



**Resolution 2424 (2022)<sup>1</sup>**

Provisional version

## Beating Covid-19 with public health measures

Parliamentary Assembly

1. By 19 January 2022, more than 332 million confirmed cases of Covid-19, including more than 5.5 million deaths, had been reported to the World Health Organization (WHO). These figures are alarming, in particular since they are bound to be a large under-estimate in many parts of the world. Currently, the European and the Americas regions of WHO are recording the most cases, as the fast-growing Omicron variant displaces the previously dominant Delta variant – nearly 9 million cases and over 21 000 deaths were recorded in the last 7 days in the European region alone.
2. At the same time, nearly 10 billion vaccine doses have so far been administered, an amazing feat only 2 years after the virus was first discovered. The vaccines approved by WHO have proven safe and very effective in reducing disease severity. However, global vaccine distribution and uptake has neither been equitable nor sufficient: in the European region, 57/100 persons are fully vaccinated, but only 7/100 persons in the African region. Despite the work of the COVAX mechanism (which won the Council of Europe North-South Prize in 2021), in lower income countries only 5/100 persons are fully vaccinated, while upper middle-income and high-income countries have already fully vaccinated 68/100 persons. Widespread vaccine misinformation and hesitancy needs to be urgently addressed in all countries.
3. Further Covid-19 vaccines are in the making, using different techniques with a view to addressing immune escape, reaching sterilising immunity and developing a general vaccine against all Covid-19 variants. First specific treatments of Covid-19, surprisingly effective if taken shortly after infection, are also starting to be authorised. To fulfil their promise, these treatments necessitate effective and accessible testing and contact-tracing systems, as well as overcoming obstacles to global equitable production and distribution.
4. The Assembly welcomes the global initiatives promoting global solidarity in the fight against the pandemic, including the efforts of countries that have supplied Covid-19 vaccines, and the holding of the thirty-first special session of the United Nations General Assembly, in response to the Covid-19 pandemic, that took place on 3-4 December 2020. It stresses the importance of international co-operation and effective multilateralism in ensuring that all States, in particular developing States, have affordable, timely, equitable and universal access to Covid-19 vaccines in order to minimise negative effects in all affected States and to beat the pandemic. In this regard, the Assembly recalls the relevant resolutions adopted by the UN General Assembly and the UN Human Rights Council.
5. Unfortunately, a significant percentage of survivors of Covid-19 infection will have persistent symptoms (“long Covid”), some severe. Research so far indicates that about 10-20% of all adults infected by the virus are affected, putting a considerable strain on healthcare systems and economies, not to mention on the quality of life of these new chronic disease sufferers, many of whom are comparatively young, and were healthy and active before infection. Governments must make this a public health priority and urgently allocate the necessary resources for research on the condition and treatment of persons suffering with post Covid-19 symptoms, in order to uphold the right to health.

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1. *Assembly debate* on 27 January 2022 (7th sitting) (see [Doc. 15444](#), report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Mr Stefan Schennach). *Text adopted by the Assembly* on 27 January 2022 (7th sitting).

See also [Recommendation 2222 \(2022\)](#).



6. The mental health situation has deteriorated across the globe due to the chronic stress and uncertainty of living in pandemic times, adding to the general disease burden. With the virus evolving into ever new and more infectious variants, some evading immunity provided by vaccines and prior infection, successive waves of Covid-19 infection have led to long waiting lists in most countries for treatment of other diseases, further deepening the general health crisis. Moreover, the pandemic has laid bare inequities in our health systems and lack of sufficient funding, resulting, *inter alia*, in overworked health-care staff and insufficient hospital beds. This needs to be addressed urgently.

7. However, the Covid-19 pandemic is far more than a health crisis as it affects societies and economies at their core with the increase of poverty and inequalities both within member States and globally, thus also resulting in a setback for the achievement of the UN Sustainable Development Goals. Once again, working people, parents, children, women, vulnerable persons and marginalised individuals are disproportionately affected.

8. It is thus urgent that all countries learn the lessons of the pandemic so far, starting with the implementation of the necessary public health and social measures to get the pandemic under control. High infection rates cannot be tolerated anywhere, since every infection gives the virus a new chance to mutate, and thus become more infectious, virulent, and/or immune-escaping – creating a seemingly never-ending cycle of waves of disease. These cycles push decision makers into making stark choices between “living with the virus” and the large burden of disease and death the virus brings on the one hand, and taking harsh public health and social measures to protect health systems from collapse, and the disruption to our economies, our education systems and our societies these measures bring on the other hand.

9. As has been pointed out at several junctures of the pandemic, “no-one is safe until everyone is safe”. The Parliamentary Assembly thus recommends that governments and parliaments in Council of Europe member States and worldwide make the necessary paradigm shift to beating Covid-19 with public health measures in a human-rights compliant way, once and for all:

9.1. at all times:

9.1.1. by following WHO and expert advice, and adjusting pandemic control measures to the evolving local situation and in line with evolving scientific knowledge;

9.1.2. when it is necessary to impose public health measures which interfere with fundamental rights, by ensuring that decisions are made and communicated in a clear and transparent manner, that they are as far as possible evidence based, fulfil a legitimate aim and that they are proportionate. Parliaments, the judiciary, and, when appropriate, external experts, should be able to assess and review the measures. Moreover, continued assessments are needed to ensure that measures are not in place for longer than necessary, but also to consider other measures that may be more appropriate;

9.1.3. by encouraging vaccinations, mask wearing, maintaining physical distancing, hand hygiene, avoiding crowded and closed spaces, and ensuring proper ventilation in schools, health- and social care settings and public buildings, with a view to preventing the spread of Covid-19 disease without having to shut down large parts of society;

9.2. with regard to bringing down infection rates:

9.2.1. by putting in place a timely and staggered response to rising infection rates in accordance with WHO guidance, adapted to the local circumstances in pandemic hotspots, while implementing appropriate measures to offset any negative impact and respecting the principle of proportionality, in particular:

9.2.1.1. developing production capacity, distribution and considering mandating the use of high-quality masks (progressively moving to masks of FFP2 standard if possible) in high-risk situations (such as on public transport, in crowded spaces inside and outside, in schools); providing such masks free of charge for vulnerable groups if possible;

9.2.1.2. making appropriate Covid-19 testing available free of charge to users, in particular for health and social care personnel, children and school personnel, essential workers, contact cases and persons with symptoms;

9.2.1.3. using vaccination certificates only for their designated purpose of monitoring vaccine efficacy, potential side effects and adverse events, as called for by the Assembly in its [Resolution 2361 \(2021\)](#), when appropriate;

- 9.2.1.4. encouraging working from home where possible when necessary;
- 9.2.1.5. considering putting into place other proven infection control measures as and when necessary when infection rates spike (such as placing maximum capacity limits on businesses and events where the risk of infection is high), while keeping schools, universities and businesses open as long as possible;
- 9.2.2. by ensuring that infection chains are broken, and vulnerable persons are shielded from infection:
  - 9.2.2.1. putting in place effective, accessible and affordable testing systems, as well as contact-tracing systems;
  - 9.2.2.2. mandating a sufficiently long isolation period for those infected and a sufficiently long quarantine for contact cases (based on recommendations from WHO and public health experts), and ensuring that the necessary financial, logistical and other support is in place for those affected to actually comply with the guidance given, and that their economic and social rights enshrined in the European Social Charter (ETS No. 35) are guaranteed;
  - 9.2.2.3. shielding highly vulnerable persons from infection, including by legislating for vaccination mandates for healthcare or social-care personnel in contact with them, and ensure that the necessary financial, logistical and other support is in place for the measures to be effective, and that their economic and social rights enshrined in the European Social Charter are guaranteed;
- 9.3. with regard to ensuring global equitable distribution of vaccines and treatments:
  - 9.3.1. by ensuring that market conditions no longer disadvantage countries with less economic power:
    - 9.3.1.1. showing a stronger commitment to funding a global response, including via the COVAX mechanism;
    - 9.3.1.2. reaffirming the Assembly's call in its [Resolution 2361 \(2021\)](#) and overcoming obstacles to global equitable production and distribution, including through supporting the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver for vaccines and treatments during the pandemic, technology transfer and building up local production capacity;
  - 9.3.2. by avoiding discrimination between and within countries:
    - 9.3.2.1. mutually recognising vaccination certificates issued by Council of Europe member States, as well as vaccination certificates of all WHO-authorized vaccines;
    - 9.3.2.2. follow the advice of WHO and avoid instituting ineffectual blanket travel bans when new variants emerge;
    - 9.3.2.3. following the advice of independent national, European and international bioethics committees and institutions, as well as of WHO, in the development and implementation of strategies for the equitable distribution of Covid-19 vaccines and treatments within States;
- 9.4. with regard to sufficient vaccine uptake:
  - 9.4.1. by ensuring free, effective and easy access to vaccination for all for whom vaccine use is authorised, in respect for the principle of equitable access to healthcare, as laid down in Article 3 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164, Oviedo Convention);
  - 9.4.2. by taking effective measures to counter misinformation, disinformation and hesitancy regarding Covid-19 vaccines:
    - 9.4.2.1. investing in strong vaccine education campaigns, and distributing transparent information on the safety and possible side effects of vaccines, working with and regulating social media platforms to prevent the spread of misinformation;

- 9.4.2.2. collaborating with non-governmental organisations and/or other local initiatives to reach out to marginalised groups, and engaging with local communities in developing and implementing tailored strategies to support vaccine uptake;
  - 9.4.3. starting a public debate on possibly legislating for vaccination mandates for specific groups or the general population; such vaccination mandates should, however, not cover persons who for medical reasons should not get vaccinated nor should it cover children until and unless the complete safety and efficacy of all vaccines made available to children is ensured, with a focus on the best interests of the child, in accordance with the United Nations Convention on the Rights of the Child;
  - 9.4.4. by keeping records of vaccination side effects and providing support to people with possible complications from vaccination;
  - 9.5. with regard to addressing “long Covid”:
    - 9.5.1. by making research into the condition a priority and allocating the necessary funds to research and treatment, with a view to ultimately introducing unified treatment guidelines;
    - 9.5.2. by setting up screening programmes to gain a better understanding of how many people are affected by the condition and the kind of support they would need, and how this support can best be provided;
    - 9.5.3. by focusing efforts on the development and widespread use of comprehensive rehabilitation programmes for patients with “long covid”;
    - 9.5.4. by ensuring that sufferers are not discriminated against;
  - 9.6. with regard to building stronger health systems nationally, at European level, and globally:
    - 9.6.1. by ensuring the necessary funds are made available to national health systems, in particular with regard to appropriate pay for healthcare and social care personnel, and appropriate, affordable and accessible mental health care (in particular for children and young people);
    - 9.6.2. by applying the recommendations contained in [Resolution 2329 \(2020\)](#) “Lessons for the future from an effective and rights-based response to the Covid-19 pandemic” as regards:
      - 9.6.2.1. public health and pandemic preparedness, global health security, and the “One Health” approach, also by supporting the drafting and negotiating of a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response;
      - 9.6.2.2. WHO reform;
      - 9.6.2.3. the development of a regional European system capable of assisting the responsible international institutions in their endeavours to ensure effective preparedness for and reaction to pandemics;
      - 9.6.2.4. the establishment of a permanent system of inspection at the United Nations for current and future biological events with serious consequences and international oversight and accountability for pandemic preparedness through an independent external entity;
  - 9.7. with regard to addressing the socio-economic issues that have arisen due to the pandemic:
    - 9.7.1. by applying the recommendations contained in [Resolution 2384 \(2021\)](#) “Overcoming the socio-economic crisis sparked by the Covid-19 pandemic”, [Resolution 2385 \(2021\)](#) “Impact of the Covid-19 pandemic on children’s rights” and [Resolution 2393 \(2021\)](#) “Socio-economic inequalities in Europe: time to restore social trust by strengthening social rights”;
    - 9.7.2. by upholding the fundamental social and economic rights enshrined in the European Social Charter.
10. The Covid-19 pandemic is not over, nor is it likely to be the last pandemic of its kind. It is paramount to avoid the politicisation of pandemics – and of public health measures to contain them. To mitigate the impact of future coronavirus variants and of other health threats which may soon emerge, the world needs to urgently establish and strengthen pathogen monitoring and surveillance systems. The divides between countries and within societies need to be bridged, with politicians leading by example, so that Covid-19 can be beaten once and for all, and future threats can be faced in a more unified manner, with more solidarity.