening.*
- *There must be emergency laws in place. If you don't have them, you will have to pass them.*

M.P.
Parliament (African region)

Preparedness will only be achieved when there is a strong and resilient health system.

M.P.
Parliament (Western Pacific region)

they become large-scale health crises. The rapid emergence and spread of COVID-19 is a painful reminder of the need to scale-up health security.

At the global level, the IHR provide an overarching legal framework that defines countries' rights and obligations in the handling of public-health events

and emergencies that could potentially cross borders. The IHR facilitate the regular monitoring and evaluation of health-security capacities including through the annual self-assessment and reporting (SPAR) that is mandatory for all States Parties. Another monitoring and evaluation mechanism is the joint external evaluation (JEE), a voluntary, collaborative, multisectoral process to assess country capacities in order to prevent, detect and rapidly respond to public-health risks whether occurring naturally or due to deliberate or accidental events. JEEs help countries identify the most critical gaps within their human and animal health systems in order to prioritize opportunities for enhanced preparedness and response.

Simulation exercises, intra-action reviews (IARs) and after-action reviews (AARs) are additional mechanisms that countries can use to identify gaps before, during and after public-health events. More recently, WHO has developed the Universal Health and Preparedness Review (UHPR), based on a voluntary mechanism of peer-to-peer review led by Member States. Its aim is to promote greater, more effective international cooperation by bringing nations and stakeholders together in a spirit of solidarity.²⁷

²⁷ See https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_18-en.pdf accessed 3 June 2021

Collectively, these mechanisms provide important insight into the preparedness gaps that countries face and the priority actions that should be taken across the health sector and other sectors to enhance preparedness at the national and subnational levels.

Countries can call on WHO, Member States and partners for assistance in developing comprehensive plans that they can use to build sustainable capacity and, ultimately, enhance their health security. Parliaments and parliamentary staff have a crucial role to play in this process, including by supporting cross-sector capacity-building efforts and providing legislative oversight.

Enforcement of the IHR

Although the IHR do not include an enforcement mechanism per se for States Parties that fail to comply with their provisions, the potential consequences of non-compliance are themselves seen as a powerful compliance tool. “Peer pressure” and public knowledge may serve as incentives for compliance. Working together with WHO to control a public-health event and accurately communicate how the problem is being addressed has helped to protect States from unjustified measures being adopted unilaterally by other States.²⁸

The IHR have been reviewed since COVID-19 with regard to enforcement capability, among other things. At the time of writing, reviews and commentary about the IHR under consideration by WHO and its Member States are likely to bring about reforms, the extent of which are not yet known.

What do the IHR and international obligations mean for parliaments?

As stipulated in the 2021 WHA 73.8 resolution, *Strengthening preparedness for health emergencies: Implementation of the International Health Regulations (2005)*,²⁹ WHO Member States have agreed that parliament plays a fundamental role in enhancing capacities to prevent, detect and respond to public-health risks and in promoting and adopting the IHR. They have also further emphasized the importance of parliament in enabling an all-inclusive multisectoral coordination for health emergency preparedness.

Some questions to ask

- Who is the designated IHR focal point in my country?
- Does that officer have sufficient power and support to receive all relevant information and relay it as required to WHO?
- Has my country recently had a joint external evaluation³⁰ to examine its progress in achieving IHR core capacities? Was my parliament involved in this process?

28 From “Frequently asked questions about the International Health Regulations (2005)”, www.who.int/ihr/about/FAQ2009.pdf (accessed 22 October 2019).

29 WHA 73.8 “Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)”: apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R8-en.pdf.

30 www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/joint-external-evaluations (accessed 24 September 2020).

- Has the ministry of health conducted a review of legislation to ensure my country has a regulatory framework capable of supporting core capacities for all public-health risks including multi-hazard events calling for a multisectoral response? Has the ministry engaged with the parliament on required legislative reform?
- Has the ministry of health considered its progress against all IHR core capacities and identified any gaps?
- What is my country's plan to meet core capacities?
- Are core capacities adequately resourced?
- Are there any opportunities for my parliament to engage regionally in mutually supporting a better understanding of the IHR and in achieving core capacities more effectively?

Some options for action

- Familiarize yourself as parliamentarians with emergency preparedness, health security and the IHR, and immediately accept opportunities to learn more about them.
- Ask the ministry of health and/or WHO country office to conduct briefings for interested parliamentarians.
- In formal and informal parliamentary activities, support country participation in SPAR and JEE processes.
- When a draft law or law reform is provided for examination and in parliamentary oversight committees before being introduced into parliament, take the opportunity to ask questions about how it will advance emergency preparedness and how it aligns with any other laws with which it will interact.
- In parliament, ask questions about whether the core capacities under the IHR have been met.
- In parliament and cabinet, actively support laws that enable better emergency preparedness.
- In committees, take the opportunity to examine core capacities and country compliance with the IHR in more detail.
- Consider asking questions of competent authorities and seeking more information.

Where can I find out more?

- The IHR: www.who.int/ihr/about/en/
- WHO's JEE process: www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/joint-external-evaluations
- WHO's SPAR process: www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/states-parties-self-assessment-annual-reporting
- Health security at WHO: www.who.int/health-topics/health-security/#tab=tab_1

3. The formal functions of parliaments and parliamentarians supporting health security and emergency preparedness



Health measures to prevent the spread of COVID-19 discussed by teachers and students in France.
© Jean-Francois Fort/Hans Lucas via AFP

3.1 Parliamentary oversight and holding government accountable

3.1.1 What is accountability for health security and emergency preparedness?

Accountability is taking responsibility or being held responsible for something that you have done or something you are supposed to do. Governments have many responsibilities, functions and legal obligations related to health security and emergency preparedness and are therefore accountable for them. These may include:

- Implementing any domestic statutory obligations, possibly found in the constitution, about the right to health or access to health care.
- Fully implementing the IHR domestically under the country's international law obligations.
- Ensuring an appropriate national emergency preparedness plan exists, is adequately costed and resourced, and is put in place with a clear line of authority at all stages of escalation.
- Ensuring adequate day-to-day health risk-management capability such as surveillance, track-and-trace capacities, and the capacity to manage small community-based health risks to prevent them from evolving into national or global emergencies.
- Implementing policies and plans for health emergency preparedness.
- Ensuring that the architecture to support a multi-hazard response to a health emergency exists, may be deployed across all sectors and government levels, and includes a multisectoral mechanism.
- Ensuring that preparedness is regularly reviewed, including after any major health emergency, to ensure lessons learned are identified and used to inform potential changes to policies, laws, administrative arrangements, standard operating procedures (SOPs) and so on.
- Ensuring that any and all requirements to implement policies and laws supporting preparedness are fully costed, that all one-off and recurrent expenses are funded via the budget and that some reserve capacity exists to fund a response to unexpected health emergencies.

I believe that parliament has a strategic role and must engage in a profound debate to promote reforms within a fragmented health system such as [ours]. To this end, one possible action is to promote regulations to ensure the equal distribution of health resources and health-care human resources. This would constitute an essential contribution to prepare an effective response.

M.P.
Parliament (American region)

Parliamentarians may provide oversight in ensuring their governments meet such responsibilities.

There are many different mechanisms and approaches through which oversight may be exercised across the world's parliaments. Each country is different, and each parliament may employ some or all of those mechanisms.

During a health emergency, it is more – not less – important to optimize parliaments' oversight function. A democratic deficit could result from a lack of parliamentary oversight and scrutiny of governmental action, budgets, legislative measures and accountability.

For parliament itself, the oversight mechanisms continue to be the same. As MPs, we are required to provide oversight, which means we must:

- *Ask the questions*
- *Introduce motions*
- *Partake in budgetary allocation*

M.P.

Parliament (African region)

One important oversight and accountability function concerns the budget process and budget implementation. Finance and budget committees and public accounts committees play a particularly important role in budget and expenditure oversight.

How do parliaments and parliamentarians oversee emergency preparedness?

Oversight activities vary greatly between countries. Any or all of these activities may be deployed to support oversight of government responsibility and ensure governments are accountable for their legal obligations in relation to emergency preparedness and health security.

The activities described below may directly concern emergency preparedness or touch on related matters such as health-system strengthening or resilience, telehealth, private-sector engagement in the health system, employment effects of emergency health measures, and so on. These activities may include:

- Parliamentary enquiries in plenary sessions which directly or indirectly concern issues related to emergency preparedness.
- Parliamentary enquiries via special session or committee both before the budget is passed, to consider planning, priorities and allocation, and afterward, for audit and implementation oversight. These enquiries may directly or indirectly concern emergency preparedness or budget priorities that present an opportunity to raise emergency preparedness as a priority.
- Parliamentary consideration of draft legislation, whether in committees or in plenary parliamentary sessions. If the draft directly or indirectly concerns health risk management or emergency preparedness, parliamentarians may ask questions such as those set out below in section 3.2.2.
- Parliamentary accounts committees and finance and budget committees to examine expenditures and oversee the budget, including in relation to allocating sufficient resources for emergency preparedness and health security (see also budget approval and oversight).
- Encouraging the creation of and participation in high-level coordinating bodies, whether these are formal parliamentary committees or not. Such bodies were found to be critical to a country's ability to adapt to changing information during COVID-19.³¹

³¹ *Make it the Last Pandemic*, page 31 (see note 3 above).

- Questions in parliament (whether planned, asked during question time, written or oral).
- Consideration and comments in parliament and committee settings.
- Advocating and drawing attention to governmental performance in emergency preparedness through less formal channels, including speeches, the use of traditional and social media, and public comments or advocacy surrounding policy and legislative proposals.
- Involving civil society or the private sector, through committee appearances or solicited opinions on legislative proposals, so that they may contribute to discussion and debate on emergency preparedness or matters relevant to it. Engaging communities can in particular help parliamentarians ensure human rights and gender considerations are taken into account in health emergency preparedness and response.
- Inquiries into the extent to which health emergency preparedness takes into account the differentiated impact of emergencies on men and women, and their impact on vulnerable groups.

Parliamentary oversight and the COVID-19 experience

Owing to health measures imposed during COVID-19, some parliaments met less frequently while others stopped meeting entirely for a period of time. One consequence for some parliaments was that their law-making and oversight functions were bypassed to an extent. Much law-making was accomplished via subordinate legislation or executive orders that did not go to parliament for consideration. In many cases, executive orders were not submitted to parliament in advance, or its endorsement was sought only after the orders had been made and were in place.

In the area of budgetary and financial oversight, some parliaments experienced impediments to normal parliamentary scrutiny of expenditures or were sidelined through the use of various financial measures. Such measures may include truncated oversight processes, attempts to bypass parliamentary scrutiny by relying on executive orders, or submitting budget processes to parliamentary oversight after funds have been allocated and spent.

Eliminating parliamentary oversight over legislation designed to enable emergency health measures or budget measures means stripping parliament of an important function and weakening democratic governance. Hasty law-making can lead to unintended consequences when insufficient consideration is given to all aspects of a proposed new law. For example, it may not be adequately costed, disproportionately affect disadvantaged groups or erode human-rights protections and weaken the rule of law.

3.1.2 Striking a balance between the need for swift action and the need for proper parliamentary oversight

It must also be acknowledged that parliaments often move slowly through the process of placing bills on notice lists, achieving cabinet approvals, scrutinizing the bills in committee and, lastly, introducing, debating and passing bills.

Moreover, parliaments only meet at certain times during the year. Health emergencies arise quickly and must be immediately managed with appropriate health and financial measures, many of which require legislation. The measures and legislation that enable them must also be continuously reviewed, calibrated and adapted as the emergency progresses, escalates and later goes into a resolution phase.

We had previous experience of serious earthquakes. This was clearly remembered. Pretty extraordinary things needed to be done to address that. With COVID-19, we said we have done this before, and that experience helped.

M.P.
Parliament (Western Pacific region)

The problem was that Parliament was not taken seriously. One evening, we got 100 pages of proposed laws with all laws changed in one omnibus law. It was not even given to [health] committees to consider. Everything was dealt with in the Budget Committee.

M.P.
Parliament (European region)

What happened here is that when there was an outbreak, we were in session. A member raised a point of order about why we were meeting when the rules of COVID-19 do not allow people to meet as a group. So we adjourned immediately. Then we couldn't meet because our standing orders didn't allow it. We had to change the standing orders.

M.P.
Parliament (African region)

Legislative review is usually a long and complicated process that requires a range of support and expertise at the political and administrative levels of government that must be maintained over a period of time. For any large-scale review, the process usually takes years.

What does this mean for emergency preparedness?

A principal concern during a fast-moving health emergency or pandemic is to make decisions quickly and to ensure an effective response. This means acting without delay. An important part of many country responses to health emergencies of all kinds is to include powers to make executive orders and issue directives and notices and so on to address immediate needs for action. This must be part of a country's capacity to respond.

While a swift response is undoubtedly important, challenges may arise when new legislation or changes to the budget or public expenditure must be approved on short notice or without the usual

committee oversight process, or when use is made of executive power without the need for parliamentary scrutiny.

A balance should be struck between the need to move quickly in an emergency situation and parliament's role in the passage of new principal legislation and budget approval, which should generally not be managed via executive order.

Part of preparedness is ensuring that the rules and arrangements that support a swift response are matched by appropriate, flexible arrangements that enable parliament to

Undoubtedly, the lessons learned involve the need to work in a coordinated manner, not only among those who have legislative power, but also with and among other branches of government and society as a whole.

Senator
Parliament (American region)

exercise oversight in an appropriately streamlined process that is deployed in an emergency. As this allows parliament to discharge its function, it is crucial to democratic governance.

The time to examine and recalibrate the rules is well ahead of any health emergency. In other words, preparedness implies creating the necessary legal and administrative frameworks for flexibility in an emergency.

Some questions to ask

Some of the questions appearing below relate to the functioning of parliament and parliamentary committees during a health emergency. As the special orders and procedures must be enabled long before a health emergency strikes, making sure these flexible arrangements exist is an important aspect of preparedness.

- Does my country have a national emergency preparedness plan and what is its implementation status?
- When did the last review of my country's health emergency preparedness take place? How are the identified gaps being addressed?
- Do the preparedness plans and budget include reserve capacity to fund a response to an unexpected health emergency?
- What arrangements does my parliament have that enable it to discharge its statutory functions during a national health emergency?
- Does my parliament have an existing parliamentary committee that might be immediately convened to provide parliament with advice for swift action in the event of a national emergency?
- What arrangements exist for finance and public accounts committees to meet and scrutinize emergency fund allocations, and are these meeting arrangements flexible in the event face-to-face meetings cannot be held?

We are accountable for preparedness. Nothing was prepared. Other things we had prepared, but [there was] no policy and procedure for these kinds of problems. One of the roles of parliament is to ask for the policy and procedure to be prepared. For everything, not just any emergency. The role of parliament is to push politicians to work on it. If I am in the next government, one of the first things I will do is that. A policy and procedure for emergencies and disasters and things that can happen in the future.

M.P.
Parliament (Eastern Mediterranean region)

Some options for action

Parliament may exercise its oversight role effectively in various ways to achieve better emergency preparedness and health security.

- It may convene a parliamentary committee to examine how previous health emergencies, such as Ebola, SARS, MERS and COVID-19, were handled. Lessons may be learned that may then be incorporated into emergency preparedness well ahead of any new emergency. The composition of such a committee should be inclusive, including in terms of gender and political representation.
- Questions may be asked of the competent minister(s) or competent authorities in the area of emergency preparedness and planning and implementation of the IHR, to gain clarity and ensure accountability.
- Parliament could link and target budgeting for preparedness and IHR capacity strengthening under the national health budget.
- A finance or public accounts committee may examine budgetary measures and ensure a balance between, on one hand, financial mechanisms to enable a swift response to an emergency backed by the necessary resources and, on the other hand, oversight to ensure funds are spent wisely and with the highest level of probity.
- A finance or emergency preparedness committee could seek public input into decision-making, including in terms of budget allocation, to identify vulnerable groups in emergency responses and ensure they receive the support they need. This input could be solicited from civil society, business groups, academics and specialist policy groups.
- Parliament could require pre-budget consultations with the minister of finance and the minister of health on budget allocations for emergency preparedness and proposals and plans for implementation.
- Parliament could require quarterly statements from the minister of finance and the minister of health on budget execution in the area of emergency preparedness.
- Parliament may also examine its own rules as part of preparedness to ensure that, in the event of a health emergency, it can continue to exercise its oversight function. As part of preparedness, flexible rules need to be established and implemented well ahead of a health risk response. Such rules should make sure inclusive decision-making processes are implemented during a health emergency.
- Parliament could review standing orders to ensure maximum flexibility and to benefit from lessons learned during various health emergencies that prevented face-to-face meetings. These may include, when certain criteria are met:
 - Exploring the use of technology for parliament and parliamentary committees to meet remotely
 - Flexible working solutions
 - Changing physical meeting arrangements

- Establishing, or adding to the terms of reference of, an existing multisectoral committee of parliament that includes health and other expertise such as finance, agriculture, planning and police. It should also monitor risks and be quickly convened to advise parliament in the event that a national health risk emerges. The committee should be allowed to expand its membership and bring in additional expertise, depending on the nature of the emergency.
- Parliament and parliamentarians must model responsible behaviour and demonstrate leadership. For example, during COVID-19 this has meant wearing face masks, social distancing, using hand sanitizer, etc.

Where can I find out more?

- *Global Parliamentary Report 2017—Parliamentary oversight: Parliament’s power to hold government to account*: www.ipu.org/resources/publications/reports/2017-10/global-parliamentary-report-2017-parliamentary-oversight-parliaments-power-hold-government-account
- *Guidelines for parliamentarians on budgeting for the SDGs: Making the most of public resources*: www.ipu.org/resources/publications/reference/2021-11/guidelines-parliamentarians-budgeting-sdgs-making-most-public-resources
- Institute for Democracy and Electoral Assistance (IDEA), Inter Pares project, *Parliaments and crisis: Challenges and innovations*: www.idea.int/publications/catalogue/parliaments-and-crisis-challenges-and-innovations
- IPU resources:
 - Country compilation of parliamentary responses to the pandemic: www.ipu.org/country-compilation-parliamentary-responses-pandemic
 - Guidance note for parliaments on human rights and COVID-19: www.ipu.org/human-rights-and-covid-19-guidance-note-parliaments
 - Guidance note for parliaments on gender and COVID-19: www.ipu.org/gender-and-covid-19-guidance-note-parliaments

3.2 Law-making and emergency preparedness

Preparing a country to respond to health risks and health emergencies necessitates planning and consideration of many potential system interventions and mechanisms. Preparedness implies the capability to identify risks and manage them before they escalate and to be able to mount a response across all sectors and government levels for one hazard or for several. It means making sure legislation supports a multisectoral response and establishes the necessary administrative mechanisms to do so. Each country’s experience will be different, as will its existing health emergency management architecture on which emergency preparedness is built.

Legislation, as one available system intervention, is crucial to various aspects of emergency preparedness, such as establishing key agencies and committees, conferring functions and powers, and triggering system responses. These are all relevant to emergency preparedness yet are not possible without legislation to establish or enable them.

We have to change the law and probably enact new laws which we can call emergency preparedness acts or laws. Laws that spell out exactly how countries are going to tackle epidemics. Structural arrangements must start with a national taskforce where parliament is involved through representation of parliament and also the leadership of parliament.

M.P.
Parliament (African region)

Legislation is always part of preparedness irrespective of whether it supports preparedness or response efforts. This is because the work to bring about legal reform can be quite long depending on the complexity of the proposed reform. While the use of new legislation during COVID-19 was often well targeted and constructive, it did not and could not replace coherent legal frameworks. As such, it could not address all essential areas which, although they differ from one country to another, may include:

- Overall health-system governance
- Risk management
- Data collection and use for all purposes, including surveillance, contact tracing, epidemiology, research, health planning and NFP communication with WHO
- Quarantine arrangements and travel measures
- Biosafety and biosecurity
- Coordination across all sectors and government levels depending on the health risk or in the event of a multi-hazard emergency
- A multisectoral mechanism and clear lines of authority
- Protection for human rights
- Measures and approaches to ensure gender-responsive legislation and avoid or address unintended consequences for vulnerable groups
- Measures to achieve maximum possible community engagement
- Identifying and removing impediments to an emergency response:
 - Ensuring that the health system's priorities, along with broader consideration of UHC and SDGs, are not overlooked
 - Recognizing the importance of careful costing and of an implementation and communication strategy

Law reform in itself is unhelpful unless it is properly supported by successful and sustainable implementation, including the necessary budget.

Parliamentary involvement in the law-making process can differ depending on the legislation development process in each country. Opportunities to consider how legislation may contribute to emergency preparedness or to question whether a piece of national legislation generally serves its purpose may arise at different stages, including those at which legislative priorities are set, legislation is scrutinized in parliamentary committees, plenary debates on draft legislation are held, and parliamentary votes on approving legislation are conducted.

3.2.1 How might parliamentarians better equip themselves to undertake their important function of law-making in relation to emergency preparedness?

Is it possible to check current legal preparedness?

Any consideration of legal reform should begin by considering what legislation already exists and the extent to which it already supports the aim of the desired reform. Knowing what legislation already exists is also essential to ensuring any proposed reform is consistent with or complements existing laws.

The best approach is to run a full audit of all legislation – both inside and outside the health sector – that affects health-system structure and function.

A full audit of relevant legislation requires some time and technical skill but is of enormous benefit for maintaining and improving the health system generally. It is also a crucial aspect of examining legal preparedness for health emergencies. If law reform is to be considered, this is a necessary first step.

It is also enormously helpful to contact people currently working with the legislation or affected by it and ask them about its usefulness. Desk-based reviews can overlook how laws are used (or not) in practice.

Using a checklist to indicate the existing level of legal preparedness for health emergencies

Procedures and protocols which worked in other countries may not have worked in our country. We had to find our own way. That's how the new [law to address pandemics] came into place.

M.P.
Parliament (Western Pacific region)

A checklist can be a quick approach to assessing legal preparedness for health emergencies and identifying any gaps.

Please refer to annex 1 for a sample checklist that can be used as a preliminary tool for parliamentarians and their staff.

Most observers and system participants can benefit from a checklist to identify the extent to which the

country's legislative architecture is fit for purpose in terms of managing health risks and health emergencies.

The checklist indicates the level of emergency preparedness in the country and can help to inform decisions about whether more attention to legal preparedness, including legislative review and legal reform, may be required. It can also help parliamentarians to frame questions for parliament or for committees as well as to pinpoint areas where further briefing or oversight is needed.

In using this checklist, there is no need to answer every question in detail. The questions may serve as prompts to examine legislation and to see what is currently in place to support implementation of the IHR.

How might a checklist of legal preparedness for health emergencies be used by parliamentarians?

Parliamentarians may use the checklist to develop their own preliminary view of the country's status and quickly identify potential gaps. They may also use it as the basis for a request to a committee secretariat or a ministry of health for a briefing on legal preparedness.

Lastly, using a checklist may help parliamentarians prepare for committee discussions of proposed law reforms.

3.2.2 Scrutinizing legislative proposals to support emergency preparedness

After existing legislation is reviewed, a decision may be made to consider reforming it via review and amendment. After the review process has been completed by the government, parliamentarians will have various opportunities to scrutinize any resulting legislative proposal.

Parliaments and parliamentarians generally become involved in legislation late in the process, as their formal function is usually the final step before a bill or draft legislative proposal passes parliament and becomes law. Opportunities to ask questions, advocate, influence and scrutinize still arise and may be used at various stages in the legislation development process.

Questions to ask if considering the proposed law from the perspective of health emergency preparedness

These questions are specific to health emergency preparedness and using them may help parliamentarians to find out how the legislative proposal may affect emergency preparedness.

- How does the law affect emergency preparedness?
- How does it support emergency preparedness?
- How does it help to achieve the core capacities and obligations under the IHR?
- How does it work with other existing powers and measures for public-health protection, surveillance and emergency preparedness?

- What effect would it have in a multi-hazard emergency? In other words, is it clear how a coordinated approach to a multi-hazard event can be taken when several regulatory frameworks are involved? For example, a change in the chief veterinarian's powers under agricultural legislation may affect how that office works with the chief health officer under public-health legislation when there is a multi-hazard emergency arising from a virus in animals which may be transferred to humans.
- Does it impede preparedness in any way?
 - Does it reduce available funding or resources?
 - Does it establish a new regulatory framework that does not work with existing frameworks in multi-hazard emergencies?
 - Does it hinder emergency response measures? For example, does it introduce new obligations to prevent the sharing of health data, making it impossible to immediately communicate health risks to WHO as required under the IHR?
 - Does it reduce clarity surrounding the leadership/authority to manage emergencies?
- Does it provide a new power/right/responsibility/obligation?
- How will any new obligations be enforced?
- Is any training required for officers with new responsibilities?
- How is implementation planned, including notifying all people affected/any necessary training/any necessary resources, etc.?
- Are any SOPs or protocols needed to ensure the reform can be part of a multisectoral multi-hazard response?

Some options for action

- Use the checklist in annex 1 as the basis for asking questions in committees, briefings and parliament as to the level of legal preparedness for risk management and for national and international health emergencies.
- Join a parliamentary committee with responsibility for the health sector/health system/emergency preparedness.
- If there is no such committee, advocate for it to be created within existing parliamentary rules for establishing such committees.
- Ask the department in charge to brief you on the legislative proposal. At the briefing, ask relevant questions, which may be drawn from those suggested above or from your own interest, expertise or local knowledge. Ensure the proposed legislation complies with human rights and gender requirements.
- Ensure that the members of any parliamentary committee represent various parties and sectors, and that the committee has the power to co-opt members if, in the event of a health emergency, additional expertise may be needed.

- Ask questions in parliament about proposed legislation.
- In cabinet and other high-level meetings that determine legislative priorities for a parliamentary session, advocate for legislation that will increase emergency preparedness and meet core capacities under the IHR.
- Ask questions at the appropriate time in parliament (such as question time) about emergency preparedness and compliance with the country's commitments under international law to implement the IHR.
- Seek out and use familiarization programmes, conferences, webinars and other opportunities offered from time to time to parliamentarians to build their knowledge about emergency preparedness, the IHR or other related areas.
- Use the above questions to assist parliamentarians and their staff in crafting questions for parliaments and parliamentary committees concerning the existing regulatory framework and its ability to support emergency preparedness and IHR implementation.

Where can I find out more?

- IHR (2005) Toolkit for Implementation in National Legislation: [www.who.int/publications/m/item/international-health-regulations-\(2005\)-toolkit-for-implementation-in-national-legislation](http://www.who.int/publications/m/item/international-health-regulations-(2005)-toolkit-for-implementation-in-national-legislation)
- COVID-19 Law Lab: covidlawlab.org
- Policy Brief, Rule of Law and COVID-19: www.idlo.int/publications/policy-brief-rule-law-and-covid-19
- IPU-UN Women handbook for parliamentarians on gender-responsive law-making: www.ipu.org/resources/publications/handbooks/2021-11/gender-responsive-law-making

4. Parliaments and parliamentarians as advocates and leaders



Villagers participate in a community event at Goroimari Lake in Panbari village, in India. © David Talukdar/NurPhoto via AFP

4.1 Parliamentarians supporting emergency preparedness in their communities and constituencies

Parliamentarians are representatives. Representing the people of their constituency is a fundamental responsibility.

Representation takes many forms, and the work of oversight and law-making has already been discussed. This section considers other opportunities for parliamentarians to act as advocates and leaders and how this function can be leveraged to support emergency preparedness and health security.

What we would like is when there is an epidemic outbreak like this, members of parliament should actually be facilitated by the State to go out to their constituencies to explain, demonstrate, sanitize, give out things, explain what it is all about, dispel some myths, things like that.

M.P.
Parliament (African region)

It is the role of parliamentarians to connect with people within their constituency and to communicate and introduce matters of local concern into the national debate for decision-making.

Parliamentarians are community leaders and often have influence and standing outside parliament. They also connect with interest groups, civil society and the local government.

4.1.1 Leadership role before and during the emergence of low-level risks

Parliamentarians can play a role in ensuring communities are resilient and ready well before a low-level or serious risk emerges. They can communicate regularly with their community and with locally based health workers to remain apprised of community health issues and priorities.

They may build coalitions with faith-based or community-based organizations, NGOs and private-sector organizations to facilitate partnerships or simply keep abreast of who has the expertise and skills that may be of central importance when a crisis hits.

When there is a localized health risk, parliamentarians may play a leadership role in helping communities accept, understand and address the risk. This can be done, for example, by getting vaccinated or having their children vaccinated during a measles outbreak, or by adopting lower-risk, hygiene-related behaviour if confronted with cholera or COVID-19.

Preparedness addresses low-level risks as well, preventing them from escalating and becoming national or international emergencies. Addressing low-level risk is one of the core capacities under the IHR.³²

4.1.2 Seeking access to quality data and reliable health indicators about the local community and constituents

During health emergencies, including SARS, MERS, Ebola, cholera and COVID-19, it is important for parliamentarians to have access to up-to-date, science-based data. Parliamentarians can act within their constituencies to inform, explain, reassure, assist and advocate. However, their activities may be hampered by restrictions on movement or by other responsibilities, which may be the case for parliamentarians holding related ministerial portfolios.

Part of preparedness is ensuring access to information. This may be from the ministry of health or another source of data within the country.

³² See annex 1 of *International Health Regulations* (see note 2 above).

Some questions to ask

- Where can I find information, drawing on hard science and the latest country data, and how can I continue to receive updates?
- When there is a local health risk of any level or a national or international health emergency, what are the specific risks for my constituents, i.e. patterns of transmission of a communicable disease, risks arising from living arrangements, demographic mix, geographical challenges in terms of distance from health facilities, local availability of health practitioners, etc.?
- How well are messages about risk management, disease transmission and actions people should take to protect themselves and their families being received in my constituency?
- Is there anything preventing my constituency from receiving information (such as language issues, illiteracy, lack of access to electronic media or written material, or cultural issues)?
- Is there anything preventing my constituency from accessing available treatments? For example, are there cultural or religious reasons why a female health worker would be preferred when it comes to providing treatments, information or vaccines, and are such workers available?
- What support and assistance are being provided to address a health emergency, and are my constituents able to access them? Is this support and assistance gender sensitive?
- Can I advocate for my constituents to get improved access to information and other resources (such as health workers, vaccines, drugs and protective equipment)?

Some options for action

- Seek updated information based on the latest data and science to stay abreast of the progress of any health risk.
- Seek briefings and updates as necessary from the competent authorities and involve subnational leaders and authorities with responsibility for health risk in your constituency.
- Maximize communication opportunities for meeting with constituents during health emergencies by using electronic platforms such as Zoom and WhatsApp.
- Work with civil society organizations to promote important issues.
- Actively get to know and ensure you are able to tap into diverse networks within your community and ensure they have access to a consistent and trusted source of information throughout the emergency. Address misleading information and fake news by facilitating links between the national and subnational levels and using updated and

science-backed information. Either travel to the constituency or make sure it is visited by people who can provide information (for example a minister may not be able to leave the capital but can send staffers).

- Take every opportunity to listen to what constituents are saying and see what they are doing. This information can be relayed back to the authorities so they know if people are getting the right messages and assistance.
- If there are particular concerns in your constituency, communicate with the competent authorities to address them.
- Help people accept measures, in part by modelling acceptance of, for example, COVID-19 safe practices, such as social distancing, mask wearing, hand washing and using hand sanitizer.
- Help connect constituents with particular problems to relevant ministries to find assistance (such as in getting family members home from other countries).
- Explain the potential impact of health risks (e.g. the fact that Ramadan cannot be observed in the same way when there is a pandemic).
- Link the government with the community.

Where can I find out more?

- Commonwealth Parliamentary Association, COVID-19, Delivering Parliamentary Democracy – CPA Toolkit for Commonwealth Parliaments: www.cpaHQ.org/media/gb1athp1/cpa-toolkit-covid-19-coronavirus-e-version.pdf
- Institute for Democracy and Electoral Assistance (IDEA), Inter Pares project, *Parliaments and Crisis: Challenges and Innovations*: www.idea.int/publications/catalogue/parliaments-and-crisis-challenges-and-innovations

4.2 Parliament as a national leader advocating and promoting emergency preparedness

4.2.1 National leadership for a trusted and coordinated response

Parliamentarians can work individually to support emergency preparedness, but they can also act collectively to demonstrate leadership on this issue. Political and ideological differences are part of the experience of being a parliamentarian, sitting in a parliament and undertaking parliamentary activities.

An independent report into the COVID-19 experience reported that:

National responses were the most effective where decision-making authority was clear, there was capacity to coordinate efforts across actors, including community leaders and levels of government, and formal advisory structures were able to provide timely scientific advice that was heeded.³³

Parliamentarians have an obvious role to play in supporting a coordinated response and identifying and encouraging the participation of relevant community leaders, groups and various levels of government. They can also help to disseminate scientific information by sharing it through formal and informal platforms.

Our parliament has an Epidemic Response Select Committee. It is chaired by the leader of the opposition. It includes senior members of parliament and has the powers to call on others as necessary. For example, the police, university epidemiologists etc.

M.P.
Parliament (Western Pacific region)

Periods of cohesion may occur after public-health emergencies arise. Such periods in the early stages of a health emergency can help to generate trust in the community about the decisions being made. In the absence of cohesion, however, or in the event parliaments are restricted in their work and not fully involved in decision-making, people may experience concern and distrust about the government's actions. Recent reports have emphasized the importance of community trust.

Countries with the poorest results in addressing COVID-19 had uncoordinated approaches that devalued science, denied the potential impact of the pandemic, delayed comprehensive action, and allowed distrust to undermine efforts.³⁴

What does this mean for emergency preparedness?

Parliaments have opportunities to act collectively for the common good. In doing so, they may also serve the national interest by generating confidence among the broader population, which will need to support emergency preparedness and the government's response in the event of a health emergency. Parliaments and parliamentarians may contribute to building trust in the emergency response.

4.2.2 The need for multisectoral mechanisms

Past experience with health emergencies has shown the need for a multisectoral response when more than one sector is affected. A health emergency is highly likely to affect more than one sector, particularly if the health emergency is a multi-hazard event. For example, a tsunami causes injury and illness but also affects water supplies, housing, airports and the provision of government services and health care.

³³ *Make it the Last Pandemic*, page 31 (see note 3 above).

³⁴ *Make it the Last Pandemic*, page 33 (see note 3 above).

Even if a health emergency affects only the health sector, other sectors – such as finance, police, customs and agriculture – may come into play depending on the nature of the emergency.

What does this mean for emergency preparedness?

Parliaments are, by their nature, multisectoral because the business of the parliament is the business of all government sectors. This means that all parliamentary activities can contribute to the type of multisectoral effort that is essential to effective preparedness and to an effective response to an actual health risk.

Parliamentarians can support a multisectoral response by serving on committees as well as by analysing the potential impact of legislative proposals on various sectors and on the country's multisectoral response to a health emergency.

Coordination needs to be established before the need to respond to a health emergency arises. Successful arrangements to address a number of emerging and existing threats to human health require government functions and powers to be interoperable across multiple sectors. This can be particularly challenging.

High-level multisectoral boards and committees, whether established under a statute or not, notoriously struggle to achieve sustainability. In some cases, meetings become more sporadic over time, while in others, attendance is quickly delegated to officers who lack the seniority needed to clearly articulate the position of their department, to convey a message from the meeting back to their department or to facilitate cooperation from their department.

It is likely that most bureaucrats have first-hand experience with an unsuccessful effort to achieve multisectoral cooperation, where the failure to continually engage senior leadership left the multisectoral mechanism weak and ineffectual.

The sectors and groups that need to be engaged will vary depending on the nature of the health emergency.

Some examples of multisectoral mechanisms include:

- Ministerial councils bringing together ministers from relevant portfolios across national and subnational governments
- Multisectoral agreements, or memoranda of understanding between sectors, laying the groundwork for cooperative arrangements in the event of a health emergency
- Technical bodies (whether administrative or legislative, and regional or global) bringing together experts to meet, share information and collaborate
- Central administrative bodies, i.e. a national authority to harmonize or standardize the administration of a multisectoral scheme
- Steering committees or other committees established by administrative means relying more on high levels of motivation in all sectors to engage, participate and contribute
- Information-sharing protocols and standards of practice

What works in one country may not work in another. Some administrative mechanisms are presented here because they were found to be useful in some settings. Other countries might wish to examine and consider implementing them, bearing in mind the differences between countries.

Where parliamentarians are engaged in these mechanisms, attention should be paid to ensure inclusiveness and representation in terms of gender, political affiliation and other relevant dimensions. Parliamentarians can also get information on whether these or other mechanisms already exist and, if so, ask the relevant officials to present reports on their activities and how they operate within the wider national health emergency strategy. They can also ensure that the necessary legislation is passed to set up these mechanisms and give them the authority they require.

4.2.3 The role of parliaments and parliamentarians in global action

Parliaments have an important domestic function but also act more broadly outside their domestic roles from time to time. One example of this is parliamentarianism, which is when they join with other parliaments and other bodies to promote a parliamentary system of government. They can also enter into organized relationships with other parliaments, international bodies or organizations on a bilateral (with one other entity) or multilateral (with various other entities) basis. These kinds of relationships may also be leveraged to promote emergency preparedness and health security.

Strengthening multilateralism and international solidarity is more important than ever before. [...] Parliaments should lead by example in defending multilateralism and a rules-based international order.

“Declaration on parliamentary leadership for more effective multilateralism” adopted at the Fifth World Conference of Speakers of Parliament

Broader multilateral engagement is important. When they come together, parliaments more effectively demonstrate their importance to democracy and improved domestic and global governance. They can also more easily highlight the contribution they are able to make to global diplomacy, discussions, policymaking, decision-making and law-making.

In a globalized economy, in an interdependent world, multilateralism is vital. Because no nation can thrive on its own. Because cross-border challenges like digitalization, taxation, migration, inequality, and tackling corruption and climate change require global solutions. Multilateral cooperation is vital to meet international targets like the Sustainable Development Goals and the Paris Agreement. Yet just when we need it most, people seem to be losing faith in multilateral approaches.³⁵

³⁵ Remarks by Angel Gurría, Organisation for Economic Co-operation and Development (OECD) Secretary-General, OECD, Paris, Thursday, 8 February 2018: www.oecd.org/about/secretary-general/oecd-global-parliamentary-network-feb-2018.htm (accessed 17 September 2020).

What kinds of supranational and multilateral actions could parliaments take to support improved emergency preparedness and health security?

Opportunities presented to parliaments could include, for example, supranational integration mechanisms such as regional parliaments and regional parliamentary bodies that could inform, support or enable actions by participating national parliaments.

Other opportunities include:

- Attending special-purpose webinars and participating in e-learning programmes for parliamentarians. For example, the IPU regularly hosts events for parliamentarians via webinar and in person when possible to promote networking and engagement on important areas of interest or concern for parliaments.³⁶
- Joining regional associations of parliaments to share information and discuss issues of mutual and regional interest (e.g. the Asia-Pacific Parliamentary Forum).³⁷
- Twinning with other parliaments to promote peer-to-peer information exchange and learning. For example, the Queensland State Parliament in Australia twinned with the parliaments of Vanuatu and Papua New Guinea in part to promote the exchange of information on emergency preparedness.³⁸
- Attending conferences of parliamentary officers to promote shared understanding and learning (e.g. the Presiding Officers and Clerks Conference of the Australian and Pacific Regions in 2017).³⁹
- Establishing associations of parliaments (e.g. Canada-Africa Parliamentary Association).⁴⁰
- Providing parliament-to-parliament support (e.g. the European Union's targeted support for the parliaments of Bosnia and Herzegovina (BiH)).⁴¹

Some questions to ask

- Does my parliament engage in multilateral relations/partnerships/activities?
- Can I encourage any of the organizations in which my parliament is involved to address the issue of emergency preparedness?
- Can I join with others to organize a meeting of a regional parliament or a supranational parliamentary organization to advocate for or support emergency preparedness?
- What is the purpose of each of the various areas of engagement, and which ones are of interest to me or which ones could I make a contribution to?

36 www.ipu.org/event/webinar-asia-pacific-region-parliaments-impact-covid-19-sdg-implementation-in-asia-pacific-what-role-parliaments (accessed 22 September 2020).

37 appf28.org (accessed 22 September 2020).

38 See Queensland Parliament Factsheet 3.26 on Twinning arrangements: www.parliament.qld.gov.au/documents/explore/education/factsheets/Factsheet_3.26_TwinningArrangements.pdf (accessed 18 September 2020).

39 See 48th Presiding Officers and Clerks Conference of the Australian and Pacific Regions: www.parliament.nz/media/4450/2017-pocc-report.pdf (accessed 18 September 2020).

40 See Canada-Africa Parliamentary Association: www.parl.ca/diplomacy/en/associations/caaf (accessed 21 September 2020).

41 See European Union (EU) report on targeted support provided to the parliaments in Bosnia and Herzegovina (BiH) on EU integration tasks: ec.europa.eu/neighbourhood-enlargement/system/files/2017-02/ipa_2016_39653_3_bih_support_to_the_parliaments_of_bih_in_the_eu_integration_tasks.pdf (accessed 18 September 2020).

- Are any of these activities aimed at increasing understanding or promoting advocacy for emergency preparedness and health security?

Options for action

- Explore the websites identified here and learn more about regional or global multilateral engagement by your parliament in areas of interest to you.
- Advocate for more multilateral activities, including those specifically aimed at emergency preparedness and health security, or include these items on the agenda of meetings that are broader in scope.
- Participate in multilateral activities, bringing your experience and that of your constituents and your country into the discussion on broader regional and global needs.
- Find out whether regional parliaments and regional organizations offer model laws for IHR implementation or any or all aspects of emergency preparedness; however, always exercise caution when integrating a model law into domestic legislation, and be aware that painstaking work is needed to ensure the model law fits in with the domestic legal framework and the community context more broadly.
- Participate in webinars, conferences and capacity-building activities for parliamentarians offered by multilateral organizations.

Where can I find out more?

- IPU website: www.ipu.org
- Asia Pacific Parliamentary Forum on Global Health: www.who.int/westernpacific/about/partnerships/regional-health-initiatives/asia-pacific-parliamentarian-forum-on-global-health
- Commonwealth Parliamentary Association: www.cpahq.org
- Queensland Parliament Factsheet 3.26 on Twinning Arrangements: www.parliament.qld.gov.au/documents/explore/education/factsheets/Factsheet_3.26_TwinningArrangements.pdf
- Report on the 48th Presiding Officers and Clerks Conference of the Australian and Pacific Regions: www.parliament.nz/media/4450/2017-pocc-report.pdf
- Canada-Africa Parliamentary Association: www.parl.ca/diplomacy/en/associations/caaf
- EU report on targeted support provided to the parliaments in Bosnia and Herzegovina (BiH) on EU integration tasks: ec.europa.eu/neighbourhood-enlargement/system/files/2017-02/ipa_2016_39653_3_bih_support_to_the_parliaments_of_bih_in_the_eu_integration_tasks.pdf

5. Maintaining action on health-system priorities while supporting an emergency response



Children follow barrier measures to prevent the spread of infectious diseases. © Arie Botbol/Hans Lucas via AFP

A health system is not one programme, facility, service provider, group of practitioners or agency. It is not contained within the government or non-government health service providers or donor partners. It consists of all those components and more, each of which links to the others to create a health system.

A health system stretches across a country to promote health, prevent disease, collect data, identify risk factors and health priorities, set standards and provide health services of acceptable quality to the entire population.

A health system must be sufficiently robust to meet the needs of rapidly growing population groups at a time of urbanization, despite disease outbreaks and various other shocks that a country may experience.

The lesson I learned as a parliamentarian is that we must work with all political parties to eradicate social inequalities, which have been further exacerbated by COVID-19. To this end, it is vital to promote inclusive development in our country, by way of initiatives that will reactivate production, create jobs and ensure the respect for the human rights of the population.

M.P.
Parliament (American region)

During a health emergency it is easy to become distracted by the immediate need to respond to a crisis. It is important to continue to consider the health system as a whole and not allow some programmes to lapse or lose resources while all attention is drawn to the emergency. At stake are vaccination programmes, maternal and child health care, health promotion, non-communicable disease programmes, domestic violence programmes, funding for health facilities, and so on. These programmes and policies must continue to operate throughout the crisis for the good of the health system and for the health of the general population.

Given their roles, parliaments and parliamentarians have opportunities to continue to bring broader health-system issues into consideration and highlight areas of possible neglect.

Parliamentarians have very different contributions to make. They bring their own experience and credentials to parliament and can employ various tactics to ensure the focus remains on supporting the health system and its priorities.

It is important to continue to focus on the rest of the health system and public health other than just COVID-19.

M.P.
Parliament (Eastern Mediterranean region)

Some questions to ask

- What is the current status of a given vaccination programme, health-promotion activity, planned roll-out of women's shelters, arrangements for homeless people, etc.?
- What effect does any proposed new law have on women and vulnerable groups, such as children, people with disabilities, people living in poverty, homeless people, etc.?
- What is the source of newly allocated funding to address the health emergency? Is that funding being diverted from other programmes and if so, which ones?

Some possible actions

- In your constituency, observe any interruptions or barriers to health services occurring during a health emergency and inform the proper authorities.
- Advocate for the inclusion of continuity of service in any preparedness planning.
- Ask questions in parliament and in parliamentary committees about the status, progress, funding and so on of other health-system priorities unrelated to the health emergency.

- Lobby senior ministers, the minister of health and others with the power to keep other health priorities from being ignored.
- Use both traditional and social media to draw public attention to the area of concern.

Where can I find out more?

- OECD, *Strengthening health systems during a pandemic: The role of development finance*: read.oecd-ilibrary.org/view/?ref=134_134620-xueji119ph&title=Strengthening-health-systems-during-a%20pandemic-The-role-of-development-finance
- Commonwealth Parliamentary Association, COVID-19 toolkit for Commonwealth parliaments: www.cpahq.org/media/gb1athp1/cpa-toolkit-covid-19-coronavirus-e-version.pdf
- WHO, *Strengthening Health Systems to Improve Health Outcomes*: www.who.int/healthsystems/strategy/everybodys_business.pdf?ua=1
- WHO, health system governance: www.who.int/health-topics/health-systems-governance#tab=tab_1

ANNEX 1

How might national legislation be used to achieve emergency preparedness?

This is the checklist referred to in section 3.2.1 of this handbook.

Introduction

What kinds of legal frameworks might be expected to be included in national legislation to achieve emergency preparedness?

The table below sets out areas in which countries might choose to use national legislation to achieve emergency preparedness and implement the IHR.

For each area, this document answers three questions:

1. Why is national legislation necessary?
2. What kind of legislation is needed?
3. Where might such a legislative provision be found, i.e. in what kind of law?

These questions are designed to give a country a very good indication of the kinds of ways national legislation may be used, but the information in this table is indicative.

Use of legislation

WHY	WHAT	WHERE
Rights	<p>Are the State's responsibilities or the people's rights in relation to health made clear? For example, does the legislation:</p> <ul style="list-style-type: none">– Progressively guarantee the right to enjoy the highest attainable standard of physical and mental health?– Ensure access to health services or, more generally, enshrine the duty to work to improve people's health?– Promote primary health care?– Pursue universal health coverage? <p>Does the constitution or other existing legislation provide broad human-rights protections or exemptions from human-rights obligations?</p>	<p>These topics may be found in:</p> <ul style="list-style-type: none">– The constitution– A human-rights law– A public-health law, when it comes to limited protections such as the confidentiality of health data, proportional response to risk, etc.
Multisectoral mechanism		
Multisectoral mechanism to ensure coordinated leadership across sectors	<p>Does the State Party have an existing legal or administrative mechanism to enable a multi-sectoral and multi-hazard response to public-health risk?</p> <p>It may include, but is not limited to:</p> <ul style="list-style-type: none">– A committee– A national emergency centre (which can also serve as the NFP if a country so chooses)– A power for the minister to initiate a multisectoral consultation and guidance or an administrative arrangement– SOPs	<p>If the mechanism is based in law, it may be found in:</p> <ul style="list-style-type: none">– The constitution– A national emergency law– A public-health law <p>Countries often use administrative means to create a multisectoral mechanism, but a legislative mechanism (such as a committee to oversee a response to a national emergency) may be preferred with powers and functions and clear lines of authority.</p>

Data collection

Surveillance, epidemiology, research and public information rely on good data collection

Does the law enable or require the collection of information about communicable diseases or other health risks across all relevant sectors and government levels and the consideration of that information at a central point for epidemiological surveillance or risk-management purposes?

These topics may be found in:

- A public-health law
- A communicable disease management law

To get the system working as well as possible, the law should facilitate information-sharing between all parts of the system, including subnational and other sectors that may need it

Is all notifiable information and other data that have been collected consistently with the law passed along to a central repository of information with the power to use it for a range of purposes such as managing health risks, contact tracing, epidemiology, research, planning and so on? Is this repository also the NFP?

These topics may be found in:

- A public-health law
- A data-privacy law or law about data collection
- A communicable disease management law
- A law to implement the IHR (in particular in relation to receiving and reporting data, and the NFP)

Related to above issue. Where countries share borders or have a common regional affiliation, information-sharing and other forms of cooperation may be considered

Is regional or multi-country health information-sharing or broader cooperation authorized by law?

This may be found in cooperative multilateral or regional agreements.

Or it may be found in a law that specifically authorizes regional cooperation.

WHY

WHAT

WHERE

NFP and responsible authorities

Establishing an NFP and ensuring it is capable of carrying out its functions under the IHR and duly authorized to do so

Has the State Party established or designated an NFP (either in law or using administrative means)?

These topics may be found in:

- A public-health law
- A communicable disease management law
- A law about IHR implementation

Does the legislation or administrative arrangement empower the NFP:

- To assess, in a timely manner, events occurring inside the territory of the State Party? The NFP does this by continually monitoring and analysing information received about public-health risks.
- To be ready and able 24/7 to notify WHO of all events that may constitute a PHEIC, using the decision-making instrument included in the IHR?
- To be ready and able to issue a notification that includes all measures taken to address any health emergency and any evidence of an unexpected or unusual public-health event within its territory and which may constitute a PHEIC?
- To notify WHO of any evidence of a public-health risk identified outside the territory of a State Party which may cause an international disease to spread?
- To verify information regarding events that may constitute a PHEIC by responding to requests from WHO?

Establishing competent authorities

Has the State Party established or designated responsible authorities, which may be done in legislation, or via administrative means? These are authorities responsible for the implementation of health measures, which are procedures applied to prevent the spread of disease or contamination, but they don't include law enforcement or security measures. They may be found in laws administered across sectors and government levels.

Identification, surveillance and response to public-health risks of all levels, from minor crises to national emergencies and PHEICs

These are core powers to respond to health risks at all levels of the system. They are basic functions in any health system and are the basis for the IHR core capacities set out in Articles 5 and 13 and appendix 1

Do legislation or administrative measures such as protocols or SOPs establish procedures for gathering and sharing information from liaison points? These may be located in various parts of the ministry of health and other sectors and at different government levels. Some may be designated as responsible authorities and identified as competent authorities as necessary. These may be important action points where information is collected or health risks are managed consistently with the IHR core capacities, whether the risks are identified within the territory of the State Party or outside it (as per the IHR).

These are likely to be in various laws specific to the areas mentioned, such as:

- A public-health law
- A communicable disease management law
- A quarantine law or a law about biosafety or biosecurity
- An agriculture law or a law about agriculture and health risk
- A food-safety law, including the powers to manage a risk caused by a food-borne pathogen
- An agriculture law or a public-health law authorizing management of a public-health risk caused by a zoonotic disease
- A law that regulates radiation sources and their uses in the interest of public health and public safety
- A law that regulates the use of chemicals, in the interest of public health and public safety
- A law about disaster response irrespective of the nature of the disaster but including health emergencies

WHY

This is related to the above capacity but emphasizes the need to be able to coordinate a response across different laws in a multi-hazard response

Are there laws that enable a flexible response to public-health risks or PHEICs, whether these situations require preliminary control measures, measures to address public-health risks or measures to address a national emergency or a PHEIC?

Do these laws:

- Enable a flexible approach depending on the nature of the risk, i.e. issuing orders as required?
- Comply with applicable domestic human-rights protections and the Siracusa Principles?

Most countries have some kind of national emergency law that covers any kind of national emergency (or war, in some cases), including a health emergency

Are there laws that provide the powers needed to manage a national emergency?

Do these laws:

- Override other applicable laws for the duration of an emergency?
- Identify appropriate means of national and subnational communication about the risk and the domestic response?
- Enable the appointment/authorization/delegation of officers as needed?
- Enable a flexible approach depending on the nature of the risk (i.e. issuing orders as required)?
- Comply with applicable domestic human-rights protections and the Siracusa Principles?
- Provide for appropriate powers in areas such as inspection, entry, search and seizure, and monitoring?

WHAT

These topics may be found in:

- A public-health law
- A communicable disease management law
- A national health emergency or disaster law
- The constitution

Or they may be achieved through a combination of the above, where using the laws together enables a flexible response.

These topics may be found in:

- The constitution
- A national emergency law covering all kinds of emergencies
- For certain necessary powers: a public-health law under emergency powers, or a law to manage communicable disease under emergency powers

WHERE

WHY

COVID-19 and the experience of other health emergencies have demonstrated the need for such national emergency law to include medical countermeasures

Does the emergency management law or any other law support medical countermeasures such as:

- The importation of drugs?
- The use of Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities?
- The emergency registration of medical practitioners/expansion of scopes of practice/task shifting and sharing?
- Regional information-sharing?

WHAT

As above

WHERE

Quarantine and travel measures

With regard to quarantine and health measures for travellers, there needs to be a law that enables measures to address health risks at the country's borders, whether presented by human travellers or the entry of goods, plants, animals and other products

- Is there a quarantine law or legal provisions for managing travellers and passenger health upon arrival?
- Is there a quarantine law or a biosafety and biosecurity law for managing the importing of biological material, animals or animal parts?
- Is there a competent authority at all designated points of entry to manage arrivals, implement the law and apply health measures?
- Are there designated ports, airports and ground crossings with the capacity to implement the IHR?
- Are there laws supporting the application of health measures under the IHR and empowering the competent authorities to use them?
- Are health measures under the IHR coordinated with other powers to effectively manage health risks at the borders?
- Are there provisions to manage pathogen-related health risks at border crossings (including ground crossings)?
- Are there powers to inspect, detain, provide medical treatment and take necessary action?

These topics may be found in:

- A quarantine law (human)
- A quarantine law (animals/plants)
- An agriculture law (for risks presented by animals, animal products and zoonotic diseases)
- A biosafety and biosecurity law

WHY

This is about making sure laws can work together. Most countries do not have separate laws that were also designed to work together in a multi-hazard health emergency. It becomes necessary to look at them together and ensure they can work together and do not impede a response

This is similar to the above point but more focused on a national health emergency law being able to work with laws about the management of health risks. Does a national emergency law align with the health-risk management and emergency powers set out in health laws?

WHAT

Can laws that enable data collection and a response to individual health risks (i.e. related to public health, food or agriculture) and hazards work together to enable a consistent multi-hazard response?

- As a public-health event escalates, who is in charge and what are the available powers to manage the event?
- Do the laws work together to enable a response to an event to be escalated and its management shifted from the purview of health law to that of national disaster law?
- For a multi-hazard event, is there consistency among laws in areas such as public health, quarantines, biosafety and biosecurity, food, animal disease management, communicable disease management, radionuclear and chemical issues, and so on?
- Consistency among relevant laws can be managed via administrative arrangements or SOPs, although this may be more difficult as SOPs are administrative and cannot override laws.

Delegated legislation or regulations can be a highly practical way to establish IHR responsibilities such as NFP and other powers and arrangements that achieve functional consistency among laws.

WHERE

This may be achieved in the way certain laws work together in a multi-hazard event, including:

- A national emergency law
- A public-health law
- A food-safety law
- An agriculture law
- A quarantine law
- A biosafety and biosecurity law
- A law about regulating drugs and medicines
- A law about safety of radiation sources
- A law about chemical safety

As above



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