



Coalition of Advocates for Global Health and Pandemic Preparedness

Civil Society Analysis: Negotiating Text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO Pandemic Agreement)

This analysis is a compilation of recommendations from civil society and community organisations on the DRAFT Negotiating Text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (WHO Pandemic Agreement).

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Preamble	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	<p>4. Noting with concern that the COVID-19 pandemic revealed serious shortcomings in preparedness at national and global levels for timely and effective prevention and detection of, and response to, health emergencies</p>	<p>Replace with paragraphs 5 and 6 of the PPPR PD: Recognize that the illness, death, socioeconomic disruption and devastation caused by the coronavirus disease (COVID-19) pandemic, including to health systems, has brought urgency to strengthening international cooperation to prevent, prepare for and respond to pandemics and other health emergencies, taking into account lessons learned from the COVID-19 pandemic and other health emergencies;</p> <p>Recognize the COVID-19 pandemic as one of the greatest global challenges in the history of the United Nations, and note with deep concern the loss of life it caused, its exacerbation of poverty in all its forms and dimensions, including extreme poverty, its negative impact on equity, human and economic development across all spheres of society, as well as on global humanitarian needs, gender equality and the empowerment of all women and girls, the enjoyment of human rights, livelihoods, food security and nutrition, education, and its disruption to economies,</p>	<p>We recommend using agreed language from the Political Declaration on Pandemic Prevention Preparedness and Response (PPPR PD) since it is the latest text agreed upon by Member States on this topic.</p>

		<p>supply chains, trade, societies and the environment, within and among countries, which is reversing hard-won development gains and hampering progress towards achieving the 2030 Agenda for Sustainable Development and all its Goals and targets;</p>	
	<p>5. Deeply concerned by the gross inequities at national and international levels that hindered timely and equitable access to medical and other COVID-19 pandemic-related products, notably vaccines, oxygen supplies, personal protective equipment, diagnostics, and therapeutics,</p>	<p>Deeply concerned by the gross inequities at national and international levels that hindered timely [ADD: affordable] and equitable access to medical and other COVID-19 pandemic-related products, notably vaccines, oxygen supplies, personal protective equipment, diagnostics, and therapeutics,</p> <p>Additional paragraph (paragraph 8 of the PPPR PD): Express deep concern also that the impact of the COVID-19 pandemic has further exacerbated the stark inequities within and among countries and regions in access to vaccines, with 27 per cent of the population fully vaccinated in low-income economies compared to 75 per cent in high-income economies, as of 30 April 2023, and in that regard recognize the need to address bottlenecks in the universal, effective, efficient, equitable and timely access, distribution and administration of vaccines within and</p>	<p>We recommend using agreed language from the Political Declaration on Pandemic Prevention Preparedness and Response (PPPR PD) since it is the latest text agreed upon by Member States on this topic.</p>

		among countries with the aim of boosting immunization through effective vaccination campaigns globally;	
	9. Reiterating the need to work towards building and strengthening resilient health systems, with skilled and trained health workers, to advance universal health coverage and to adopt an equitable approach to mitigate the risk that pandemics exacerbate existing inequities in access to services,	<p>Replace with paragraphs 17 and 27 of the PPPR PD: Recognize further the importance of training, developing and recruiting a skilled health workforce, as well as their retention to prevent brain drain from developing countries, including public health professionals, doctors, nurses, midwives, community health workers and front-line health workers, as fundamental to strong and resilient health systems and communities to prevent, prepare for and respond to pandemics and other health emergencies, and improving working conditions and management of the health workforce to ensure the safety of health workers, especially women health workers, who face harm such as increasing violence and harassment in the workplace, stress, mental health issues, burnout and lack of adequate infection controls and protections;</p> <p>Recognize further the fundamental role of equitable, people-centred and</p>	We recommend using agreed language from the Political Declaration on Pandemic Prevention Preparedness and Response (PPPR PD) since it is the latest text agreed upon by Member States on this topic.

		<p>community-based primary health care in preventing, preparing for and responding to pandemics, with the goal of achieving universal health coverage and other Sustainable Development Goals and targets, as envisioned in the Declaration of Alma-Ata and the Declaration of Astana, and further recognize that primary health care, including routine immunization programmes, brings people into first contact with the health system and is the most inclusive, effective, equitable and efficient approach to enhance people's health, as well as social well-being and trust, noting that primary health care and community-based health services should be high-quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, including those who live in remote geographical regions or in areas difficult to access, noting the work of the World Health Organization on the operational framework for primary health care;</p>	
	<p>10. Recognizing that protection of intellectual property rights is important for the development of new medical products, and recalling that intellectual property rights do not, and should not, prevent Member States from taking measures to protect public</p>	<p>Recognizing that protection of intellectual property rights is [ADD: currently] important for the development of [ADD: some] new medical products, and recalling that intellectual property rights do not, and should not, prevent Member States from taking measures to protect public</p>	<p>Covid taught us that IPRs (with associated monopoly-based private commercial control) result in artificially restricted supplies, needlessly high prices, and grossly inequitable distribution.</p>

	<p>health, and further recognizing concerns about the effects of intellectual property rights on prices,</p>	<p>health, and further recognizing concerns about the effects of intellectual property rights on [ADD: supply,] prices [ADD: and distribution]</p>	
	<p>13. Noting the adoption of the Political Declaration of the High Level Meeting on pandemic prevention, preparedness and response, during the 78th United Nations General Assembly, which affirms the need to prioritize equity, respect for human rights and strengthen the capacity of pandemic prevention, preparedness and response,</p>	<p>Noting the adoption of the Political Declaration of the High Level Meeting on pandemic prevention, preparedness and response, during the 78th United Nations General Assembly, which affirms the need to prioritize equity, [ADD: addressing inequalities,] respect for human rights and strengthen the capacity of pandemic prevention, preparedness and response,</p>	<p>A missing gap in this article and throughout the document is addressing inequalities and ending existing pandemics.</p>
		<p>Additional paragraph: Recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens,</p>	<p>It must be recognised from the outset that emerging infectious diseases come from animals.</p>

Article 1 - Use of terms	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	<p>(e) “pandemic” means the global spread of a pathogen or variant that infects human populations with limited or no immunity through sustained and high transmissibility from person to person, overwhelming health systems with severe morbidity and high mortality and causing social and economic disruptions, all of which require effective national and global collaboration and coordination for its control;</p>	<p>“pandemic” means the global spread of a pathogen or variant that infects human populations with limited or no immunity through sustained and high transmissibility from person to person, overwhelming health [ADD: and community systems as well as social protection] systems with severe morbidity and high mortality and causing social and economic disruptions, all of which require effective national and global collaboration and coordination for its control;</p>	
	<p>(f) “pandemic-related products” means products that are needed for pandemic prevention, preparedness and response, and which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen;</p>	<p>“pandemic-related products” means products that are needed for pandemic prevention, preparedness and response, and which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen [ADD: and digital technologies]</p>	
	<p>(i) “persons in vulnerable situations” means individuals, groups or communities with disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic, including vulnerability due to discrimination on the</p>	<p>“persons in vulnerable situations” means individuals, groups or communities with disproportionate increased risk of infection, severity, disease or mortality [ADD: and those known to be at disproportionate risk of marginalization, discrimination or exposure to a range of harms] in the</p>	

	<p>basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status;</p>	<p>context of a pandemic, including vulnerability [REMOVE: due to discrimination] on the basis of race, colour, sex, [ADD: gender, age, disability, health condition] language, religion, political or other opinion, national or social origin, property, birth or other status;</p>	
	<p>(k) “universal health coverage” means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care;</p>	<p>Replace with paragraph 11 of the UHC PD: Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and essential, safe, affordable, effective and quality medicines and vaccines, diagnostics and health technologies, including assistive technologies, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;</p>	
		<p>ADD paragraph (l) “open science” is a set of principles and practices that aim to make scientific research from all fields more collaborative and accessible to everyone for the benefits of scientific research and society as a whole. Scientists and other researchers can</p>	<p>‘Open science approaches’ (referred to in article 9) to be defined in Article 1 and it should be set forth as general principle in Article 3.</p>

		use open licences to share their research protocols, publications, data, software and hardware, collaborate and cooperate with other researchers, and avoid enforcing exclusive rights with respect to the fruits of scientific progress. Open science is about making sure not only that scientific knowledge is accessible but also that the production of that knowledge itself is inclusive, equitable and sustainable.	
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Article 2 - Objective and scope	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	1. The objective of the WHO Pandemic Agreement, guided by equity, the right to health and the principles and approaches set out herein, is to prevent, prepare for and respond to pandemics, with the aim to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels.	1. The objective of the WHO Pandemic Agreement, guided by equity, the right to health and the principles and approaches set out herein, is to prevent, prepare for and respond to pandemics [REMOVE: with the aim] [ADD: in order to save lives, reduce disease burden and protect livelihoods. The WHO Pandemic Agreement aims] to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels.	

	<p>7. Transparency – The effective prevention of, preparedness for and response to pandemics depends on transparent, open and timely sharing of, access to and disclosure of accurate information, data and other relevant elements that may come to light, for risk assessment, prevention and control measures, and research and development of pandemic-related products and services, including reports on sales revenues, prices, units sold, marketing costs and subsidies and incentives, consistent with national, regional and international privacy and data protection rules, regulations and laws.</p>	<p>Transparency – The effective prevention of, preparedness for and response to pandemics depends on transparent, open and timely sharing of, access to and disclosure of accurate information, data and other relevant elements that may come to light, for risk assessment, prevention and control measures, and research and development of pandemic-related products and services, including reports on [ADD: public R&D funding agreements, private research investments, procurement contracts, licencing and technology transfer agreements, patent and regulatory landscapes] sales revenues, prices, units sold, marketing costs and subsidies and incentives, consistent with national, regional and international privacy and [ADD: personal] data protection rules, regulations and laws.</p>	<p>Transparency might appropriately be subject to national privacy laws, but this formulation “consistent with national ... data protection rules, regulations, and laws” could be interpreted to allow national trade secret law to block transparency on “research and development of pandemic-related products and services, including reports on sales revenues, prices, units sold, marketing costs and subsidies and incentives.”</p>
	<p>12. Privacy, data protection and confidentiality – Implementation of this Agreement shall respect the right to privacy, including as such right is established under international law, and shall be consistent with each Party’s national law and international obligations regarding confidentiality, privacy and data protection, as applicable.</p>	<p>Privacy, [ADD; personal] data protection and confidentiality – Implementation of this Agreement shall respect the right to privacy, including as such right is established under international law, and shall be consistent with each Party’s national law and international obligations regarding [ADD: non-commercial] confidentiality, privacy and [ADD: personal]]data protection, as applicable.</p>	

Article 3 - General principles and approaches	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	<p>1. Respect for human rights – The implementation of this Agreement shall be with full respect for the dignity, human rights and fundamental freedoms of persons.</p>	<p>Based on article 3(1) A/INB/5/6: Respect for human rights – The implementation of this Agreement shall be with fully respect, protect and fulfil the human rights of all people, including the right to the enjoyment of the highest attainable standard of health, and each Party shall protect and promote such rights and freedoms, with due regard to the need for specific measures to ensure non-discrimination, the respect for diversity, the promotion of gender equality and the protection of persons in vulnerable situations.</p>	<p>We urge Member States to reinstate the full definition of the “Respect for human rights” principle. We are very concerned about the definition of “Respect for human rights” which no longer includes reference to the obligation of States to respect, protect, and fulfil human rights and promote freedom.</p>
	<p>3. Equity – Equity is at the centre of pandemic prevention, preparedness and response, both at the national level within States and at the international level between States. It requires, inter alia, specific measures to protect persons in vulnerable situations. Equity includes the unhindered, fair, equitable and timely access to safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social protection.</p>	<p>Replace with article 3(1) A/INB/4/3: Equity – The absence of unfair, avoidable or remediable differences, including in their capacities, among and within countries, including between groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality, is central to equity. Effective pandemic prevention, preparedness, response and recovery cannot be achieved without political will and commitments in addressing the structural challenges in inequitable access to fair, equitable</p>	<p>We are concerned that the definition of the principle of “Equity” is narrow, focusing mostly on access to “pandemic related products and services”. Equity in health is about having access to all health services, products, facilities and information that people need when they need them, especially to the most vulnerable or marginalized sections of the population. We recommend replacing with the definition of equity included in document A/INB/4/3 (“Zero draft”).</p>

		<p>and timely access to affordable, safe and efficacious pandemic-related products and services, essential health services, information and social support, as well as tackling the inequities in terms of technology, health workforce, infrastructure and financing, among other aspects.</p>	
		<p>Additional paragraph: Sustainability - Existing infrastructures and the substantial expertise and experience that already exists, including in HIV/AIDS, TB and malaria responses are the strongest base from which to build a future PPR instrument and mobilise additional resources to sufficiently combat any future pandemics</p>	
		<p>Additional paragraph: Open science - Open science approaches will accelerate scientific research and make it more efficient, collaborative and inclusive. Expanding the information commons to include research findings and data can help confirm the integrity of research and promote further scientific progress.</p>	

Article 4 - Pandemic prevention and public health surveillance	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	(e) strengthen animal disease preventive measures and monitor and mitigate environmental factors associated with the risk of zoonotic disease spill-over and spill-back;	(e) strengthen animal disease preventive measures [ADD: including but not limited to biosecurity, nutrition, access to animal health services for communities, surveillance at critical points such as markets and border crossings] and monitor and mitigate environmental factors associated with the risk of zoonotic disease spill-over and spill-back	We welcome recognition of the risks of 'spill-back' under 4.4e, but we urge member states to include concrete examples of animal disease preventative measures - most importantly the need for biosecurity and animal disease surveillance at critical points such as markets and border crossings.
		Additional paragraph: (h) strengthen protocols for intelligence and data sharing across human health, animal health and environment sector at all levels for effective surveillance	Under Article 4.4 there must be provision to encourage data sharing between sectors for effective early warning systems. We suggest an extra clause

Article 5 - One Health approach	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	3. The Parties commit to identify and address the drivers of pandemics and the emergence and re-emergence of disease at the human-animal-environment interface by identification and integration of interventions into	3. The Parties commit to identify and address the drivers of pandemics and the emergence and re-emergence of disease at the human-animal-environment interface [ADD: including but not limited to food systems and farming practices, wildlife trade,	We urge member states to reinstate examples of the potential drivers of zoonotic disease spill-over.

	relevant pandemic prevention, preparedness plans, and, where appropriate, according to national legislation and capacity, through strengthening synergies with other relevant instruments.	climate change, land-use change, antimicrobial resistance and desertification] by identification and integration of interventions into relevant pandemic prevention, preparedness plans, and, where appropriate, according to national legislation and capacity, through strengthening synergies with other relevant instruments.	
	4 (c) take the One Health approach into account in order to produce science-based evidence, including related to the social and behavioral sciences and risk communication and community engagement; and	take the One Health approach into account in order to produce science-based evidence, including related to the social and behavioral sciences and risk communication and community engagement [ADD: and leadership] ; and	It is important to talk here and throughout the document not only about community engagement but also about community leadership.
	5. The Parties commit to develop, within the framework of relevant institutions, international norms and guidelines to prevent zoonoses.	The Parties commit to develop, within the framework of relevant institutions, international norms and guidelines to prevent zoonoses [ADD: in animals and people]	It should be clear that the concept of 'prevention' refers to prevention at source.

Article 6 - Preparedness, readiness and resilience	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	1. Each Party shall continue to strengthen its health system, including primary health care, for sustainable pandemic prevention, preparedness and	Each Party shall continue to strengthen its health system, including [ADD: through a community-based] primary health care [ADD: approach] , for sustainable pandemic prevention,	'Community-based primary health care' internationally agreed

	<p>response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage.</p>	<p>preparedness and response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage.</p>	<p>language from A/RES/77/287</p>
	<p>2. Each Party shall, in accordance with applicable laws, including, where appropriate, the International Health Regulations, adopt policies, strategies and/or measures, as appropriate, and shall strengthen and reinforce public health functions for:</p>	<p>2. Each Party shall, in accordance with applicable laws, including, where appropriate, the International Health Regulations, adopt [multisectoral] policies, strategies and/or measures, as appropriate, and shall strengthen and reinforce public health functions for:</p>	
	<p>2 (a) the continued provision of quality routine and essential health services during pandemics;</p>	<p>the continued provision [ADD: and monitoring of, and equitable access to,] of quality routine and essential health services during pandemics [ADD: without discrimination on the grounds of sex, age, disability, health condition, race, nationality or other grounds]</p>	
	<p>2 (g) creating and maintaining up-to-date, universal, interconnected platforms and technologies for early detection, forecasting and timely information-sharing, through appropriate capacities, including building digital health and data science capacities;</p>	<p>creating and maintaining up-to-date, universal, interconnected platforms and technologies for early detection, forecasting and timely information-sharing, through appropriate capacities, including building digital health and data science capacities [ADD: while ensuring the safety and privacy of data is protected]</p>	

	<p>3. The Parties shall cooperate, within available means and resources, to provide financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular with respect to developing countries, in order to strengthen health emergency prevention, preparedness, response and health systems recovery, consistent with the goal of universal health coverage.</p>	<p>The Parties shall cooperate, [REMOVE: within available means and resources], to provide [ADD: adequate and sustained] financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular with respect to developing countries, in order to strengthen health emergency prevention, preparedness, response and health systems recovery, consistent with the goal of universal health coverage.</p>	
		<p>Additional paragraph: Strengthen health systems resilience through accelerating efforts to end the global epidemics of HIV/AIDS, tuberculosis and malaria, towards pandemic prevention, preparedness and response, including by leveraging best practices and lessons learned, enhancing health information and laboratory systems and strengthening procurement and supply chain management systems in the response to the COVID-19 pandemic, and ensuring the systematic engagement of HIV/AIDS, tuberculosis and malaria responses in pandemic response, leveraging national HIV/AIDS strategic plans to guide key elements of pandemic preparedness planning and acknowledging the integral role of civil society and communities in</p>	<p>Suggest to use agreed PPs from the PPPR Political Declaration here, particularly PP67, PP68 as the missing gap here on addressing existing pandemics as the base to build future pandemic preparedness</p>

		<p>strengthening public health measures and implementing response programming;</p> <p>Strengthen pandemic prevention, preparedness and response, including for ongoing global epidemics such as HIV/AIDS, tuberculosis and malaria, by sharing experience and best practices, and raise the level of preparedness, including enabling diagnostics of drivers of outbreaks in animals of zoonotic potential, surveillance and early warning systems, in order to have the earliest and most adequate response to any outbreak that may arise, recognizing the necessity of a One Health approach that fosters cooperation between the human, animal and plant health, as well as other relevant sectors, including through strengthened cooperation and collaboration among the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme;</p>	
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Article 8 - Preparedness monitoring and functional reviews	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	4. The Parties shall establish, no later than 31 December 2026, a global peer review mechanism to assess pandemic prevention, preparedness and response capacities and gaps, as well as level of readiness with the aim to promote and support learning among Parties, best practices, actions and accountability, at the national, regional and global levels, to strengthen national health emergency preparedness and readiness capacities.	The Parties shall establish, no later than 31 December 2026, a global peer review mechanism to assess pandemic prevention, preparedness and response capacities and gaps, as well as level of readiness [ADD: through a whole of government and whole of society approach] , with the aim to promote and support learning among Parties, best practices, actions and accountability, at the national, regional and global levels, to strengthen national health emergency preparedness and readiness capacities.	<p>We recommend adding the importance of conducting such assessments in a whole of government and whole of society approach</p> <p>Proposal to establish a global peer review mechanism by end December 2026. This is the Universal Health and Preparedness Review currently being piloted by WHO. Ensure continuous engagement of civil society in shaping this mechanism.</p> <p>This article needs to include reference to human rights accountability/redress mechanisms.</p>

Article 9 - Research and development	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	2 (a) sustained investment in the research and development of public health priorities, including for pandemic-related products, aimed at improving equitable access to and delivery of such products, and support for	sustained investment [ADD: of \$X globally] in the research and development of public health priorities, including for pandemic-related products, aimed at improving equitable access to and delivery of such products, and support for national and	This provision would be strengthened with a target annual amount for public investment in R&D.

	national and regional research institutions that can rapidly adapt and respond to research and development needs in case of a pandemic;	regional research institutions that can rapidly adapt and respond to research and development needs in case of a pandemic;	
		Additional paragraph 2 (d): Parties shall sanction the mandate of WHO to coordinate the activities above by organizing monitoring efforts, providing an open-source platform for knowledge translation, supporting participation of community-led groups and civil society organizations in monitoring and coordination efforts, and facilitating effective partnerships for technology co-creation between South-South and North-South research centres.	These activities are good to promote and Member States should undertake them, so getting to a point where they are strongly encouraged should be a goal. The provision would be strengthened, without teetering into likely non-negotiable binding territory, by explicitly stating WHO's role in these activities rather than leaving it up to separate bilateral agreements.
		Additional paragraph 2 (e): the development and adaptation of pandemic-related products that are well adapted for use in low resource settings and at the community and point of care level;	
	3(a)(ii) strengthening clinical trials policy frameworks, particularly in developing countries;	strengthening clinical trials policy frameworks, particularly in developing countries [ADD: and community engagement] [ADD: including with respect to well-powered and adaptive comparative studies and with respect to participation of diverse study populations that have been historically under-represented]	

	<p>4. Each Party shall, in accordance with its national laws and considering the extent of public funding provided, publish the terms of government-funded research and development agreements for pandemic-related products, including information on:</p>	<p>Each Party shall, [REMOVE: in accordance with its national laws and considering the extent of public funding provided], publish the terms of government-funded research and development agreements for pandemic-related products, including information on:</p>	<p>This provision should be retained with these edits. It is crucial that terms of publicly-funded research are published in order to move toward equitable access to pandemic-related products.</p>
		<p>Additional paragraph: Each Party shall, in their agreements to fund research and development for pandemic-related products, require terms addressing the obligations of grantees to open science research and the sharing and publication of research results, to license relevant intellectual property rights and transfer technology, data, and biologic materials to qualified producers including those in developing countries, to price their pandemic-related products fairly, to seek WHO prequalification/emergency use listing, to participate in the WHO Collaborative Registration procedure, and to broadly seek timely regulatory approval/emergency use authorization in developing countries, to equitable distribute pandemic-related products according WHO allocation criteria, and to publish information on cost-of-goods, supply agreements, prices and pricing policy, and delivery of pandemic-related products.</p>	

Article 10 - Sustainable production	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	1(b) take measures to identify and contract with manufacturers other than those referenced in subparagraph (a) above, for scaling up the production of pandemic-related products, during pandemics, in cases where production and supply capacity of the production facilities does not meet demand;	1(b) take measures to identify and contract with manufacturers other than those referenced in subparagraph (a) above [ADD: and to licence and engage in technology transfer with independent local or regional manufacturers in developing countries] , for scaling up the production of pandemic-related products, during pandemics, in cases where production and supply capacity of the production facilities does not meet [Delete: demand; ADD: need]	This relates to facilitating contract manufacturing only. It does not guarantee the development of independent private and public (generic or biosimilar) manufacturing capacity with freedom to control, supply, price, and distribution.

Article 11 - Transfer of technology and know-how	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	1. The Parties, within a set time frame, working through the Conference of the Parties, shall strengthen existing, and develop innovative, multilateral mechanisms, including through the pooling of knowledge, intellectual property and data, that promote the relevant	The Parties, [REMOVE: within a set time frame, working through the Conference of the Parties,] shall strengthen existing, and develop innovative, multilateral mechanisms, including through the pooling of knowledge, intellectual property and data, that promote the relevant transfer of technology and know-how for the	This is delaying the negotiation of a key element of the Pandemic Accord that can and should be decided at this time. The caveat should be removed; 'mutually agreed terms and as appropriate' are implicit and the Accord should not do anything to discourage Member States from using flexibilities afforded to them to

	transfer of technology and know-how for the production of pandemic-related products, on mutually agreed terms as appropriate, to manufacturers, particularly in developing countries.	production of pandemic-related products [REMOVE: on mutually agreed terms as appropriate] , to manufacturers, particularly in developing countries.	take compulsory measures.
	2 (a) coordinate with, collaborate with, facilitate and incentivize the manufacturers of pandemic-related products to transfer the relevant technology and know-how to manufacturer(s) on mutually agreed terms as appropriate, including through technology transfer hubs and product development partnerships, and to address the need to develop new pandemic-related products in a short time frame;	coordinate with, collaborate with, facilitate and incentivize [ADD: and, if necessary, require] the manufacturers of pandemic-related products to transfer the relevant technology and know-how to manufacturer(s) [REMOVE: on mutually agreed terms as appropriate,] including through technology transfer hubs and product development partnerships, and to address the need to develop new pandemic-related products in a short time frame;	The caveat should be removed; 'mutually agreed terms and as appropriate' are implicit and the Accord should not do anything to discourage Member States from using flexibilities afforded to them to take compulsory measures.
	(b) make available non-exclusive licensing of government-owned technologies on mutually agreed terms as appropriate, for the development and manufacturing of pandemic-related products, and publish the terms of these licenses;		We ask that Member States retain this provision as-is. This is a strong step toward equity in access to pandemic-related products and publicly-funded products should be available for public use and manufacture.
	(e) develop a database that provides the details of pandemic-related products for all known	(e) develop a database that provides the details of pandemic-related products for all known pandemic	

	<p>pandemic potential diseases, including the technological specifications and manufacturing process documents for each product; and</p>	<p>potential diseases, including the technological specifications and manufacturing process documents for each product [ADD: on an open-source platform]; and</p>	
	<p>3 (a) commit to agree upon, within the framework of relevant institutions, time-bound waivers of intellectual property rights to accelerate or scale up the manufacturing of pandemic-related products during a pandemic, to the extent necessary to increase the availability and adequacy of affordable pandemic-related products;</p>	<p>commit to agree upon, within the framework of relevant institutions, time-bound waivers of [ADD: all necessary] intellectual property rights to accelerate or scale up the manufacturing of [ADD: all] pandemic-related products during a pandemic, to the extent necessary to increase the [ADD: timely] availability and adequacy of affordable pandemic-related products;</p>	<p>We ask that Member States retain this provision with these edits for clarity. This provision is very strong and is necessary to fill gaps identified in previous and ongoing pandemics and epidemics such as HIV and COVID-19. In an emergency, an acute phase of a pandemic, it is unreasonable to expect multiple research centers or manufacturers to develop an effective countermeasure at the same time - in order to use the available manufacturing capacity that the world intends to invest in and build, diverse manufacturers must have a means by which to manufacture an effective countermeasure at-scale. Given that the development of such a tool would more than likely be publicly-funded, this is an essential agreement to ensure that an effective countermeasure is considered a global public good.</p>
	<p>3 (b) encourage all holders of patents related to the production of pandemic-related products to</p>	<p>(b) encourage all holders of patents related to the production of pandemic-related products to waive or manage,</p>	<p>The caveat should be removed; 'as appropriate' is implicit and such access provisions should absolutely</p>

	<p>waive or manage, as appropriate, for a limited duration, the payment of royalties by developing country manufacturers on the use, during the pandemic, of their technology for the production of pandemic-related products, and shall require, as appropriate, those that have received public financing for the development of pandemic-related products to do so; and</p>	<p>as appropriate, for a limited duration, the payment of royalties by developing country manufacturers on the use, during the pandemic, of their technology for the production of pandemic-related products, and shall require, [REMOVE: as appropriate], those that have received public financing for the development of pandemic-related products to do so; and</p>	<p>be attached to any publicly-funded R&D efforts.</p>
	<p>3 (c) encourage manufacturers within its jurisdiction to share undisclosed information, as defined in Article 39.2 of the TRIPS Agreement, with qualified third-party manufacturers where such information prevents or hinders urgent manufacture by such qualified third parties of a pharmaceutical product that is necessary to respond to the pandemic.</p>	<p>encourage [REPLACE encourage and ADD require] manufacturers within its jurisdiction to share undisclosed information, as defined in Article 39.2 of the TRIPS Agreement, with qualified third-party manufacturers where [ADD: the absence of] such information prevents or hinders urgent manufacture by such qualified third parties of a pharmaceutical product that is [DELETE: necessary, ADD: needed] to respond to the pandemic [ADD: and shall contractually require those that have received public financing for the development of pandemic-related products to do so]</p>	
		<p>Additional paragraph: Where the Director-General of the World Health Organization has</p>	

		determined that: (i) a pandemic outbreak, or the threat of a pandemic outbreak, represents a public health emergency of international concern (PHEIC); (ii) the urgent manufacture by qualified third parties of a pharmaceutical product is necessary to respond to the pandemic outbreak, or the threat of the pandemic outbreak; and (iii) the manufacture is prevented or hindered through lack of access to undisclosed information as defined in Art. 39.2 TRIPS possessed by one or more entities located in one or more Parties, that or those Parties shall compel that or those entities to share the undisclosed information with the third parties.	
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Article 12 - Access and benefit-sharing	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	4(b)(ii)(1) in the event of a pandemic, real-time access by WHO to a minimum of 20% (10% as a donation and 10% at affordable prices to WHO) of the production of safe, efficacious and effective pandemic-related products for distribution based on public health risk and need, with the understanding that each	in the event of a pandemic, real-time access by WHO to [REMOVE: a minimum of 20% (10% as a donation and 10% at affordable prices to WHO)] [ADD: to sufficient quantities] of the production of safe, efficacious and effective pandemic-related products for distribution based on public health risk and need, with the understanding that each Party which	This is an arbitrary and insufficient amount as allocation of pandemic-related products, during a pandemic, should be entirely according to need, recorded cases, and transmission

	<p>Party which has manufacturing facilities that produce pandemic-related products in its jurisdiction shall take all necessary steps to facilitate the export of such pandemic-related products, in accordance with timetables to be agreed between WHO and manufacturers; and</p>	<p>has manufacturing facilities that produce pandemic-related products in its jurisdiction shall take all necessary steps to facilitate the export of such pandemic-related products, in accordance with timetables to be agreed between WHO and manufacturers; and</p>	
	<p>4(c)(ii) tiered-pricing or other cost-related arrangements such as no loss/no profit arrangements, for purchase of pandemic-related products, that consider the income level of countries; and</p>	<p>tiered-pricing or other cost-related arrangements such as no loss/no profit arrangements, for purchase of pandemic-related products, that consider the income level of countries [ADD: and shall require those that have received public financing for the development of pandemic-related products to implement such arrangements]; and</p>	

Article 13 - Global Supply Chain and Logistics	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
			<p>Overall more clarity is needed as to whether this Article is meant to encompass the proposed medical countermeasures and, if so, if it is possible to iron out details of operation of the platform within this Article or by another process. If this Article is indeed meant to encompass negotiations around the platform, details on proposed governance structure, financing, decision-making power, and methods and mechanisms of coordination and mapping mentioned therein must be expanded and fleshed out before negotiations begin. For thoughts from civil society members on these issues, please see this short paper.</p>

Article 14 - Regulatory strengthening	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	6. Each Party shall, in accordance with relevant laws, encourage manufacturers to generate relevant data, contribute to development of common technical documents, and diligently pursue regulatory authorizations and/or approvals of pandemic-related products with WHO-listed authorities, other priority authorities and WHO.	Each Party shall, in accordance with relevant laws, [REMOVE: encourage] [ADD: require] manufacturers to generate relevant data, contribute to development of common technical documents, and diligently pursue regulatory authorizations and/or approvals of pandemic-related products with WHO-listed authorities, other priority authorities and WHO [ADD: and waive data protection and data exclusivity rights, if any.]	

Article 16 - International collaboration and cooperation	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	2 (c) develop, as necessary, and implement policies, that respect, protect and fulfill the human rights of all people;	develop, as necessary, and implement policies, that respect, protect and fulfill the human rights of all people [ADD: in particular of those who are vulnerable, marginalised, or in vulnerable situations, by gathering and analysing data, including data disaggregated by gender, age, geography, socioeconomic status, and other relevant population sub-categories, to show the impact of policies on different groups];	We appreciate the provisions included in article 16 but recommend strengthening sub-article 16.2 by reinstating language from the Bureau's text (A/INB/5/6). This language is critical to address the need of persons in vulnerable situations and is only covered under this particular article.

<p>Article 17 - Whole-of- government and whole-of- society approaches at the national level</p>	<p>Current text (WHO Pandemic Agreement)</p>	<p>Proposed new text</p>	<p>Comments</p>
	<p>1. The Parties are encouraged to adopt a whole-of-government and whole-of-society approach, including to empower and ensure communities' ownership of, and contribution to, community readiness and resilience for pandemic prevention, preparedness, and response.</p>	<p>The Parties are encouraged to adopt a whole-of-government and whole-of-society approach, including to empower and ensure communities' [ADD: leadership,] ownership of, and contribution to, community readiness [ADD: community led health systems delivery'] and resilience for pandemic prevention, preparedness, and response.</p>	<p>We recommend strengthening the provisions under article 17 by using the term "shall" instead of " are encouraged to" in the first sub-paragraph.</p>
	<p>3. Each Party shall, in accordance with its national context, promote the effective and meaningful engagement of communities, civil society and other relevant stakeholders, including the private sector, as part of a whole-of-society response in decision-making, implementation, monitoring and evaluation, and shall also provide effective feedback opportunities.</p>	<p>Each Party shall, [REMOVE: in accordance with its national context], promote [REMOVE : promote the] [ADD : establish mechanisms for] effective and meaningful [ADD: ,leadership and] engagement of communities, civil society and other relevant stakeholders, including the private sector, as part of a whole-of-society response in decision-making, implementation, monitoring and evaluation, and shall also provide effective feedback opportunities.</p>	
	<p>4 Each Party shall develop, in accordance with its national context, comprehensive national pandemic prevention, preparedness, and response plans pre-, post- and inter-</p>	<p>Each Party shall develop, in accordance with its national context, comprehensive [ADD: and multisectoral] national pandemic prevention, preparedness, and response plans pre-, post- and inter-</p>	

	pandemic that, inter alia:	pandemic that, inter alia:	
	4 (c) review the status of stockpiles and the surge capacity of essential public health and clinical resources, and the surge capacity in production of pandemic-related products;	[REMOVE: review] [ADD: monitor] the status of stockpiles and the surge capacity of essential public health and clinical resources, and the surge capacity in production of pandemic-related products;	
		Additional paragraph from A/INB/5/6: Each Party shall, in keeping with national capacities, establish, implement and adequately finance an effective national coordinating multisectoral mechanism, with the meaningful representation, engagement and participation of key actors of communities, as appropriate.	

Article 18 - Communication and public awareness	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
	1. The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects and drivers, combat false, misleading, misinformation or disinformation, including through effective international		Expand strengthening of literacy to include community engagement beyond community consultation; rather learn from civil society organizations in developing communications while strengthening their capacities along the process. In addition to including gender-responsive and rights-based

	collaboration and cooperation as referred to in Article 16.		communications on pandemic
		Additional paragraph (PPPR PD paragraph 18): Recognize the role of Governments, international organizations, civil society, non-governmental organizations, community organizations, religious leaders and faith-based organizations, academia, philanthropic foundations, the private sector and pandemic prevention, preparedness and response networks in building trust, raising public awareness and addressing health-related misinformation, disinformation and hate speech, including through primary health care	We regret that article 18 does not include a provision on the importance of collaborating with civil society and communities to promote and share information on pandemics, combat false, misleading, misinformation and disinformation. Several paragraphs of the PPPR Political Declaration acknowledge the role of civil society in this regard, in particular paragraph 18.

Article 21 - Conference of the Parties	Current text (WHO Pandemic Agreement)	Proposed new text	Comments
		The Conference of the Parties shall also include representatives of nongovernmental organisations (including civil society and communities) qualified in matters covered by the WHO Pandemic Agreement. The participation of civil society and communities is essential in achieving the objective of the	We appreciate that article 21 is modelled on the Framework Convention on Tobacco Control. We welcome the inclusion of article 7(d) which explicitly provides for the possibility of the COP's engagement with nongovernmental organizations. We call on Member States to ensure

		<p>Convention and its protocols</p>	<p>inclusive participation in the Conference of the Parties in particular by including nongovernmental organizations. Although observers were only defined in the Rules of Procedure of the FCTC, their participation was already secured in article 4 which states that “The participation of civil society is essential in achieving the objective of the Convention and its protocols.”</p> <p>We urge Member States to include guarantees in the text of the WHO Pandemic Agreement for participation of civil society in the governance of the WHO Pandemic Agreement.</p> <p>We also recommend that nongovernmental organizations are considered for participation in the subsidiary bodies, including in an Implementation and Compliance Committee, if established. Participation of civil society in such mechanisms under UN Human Rights regime and some Environmental Agreements, such as the Kyoto Compliance Committee, is already established.</p>

This document has been developed by the Coalition of Advocates on Global Health and Pandemic Preparedness. It is a compilation of recommendations with contributions from a broad range of civil society and community organisations on a number of articles (whilst noting these contributions do not equate to organisational endorsement of the full analysis).

Contributing organisations and individuals include AVAC, Frontline AIDS, Action for Animal Health, Global Fund Advocates Network (GFAN), Save the Children, Sightsavers, STOPAIDS, Brook Baker (Senior Policy Analyst, Health GAP), Global Network of People Living with HIV (GNP+), and WACI Health.