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The National Assembly
of the Kingdom of Thailand

World Health Organization

Regional Conference for Parliaments of the Asia-Pacific Region on Global Health Security

2–3 December 2024, Bangkok (Thailand)

Jointly organized by the Parliament of Thailand and the Inter-Parliamentary Union (IPU), in collaboration with the World Health Organization (WHO)

SUMMARY REPORT

Parliamentarians from nine countries, gathered at the Regional Conference for Parliaments of the Asia-Pacific Region on Global Health Security on 2 and 3 December 2024 in Bangkok (Thailand), reaffirmed the importance of enhancing parliamentary engagement in health emergency preparedness.

The Regional Conference, which was co-organized by the Parliament of Thailand and the IPU, in collaboration with the World Health Organization (WHO), provided a platform for parliaments in the Asia-Pacific region to raise awareness of the latest developments in the global architecture for health emergency prevention, preparedness, response and resilience, and of the amendments to the International Health Regulations (IHR, 2005) agreed on by the WHO Member States in May 2024. Participants discussed common solutions to health emergencies, including pandemics, and identified opportunities to strengthen parliaments' role in health emergency preparedness at the national and regional level.

The following is a summary of the key points and recommendations discussed at the Conference.

Setting the scene – Asia-Pacific: A region prone to disease outbreaks?

The session emphasized that the Asia-Pacific region was experiencing health emergencies caused, among others, by a range of hazards, including infectious diseases and antimicrobial resistance, as well as by natural disasters, which had significant negative consequences not only on health but also on social and economic development. The COVID-19 pandemic alone had caused more than one million deaths in the region. The complex nature of health emergencies is driven by factors such as climate change, international travel and trade, urbanization and population growth. Vulnerable populations and those facing barriers in accessing health are disproportionately affected.

Recommendations for parliaments made during the session include:

- Work with relevant ministries to identify how parliamentarians can effectively support the implementation of health emergency preparedness and response plans, and promote a multi-hazard, multi-stakeholder comprehensive approach to health security at the national level.
- Include an equity and human rights lens in all debates and actions aimed at advancing health emergency preparedness and response.
- Engage in regional platforms and share country experiences to continue learning and contributing to regional and global health security, and build parliamentary capacity for better engagement in health security preparedness at the national level.

Session I: The global architecture for health emergency prevention, preparedness, response and resilience: What implications for countries?

The session provided information to parliaments on the amendments to the IHR (2005) and the ongoing process of negotiating a new pandemic accord, which WHO Member States intend to agree on prior to the 76th World Health Assembly (WHA) in May 2025. The session discussed the implications for countries in implementing these frameworks to be better prepared and to better protect their populations, reaffirming the importance of the "One Health" approach, financing, information sharing, technology transfer and regulatory strengthening, as well as equity and solidarity between and within countries. Parliaments have a key role to play in fostering multi-stakeholder approaches, building political support, allocating resources for the implementation of the amendments to the IHR (2005), and in preparing for ratification and implementation of the new Pandemic Accord. The session also acknowledged the critical role of health ministries in guiding and coordinating health security preparedness efforts at the national level, and the importance of their close collaboration with parliaments and other stakeholders.

The following actions for parliamentarians were recommended during the session:

- Request the health ministry and/or WHO Country Office to conduct briefings for parliamentarians and keep them abreast of global health security developments.
- Advocate in relevant parliamentary committees for the examination of core capacities and country compliance with the IHR (2005).
- Promote the mainstreaming of health security into all relevant policies and laws, ensuring solutions are people-centered and adapted to the country context.
- Ensure the use of reliable data for the detection, prevention and response to health emergencies, including for AI and other innovative systems.

Session II: Leveraging parliamentary functions for health security preparedness

The session provided examples of tools and practices to support parliaments in advocating for legislation and investments to increase health emergency preparedness, including the IPU-WHO handbook for parliamentarians entitled *Strengthening health security preparedness: The International Health Regulations (2005)* and the associated WHO e-learning course *The Role of Parliaments and Parliamentarians in Strengthening Health Security Preparedness*. Different challenges were also identified, such as the difficulties of addressing concurrent crises; the complexity of the health security agenda; the lack of involvement of parliaments in health security processes at the regional and global level; the lack of sustained investments in health emergency preparedness; and the weakness of health systems. The session discussed the importance of building the capacities of national parliaments to play a stronger role in health emergency preparedness and response, especially in developing countries. It also stressed the importance of collaboration between the local, national and international levels.

The following key actions were identified:

- Share information within parliament and promote collaboration among parliamentary committees to strengthen legislation and policies on health security preparedness.
- Emphasize the need for government to allocate resources at the national level for the implementation of the IHR (2005), and eventually, the Pandemic Accord.
- Through accountability and oversight activities, bolster the functional implementation of the IHR domestically in keeping with the country's international law obligations, by ensuring an appropriate national health emergency preparedness plan exists, is adequately resourced and is put in place with a clear line of authority at all stages of the health emergency escalation.
- Support and actively engage in the legal mapping and review of legal frameworks and legislation pertinent to health security and the IHR (2005), and build on lessons learned from the COVID-19 pandemic to improve the governance of future public health emergencies.
- Encourage parliamentary health committees to move motions to increase financing for health security and to engage other committees to support such motion.
- Call on the IPU and WHO to continue providing a platform for parliamentary engagement and required technical assistance.

Session III: Parliamentary leadership for building trust and social cohesion

The session discussed the importance of social trust, solidarity and leadership before and during an emergency. Distrust in public institutions as well as misinformation and disinformation around disease outbreaks emerged as key challenges in health emergencies. Engaging and collaborating with

communities, in particular population groups facing social, cultural or economic barriers in accessing health services, is fundamental for trust-building, and for designing health security preparedness and response measures that adequately respond to their needs and rights. Groups in marginalized or vulnerable situations might face major challenges in accessing reliable sources of information in a timely manner also due to language barriers. Parliamentarians have an important role to play in building unity and promoting trust between citizens and institutions, including by leading by example and by promoting access to consistent and trusted sources of information during emergencies.

The session identified the following action points:

- Ensure the involvement of all communities – including those that are in marginalized and/or vulnerable situations – and civil society organizations, especially in public hearings and consultations on health emergency preparedness and response.
- Contribute to building an evidence-based culture in parliament, including by engaging with the scientific community and by ensuring the lived experiences of diverse population groups inform parliamentary processes.
- Take measures to improve health equity and address barriers to access to health services with particular attention to populations who may face stigma and discrimination.
- Contribute to coordination and information sharing among relevant, multisectoral stakeholders, and raise awareness about public health issues, including pandemics.
- Promote transparency and accountability in government responses to health emergencies by regularly communicating progress and challenges to the public. By fostering open dialogue with communities, parliamentarians can help restore and strengthen community trust in government actions, reinforcing the message that public health is a shared responsibility.

Session IV: Building resilience through multi-stakeholder action

The session illustrated the impact health emergencies had beyond the health sector. The complexity of health security preparedness requires inclusive multi-stakeholder mechanisms and multisectoral action. Parliaments can foster and promote collaboration at the national and local level, and contribute to coordination and information sharing among relevant, multisectoral stakeholders. Health security preparedness is closely linked to advancing universal health coverage (UHC) for equitable access to essential health services. It also involves addressing climate change, which increases health risks through shifting disease patterns and environmental pressures, and leveraging technology.

The following key actions to strengthen health security preparedness and response were identified in the areas of UHC, climate change, and technology and innovation respectively:

- UHC and health security:
  - Conduct regular oversight of emergency preparedness plans and policies to ensure they are adequately funded and integrated within the broader UHC framework.
  - Promote measures to strengthen health systems, including health infrastructure and training of health workers, recognizing that resilient health systems are vital for preparing for and responding to emergencies, and for maintaining essential health services during a crisis.
  - Build regional and national health security systems which requires long-term vision and committed political leadership to ensure precise direction and sustainable financing.
  - Embed equity and gender considerations into UHC and health emergency policies and laws, ensuring that vulnerable groups are prioritized in both routine health services and emergency responses.
  - Strengthen governance mechanisms of health emergency preparedness and response including multi-stakeholder coordination mechanisms and multisectoral action.

- Climate change:
  - Reaffirm the COP29 key message that a climate crisis is a health crisis, and that the siloed approach to addressing climate change and health needs to be abandoned, especially in the case of non-communicable diseases but also of health emergencies.
  - Review health emergency preparedness, response plans and laws to ensure climate-related risks are included.
  - Support data sharing across sectors, including the health, meteorological and agricultural sectors, to facilitate rapid response to climate-related health threats, ensuring that information reaches vulnerable and high-risk communities effectively.

- Promote a “One Health” approach that acknowledges the interconnected nature of human, animal and environmental health, and pass legislation as required to facilitate multi-stakeholder coordination mechanisms.

- Technology and innovation:
  - Review legislation and policies in the health and technology sectors to ensure they promote the responsible and equitable use of technology and innovation, including artificial intelligence, and do not disseminate misinformation and disinformation in the context of health emergencies.
  - Take steps to enhance digital literacy, especially of vulnerable and marginalized populations, and to address misinformation and disinformation in the context of health emergencies.
  - Foster regional collaboration and partnerships to facilitate technology transfer, skill-building and innovation-sharing to strengthen health security.

The Regional Conference helped shape a vision for strengthened health emergency preparedness and response in the Asia-Pacific region, and fostered a sense of shared responsibility in tackling health emergencies, including pandemics. The conclusions of the Conference will be brought to the attention of the IPU Governing Council at the 150th IPU Assembly.