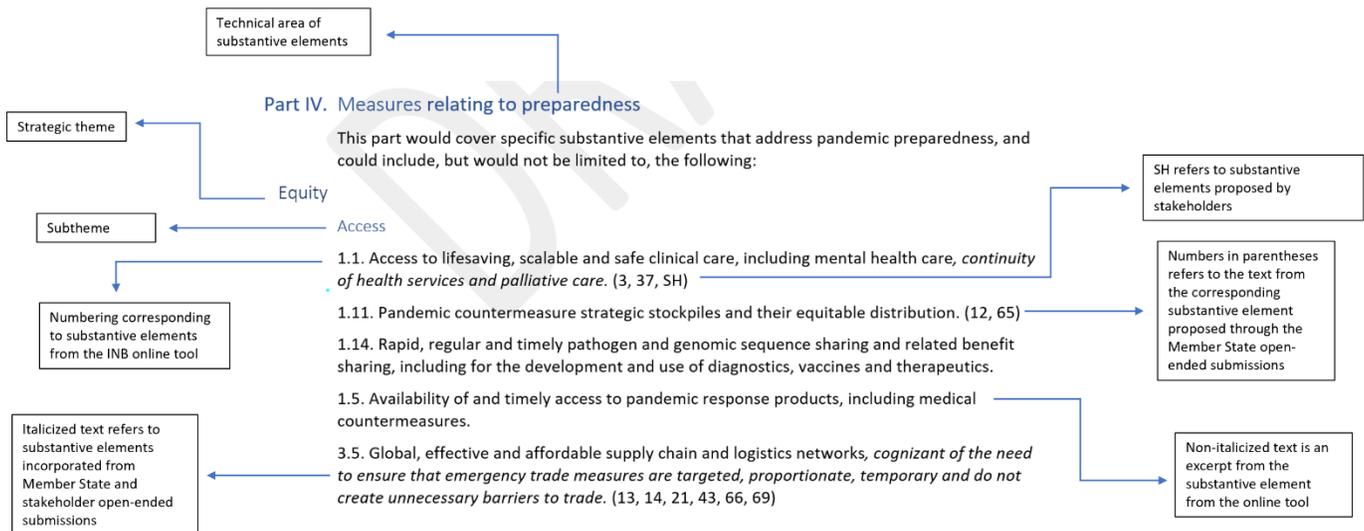


White paper: draft annotated outline of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

DRAFT

Readers' guide



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Preamble

This part would introduce guiding principles, overarching themes, recalling and recognizing the importance of other relevant instruments (e.g. UN, human rights, SDGs, WHA/EB resolutions/decisions, etc.).

Part I. Introduction

Section 1. Definitions and use of terms

This section would define all relevant terms (pandemic, equity, etc.) and phrases (technical terms, institutions, organizations, etc.), for the purposes of the instrument.

Section 2. Relationship with international agreements and instruments

This section would define the relationship, complementarity and potential hierarchy between this instrument and other agreements, conventions, or international instruments.

Part II. Objective, scope, and guiding principles

Section 3. Objective and scope

This section would define the objective(s) and scope of this instrument.

The objective of the instrument could be to *save lives and protect livelihoods* by addressing the gaps and challenges that exist in pandemic prevention, preparedness, response and recovery, across the four cross-cutting strategic themes of equity, governance and leadership, systems and tools, and financing. Substantive elements to address these gaps and challenges may be mapped accordingly and further clustered under five subthemes: access; transfer of technology and know-how; coordination, collaboration and cooperation; multi-sectoral actions; and capacities and systems strengthening. (4, 52)

Section 4. Principles

This section would set out the relevant principles to achieve the objective of the instrument and any related instruments, and to implement its provisions (e.g. human rights, non-discrimination, prioritization of the vulnerable; equity and fairness; effectiveness and timely actions; transparency and accountability; sustainability; inclusivity and solidarity). (26, 27, 29, 31, 40, 45, 48, 58, 59, 64, 73)

Section 5. General obligations

This section would set out general obligations, and could include, *inter alia*:

- develop, implement, periodically update and review, comprehensive multisectoral national pandemic prevention, preparedness, response and recovery strategies, *including for One Health and antimicrobial resistance*, and provide regular reporting on pandemic prevention, preparedness and response capacities. (47)
- establish or reinforce and finance a national coordinating multi-sectoral mechanism or focal points for pandemic prevention, preparedness, response and recovery. (57)
- cooperate with other Member States and competent international and regional intergovernmental organizations and other bodies in the formulation of proposed measures, procedures and guidelines for pandemic prevention, preparedness, response and recovery (including those related to *infection prevention and control, water, sanitation and hygiene (WASH) and antimicrobial resistance, transfer and treatment of patients, travel and movement of frontline workers*). (7, 25, 30, 33, 34, 38, 43, 62, SH)
- 2.2. engage with communities, civil society and non-State actors, including the private sector, as part of a whole-of-society approach. (SH)
- 2.7. *commit to* long-term development cooperation and investment in pandemic prevention, preparedness and response.
- 2.9. *develop and adopt* science and evidence-based policy decisions.
- 3.8. *provide forecasting*, intelligence, and timely information sharing, *through appropriate and up-to-date platforms and technologies*. (11, 61)
- 4.3. *commit to* rapid and effective mobilization of adequate *human, financial and other necessary* resources to affected countries, based on public health need. (12, 20, 56)
- 4.4. *commit to* sustainable and predictable financing of global systems and tools, and global public goods. (64)
- 51. provide access, upon request, to experts to provide technical assistance to Member States that require strengthening of capacity for system preparedness and response to health emergencies.

Part III. Measures relating to prevention

This part would cover specific substantive elements that address pandemic prevention, and could include, but would not be limited to, the following:

Equity

Access

- 1.1. Access to lifesaving, scalable and safe clinical care, including mental health care, *continuity of health services and palliative care*. (3, 37, SH)
- 1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution. (65)
- 1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics.

Transfer of technology and know-how

1.3. Access to technology and know-how. (50)

1.9. Increased national, subregional and regional manufacturing capacity for pandemic response products, including medical countermeasures.

3.9. National, regional and global *coordination* of diagnostics, medicines and vaccines research and development processes. (36)

Governance and leadership

Coordination, collaboration and cooperation

1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes. (27, SH)

1.8. Equitable representation in global networks and technical advisory groups.

1.15. Scalable scientific and technical cooperation and collaboration.

2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution.

2.4. Global and national political commitment, coordination and leadership.

2.5. Global and regional governance and coordination.

2.10. WHO coordination with UN agencies and other intergovernmental organizations.

Multi-sectoral actions

1.12. Policy to safeguard vulnerable populations most affected by pandemics.

2.1. Community readiness, resilience and engagement.

2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches.

3.6. Global, regional and national simulation and tabletop exercises.

3.11. One-health, including surveillance and laboratory capacity.

3.14. Prevention strategies for epidemic-prone diseases.

4. Address economic development and social determinants and environmental determinants.

10. Create a multidisciplinary and multisectoral platform of public health emergency operations centres at global, regional and national level.

63. Support multi-stakeholder engagement to address epidemic and pandemic threats, including those resulting from climate change, environmental factors. (8)

Systems and tools

Capacities and systems strengthening

1.2. Access to quality, agile, and sustainable health services for universal health coverage.

1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for research and development.

- 1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures.
- 3.3. Establishing a skilled and trained global public health emergency workforce, *including GOARN and WHO Emergency Medical Teams*, deployable to support affected countries. (18, 32)
- 3.4. Global and national measures to accelerate emergency approval procedures and capacity.
- 3.12. Enhancing national capacity for pathogen and genomic sequencing and its sharing for rapid pandemic risk assessment and global alert.
- 3.15. Public health laboratory and diagnostic networks.
- 3.17. Resilient health systems for universal health coverage and health security.
- 3.18. Risk and vulnerability mapping.
- 3.19. Standards and protocols for public health laboratory biosafety and biosecurity.
- 3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency.

Financing

- 4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response.
- 4.2. Financing national capacity strengthening, including through enhanced domestic resources.
- 4.5. Sustainable funding to WHO to support its work.

Part IV. Measures relating to preparedness

This part would cover specific substantive elements that address pandemic preparedness, and could include, but would not be limited to, the following:

Equity

Access

- 1.1. Access to lifesaving, scalable and safe clinical care, including mental health care, *continuity of health services and palliative care*. (3, 37, SH)
- 1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution. (12, 65)
- 1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics.
- 1.5. Availability of and timely access to pandemic response products, including medical countermeasures.
- 3.5. Global, effective and affordable supply chain and logistics networks, *cognizant of the need to ensure that emergency trade measures are targeted, proportionate, temporary and do not create unnecessary barriers to trade*. (13, 14, 21, 43, 66, 69)
- 71, 72. Transparency in prices of countermeasures, and in spending on research and development and clinical trials.

Transfer of technology and know-how

- 1.3. Access to technology and know-how, *in connection with epidemic and pandemic countermeasures without imposing legal or financial obligations, including time-bound waivers of intellectual property.* (50, 55, 68, SH)
- 1.9. Increased national, sub-regional and regional manufacturing capacity for pandemic response products, including medical countermeasures.
- 3.9. National, regional and global *coordination* of diagnostics, medicines and vaccines research and development processes. (36)
- 22. Facilitate technology diffusion and encouraging voluntary participation in technology sharing platforms.

Governance and leadership

Coordination, collaboration and cooperation

- 1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes. (27, SH)
- 1.8. Equitable representation in global networks and technical advisory groups.
- 1.15. Scalable scientific and technical cooperation and collaboration.
- 2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution.
- 2.4. Global and national political commitment, coordination and leadership.
- 2.5. Global and regional governance and coordination.
- 2.10. WHO coordination with UN agencies and other intergovernmental organizations.
- 2.6. Global peer review mechanism to assess national, regional and global preparedness. (9)
- 3.1. Accelerated innovative research to detect and contain emerging diseases.

Multi-sectoral action

- 1.12. Policy to safeguard vulnerable populations most affected by pandemics.
- 2.1. Community readiness, resilience and engagement.
- 2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches.
- 3.6. Global, regional and national simulation and tabletop exercises.
- 3.11. One-health, including surveillance and laboratory capacity.
- 3.2. Early warning, rapid investigation, risk assessment and rapid response for emerging zoonoses.
- 3.7. Infodemic management, public information and risk communication.
- 3.13. Preparedness assessment and national action plans.
- 10. Create a multidisciplinary and multisectoral platform of public health emergency operations centres at global, regional and national level.

Systems and tools

Capacities and systems strengthening

- 1.2. Access to quality, agile, and sustainable health services for universal health coverage.
- 1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for research and development.
- 1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures, *as well as WHO Emergency Use Authorization processes for key medical countermeasures.* (60)
- 3.3. Establishing a skilled and trained global public health emergency workforce, *including GOARN and WHO Emergency Medical Teams*, deployable to support affected countries. (18, 32)
- 3.4. Global and national measures to accelerate emergency approval procedures and capacity.
- 3.12. Enhancing national capacity for pathogen and genomic sequencing and its sharing for rapid pandemic risk assessment and global alert.
- 3.15. Public health laboratory, *including mobile laboratories*, and diagnostic networks. (74)
- 3.17. Resilient health systems for universal health coverage and health security.
- 3.18. Risk and vulnerability mapping.
- 3.19. Standards and protocols for public health laboratory biosafety and biosecurity.
- 3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency.
- 3.10. Strengthening national regulatory authority.
- 3.16. Rapid and scalable response systems.

Financing

- 4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response.
- 4.2. Financing national capacity strengthening, including through enhanced domestic resources.
- 4.5. Sustainable funding to WHO to support its work.
- 53. *Establish an international social, economic, and health fund to support injured communities and societies as a result of a pandemic.*

Part V. Measures relating to response

This part would cover specific substantive elements that address pandemic response, and could include, but would not be limited to, the following.

Equity

Access

- 1.1. Access to lifesaving, scalable and safe clinical care, including mental health care, *continuity of health services and palliative care.* (3, 37, SH)

1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution. (65)

1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics.

1.5. Availability of and timely access to pandemic response products, including medical countermeasures.

3.5. Global, effective and affordable supply chain and logistics networks, *cognizant of the need to ensure that emergency trade measures are targeted, proportionate, temporary and do not create unnecessary barriers to trade.* (13, 14, 21, 43, 66, 69)

71., 72. Transparency in prices of countermeasures, and in spending on research and development and clinical trials.

1.4. Affordability of pandemic response products, including medical countermeasures.

1.6. Equitable access to emergency financial mechanisms.

1.13. Prioritize access to pandemic response products, including medical countermeasures for healthcare workers.

Transfer of technology and know-how

1.3. Access to technology and know-how, *in connection with epidemic and pandemic countermeasures without imposing legal or financial obligations, including time-bound waivers of intellectual property.* (50, 55, 68, SH)

1.9. Increased national, sub-regional and regional manufacturing capacity for pandemic response products, including medical countermeasures.

3.9. National, regional and global *coordination* of diagnostics, medicines and vaccines research and development processes. (36)

22. Facilitate technology diffusion and encouraging voluntary participation in technology sharing platforms.

Governance and leadership

Coordination, collaboration and cooperation

1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes²⁷, SH)

1.8. Equitable representation in global networks and technical advisory groups.

1.15. Scalable scientific and technical cooperation and collaboration.

2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution.

2.4. Global and national political commitment, coordination and leadership.

2.5. Global and regional governance and coordination.

2.10. WHO coordination with UN agencies and other intergovernmental organizations.

3.1. Accelerated innovative research to detect and contain emerging diseases.

Multi-sectoral action

- 2.1. Community readiness, resilience and engagement.
- 2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches.
- 3.11. One Health, including surveillance and laboratory capacity.
- 3.2. Early warning, rapid investigation, risk assessment and rapid response for emerging zoonoses.
- 3.7. Infodemic management, public information and risk communication.
- 10. Create a multidisciplinary and multisectoral platform of public health emergency operations centres at global, regional and national level.

Systems and tools

Capacities and systems strengthening

- 1.2. Access to quality, agile, and sustainable health services for universal health coverage.
- 1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for research and development.
- 1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures, *as well as WHO Emergency Use Authorization processes for key medical countermeasures.* (60)
- 3.15. Public health laboratory, *including mobile laboratories*, and diagnostic networks. (74)
- 3.17. Resilient health systems for universal health coverage and health security.
- 3.19. Standards and protocols for public health laboratory biosafety and biosecurity.
- 3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency.
- 3.16. Rapid and scalable response systems.

Financing

- 4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response.
- 4.2. Financing national capacity strengthening, including through enhanced domestic resources.
- 4.5. Sustainable funding to WHO to support its work.
- 53. *Establish an international social, economic, and health fund to support injured communities and societies as a result of a pandemic.*

Part VI. Measures relating to recovery

This part would cover specific substantive elements that address pandemic recovery, including of the health system, and could include, but would not be limited to, the following.

Equity

Access

- 1.1. Access to lifesaving, scalable and safe clinical care, including mental health care, *continuity of health services and palliative care*. (3, 37, SH)
- 1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics.
- 1.5. Availability of and timely access to pandemic response products, including medical countermeasures.
- 1.4. Affordability of pandemic response products, including medical countermeasures.
- 1.13. Prioritize access to pandemic response products, including medical countermeasures for healthcare workers.

Transfer of technology and know-how

- 1.9. Increased national, sub-regional and regional manufacturing capacity for pandemic response products, including medical countermeasures.

Governance and leadership

Coordination, collaboration and cooperation

- 1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes. (27, SH)
- 1.8. Equitable representation in global networks and technical advisory groups.
- 1.15. Scalable scientific and technical cooperation and collaboration.
- 2.4. Global and national political commitment, coordination and leadership.
- 2.5. Global and regional governance and coordination.
- 2.10. WHO coordination with UN agencies and other intergovernmental organizations

Multi-sectoral action

- 2.1. Community readiness, resilience and engagement.
- 2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches.
- 3.11. One health, including surveillance and laboratory capacity.
- 3.7. Infodemic management, public information and risk communication.

Systems and tools

Capacities and systems strengthening

- 1.2. Access to quality, agile, and sustainable health services for universal health coverage.
- 3.15. Public health laboratory and diagnostic networks.
- 3.17. Resilient health systems for universal health coverage and health security.

3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency.

Financing

- 4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response.
 - 4.2. Financing national capacity strengthening, including through enhanced domestic resources.
 - 4.5. Sustainable funding to WHO to support its work.
53. *Establish an international social, economic, and health fund to support injured communities and societies as a result of a pandemic.*

Part VII. One Health

This part could address a comprehensive approach to One Health, promoting coherence among all relevant actors, instruments and initiatives. (2.8, 3.11)

Part VIII. Access and benefit sharing

This part could address pandemic-related access and benefit sharing (ABS), such as proposals to build upon existing mechanisms in the global health ABS arena, i.e., proposals aimed at addressing all emerging and novel pathogens of human pandemic potential by adopting the mechanisms and/or principles contained in existing (GISRS and PIP) or previous (Global Action Plan for Influenza vaccine manufacturing capacity) influenza related systems. (15)

Part IX. Scientific and technical cooperation and communication

This part could establish and/or link to existing mechanisms (e.g. *a science-policy body*) to ensure Member States are advised on science and technology advancements relevant to the development and implementation of international rules and guidelines under the instrument (e.g. guidelines for laboratories handling pathogens and other samples of pandemic potential; a mechanism for the accreditation and audit of laboratories). (1, 2, 5)

Part X. Health and pandemic literacy

This part could provide measures to foster health and science literacy, including addressing mis-information, dis-information and false or misleading information (infodemics). (3.7, 24)

Part XI. Governance and review

This part could address: clarity on how to monitor and track Member State commitments, and accountability measures (6); establish a Member State mechanism to oversee implementation, review, compliance and dispute settlement (19); Member States must be obliged to present WHO with routine reports outlining their level of commitment to the proposed agreement (46).

Part XII. Development of the instrument

This part could address matters such as amendments, guidelines, annexes, protocols.

Part XIII. Final provisions

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