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**INTERGOVERNMENTAL NEGOTIATING BODY: UPDATE AND CONSULTATION  
ON THE WORKING DRAFT**



**World Health  
Organization**

**SECOND MEETING OF THE INTERGOVERNMENTAL  
NEGOTIATING BODY TO DRAFT AND NEGOTIATE  
A WHO CONVENTION, AGREEMENT OR OTHER  
INTERNATIONAL INSTRUMENT ON PANDEMIC  
PREVENTION, PREPAREDNESS AND RESPONSE  
Geneva, 18–21 July 2022**

**A/INB/2/3  
13 July 2022**

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**Working draft, presented on the basis of progress  
achieved, for the consideration of the  
Intergovernmental Negotiating  
Body at its second meeting**

## BACKGROUND, METHODOLOGY AND APPROACH

### Background

At its second special session in December 2021, the World Health Assembly established an intergovernmental negotiating body (the “INB”) open to all Member States and Associate Members (and regional economic integration organizations as appropriate) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB; see decision SSA2(5) (2021), paragraph 1(1).

In that same decision, in paragraph 1(3), the Health Assembly decided that the INB shall determine an inclusive Member State-led process, to be facilitated by the co-chairs and vice-chairs, to first identify the substantive elements of the instrument and to then begin the development of a working draft to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no later than 1 August 2022, at the end of which the INB will identify the provision of the WHO Constitution under which the instrument should be adopted in line with paragraph 1(1) of the decision.

In furtherance of the above mandate, at the first meeting of the INB (second resumed session), the INB agreed (see document A/INB/1/13) that the Bureau of the INB would further develop the draft annotated outline contained in document A/INB/1/12, based on inputs received, with a view to providing a working draft based on progress achieved to the INB at its second meeting.

Pursuant to the above, the Bureau of the INB provides this working draft, presented on the basis of progress achieved, for the consideration of the INB at its second meeting.

### Methodology

The Bureau of the INB, assisted by the WHO Secretariat, applied the following methods to prepare this working draft, on the basis of progress achieved, of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the “WHO CAII”):

- The Bureau reviewed written and verbal inputs from Member States and relevant stakeholders provided during the work of the INB. These include inputs received through the digital platform and during sessions of the INB, as well as the public hearings organized by the Secretariat to inform the work of the INB.
- Following this review, the Bureau synthesized and grouped the inputs thematically, according to the request of the INB, to provide a composite, coherent working draft that captures as many areas, perspectives and views as possible, taking into account the different stages of a pandemic (prevention, preparedness, response and recovery).
- Furthermore, the Bureau referred to existing international instruments, including those rooted in the WHO Constitution and from other international organizations and fora, to inform its work on certain structural aspects.

### Approach

This working draft is provided as a flexible, “living” document, which is intended to be informed by discussions and to be descriptive, not prescriptive. It is envisaged that specific operational, substantive and otherwise appropriate provisions will be introduced by Member States during further discussions of the INB.

Bearing in mind the text of decision SSA2(5), paragraph 1(1), pursuant to which work on the instrument will be undertaken “with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB”, certain parts of this working draft (for example, usage of certain defined terms) have been presented from the perspective of an instrument adopted under either Article 19 or 21 of the WHO Constitution. The final text of the international instrument will, in certain respects, depend on the provision of the WHO Constitution under which the instrument is adopted.

**WORKING DRAFT, PRESENTED ON THE BASIS OF PROGRESS ACHIEVED, OF  
A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL  
INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE  
(THE “WHO CAII”) FOR THE CONSIDERATION OF THE  
INTERGOVERNMENTAL NEGOTIATING BODY AT ITS SECOND MEETING**

**Preamble**

1. *Reaffirming* the principle of sovereignty of States in international cooperation to address public health matters, notably pandemic prevention, preparedness, response and health systems recovery;
2. *Recognizing* that equity should remain as a principle, an indicator and an outcome of pandemic prevention, preparedness and response;
3. *Emphasizing* that, in order to make health for all a reality, individuals and communities need access to high-quality health services, skilled health workers providing quality, people-centered care, and policy-makers committed to investing in universal health coverage;
4. *Reiterating* the necessity to work towards achieving strong and resilient health systems and universal health coverage, as an essential foundation for effective pandemic prevention, preparedness and response, and to adopt an equitable approach to prevention, preparedness and response activities, including to mitigate the risk that pandemics exacerbate existing inequalities in access to services;
5. *Recalling* the International Health Regulations (2005) of the World Health Organization and their importance in preventing, protecting against, controlling and providing a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade;
6. *Recognizing* that the international spread of disease is a global threat with serious consequences for public health, human lives and economies that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response;
7. *Recognizing* that pandemics have a disproportionately heavy impact on the poor and the most vulnerable, with repercussions on health and development gains, in particular in developing countries, thus hampering the achievement of the Sustainable Development Goals and universal health coverage;
8. *Mindful* that, as the threat of pandemics is a reality that has catastrophic health, social, economic and political consequences, especially for the vulnerable and disadvantaged, pandemic prevention, preparedness and response must be systemically integrated into whole-of-government and whole-of-society approaches to recovery and thereby break the cycle of “panic and neglect”;
9. *Reflecting* on the lessons learned from coronavirus disease (COVID-19) and other recent outbreaks, including those of Ebola virus disease, Zika virus disease, Middle East respiratory syndrome; and monkeypox, with global and regional impact, and with a view to addressing and closing gaps and improving future response;
10. *Acknowledging* that there are significant differences in countries’ capacities to prevent, prepare for, respond to, and recover from pandemics;

11. *Deeply concerned* by the gross inequities that prevailed in timely access to medical and other COVID-19 pandemic response products, notably vaccines, oxygen supplies, personal protective equipment, diagnostics and therapeutics;
12. *Concerned* by the lack of global solidarity and lack of effective global coordination exhibited during the COVID-19 pandemic, and the serious negative impact on countries with limited capacities and resources;
13. *Acknowledging* that pandemic prevention, preparedness and response at all levels and particularly in developing countries require sufficient financial and technical resources;
14. *Emphasizing* that improving pandemic prevention, preparedness and response relies on a commitment to mutual accountability, transparency and shared but differentiated responsibility by all countries and relevant stakeholders;
15. *Recognizing* that protection of intellectual property rights is important for the development of new medicines and also recognizing the concerns about its effects on prices, as well as noting discussions in relevant international organizations, on for instance innovative options to enhance the global effort towards the production and timely and equitable access to and distribution of health technologies and know-how, by means that include local production;
16. *Reaffirming* the flexibilities and safeguards contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights and their importance for ensuring appropriate transfer of technology and know-how for production of pandemic response products, as well as sustainable supply chains for their equitable distribution;
17. *Emphasizing* that policies and interventions on pandemic prevention, preparedness and response should be supported by the best-available scientific evidence and adapted to take into account resources and capacities at subnational and national levels;
18. *Recognizing* the synergies between multisectoral collaboration – through whole-of-government and whole-of-society approaches at the country level – and international collaboration, coordination and global solidarity, and their importance to achieving sustainable improvements in pandemic prevention, preparedness and effective response;
19. *Acknowledging* that the repercussions of pandemics, beyond health and mortality, on socioeconomic impacts in a broad array of sectors, including economic growth, employment, trade, transport, gender inequality, food insecurity, education and culture, require a multisectoral whole-of-society approach to pandemic prevention, preparedness and response and recovery;
20. *Reiterating* the determination to achieve health equity through action on social determinants of health and well-being by a comprehensive intersectoral approach;
21. *Acknowledging* the impacts of determinants of health on the vulnerability of communities, especially the vulnerable and marginalized, to the spread of pathogens and the evolution of an outbreak;
22. *Reaffirming* the importance of a One Health approach and the necessity of synergies between multisectoral collaboration at the national and international levels to safeguard human health, detect and prevent health threats at the interface of animal and human ecosystems;

23. *Underscoring* that multilateral cooperation and governance are essential to prevent, prepare for and respond to pandemics that by definition know no borders and require collective action;
24. *Considering* the importance and public health impact of other growing threats such as the spread of antimicrobial resistance among animal and human pathogens, and climate change, in particular its impact on small island developing States;
25. *Recognizing* the importance of the need to work synergistically with other relevant areas and mindful of the work being undertaken in those areas, notably climate change and antimicrobial resistance;
26. *Underscoring* the importance to promote early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens, taking into account relevant national and international laws, regulations, obligations and frameworks, including, as appropriate, the International Health Regulations (2005), the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity, and the Pandemic Influenza Preparedness Framework;
27. *Recognizing* the need to foster necessary linkages, promote coherence and enhance synergies among existing, relevant instruments;
28. *Recognizing* the central role of WHO on pandemic prevention, preparedness and response as the directing and coordinating authority on international health work, convening, and generating scientific evidence, and more generally the role of multilateral cooperation in global health governance;
29. *Recalling* the preamble to the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

## **Vision**

*This section would articulate the vision and aspirational goals for the WHO CAII. It would provide a higher-level framing of objective and scope that goes to its core purpose.*

This WHO CAII aims to protect present and future generations from the devastating consequences of pandemics, on the basis of equity, human rights and solidarity with all people and countries, recognizing the sovereign rights of countries and respect for their national context, as well as the differences in capacities and levels of development among them, for a world where, through a whole-of-government and whole-of-society approach, cooperation is enhanced at the national level and fostered at the international level to prevent, prepare for and respond to future pandemics, with a view to achieving universal health coverage, in order to protect and advance the enjoyment of the highest attainable standard of health for all peoples.

## **Part I. Introduction**

### **Article 1. Definitions and use of terms**

*This article would define or explain, as appropriate, all relevant terms and phrases, for example, technical terms, institutions, organizations and other terms, for the purposes of this WHO CAII. Such terms could include, inter alia: access, affected States, affordability, assisting States,*

biotechnology, community engagement, epidemic, equity, external assistance, gain-of-function, genomic sequence data, global public goods, health systems recovery, health systems resilience, infodemics, One Health, pandemic, pandemic preparedness, pandemic prevention, pandemic recovery, pandemic response, preparedness, prevention, public health threats with pandemic potential, readiness, recovery, response, universal health coverage, utilization of genetic resources, whole-of-government, and whole-of-society.

## **Article 2. Relationship with international agreements and instruments**

*This article would define the relationship, complementarity and potential hierarchy between this WHO CAII and other agreements, conventions or international instruments.*

(1) The Parties recognize that this WHO CAII and other relevant international instruments should be interpreted so as to be compatible and synergistic. The provisions of this WHO CAII shall not affect the rights and obligations of any Party deriving from other existing international instruments.

(2) In the event that any part of this WHO CAII addresses areas or activities that may bear on the field of competence of other organizations or treaty bodies, appropriate steps will be taken to avoid duplication and promote synergies, compatibility and coherence, with a common goal of strengthened pandemic preparedness, prevention and response.

(3) The provisions of this WHO CAII shall in no way affect the right of Parties to enter into bilateral or multilateral instruments, including regional or subregional instruments, on issues relevant or additional to this WHO CAII, provided that such instruments are compatible with and do not conflict with their obligations under this WHO CAII. The Parties concerned shall communicate such instruments through the governance mechanism for this WHO CAII.

(4) For the purpose of this Article, the term “WHO CAII” includes this WHO CAII and any annexes, guidelines, protocols or other sub-arrangements, whether presently existing or established at a later date, established under this WHO CAII.

## **Part II. Objective(s), principles and scope**

### **Article 3. Objective(s)**

*This article would define the objective(s) of the WHO CAII.*

The objective(s) of the WHO CAII, guided by the overarching principles of equity, shared and differentiated responsibilities, and respective capabilities, in the light of different national circumstances, is to save lives and protect livelihoods, through improving the world’s capacities for preventing, preparing for and responding to pandemics. The WHO CAII aims to address the systemic gaps and challenges that exist in these areas and across the cross-cutting strategic themes of equity, governance and leadership, systems and tools, and financing, through measures at the national, regional and international levels:

(1) to continually and substantially increase and sustain the capacity to prevent pandemics from occurring;

(2) to continually and substantially increase and sustain pandemic preparedness capacities;

- (3) to ensure availability and equitable access to affordable medical and other pandemic response products;
- (4) to ensure coordinated, timely and evidence-based pandemic response;
- (5) to facilitate speedy and equitable restoration of capacities for prevention, preparedness and response through a whole-of-government and whole-of society approach.

#### **Article 4. Principles**

*This article would define the principles that will guide the achievement of the vision and objective(s) of this instrument and implement its provisions.*

To achieve the objective(s) of this WHO CAII and to implement its provisions, the Parties will be guided, inter alia, by the principles set out below:

- (1) **The right to health** – The enjoyment of the highest attainable standard of health, defined as a state of complete physical, mental and social well-being, is one of the fundamental rights of every human being without distinction of age, race, religion, political belief, economic or social condition.
- (2) **Universal health coverage** – The WHO CAII will be guided by the goal of achieving universal health coverage as an overarching principle to promote health and well-being for all at all ages.
- (3) **Respect of human rights** – The implementation of the WHO CAII will be with full respect for the dignity, human rights and fundamental freedoms of persons.
- (4) **Equity** – A fair, equitable, effective and timely response to pandemics requires ensuring fair access to affordable pandemic response products, among and within countries, including between groups of people, irrespective of their social or economic status.
- (5) **One Health** – Multisectoral actions that recognize the importance of animal health, human health and environmental health working together to achieve better public health outcomes.
- (6) **Transparency** – International action to prevent and prepare for pandemics depends on coordinated, timely and transparent sharing of information, data and other factors necessary to ensure countries are able to carry out a robust response, for which Parties are accountable, through a whole-of-government and whole-of-society approach, based on and guided by the best-available science.
- (7) **Accountability** – Effective global response to pandemics requires high levels of collective capacity by all countries. All Parties are accountable for strengthening and sustaining their health systems' capacities and public health functions in order to collectively strengthen, support and sustain global prevention, preparedness and response capacities.
- (8) **Solidarity** – Intensified international cooperation, based on a set of specific obligations for Parties (especially, but not limited to, obligations from developed to developing countries) is required to prevent, prepare for, respond to and recover from pandemics.



(9) **Shared but differentiated responsibilities and capabilities** – Full consideration and prioritization are required of the specific needs and special circumstances of developing country Parties, especially those that (i) are particularly vulnerable to adverse effects of pandemics; (ii) do not have adequate conditions to respond to pandemics; and (iii) would have to bear a disproportionate or abnormal burden.

(10) **Sovereignty** – States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to determine and manage their approach to public health, notably pandemic prevention, preparedness and response pursuant to their own policies, and the responsibility to ensure that activities within their jurisdiction or control do not cause damage to other States and their peoples.

(11) **Community engagement** – As communities are a cornerstone of health, effective and appropriate pandemic prevention and preparedness require sustained community engagement efforts that make communities more likely to trust governments in times of vulnerability and uncertainty, such as pandemics, and thereby play a central role that is fundamental to pandemic response.

(12) **Inclusiveness** – The engagement with and participation of all relevant stakeholders and partners, consistent with relevant and applicable international and national guidelines, rules and regulations (including those relating to conflicts of interest) are fundamental to empowering communities and achieving the objective(s) of this WHO CAII.

(13) **Gender equality** – Pandemic prevention, preparedness and response will take into account the specific needs of women and girls, using a country-driven, gender-responsive, participatory and fully-transparent approach.

(14) **Nondiscrimination and respect for diversity** – The impact of pandemics should not impede the enjoyment of the highest attainable standard of health without distinction of race, religion, political belief, economic or social condition.

(15) **Rights of vulnerable populations** – Nationally determined and prioritized actions will take into account vulnerable people, places and ecosystems. Indigenous populations, refugees, migrants, persons with disabilities, children and adolescents, for example, may be particularly impacted by pandemics, owing to social and economic inequities, as well as to legal and regulatory barriers that may prevent them from accessing health services.

## **Article 5. Scope**

*This article would define the scope of the WHO CAII.*

This WHO CAII applies to pandemic prevention, preparedness and response at the national, regional and international levels. This WHO CAII also applies to pandemic recovery, to the extent that it supports health systems' resilience and continuity of health care services.

### **Part III. General obligations**

*This Part would set out general obligations. Potential text could be along the following lines:*

To strengthen pandemic prevention, preparedness and response, using a whole-of-society and whole-of-government approach, consistent with the right to health and respect of human rights, and in accordance with each Party's capabilities and respectful of each Party's sovereign rights and their national context, the following general obligations should be taken into account:

- (1) develop, implement, periodically update and review comprehensive, inclusive, multisectoral national pandemic prevention, preparedness and response strategies, and provide regular reporting on pandemic prevention, preparedness and response capacities;
- (2) engage with communities, civil society and non-State actors, including the private sector, as part of a whole-of-society approach to pandemic prevention, preparedness and response;
- (3) adopt and implement legislative, executive, administrative and/or other measures for fair, equitable, effective and timely pandemic prevention, preparedness and response;
- (4) cooperate, in the spirit of solidarity, with other Parties and competent international and regional intergovernmental organizations and other bodies in the formulation of measures, procedures and guidelines for pandemic prevention, preparedness and response;
- (5) develop and apply science and evidence to inform policy and measures for effective pandemic prevention, preparedness and response;
- (6) provide forecasting, intelligence and timely information sharing and alert mechanisms, through appropriate and up-to-date platforms and technologies;
- (7) provide access, upon request, to experts to provide technical assistance to Parties that require strengthening of capacity for system prevention, preparedness, and response to pandemics;
- (8) mobilize, adequate human, financial and other necessary resources to affected countries in containing outbreaks ranging from small scale to global spread, based on public health need;
- (9) ensure long-term, sustainable and predictable financing and mobilization of human resources, including necessary surge capacity, for pandemic prevention, preparedness and response at the national level;
- (10) ensure sustainable and predictable financing of global systems and tools, and global public goods through relevant international organizations, institutions and partners;
- (11) cooperate to mobilize sustainable financial resources for sustainable financing to enable WHO to provide support to countries for effective implementation of pandemic prevention, preparedness and response measures;
- (12) support, through national legislative or executive processes or procedures, measures that promote effective and transparent implementation and monitoring of this WHO CAI.

## **Part IV. Specific provisions/areas/elements/obligations**

*This Part would build on the general obligations set out above and would introduce, by theme, specific provisions/areas/elements/obligations, as appropriate, to implement the WHO CAII.*

To strengthen pandemic prevention, preparedness and response, using a whole-of-society and whole-of-government approach, consistent with the right to health and respect of human rights, and in accordance with the capabilities of each Party and respectful of its sovereign rights and its national context, the following should be taken into account:

### **1. Achieving equity**

Equity is central to achieving and sustaining the objective(s) of WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to ensure availability and accessibility to quality, safe and effective affordable health care services (including clinical and mental health care), and pandemic response products through primary health care and universal health coverage;
- (b) measures to ensure strengthening of national regulatory authorities that have the capacities to accelerate emergency approval procedures and to ensure availability of essential pandemic-response products in the countries;
- (c) measures to ensure access and benefit sharing, which would include, but not be limited to: rapid, regular and timely sharing of pathogens and genomic sequences through a standardized real-time global platform; and timely access to affordable, safe and effective pandemic response products, including diagnostics, vaccines, personal protective equipment and therapeutics;
- (d) measures to ensure priority of access to pandemic response products by health care workers, other frontline workers and vulnerable persons;
- (e) measures to ensure equitable and affordable access to quality, safe and effective pandemic response products, including those drawn from strategic stockpiles, and their equitable distribution;
- (f) measures to address social determinants of health, economic development and environmental determinants.

### **2. Fair, equitable and timely access and benefit sharing**

Establishing a comprehensive system for access and benefit sharing is a cornerstone to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to establish a comprehensive system for access and benefit sharing, including but not limited to, consistency with relevant elements of the Convention on Biodiversity and its

Nagoya Protocol, by building upon or adapting mechanisms and/or principles contained in existing or previous instruments;

(b) measures to promote and facilitate recognition of the system as a specialized comprehensive system for access and benefit sharing system, at the national level;

(c) measures to engage with all relevant actors in the design, development and implementation of the comprehensive system for access and benefit sharing;

(d) measures to ensure timely sharing of pathogens and genomic sequence data through one or more standardized real-time platforms available to all Parties.

### **3. Strengthening and sustaining health systems' resilience and capacities**

Health systems and capacity strengthening are core to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

(a) measures to strengthen public health functions and robust surveillance, outbreak investigation and control, early warning, information sharing, and capacities for genomic sequencing in order to inform risk assessment of and trigger rapid response to emerging and re-emerging zoonoses, and develop prevention strategies for epidemic-prone diseases, notably at the human–animal–environment interface;

(b) measures to ensure preparedness capacity assessment is undertaken and national action plans are developed and periodically tested through global, regional and national simulation and tabletop exercises, that include risk and vulnerability mapping;

(c) measures to ensure recovery and restoration of resilient health systems through universal health coverage, including systems for a rapid and scalable response;

(d) measures to strengthen public health laboratory and diagnostic capacities and networks, including standards and protocols for public health laboratory biosafety and biosecurity;

(e) measures to provide oversight of and report on laboratories that do work to genetically alter organisms in order to increase pathogenicity and transmissibility, in order to prevent accidental release of these pathogens.

### **4. Local production and transfer of technology and know-how**

Broadening and diversifying access to relevant technology and know-how for the production of pandemic response products such as vaccines is fundamental to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

(a) measures to support initiatives and multilateral mechanisms that promote and provide relevant technology transfer and know-how, while being respectful of intellectual property rights, to potential manufacturers in developing countries, which increase global manufacturing capacity

and supplies of affordable, essential pandemic response products that match the global demand resulting from pandemics;

(b) measures to encourage and facilitate participation of private-sector entities in technology and know-how transfer through initiatives and multilateral mechanisms;

(c) measures to ensure equitable and affordable access to health technologies, promoting the strengthening of national health systems and mitigating social inequalities;

(d) measures to support time-bound waivers of protection of intellectual property rights during pandemics where there is inequitable, delayed or no access by developing countries to pandemic response products that can minimize mortality;

(e) measures to strengthen developing countries' capacity to manufacture pandemic response products through technology transfer and know-how to ensure adequate global supplies, which meet surge demand.

## **5. Governance and coordination, collaboration, and cooperation**

Governance, coordination, collaboration and cooperation, based on the principles of accountability and transparency, at all levels are essential to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, executive, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

(a) measures to promote global, regional and national political commitment, coordination and leadership for pandemic prevention, preparedness and response, by means that include establishing appropriate governance arrangements rooted in the Constitution of the World Health Organization;

(b) measures to support mechanisms that ensure global, regional and national policy decisions are science- and evidence-based, through enhanced coordination, collaboration and sharing of information among experts, scientific bodies and networks;

(c) measures to strengthen and sustain long-term development cooperation in pandemic prevention, preparedness and response, by enhancing WHO's central role as the directing and coordinating authority on international health work, and mindful of the need for coordination with entities in the United Nations system and other intergovernmental organizations;

(d) measures to recognize the specific needs of vulnerable populations, indigenous populations, fragile areas such as small island developing States, well as those promoting equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes, global networks and technical advisory groups;

(e) measures to facilitate mobility and international travel during pandemics.

## **6. Health workforce**

An adequate, skilled, trained, competent and committed health workforce, at the frontlines of pandemic prevention, preparedness and response, is central to achieving and sustaining the objective(s)

of this WHO CAII. In developing international, regional or national legislative, executive, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to strengthen pre-, in- and post-service training of adequate numbers of health workers, at the national and local levels, equipped with public health competences and to ensure laboratory capacity for conducting genomic sequencing through sustainable funding support, deployment and retention for health workforce resilience that can be mobilized for pandemic response;
- (b) measures to ensure recovery and restoration of resilient health systems through sustaining universal health coverage and primary health care capacity, including systems for a rapid and scalable response, notably through sustainable support and adequate deployment of health workforce with public health competences;
- (c) measures to ensure an available, skilled and trained global public health emergency workforce that is deployable to support affected countries, through scaling up of training and capacity of training institutes, upon request.

## **7. One Health**

The whole-of-government and whole-of-society One Health approach is fundamental to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to promote a comprehensive One Health approach, promoting coherence among all relevant actors, instruments, initiatives and issues, such as climate change and antimicrobial resistance, insofar as they relate to pandemic prevention, preparedness and response;
- (b) measures to strengthen multisectoral, coordinated, integrated One Health surveillance systems to minimize spill-over events and mutations and prevent small-scale outbreaks from becoming a pandemic;
- (c) measures to strengthen regular monitoring and sharing of pathogens with pandemic potential from wildlife and domesticated livestock;
- (d) measures to ensure that actions at national and community levels encompass whole-of-government and whole-of-society perspectives;
- (e) measures to regularly assess One Health capacities, as well as gaps in, policies for and funding support needed to strengthen One Health capacities;
- (f) measures to strengthen the synergy with other existing relevant instruments which address the drivers of pandemics;
- (g) measures to promote and enhance synergies between multisectoral collaboration at national level, and cooperation at the international level, to safeguard human health, and to detect and prevent health threats at the interface between animal and human ecosystems.

## **8. Governance, whole-of-government and other multisectoral actions at national level**

Governance, whole-of-government and other multisectoral actions are prerequisites to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to collaborate through an all-encompassing whole-of-government, multistakeholder, whole-of-society approach to tackle the social determinants of health that contribute to the emergence and spread of pandemics as well as to prevent or mitigate the socioeconomic impacts of pandemics, including but not limited to those affecting economic growth, employment, trade, transport, gender inequality, education, food insecurity, nutrition and culture;
- (b) measures to proactively develop, through a whole-of-government and multisectoral collaboration, plans that facilitate speedy and equitable restoration of capacities following a pandemic;
- (c) measures to support timely mobilization of surge capacity of human and financial resources and public financial management to facilitate timely allocation of resources to the frontline response;
- (d) measures to delegate authority during pandemics to local government, in accordance with the country context in order to better respond to the pandemic, with strong involvement by relevant stakeholders.

## **9. Governance, community engagement and whole-of-society actions at national and subnational levels**

Governance, community engagement and whole-of-society actions at national and subnational levels are prerequisites to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to promote effective and timely risk communications to the public;
- (b) measures to promote and strengthen the engagement/participation of communities in all elements of pandemic prevention, preparedness and response to ensure their ownership of and contribution to national readiness and resilience, including public health and social measures;
- (c) measures to mobilize social capital in the community for mutual support especially to vulnerable populations;
- (d) measures to ensure engagement of civil society, communities and non-State actors, including the private sector, as part of the whole-of-society response.

## **10. Global supply chain and logistics network**

A global, effective and affordable supply chain and logistics network is crucial to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness, and response, the following should be taken into account, among others:

- (a) measures to ensure a concerted and coordinated approach to availability and equitable access to and distribution of pandemic response products that both leverages well-established and proven systems, processes and mechanisms that are in place, mindful of the need to build on respective strengths and promote transparency in cost and pricing;
- (b) measures to prioritize and coordinate requests for essential supplies at national level based on national action plans for pandemic prevention, preparedness and response;
- (c) measures to facilitate, coordinate, and equitably allocate procurement of supplies through pooled purchasing mechanisms, based on public health needs;
- (d) measures to establish and operationalize international consolidation hubs as well as regional staging areas to ensure that transport of supplies is streamlined, uses the most appropriate means for the products concerned, and promotes equitable, timely and efficient delivery to priority countries;
- (e) measures to avoid the imposition of unnecessary disturbances to international travel and trade, as well as discriminatory travel and trade restrictions, facilitating the flow of people and ensuring that supply chains remain intact and connected.

## **11. Research and development**

Research and development, in an open and secure manner that fosters active participation and engagement of scientists and institutions from developing countries, are a key component to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to promote and align international, regional and national action and scientific cooperation, and to accelerate innovative research for novel pathogens and (re)emerging diseases;
- (b) measures to build and strengthen national capacities and institutions for innovative research and development, by means that include scalable financing and scientific and technical cooperation, collaboration and communication;
- (c) measures to strengthen research and development processes for national, regional and global development and production of diagnostics, medicines and vaccines, particularly in developing countries, and regulatory authority capacities to accelerate the process of licensing and approving pandemic response products for emergency use in a timely manner.



## **12. Preparedness monitoring, simulation exercises and peer review**

Effective and efficient monitoring of pandemic prevention and preparedness, through among other means exercises and peer review is critical to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to develop global and national indicators for monitoring prevention and preparedness, and to regularly conduct simulation exercises to assess readiness and gaps for sustaining preparedness capacity;
- (b) measures to establish, regularly update and broaden implementation of a global peer review mechanism to assess national, regional and global preparedness capacities and gaps, by bringing nations together to support a whole-of-government approach, strengthening national capacities for pandemic prevention, preparedness and response mindful of the need to integrate available data, and to engage national leadership at the highest level.

## **13. Pandemic and public health literacy**

Addressing science, public health and pandemic literacy and tackling false, misleading or disinformation are key components of achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative, administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to manage public information, risk communication and infodemics through effective channels, including social media;
- (b) measures to conduct regular social media listening in order to identify misinformation and so to design communications and messaging to the public and counteract misinformation, disinformation and false news;
- (c) measures to foster health and science literacy, and promote communications on scientific and technological advances relevant to the development and implementation of international rules and guidelines for pandemic prevention, preparedness and response;
- (d) measures to promote and facilitate at all appropriate levels, in accordance with national laws and regulations, development and implementation of educational and public awareness programmes on pandemics and their effects, and public access to information on pandemics and their effects;
- (e) measures to provide timely and effective global communication, based on science and evidence, that counters misinformation, disinformation and false news.

## **14. Financing**

Ensuring sustained and predictable financing is essential to achieving and sustaining the objective(s) of this WHO CAII. In developing international, regional or national legislative,

administrative, technical and/or other measures for pandemic prevention, preparedness and response, the following should be taken into account, among others:

- (a) measures to strengthen domestic financing for pandemic prevention, preparedness and response, including through greater collaboration between health and finance sectors in support of primary health care and universal health coverage;
- (b) measures to ensure sustainable and predictable financing of global systems and tools, and global public goods, through existing or new mechanisms in order to guarantee equitable access to emergency financial mechanisms and to facilitate rapid and effective mobilization of adequate financial resources to affected countries, based on public health need;
- (c) measures to establish or reinforce and adequately finance an effective national coordinating multisectoral mechanism or focal points for pandemic prevention, preparedness, response and recovery;
- (d) measures to facilitate and ensure cooperation to mobilize sustainable financial resources for effective implementation of the WHO CAII.

## **Part V. Institutional arrangements**

*This Part would define the institutional arrangements for the implementation and application of the WHO CAII, which could include its governance, support and deliberative processes, as well as financial and other resources to support those activities. The specific text of these institutional arrangements will depend on the provision of the WHO Constitution under which the instrument is adopted. Potential text could include without limitation the following components:*

### **1. Governance mechanism for this WHO CAII**

The WHO CAII shall include a governance mechanism to support its operation and implementation. Depending on the provision of the WHO Constitution under which the instrument is adopted, this governance mechanism could be established as a Conference of the Parties or a Member State mechanism. It would be expected that the governance mechanism would be based in WHO, and supported by the WHO Secretariat. The functions of the governance mechanism could include, without limitation:

- (a) to promote and facilitate the mobilization of financial resources for the implementation of the WHO CAII;
- (b) to enable collaboration and cooperation across the United Nations system and other international and regional intergovernmental organizations and non-State actors and bodies as a means of strengthening the implementation of the WHO CAII;
- (c) to establish such subsidiary bodies as are necessary to achieve the objective(s) of the WHO CAII;
- (d) to assist in addressing the cycle of panic and neglect that burdens existing global pandemic prevention, preparedness and response efforts, and to govern the implementation, functioning, sustainable building and progressive development of capacities, norms and obligations after adoption of the WHO CAII;

- (e) to promote and facilitate the exchange of information between Parties to the WHO CAII;
- (f) to promote and guide the development and periodic refinement of comparable methodologies for research and the collection of data relevant to the implementation of the WHO CAII;
- (g) to promote, as appropriate, the development, implementation and evaluation of strategies, plans and programmes for the WHO CAII;
- (h) to consider reports submitted by the Parties in accordance with the WHO CAII, and adopt regular reports on the implementation of the WHO CAII;
- (i) to consider other action(s), as appropriate, for the achievement of the objective(s) of the WHO CAII in the light of experience gained in its implementation.

## **2. Oversight mechanisms for this WHO CAII**

- (a) The Parties shall consider and approve incentive measures, cooperative procedures and institutional mechanisms to promote oversight of, and compliance with, the provisions of this WHO CAII.
- (b) These measures, procedures and mechanisms shall include monitoring provisions and accountability measures to systematically address the impact of pandemics, by means that include submission of periodic reports, reviews, remedies and actions, and to offer advice or assistance, where appropriate. These measures shall be separate from, and without prejudice to, the dispute settlement procedures and mechanisms under this WHO CAII.

## **3. Assessment and review**

A mechanism shall be established to undertake, four years after the commencement of this WHO CAII and thereafter at intervals determined by the Parties, an evaluation of the relevance and effectiveness of this WHO CAII, and recommend corrective measures, as necessary.

## **4. Financial mechanisms and resources**

- (a) The Parties recognize the important role that financial resources play in achieving the objective(s) of this WHO CAII.
- (b) Each Party shall provide financial support in respect of its national activities intended to achieve the objective(s) of the WHO CAII, in accordance with its national plans, priorities and programmes.
- (c) Each Party shall provide financial support in line with its fiscal capacities for the effective implementation of this WHO CAII.
- (d) The Parties shall promote, as appropriate, the use of bilateral, regional, subregional and other appropriate and relevant multilateral channels to provide funding for the development and strengthening of pandemic prevention, preparedness and response programmes of developing-country Parties.

(e) The Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing-country Parties and for Parties with economies in transition to support them in meeting their obligations under the WHO CAII, without limiting the rights of participation within these organizations.

## **Part VI. Final provisions**

*This Part would define the final provisions for the WHO CAII, as appropriate. The specific text, to be determined, will depend on the provision of the WHO Constitution under which the instrument is adopted.* The following is a non-exhaustive list of certain topics that could be included.

- Protocols and annexes
- Amendments
- Reservations
- Settlement of disputes
- Withdrawal
- Right to vote
- Signature
- Ratification
- Entry into force
- Depositary
- Authentic texts

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