Civil Society Remarks on the Zero Draft of the WHO CA+

WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response („WHO CA+“)

Remarks on the pandemic treaty zero draft by Born Free Foundation, Farm Forward, FOUR PAWS, International Coalition for Animal Protection, Phoenix Zones Initiative, World Animal Protection, World Federation for Animals

Ahead of the fourth meeting of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, which took place in Geneva between February 27th and March 3rd 2023, the WHO CA+ Zero Draft has been shared with WHO Member States.

To support Member States with their analysis and inform views on the zero draft, the above mentioned civil society organisations are providing herewith a 1. brief synthesis of essential elements for an effective instrument, 2. general remarks on the zero draft, including a proposal on general obligations as well as 3. line by line edits for your kind consideration.

In the early months of 2023, media reports of the risk of highly pathogenic avian influenza spreading amongst mammals[1,2] emerged in Europe and Latin America, reminding us of the urgency and importance of developing an effective instrument not only to prepare for the next pandemic but to prevent it.

In order to ensure that the pandemic instrument is truly effective, civil society organizations encourage Member States to measure success based on the extent to which the zero draft, as it stands, can protect the most vulnerable communities, at the human-animal-environment interface from an outbreak. Our best chance to protect vulnerable communities is by supporting them in preventing outbreaks before they happen; by tackling their root causes.

1. Essential elements that would enable a truly effective pandemic instrument

a. **Pandemic prevention begins before spillover**: Tackling the root causes of pathogen spillover from animals to humans costs a fraction of response[3], the zero draft does not sufficiently cover measures on prevention. The scope of prevention within the instrument must extend to the stage before an outbreak. We advocate for increased emphasis on prevention, specifically the inclusion of pre-outbreak measures and especially measures to prevent spillover at the human-animal-environment interface and tackle the root causes and drivers of outbreaks, so that the instrument is truly effective in meeting its objectives and in achieving equity, starting with:
   - Surveillance (including of *drivers*), data collection and information sharing amongst multiple sectors;
   - Identifying *activities* that increase the risk for spillover, priority setting and development of primary prevention measures;
   - Identifying *hotspots* that increase the risk for spillover, priority setting, and development of primary prevention measures to mitigate those risks;
   - *Regulatory measures* and phasing out high-risk practices through the adoption of a highly precautionary approach to risk, and through core demand reduction provisions and core supply reduction provisions specific to high risk practices and products[4].

b. **Pandemics are One Health challenges** to be tackled within **One Health Strategies** and with institutions specialized in human health and wellbeing, animal health and welfare and environmental health. The main measures listed in the instrument are dedicated to preparedness and response with the WHO and human health workforce as the main

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[1] Bird flu outbreak in mink sparks concern about spread in people. Nature. https://www.nature.com/articles/d41586-023-00201-2.

[2] Peru reports hundreds of sea lion deaths due to bird flu. France24. https://www.france24.com/en/live-news/20230207-peru-reports-hundreds-of-sea-lion-deaths-due-to-bird-flu.

[3] Bernstein AS, Ando AW, Loch-Temzelides T, Vale MM, Li BV, Li H, Busch J, Chapman CA, Kinnaird M, Nowak K, et al. The costs and benefits of primary prevention of zoonotic pandemics. Sci Adv. 2022;4;8(5):eabl4183. https://www.science.org/doi/full/10.1126/sciadv.abl4183.

[4] Le Moli G, Vinuales JE, Burci GL, Strobeyko A, Moon S. The deep prevention of future pandemics through a one health approach: what role for a pandemic instrument? Graduate Institute of International and Development Studies, Global Health Centre. https://www.graduateinstitute.ch/library/publications-institute/deep-prevention-future-pandemics-through-onehealth-approach-what.

stakeholders managing pandemic efforts. Pathways to prevent, prepare for and respond to pandemics should not be the sole responsibility and burden of human health institutions, especially when the drivers of outbreaks are not in the remit of institutions tackling human health. One Health as defined by the One Health High Level Expert Panel and operationalized within the Quadripartite's One Health Joint Plan of Action[5] offers a whole of government, whole of society pathway based on which national strategies can be developed with the expert support of the Quadripartite and knowledge of local communities to not only prevent outbreaks by addressing the risks at the human-animal-environment interface but also achieve equity. Tackling pandemics within One Health strategies will require institutions that implement different steps of prevention, preparedness and response to collaborate and create coherent joint plans rather than design measures within uncoordinated silos.

c. **Equity is achieved before an outbreak**: There is no equity for the most vulnerable after they have been exposed to an outbreak. The zero draft, however, solely focuses on post-pandemic equity measures. The instrument cannot limit equity to the stage after an outbreak, because the most vulnerable communities will have already suffered. Achieving equity means enabling the most vulnerable communities to protect themselves before an outbreak. To protect the most vulnerable, especially those at daily risk of exposure, at the human-animal-environment interface, governments must develop strategies with those communities to help them transition away from practices that can trigger an outbreak. One Health strategies in line with the Quadripartite's One Health Joint Plan of Action offer an effective participatory whole-of-government, whole-of-society framework to identify risk factors and work together with communities to help them phase-out high risk practices and transition towards alternative sources of livelihood.
d. **Implementing Agencies**: have helped ensure successful implementation of other international instruments in the past[6] and can help Member States develop and implement effective strategies. The zero draft does not fully outline such a role. Implementing agencies can support with expertise, facilitate strategy development through a whole-of-government, whole-of-society approach and ensure that national plans are robust and eligible for financing. They can also support with implementation of measures outlined in the national plans. The **Quadripartite** have demonstrated expertise as well as effective collaboration on pandemics and One Health and would serve as ideal implementing agencies in pandemic prevention, preparedness and response.
e. **Sustainable financing**: will be crucial to ensure Member States have the resources to implement the measures outlined within the instrument. The zero draft does not yet outline potential institutions that can provide financing for prevention. Financing should be clearly tied to the implementation of effective One Health Strategies and Plans while ensuring that resources are dedicated to financing measures that tackle the root causes of pandemics, thus preventing zoonotic disease outbreaks, and supporting communities in transitioning away from high-risk practices in order to protect them and achieve equity for stakeholders at the human-animal-environment interface.

2. General remarks on the zero draft of the pandemic instrument

a. We welcome the following elements, while noting they must be tied to concrete measures:

i. One Health:

[5] World Health Organization, Food and Agriculture Organization of the United Nations, World Organisation for Animal Health & United Nations Environment Programme. One Health Joint Plan of Action. https://www.who.int/publications/i/item/9789240059139.

[6] UNDP. The Montreal Protocol: Partnerships Changing the World. https://www.undp.org/sites/g/files/zskgke326/files/migration/br/the-montrela-protocol-partnership-changing-the-world.pdf.

- We welcome the general attention to **One Health** (in the preambular text and Article 18), drivers of infectious diseases, primary prevention, and equity along with determinants of health, human rights, vulnerable populations, and that all lives have equal value (Preamble), while noting that the measures outlined under Article 18 are not sufficient and must be expanded on. Adopting a One Health approach, in line with the latest iteration of the concept by the One Health High Level Expert (OHHLEP) which was endorsed by the Quadripartite and expanded upon within the Quadripartite's One Health Joint Plan of Action[7] will be crucial to guide the measures taken by governments to tackle pandemics and make sure they are truly effective.

ii. Prevention:

- We welcome the objective of the WHO CA+ to prevent pandemics and substantially reduce the risk of pandemics as outlined in **Chapter II. Article 3.** Only by preventing zoonotic outbreaks at the source can health for all be secured.
- We welcome the instrument's aim to address the **drivers of diseases** at the human-animal-environment interface, specifically mentioning human activities such as land use change and wildlife trade (Article 18).
- We welcome the call for **minimizing spill-over events** (Article 18). Deaths, illness, suffering, economic loss, isolation, and deprivation can be effectively avoided if zoonotic spill-over events are prevented.

iii. Collaboration and cooperation:

- We welcome the need for **whole-of-government and whole-of-society approaches** when coordinating, collaborating and cooperating for pandemic prevention, preparedness, response and recovery (see Chapter V). Only by overcoming silos, collaborating on the human-animal-environment interface and involving relevant ministries, departments, communities and civil society organizations and individuals can we ensure multisectoral collaboration effectively addressing all relevant facettes of pandemic prevention, preparedness, response and recovery. A whole-of-government, whole-of-society approach, especially when developing national strategies, will ensure the right measures are identified and that the relevant stakeholders own and are part of the solution. To facilitate collaboration in this context, national coordination as well as international implementing agencies can play a helpful role. The Quadripartite could serve as ideal implementing agencies and support member states with the development and implementation of effective strategies and national plans in line with a whole-of-society and whole-of-government approach while working with a national coordination entity.

iv. Science based policy:

- We welcome the claim that "(...) policies and interventions on pandemic prevention, preparedness, response and recovery of health systems should be supported by the best available **scientific evidence**" as outlined in paragraph 21 of the preambular text.

b. We strongly recommend that the following elements are strengthened

i. One Health and AMR:

- A socially and ecologically **just One Health approach** should ground the document as a *guiding principle*. Other guiding principles and rights —

[7] World Health Organization, Food and Agriculture Organization of the United Nations, World Organisation for Animal Health & United Nations Environment Programme. One Health Joint Plan of Action. https://www.who.int/publications/i/item/9789240059139.

including sovereignty, international cooperation, human rights, right to a healthy environment, equity, stakeholder engagement, protections for vulnerable populations, lessons learned, attentions to determinants of health, evidence-based approaches, attention to AMR, and diverse and equitable gender representation — can flow from there (Article 18).

- There needs to be a balance between the many different issues which require a One Health approach. Concrete measures related to One Health should not be limited to **Antimicrobial Resistance (AMR)** but **go beyond** and address all pandemic relevant practices at the human-animal-environment interface such as wildlife trade and farming, factory farming, land use change, habitat encroachment, biodiversity loss and climate change (Article 18).
- We welcome the mention of the need to **tackle antimicrobial resistance**. However, and especially given that more than 70% of total use of antimicrobials is in animal farming[8], WHO Member States must require that improvements in the farming sector are made within One Health strategies, in order to protect human health. Intensifying sanitation and biosecurity measures will not be enough to reduce the amount of antibiotics used in factory farming. The issue of AMR in the farming sector can only be most effectively addressed by improving animal welfare to reduce infections and the subsequent need for antimicrobial treatments. This can be achieved through high-welfare husbandry systems, reducing the number of animals farmed and transitioning to sustainable food systems to protect animals, humans and ecosystems[9] (Article 18).

ii. Prevention:

- The primary objective of the pandemic instrument is to *prevent* pandemics. A **definition of prevention** must be captured in Article 1 on Definitions and use of terms. The definition of prevention should reflect primary prevention which entails tackling the root causes and drivers of (re)emerging infectious diseases at the human-animal-environment interface. The interpretation of prevention cannot be limited to post-outbreak measures because such measures neither help achieve equity for the most vulnerable nor prevent future pandemics. Prevention measures must begin at primary prevention as described by Bernstein et al (2022)[10] or "deep prevention"[11], meaning before a pathogen jumps from animals to humans.
- Measures taken must aim to limit the risk of spillover and transmission of infectious diseases from animals to humans. Primary prevention promotes the health and welfare of animals and protects ecosystems through shifting away from factory farming, reducing the number of livestock and improving husbandry systems, preventing human encroachment on wildlife habitats through agricultural land use and deforestation for the production of animal feed, strictly regulating the commercial wildlife trade, and banning fur farms and live animal markets

[8] Thomas P. Van Boeckel et al., Global trends in antimicrobial resistance in animals in low- and middle-income countries. 2019 https://www.science.org/doi/10.1126/science.aaw1944.

[9] FOUR PAWS. Reducing antibiotic use by improving animal welfare. 2022. https://media.4-paws.org/3/3/3/0/33305c1488904af3e62b272758d7cead8db2dd73/220202_AntibioticsGuidance_EN.pdf.

[10] Bernstein AS, Ando AW, Loch-Temzelides T, Vale MM, Li BV, Li H, Busch J, Chapman CA, Kinnaird M, Nowak K, et al. The costs and benefits of primary prevention of zoonotic pandemics. Sci Adv. 2022;4;8(5):eabl4183. https://www.science.org/doi/full/10.1126/sciadv.abl4183.

[11] Le Moli G, Vinuales JE, Burci GL, Strobeyko A, Moon S. The deep prevention of future pandemics through a one health approach: what role for a pandemic instrument? Graduate Institute of International and Development Studies, Global Health Centre. https://www.graduateinstitute.ch/library/publications-institute/deep-prevention-future-pandemics-through-onehealth-approach-what.

as well as protecting biodiversity and species, thereby preventing the spread of pathogens and subsequent disease outbreaks[12].

- Combating the causes of the emergence of zoonotic pathogens, in an effort to protect public health, is the most sustainable and cost-effective investment we can make, and it supports global health and development outcomes at the same time[13]. The earlier the action, the higher the Return on Investment. The zero draft is, however, strongly focused on post-outbreak actions (secondary prevention). Actions to reduce spillover risk (primary prevention) warrant detailed and comprehensive provisions on the same level as those proposed for secondary prevention. It is imperative that the WHO CA+ takes this comprehensive approach, recognizing the potential of primary (or upstream) prevention to complement outbreak containment and response. More attention to primary (or upstream) prevention, root causes and drivers is needed, specifying that those drivers also include international and national policies and funding mechanisms that fuel the adverse treatment of non-human animals and the environment (e.g., animal farming, wildlife trade, habitat destruction, land use change, etc.), and therefore increase the risk for spillover and the emergence/re-emergence of diseases. Member States should place more emphasis on prevention within the prevention, preparedness, and response spectrum; it is not enough to just prepare for future pandemics - we should aim to avoid them. Funding mechanisms should acknowledge the need to identify high-risk activities and provide those who rely on such activities with alternative employment opportunities.
- Even though the instrument includes the need to minimize spill-over events (see Article 18) it **doesn't go far enough stating that small scale outbreaks shall be "prevented" from becoming a pandemic**. This is not in line with an equitable approach to addressing pandemics. Only by preventing outbreaks (even smaller ones) through eliminating risk factors for the transmission of infectious diseases can communities be protected.

iii. Equity:

- Equity is currently limited to post outbreak measures like access to services and products in the current zero draft. There is no equity after an outbreak because communities at the frontline would have been affected already. Equity can only be ensured if we prevent zoonotic outbreaks and our best chances to achieve this objective is via a One Health approach in line with the One Health Joint Plan of Action, with the support of implementing agencies, such as the Quadripartite that can provide expertise and support with strategy development and implementation. To ensure equity, the developed strategies must involve the communities affected by outbreaks especially at the human-animal-environment interface. These communities must be supported in their transition away from high-risk practices. Strategies developed with these communities based on national situations and supported by implementing agencies may have higher chances of securing funding for

[12] Alimi Y, Bernstein A, Epstein J, Espinal M, Kakkar M, Kochevar D, Werneck GL, Harvard Global Health Institute, Center for Climate, Health, and the Global Environment at Harvard T.H. Chan School of Public Health. Report of the scientific task force on preventing pandemics. 2021. https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2343/2021/08/PreventingPandemicsAug2021.pdf.

[13] Bernstein AS, Ando AW, Loch-Temzelides T, Vale MM, Li BV, Li H, Busch J, Chapman CA, Kinnaird M, Nowak K, et al. The costs and benefits of primary prevention of zoonotic pandemics. Sci Adv. 2022;4;8(5):eabl4183. https://www.science.org/doi/full/10.1126/sciadv.abl4183.

implementation.

c. **Elements that are missing**

i. **Improving conditions for animals and reduced pandemic risk**

- Improving animal welfare and the conditions under which animals are treated makes them less prone to disease and can prevent outbreaks and thereby pandemics. Animals can transmit diseases to humans, as spillover hosts, and as potential reservoirs for infection. 75% of emerging infectious diseases are zoonoses, thus originate in animals, such as COVID-19 did. Improving animal welfare is an important part of taking action on early drivers and preventing pandemics.

ii. **Scope of prevention**

- The **Objective** of the instrument in Article 3 is to prevent pandemics, the pathway outlined namely "address gaps and challenges… through substantially reducing the *risk of pandemics*" does not go far enough. The scope should include reducing the *risks of outbreaks* to start with, before humans, animals and the environment within a vulnerable community suffer.
- The crucial role of **primary prevention** to achieve global health equity is also missed.
- The current zero draft does not include concrete measures to be implemented at the human-animal-environment-interface in order to reduce the risk of future zoonotic outbreaks. These measures encompass as per scientists' advice shifting away from intensive farming, improving husbandry systems, preventing human encroachment on wildlife habitats through agricultural land use and deforestation for the production of animal feed, strictly regulating the commercial wildlife trade, and banning fur farms and live animal markets, including the aggregation and trade of dogs and cats for their meat as well as protecting biodiversity and species[14].

iii. **One Health definition:**

- A holistic **definition of One Health** according to the latest iteration by the One Health High Level Expert Panel (OHHLEP) and supported by the Quadripartite is missing.

iv. **Precautionary principle:**

- The document does not contain the word 'precautionary'. While action should be taken on the basis of science and evidence, it is also vital that a precautionary approach be adopted towards activities that are determined to carry risk, particularly where evidence is disputed or lacking.

v. **Quadripartite:**

- Even if the WHO has a central role in the development and implementation of the pandemic instrument, it needs to be ensured that the other three parties of the quadripartite (FAO, WOAH, UNEP) are closely involved in the development and the implementation of the CA+ in order to enable an effective multisectoral collaboration.

vi. **Funding:**

- There are no references to the role that development finance institutions (like the World Bank, EBRD, ADB etc.) can play in providing funding for

[14] Alimi Y, Bernstein A, Epstein J, Espinal M, Kakkar M, Kochevar D, Werneck GL, Harvard Global Health Institute, Center for Climate, Health, and the Global Environment at Harvard T.H. Chan School of Public Health. Report of the scientific task force on preventing pandemics. 2021. https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2343/2021/08/PreventingPandemicsAug2021.pdf.

pandemic prevention.

vii. General obligations:

- The instrument does not include a dedicated section detailing Parties' obligations. A proposed list of obligations can be found below:

Proposed General Obligations:

Article X. General Obligations

1. The Parties agree to carry out their obligations under this treaty in a manner consistent with the Charter of the United Nations, International human rights law, and the general principles of international law including the principles of sovereignty, equity, territorial integrity and independence and non-intervention in domestic affairs of other States.

2. The Parties shall adopt and implement legislative, executive, administrative and/or other public policy measures that can ensure an equitable, effective and timely national and international approach to pandemic prevention, preparedness and response.

3. The Parties agree to adopt, in accordance with domestic law and following international law, national strategies that can manage risks of outbreaks at the human-animal-plant-environment interface following the guidance of the One Health Joint Plan of Action developed by the Quadripartite. In doing so, Parties should uphold the purpose of this treaty. For this purpose, each Party shall adopt and implement, in good faith and without delay, effective and ambitious national plans, including legislative, administrative and health-for-all policy measures based on the One Health approach to prevent, prepare and respond to future pandemics.

4. The Parties agree to create or strengthen a national mechanism to reduce the possible risks from emerging and re-emerging zoonotic spillovers with pandemic potential with the institutional coordination, collaboration and support of the World Health Organization (WHO), and the rest of the Quadripartite following the International Health Regulations and the provisions of this treaty, to achieve the purpose of this treaty.

5. The Parties agree to cooperate in good faith, and sustain an equitable, transparent, and coordinated procedures and guidelines to foster the exchange of scientific, technical and fact-based on pathogens, variants and genetic sequencing at the animal-human interface findings to improve the surveillance, controlling and possibly eliminating endemic zoonotic. The diagnostic data, research results and samples shall be shared with the World Health Organization (WHO) Hub for Pandemic and Epidemic Intelligence and the rest of the Quadripartite.

6. The Parties, following the principle of equity, shall develop and strength capacity building nationally in cooperation and with the support of the relevant international organizations and stakeholders in order to address and manage risks from zoonoses and other public health threats at the human-animal-environment interface.

7. The Parties shall use their best efforts to ensure an adequate, robust and effective measures to reduce the risk of zoonotic diseases, including the development of national animal welfare regulations, capacity building of animal professionals, particular in developing countries where high-risk practices and hotspots are grounds for spillovers, to monitor for emerging and re-emerging diseases with pandemic potential to prevent spillovers from wildlife and livestock into the vulnerable population.

8. The Parties shall design, develop and implement standards for an effective surveillance system that can monitor pathogens that have the potential of spillover from animals to humans as well as their drivers, including measures that identify pathogens when they emerge or re-emerge as well as alert mechanisms to allow an effective communication with the international community to deploy all necessary tools and strategies relating to pandemic prevention, preparedness, response and recovery, at local, national, regional and international levels.

9. The Parties shall take all appropriate measures to ensure equitable access of necessary and adequate human, technical, financial and other resources to countries in order to prevent and containing outbreaks, ranging from small scale to global spread, based on the One Health Approach to guarantee health for all.

10. The Parties agree to cooperate fully with international and regional intergovernmental organizations and in particular the Quadripartite without undermining the principles of sovereignty and non-intervention in domestic affairs of other States, including the entry and collaboration with World Health Organization (WHO) health experts into the territory of a party of this treaty, after previous consultation with the party, to collaborate with local, national and regional authorities in their actions to prevent, prepare and responds to outbreaks with the potential of global pandemics.

11. The Parties shall promote collaboration between national authorities at the inter-ministerial level as well as across international agencies at the quadripartite level for an a whole-of-government and whole-of-society approach to achieve the purpose of this treaty.

12. The Parties shall enhance their continuing education of human, environment and animal health professionals as part of the exchange of knowledge regarding the applicability of the principle of One Health approach to prevent, prepare and respond to outbreaks with pandemic potential.

13. The Parties shall undertake all appropriate measures to ensure transparency in cost, access to and transfer of technology and necessary products, equipment and vaccines, properly approved under domestic and international law, to prevent, prepare and responds to outbreaks with the pandemic potential making them available at the fastest possible time for the population of a country or countries affected by a global pandemic.

14. The Parties shall engage in accordance with their national laws with local communities, civil society, non-state actors, including private sector as part of a whole-of-society approach to develop pandemic prevention, preparedness and response policies tailored to their specific needs and context.

15. The Parties shall take all appropriate legislative, administrative, social, economic and educational measures to ensure long-term and sustainable mobilization of human and economic resources, including all necessary technology and know-how in order to ensure rapid and equitable access to adequate global supplies that meet surge demand, technology transfer hubs, product development, partnerships with relevant stakeholders to develop necessary mechanism to prevent at source future pandemics.

16. The Parties shall take all appropriate policies to ensure access, upon request, to well-renowned experts that can provide technical assistance to trained manufacturing workforce, particular in developing countries, to increase the required local production that can strengthen the capacity of the country to prevent, prepared and response to outbreaks with pandemic potential.

17. The Parties shall, in the context of the principles of equity, transparency, solidarity and cooperation,

take into account in particular the geographic, environmental, biodiversity, economic and sanitary needs of developing countries and cooperate in promoting all necessary technical assistance to facilitate the successful implementation of this treaty.

18. The Parties shall in cooperation with the international financial institutions, United Nations Agencies and partners ensure a sustainable and predictable financing of pandemic prevention, preparedness and response measures, including available financial resources for national One Health Joint Plans of Action for the effective implementation of this treaty.

19. The Parties shall in the spirit of solidarity and cooperation with Parties and International and Regional intergovernmental organizations, civil society, non-governmental organizations, private sector and other bodies under international law develop early detention and control measures, including a library of high-risk practices, research for novel and resistant pathogens and emerging and re-emerging diseases with pandemic potential, as well as fair, equitable and timely system for sharing of, on an equal footing, pathogens with pandemic potential and genomic sequences in order to expedite the formulation of measures, procedures, guidelines that can ensure the success of this treaty.

20. The Parties shall mutually benefit from facilitating access to pathogens with pandemic potential as well as receiving fairly and equitably access to all necessary financial, educational resources, including capacity building to strengthen national capacity to reduce the effects of drivers of emerging infectious diseases, reduce the risk of viral spillovers with pandemic potential, technology transfer to effectively develop epidemiological genomic surveillance system, vaccines or other pandemic preparedness related products, in order to strengthen health emergency systems and preparedness consistent with the goal.

3. Line by line edits and comments on the WHO CA+ zero draft

FOURTH MEETING OF THE INTERGOVERNMENTAL NEGOTIATING BODY TO DRAFT AND NEGOTIATE A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE
Provisional agenda item 3

A/INB/4/3
1 February 2023

Zero draft of the WHO CA+

for the consideration of the Intergovernmental Negotiating Body at its fourth meeting

WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response ("WHO CA+")

BACKGROUND, METHODOLOGY AND APPROACH

1. In recognition of the catastrophic failure of the international community in showing solidarity and equity in response to the coronavirus disease (COVID-19) pandemic, the World Health Assembly convened a second special session in December 2021, where it established an Intergovernmental Negotiating Body (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 its adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB.

2. In furtherance of the above mandate, the INB established a process and systematic approach for its work and agreed, at its second meeting, that the instrument should be legally binding and contain both legally binding as well as non-legally binding elements. In that regard, the INB identified Article 19 of the WHO Constitution as the comprehensive provision under which the instrument should be adopted, without prejudice to also considering, as work progressed, the suitability of Article 21, and requested the Bureau to develop and present to the INB a conceptual zero draft of the instrument (referred to herein as the "WHO CA+") for discussion.

3. At its third meeting, the INB agreed that the Bureau, with support from the WHO Secretariat, would prepare the zero draft of the WHO CA+, based on the conceptual zero draft and input received during the third meeting of the INB, with legal provisions. The INB further agreed that the zero draft would be considered at its fourth meeting as a basis for commencing negotiations at that meeting, it being understood that the zero draft will be without prejudice to the position of any delegation and following the principle that "nothing is agreed until everything is agreed".

4. Accordingly, the Bureau has prepared this zero draft of the WHO CA+ for consideration by the INB at its fourth meeting.

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ZERO DRAFT, FOR THE CONSIDERATION OF THE INTERGOVERNMENTAL NEGOTIATING BODY AT ITS FOURTH MEETING

The Parties to this WHO CA+,[1]

Comment: *For framing of these paragraphs on guiding principles and rights, see general comments above.*

1. *Reaffirming* the principle of sovereignty of States Parties in addressing public health matters, notably pandemic prevention, preparedness, response and health systems recovery,

2. *Recognizing* the critical role of international cooperation and obligations for States to act in accordance with international law, including to respect, protect and promote human rights,

Comment: *We welcome the inclusion of international cooperation, respect for international law and human rights. The latter should not just be in the preamble but linked via relationship with international agreements, principles, definition section and suggest that the Human Right section includes the right to a healthy environment.*

3. *Recognizing* that all lives have equal value, and that therefore equity should be a principle, an indicator and an outcome of pandemic prevention, preparedness and response,

Comment: *"all lives" needs to encompass humans and animals to truly ensure the applicability of the One Health approach.*

4. *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, and that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger,

5. *Recognizing* the central role of WHO, as the directing and coordinating authority on international health work, in pandemic prevention, preparedness, response and recovery of health systems, and in convening and generating scientific evidence, and, more generally, fostering multilateral cooperation in global health governance,

Comment: *A holistic One Health approach and pandemic prevention can only be realized through the close collaboration of the entire Quadripartite with the WHO being the coordinating authority. We recommend to include Paragraph 27 referencing the Quadripartite after Paragraph 5.*

6. *Noting* that a pandemic situation is extraordinary in nature, requiring States Parties to prioritize effective and enhanced cooperation with development partners and other relevant stakeholders to address extraordinary challenges,

Comment: *Describing pandemics as "extraordinary" is inappropriate given their increasing frequency. They are an increasingly frequent occurrence that require extraordinary cooperation between range States to prevent them and mitigate their impacts. The risk of a pandemic occurring and the impact if it does could be greatly minimized. State Parties priorities must ensure an effective and enhanced cooperation with relevant stakeholders, including civil society and private sector.*

7. *Recognizing* that the international spread of disease is a global threat with serious consequences for public and animal health, human lives, livelihoods, societies and economies that calls for the widest possible international cooperation and participation of all countries and relevant stakeholders following

a whole-of-society and whole-of-government approach in an effective, coordinated, appropriate and comprehensive international response,

Comment: *Recognizing that 75% of emerging infectious diseases are zoonoses, thus, originate in animals.*

8. *Recalling* the International Health Regulations of the World Health Organization and the role of States Parties, the Quadripartite (the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environmental Programme (UNEP), the World Health Organization (WHO), and the World Organisation for Animal Health (WOAH)), and other stakeholders 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,

Comment: *Not only the International Health Regulations should be recalled on this instrument.*

- *The Convention on the International Trade of Endangered Species of wild fauna and flora (CITES), as this instrument regulates the import, export and re-export of particular species identified in the appendices of this instrument – noting value of the regulatory framework tied to the implementation of the convention while acknowledging that trade in wildlife poses high risks of zoonotic outbreaks.*
- *The Convention on Biological Diversity (CBD) which aims at the conservation of biological diversity and sustainable use and development.*
- *The sanitary and phytosanitary (SPS) annex of the WTO agreement allows member states to take the necessary measures for the protection of human, animal, or plant health, as long as the measures taken are not inconsistent with the WTO. The overarching purpose of this annex is to standardize the international approach to sanitary conditions while leaving it flexible to varying circumstances. These measures must be consistent with scientific principles. It is relevant to include this as part of the relationship with international agreements and instruments as Members are also obligated to promote a periodic review of standards, guidelines, and recommendations with respect to all aspects of sanitary and phytosanitary measures.*

9. *Recognizing* that national action plans for pandemic prevention, preparedness, response and recovery of health systems will be most effective when inline with the One Health approach and should take into account a whole-of-society and whole-of-government approach ~~all people~~, including communities and persons in vulnerable situations, animals, places and ecosystems,

10. *Recognizing* that the threat of pandemics is a reality and that pandemics have catastrophic health, social, economic, environmental, ecological and political consequences, especially for persons in vulnerable situations, a whole-of-government and whole-of-society approach must be deployed in the development of national plans towards pandemic prevention, preparedness, response and recovery of health systems ~~must be systemically integrated into whole-of-government and whole-of-society approaches~~, to ensure adequate political commitment, resourcing and attention across sectors, and community engagement and thereby break the cycle of "panic and neglect",

[1] The Bureau proposes, consistent with Member State submissions, that the preambular section be discussed at the appropriate point in the negotiations

11. *Reflecting* on the fact that three out of four emerging infectious diseases are zoonoses and the lessons learned from the emergence and response to coronavirus disease (COVID-19) and other outbreaks with global, regional and national impact, including, inter alia, HIV, H1N1, SARS, Ebola virus disease, Zika virus disease, Middle East respiratory syndrome and monkeypox/mpox, and with a view to prevention and addressing and closing gaps and improving future prevention, preparedness, response and recovery,

Comment: *The experiences we have made through other outbreaks will not only help improve response but enable us to develop methodologies in which we identify potential drivers and prevent outbreaks before they happen.*

12. *Recognizing* that urban settings are especially vulnerable to infectious diseases and epidemics, and the important role that communities have in preventing, preparing for and responding to health emergencies,

13. *Noting* with concern that the COVID-19 pandemic has revealed serious shortcomings in various levels of prevention and preparedness – especially at all ~~city and urban~~ levels – for timely and effective prevention and detection of, as well as response to, potential health emergencies, indicating the need to better prepare for future health emergencies,

14. *Noting* that in 2021 women comprised more than 70% of the global health and care workforce and an even higher proportion of the informal health workforce, and during the COVID-19 response were disproportionately impacted by the burden of the pandemic, notably on health workers,

> ***Comment:*** *We welcome the recognition of the importance of health care workers and particular women in the field. This should be extended to essential workers in the human, animal, and environmental health sectors.*

15. *Reaffirming* the importance of diverse, gender-balanced and equitable representation and expertise in pandemic prevention, preparedness, response and health system recovery decision-making, as well as in the design and implementation of activities,

16. *Expressing* concern that those affected by conflict, forced migration, and insecurity are particularly at risk of being left behind during pandemics,

17. *Recognizing* the synergies between multisectoral collaboration – through whole-of-government and whole-of-society approaches at the country and community level – and international, regional and cross-regional collaboration, coordination and global solidarity, and their importance to achieving sustainable improvements in pandemic prevention, preparedness and effective response,

18. *Acknowledging* that the repercussions of pandemics, beyond health and mortality, on socioeconomic impacts in a broad array of sectors, including economic security ~~growth~~, employment, trade, transport, gender inequality, food insecurity, education, environment and culture, require a multisectoral whole-of-society One Health approach to pandemic prevention, preparedness, response and recovery of health systems,

19. *Acknowledging* the impacts of social, economic, ecological, environmental, legal, and political determinants of health across different sectors and communities on the vulnerability of communities, especially persons in vulnerable situations, to the emergence and spread of pathogens and the evolution of an outbreak, as well as the need to incorporate measures to protect them in national strategies,

20. *Underscoring* that multilateral and regional cooperation and good governance across sectors beyond those directly tasked with public health, are essential to prevent, prepare for, respond to, and the recovery of health systems from, pandemics that, by definition, know no borders and require collective action and solidarity,

21. *Emphasizing* that policies and interventions on pandemic prevention, preparedness, response and recovery of health systems should be supported by the best available scientific evidence and adapted to take into account resources and capacities at subnational and national level,

22. *Reaffirming* the importance of access to timely information, as well as efficient risk communication that manages to counteract misinformation and disinformation around pandemics,

23. *Understanding* ~~that~~ the critical role of animal health and welfare in pandemic prevention given that most emerging infectious diseases, including the majority of PHEICs, originate in animals, including wildlife and domesticated animals, then spill over to people and require adopting and implementing a One Health approach,

Comment: *Recommend adding the following three paragraphs:*

Understanding that animals in poor environments, on poor diets, or under stress increase risks of disease emergence, mutation and transmission, posing threats to global human health,

Recognizing that prevention is an investment which provides multisectoral benefits at a vastly lower cost than response,

Recognizing that additional international obligations are required to minimize the risk of pathogen development and transmission through the consideration of animal health and welfare, and the elimination or mitigation of high-risk activities involving animals,

24. *Recognizing* the importance of working synergistically with other relevant areas, under a socially and ecologically just One Health approach, as well as the importance and public health impact of growing possible drivers of pandemics including land use change, climate change, biodiversity loss and unsustainable food systems, which need to be addressed as a means of preventing future pandemics and protecting ~~public~~ health and wellbeing,

Comment: *Recommend adding this paragraph:*

Noting the profound impact of human-induced actions on food systems that can either enhance or detract from the sustainability and resilience of these systems, as well as the risks of pathogen emergence and antibiotic-resistant bacteria from these systems,

25. *Noting* that antimicrobial resistance is often described as a silent pandemic and that it could be an aggravating factor preceding, during or following a pandemic,

26. *Reaffirming* the importance of a One Health approach and the need for synergies between multisectoral and cross-sectoral collaboration at community, national, regional and international levels to safeguard human and animal health and well-being, detect and prevent health threats at the animal and human interface, in particular zoonotic spill-over and mutations, and to sustainably balance and optimize the health of people, animals and ecosystems,

27. *Acknowledging* the creation of the Quadripartite (WHO, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme) to act as full partners with the WHO and provide support to countries and ensure a holistic response to better prevent, prepare, and respond to pandemics in accordance with the ~~and address any~~ One Health principle ~~related issue~~,

Comment: *Recommend adding these paragraphs:*

Recalling the World Health Assembly resolution WHA74.7, which calls on the Quadripartite "to build on and strengthen the existing cooperation to develop options, for consideration by their respective governing bodies, including establishing a common strategy on One Health, including a joint workplan to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks"

Acknowledging the Quadripartite OH Joint Plan of Action, which aims to guide the four organizations in working together on One Health with the aim of supporting their Members, Member States and State Parties in building One Health capacities, providing a framework for action and proposing a set of activities to advance and sustainably scale up One Health. The plan uses a One Health approach to strengthen collaboration, communication, capacity building and coordination equally across all sectors responsible for addressing health concerns at the human–animal–plant–environment interface.

28. *Reiterating* the need to work towards building and strengthening resilient human and animal health systems to advance universal health coverage, as an essential foundation for effective pandemic

prevention, preparedness, response and recovery of health systems, and to adopt an equitable approach to prevention, preparedness, response and recovery activities, including to mitigate the risk that pandemics exacerbate existing inequities in access to services,

***Comment**: Recommend adding the following two paragraphs:*

Recognizing the need for effective early warning systems for the emergence of novel pathogens in vulnerable areas and the importance of ensuring sufficient staffing of such systems, especially in the detection of zoonotic disease outbreaks through effective veterinary coverage,

Acknowledging the importance of exchanging information in relation to the emergence and spread of zoonotic disease outbreaks and the treatment of animals under human control.

29. *Recognizing* that human and animal health is a precondition for, and an outcome and indicator of, the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development,

30. *Recognizing* that pandemics have a disproportionately heavy impact on frontline workers, notably health workers, workers providing essential services, the poor and persons in vulnerable situations, with repercussions on health and development gains, in particular in developing countries, thus hampering the achievement of universal health coverage and the Sustainable Development Goals, with their shared commitment to leave no one behind,

31. *Recognizing* the need to enhance global solidarity and effective global coordination, as well as accountability and transparency, to avoid serious negative impacts of public health threats with pandemic potential, especially on countries with limited capacities and resources,

32. *Acknowledging* that there are significant differences in countries' capacities to prevent, prepare for, respond to and recover from pandemics,

33. *Deeply concerned* by the gross inequities that hindered timely access to medical and other COVID-19 pandemic-related products, notably vaccines, oxygen supplies, personal protective equipment, diagnostics and therapeutics,

34. *Reiterating* the determination to achieve health equity through resolute action on social, environmental, ecological, environmental, cultural, political and economic determinants of health, such as ensuring healthy animals and a healthy environment, eradicating hunger and poverty, ensuring access to health and nutritious ~~proper~~ food, safe drinking water and sanitation, employment and decent work and social protection in a comprehensive intersectoral approach,

35. *Emphasizing* that, in order to make health for all a reality, individuals, ~~and~~ communities and animals need: equitable access to high quality health services without financial hardship; well-trained, skilled health workers providing quality, people-centered care; and committed policy-makers with adequate investment in health to achieve universal health coverage,

***Comment:** "health for all" needs to encompass the health of humans, animals and ecosystems.*

36. *Emphasizing* that improving pandemic prevention, preparedness, response and recovery of health systems relies on a commitment to mutual accountability, transparency and common but differentiated responsibility by all States Parties and relevant stakeholders,

37. *Recalling* the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and reiterating that the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) does not and should not prevent Members of the World Trade Organization from taking measures to protect public health,

38. *Reaffirming* that the TRIPS Agreement can and should be interpreted and implemented in a manner supportive of the right of Members of the World Trade Organization to protect public health and, in particular, to promote access to medicines for all,

39. *Reaffirming* that Members of the World Trade Organization have the right to use, to the full, the TRIPS Agreement and the Doha Declaration on the TRIPS Agreement and Public Health of 2001, which provide flexibility to protect public health including in future pandemics,

40. *Recognizing* that protection of intellectual property rights is important for the development of new medical products, but also recognizing concerns about its effects on prices, as well as noting discussions/deliberations in relevant international organizations on, for instance, innovative options to enhance the global effort towards the production of, timely and equitable access to, and distribution of health technologies and know-how, by means that include local production,

41. *Recognizing* that protection of intellectual property rights is important for the development of new medicines, and also recognizing concerns about the negative effect on prices and on the production of, timely and equitable access to, and distribution of vaccines, treatments, diagnostics and health technologies and know-how,

42. *Recognizing* that intellectual property protection is important for the development of new medicines, and also recognizing concerns about its effect on prices, as well as noting discussions on enhancing global efforts towards the production of, timely and equitable access to, and distribution of health technologies and products,

43. *Recognizing* the concerns that intellectual property on life-saving medical technologies continues to pose threats and barriers to the full realization of the right to health and to scientific progress for all, particularly the effect on prices, which limits access options and impedes independent local production and supplies, as well as noting structural flaws in the institutional and operational arrangements in the global response to the COVID-19 pandemic, and the need to establish a future pandemic prevention, preparedness and response mechanism that is not based on a charity model and that considers overall global health benefits as a primary goal,

44. *Reaffirming* the flexibilities and safeguards contained in the TRIPS Agreement and their importance for removing barriers to production of, and access to, pandemic-related products, as well as sustainable supply chains for their equitable distribution, while also recognizing the need for sustainable mechanisms to support transfer of technology and know-how to support the same,

45. *Reaffirming* the flexibilities and safeguards contained in the TRIPS Agreement and their importance for ensuring access to technologies, knowledge and full transfer of technology and know-how for production and supply of pandemic-related products, as well as their equitable distribution,

46. *Recalling* resolution WHA61.21 (2008) on the global strategy and plan of action on public health, innovation and intellectual property, which lays out a road map for a global research and development system supportive of access to appropriate and affordable medical countermeasures, including those needed in a pandemic,

47. *Recognizing* that publicly funded, evidence based, technologically advanced research and development plays an important role in the development of pandemic-related products and, as such, requires conditionalities,

48. *Underscoring* the importance of promoting early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens, as well as the fair and equitable sharing of benefits arising therefrom, taking into account relevant national and international laws, regulations, obligations and frameworks, including the International Health Regulations, the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, and the Pandemic Influenza Preparedness Framework, and also mindful

of the work being undertaken in other relevant areas and by other United Nations and multilateral organizations or agencies,

49. *Acknowledging* that pandemic prevention, preparedness, response and recovery of health systems at all levels and in all sectors, particularly in developing countries, require predictable, sustainable and sufficient financial, human, logistical and technical resources,

Comment: *Recommend adding the following two paragraphs:*

Recognising the 2019 United Nations Sustainable Development Report which stated that "The clear links between human health and well-being and animal welfare are increasingly being recognized… and Strong governance should safeguard the well-being of both wildlife and domesticated animals with rules on animal welfare embedded in transnational trade."

Further recognising the 2020 UNEP report on Preventing the Next Pandemic which recognised that "Adoption of animal welfare standards for the care, housing and transport of live animals along the entire supply chain is needed to reduce risk of zoonotic disease transmission. Additional restrictions on which species can be legally sold should also be considered."

Have agreed as follows:

The world together equitably

***Vision*:** The WHO CA+[1] aims for a world where pandemics are effectively prevented and controlled to protect present and future generations from pandemics and their devastating consequences, and to advance the enjoyment of the highest attainable standard of health for all humans, animals and ecosystems ~~peoples~~, on the basis of equity, human rights and solidarity, with a view to achieving universal health coverage, while recognizing the sovereign rights of countries, acknowledging the differences in levels of development among countries, respecting their national context and recognizing existing relevant international instruments. The WHO CA+ aims to achieve greater equity and effectiveness for pandemic prevention, preparedness, ~~and~~ response and recovery through the fullest national, regional and international cooperation.

[1] At its second meeting in July 2022, the INB identified that Article 19 of the WHO Constitution is the comprehensive provision under which the WHO CA+ should be adopted, without prejudice to also considering, as work progressed, the suitability of Article 21

Chapter I. Introduction

Article 1. Definitions and use of terms

1. For the purposes of this WHO CA+:

(a) "genomic sequences" means the order of nucleotides identified in a molecule of DNA or RNA. They contain the full genetic information that determines the biological characteristics of an organism or a virus;

(b) "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;[1]

(c) "pandemic-related products" means products that may be needed for pandemic prevention, preparedness, response and/or recovery, and which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment,

syringes and oxygen;

(d) "persons in vulnerable situations" includes Indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women, infants, children and adolescents, and those living in fragile areas, such as Small Island Developing States;

(e) "pathogen with pandemic potential" means…;

Comment: *Recommend adding the following definitions:*

(f) "One Health approach" means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent[15];

(g) "One Health surveillance" means a multidisciplinary approach to the monitoring and control of diseases, their drivers, and health threats that affect both humans and animals, as well as the environment they inhabit. This approach recognizes the interconnections and interdependence between human, animal, and environmental health, and seeks to integrate and coordinate efforts across different sectors and disciplines to ensure the overall health and well-being of all, humans, animals and ecosystems;

(h) "infodemic" means the rapid spread of false or misleading information, often through social media and other digital channels, during a public health crisis. Infodemics can exacerbate the impact of a disease outbreak by fueling fear, confusion, and misinformation, and can also undermine trust in health authorities and efforts to control the spread of the disease by discouraging the adoption of effective public health interventions;

(i) "inter-pandemic" means the period between pandemics, meaning the time when there is no widespread global outbreak of a highly infectious disease. During inter-pandemic periods, health systems continue to monitor and respond to outbreaks of infectious diseases, but the focus is mainly on maintaining and improving public health measures, disease surveillance, and preparedness for future pandemics by strengthening the necessary infrastructure, policies, and capacities. During inter-pandemic periods, efforts must be taken to identify and eliminate or mitigate the risks of (re)emergence and spill-over of potentially zoonotic pathogens;

(j) "current health expenditure" means…;

(k) "universal health coverage" means a situation in which all people, regardless of their race, religion, political belief, economic or social condition, have access to health services, when and where they need them, without suffering financial hardship and is an essential component of a strong public health system that can effectively respond to public health emergencies, including pandemics;

(l) "health systems" means…:

(m) "(pandemic) prevention" means action exercised to address and prevent the causes of outbreaks. It encompasses measures taken by member states in coordination with

[15] One Health High-Level Expert Panel (OHHLEP), Adisasmito WB, Almuhairi S, Behravesh CB, Bilivogui P, Bukachi SA, et al. (2022) One Health: A new definition for a sustainable and healthy future. PLoS Pathog 18(6): e1010537. https://doi.org/10.1371/journal.ppat.1010537

relevant sectors and disciplines to address the root causes and drivers of infectious disease outbreaks as well as anticipate, contain, manage and eradicate the occurrence and spillover of viruses and other pathogens from animals to other animals or humans in the first place (primary prevention). Preventing the spillover of pathogens at their source aims to eliminate risk factors for the transmission of infectious diseases (which can turn into pandemics), especially through prolonged contact with animals at the time of pathogen shedding through handling, slaughter or consumption. This includes outcomes that promote better animal welfare and health as well as the cessation of high-risk practices including but not limited to: trading in or marketing wild animals at regional, national, or international levels without first assessing the risks of any such practice to animal and/or human health and taking any necessary measures to mitigate such risks, implementing policies to enable a transition to sustainable, healthy and diverse food systems that are predominantly plant-based, by leveraging agroecology and high biodiversity practices for food and agriculture, phasing out fur farming, live animal markets and the dog and cat meat trade;

(n) "preparedness" means…;

(o) "response" means…;

(p) "recovery" means…

(q) "outbreak" means a sudden increase in occurrences of a disease in humans or animals when cases are in excess of normal expectancy for the community, geographical area or season. Outbreaks are maintained when infectious agents spread within environmental sources, between animals, animal vectors and person to person. An outbreak may affect a small and localized group or impact upon thousands of humans or animals across an entire continent;

(r) "spillover" means the movement of pathogens from non-human vertebrate animals to humans;

(s) "food systems" means a complex network of activities, people, resources, and institutions across the whole food supply chain involved in producing, processing, distributing, and consuming food. It also includes the social, economic, and political structures that shape the production and consumption of food, as well as the environmental and health impacts of food sourcing, production and consumption;

(t) "Anti-Microbial Resistance (AMR)" occurs when pathogens, such as bacteria and viruses, no longer respond to existing medicines. The more antimicrobials are used, the faster AMR develops. Intensive agriculture, accounting globally for over 70% of the use of antimicrobials is one of the leading causes of AMR, and it is recognised by experts and policymakers as a critical area of intervention to address this threat to public health[16];

(u) "benefit sharing" means the distribution of the benefits arising from the use of a shared resource, such as genetic resources, traditional knowledge, or natural resources. It can take many forms, including financial compensation, access to technology, capacity building, and recognition of traditional knowledge. This is a central concept that ensures that the benefits from the use of shared resources are equitably distributed among the various stakeholders, including communities, individuals, governments, and companies;

[16] FOUR PAWS. Reducing Antibiotic Use by Improving Animal Welfare. 2022. https://media.4-paws.org/3/3/3/0/33305c1488904af3e62b272758d7cead8db2dd73/220202_AntibioticsGuidance_EN.pdf.

(v) "health for all" as defined by the WHO Council on Economics of Health for All, means integrating health, social, economic, financial and innovative aspects, bringing "health and well-being into the centre of how we think about purpose, value and development (…) building healthy societies that are just, inclusive, equitable and sustainable."[17] "Health for all" encompasses the health and well-being of all, humans, animals and ecosystems;

(w) "economy of wellbeing" means the "capacity to create a virtuous circle in which citizens' well-being drives economic prosperity, stability and resilience, and vice-versa those good macroeconomic outcomes allow to sustain well-being investments over time" The priorities for public spending should be guided by indicators that measure the state and wellbeing of humans, animals, and the environment and prioritize public spending towards maximising them[18];

(x) "whole-of-society" means the shared responsibility that requires communities, companies, civil society organizations and individuals to engage with the public sector in order to develop common policies and plans that can prevent, prepare, respond and recovery from pandemics. A whole-of-society approach is crucial in the context of pandemics because it enables the development of strategies that have higher chance of buy-in and ownership from the communities that will implement those strategies;

(y) "whole-of-government" requires the collaboration between the different public sector bodies and institutions extending to leverage their respective fields of competences or jurisdiction with the ultimate view of providing a common, effective plan to tackling pandemics;

(z) "Zoonotic Disease/ Zoonosis" means an infectious disease that has jumped from a non-human animal to humans[19].

Comment: *Furthermore, Chapter 1 Article 1 should include definitions of the following terms and concepts: Access, Affordability, Biotechnology, International Health Regulations, Community Engagement, Equity, Epidemic, External Assistance, Gain-of-Function, Global Public Goods, Health Systems Recovery, Health Systems Resilience, Infodemic, One Health High Level Expert Panel, Pandemic Preparedness, Pandemic Response, Pandemic Recovery, Party, Pathogen, Public Health Emergency of International Concern, Quadripartite, Vaccines.*

Article 2. Relationship with other international agreements and instruments

1. The implementation of the WHO CA+ shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization. The WHO CA+ and other relevant international instruments, including the International Health Regulations, should be interpreted so as to be complementary, compatible and synergistic, and the WHO CA+ should be interpreted in a manner that promotes and supports the implementation and operationalization of the International Health Regulations and other relevant international instruments such as CITES, CBD, UNFCCC.[1] In the event that any part of the WHO CA+ addresses areas or activities that may bear on the field of competence of other organizations or treaty bodies (in particular with any organisation forming part of the Quadripartite), appropriate steps will be taken to ensure consultation with such organisations or treaty bodies, and avoid duplication and promote synergies, compatibility and coherence, with a common goal of strengthened pandemic preparedness, prevention, response and health system recovery.

[17] The WHO Council on the Economics of Health for All. Manifesto. 2021. https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/who-council-eh4a_manifesto_09112021.pdf?sfvrsn=788671_5.
[18] OECD. Economy of Wellbeing. https://www.oecd.org/social/economy-of-well-being-brussels-july-2019.htm.
[19] WHO. Zoonoses. 2020. https://www.who.int/news-room/fact-sheets/detail/zoonoses.

2. The provisions of the WHO CA+ shall not affect the rights and obligations of any Party under other existing international instruments and shall respect the competencies of other organizations and treaty bodies.

3. The provisions of the WHO CA+ 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 the WHO CA+, provided that such instruments are compatible with their obligations under the WHO CA+. The Parties concerned shall communicate such instruments to the Governing Body for the WHO CA+ through the Secretariat.

***Comment**: Recommend adding the following paragraph:*

4. Member States shall enhance national coordination amongst national institutions tasked with the implementation of international instruments that tackle all stages of prevention, preparedness and response in order to ensure national efforts, strategies, action plans, and their implementation are coherent and effective.

[1] The INB is encouraged to conduct discussions on the matter of making explicit the synergies and concrete complementarity of the WHO CA+ with the International Health Regulations and other relevant mechanisms and instruments

Chapter II. Objective, guiding principles and scope

Article 3. Objective

The objective of the WHO CA+, guided by equity, the vision, principles and rights set out herein, is to prevent and respond to pandemics, save lives, reduce disease burden and protect livelihoods, through strengthening, proactively, the world's capacities for preventing, preparing for and responding to, and recovery of health systems from, pandemics. The WHO CA+ aims to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels, through substantially reducing the risk of outbreaks that can become pandemics, increasing pandemic prevention, preparedness and response capacities, progressive realization of universal health coverage and ensuring coordinated, collaborative and evidence-based pandemic prevention, preparedness, response and resilient recovery of health systems at community, national, regional and global levels.

Article 4. Guiding principles and rights

To achieve the objective of the WHO CA+ and to implement its provisions, the Parties will be guided, inter alia, by the principles and rights set out below:

1. **Respect for human rights** – The implementation of the WHO CA+ shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and each Party shall protect and promote such freedoms.

2. **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. The right to health and welfare is also fundamental to animals at the same time promoting and protecting human health.

***Comment:** as per the UNGA resolution, we recommend adding a paragraph on the right to a healthy environment.*

3. The right to a healthy environment -

4. 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, response and recovery of health systems, pursuant to their own policies and legislation, provided that activities within their jurisdiction or control do not cause damage to their peoples and other countries. Sovereignty also covers the rights of States over their biological resources.

5. **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 to the prevention of pathogen spillover and ~~in~~ to addressing the drivers of spillover events, the structural challenges in inequitable access to fair, equitable 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.

> ***Comment:*** *the preambular language on equity states that all lives have equal value, and that equity should be a principle, indicator, and outcome. While we welcome this language and the inclusion of health equity in the instrument, this draft missed the mark when it comes to achieving equity for individuals and communities at greatest risk of the immediate and long-term risks associated with zoonotic outbreaks. The scope in the operational articles is limited to post-outbreak measures and such measures will not protect communities at greatest risk of the social and economic consequences of pandemics. The CA+ Zero Draft must include specific measures and policies to protect communities from suffering by preventing outbreaks and supporting communities in transitioning away from practices that bring them into contact with pathogens of zoonotic potential without jeopardizing their food security and livelihoods.*

6. **Solidarity** – The effective prevention of, preparedness for and response to pandemics requires national, international, multilateral, bilateral, ~~and~~ interdisciplinary and multisectoral collaboration, coordination and cooperation, through global unity, to achieve the common interest of a fairer, more equitable and better prepared world.

7. **Transparency** – The effective prevention of, preparedness for and response to pandemics depends on transparent, open and timely sharing, access to and disclosure of accurate information, data and other relevant elements that may come to light (including data on anthropological drivers, biological samples, genomic sequence data and clinical trial results), for risk assessment and control measures, and development of pandemic- related products and services, notably through a precautionary whole-of-government and whole-of-society approach, based on, and guided by, the best-available scientific evidence, consistent with national, regional and international privacy and data protection rules, regulations and laws.

8. **Accountability** – States are accountable for strengthening and sustaining their health systems' capacities and public health functions to provide adequate health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness, response and recovery of health systems. All Parties shall cooperate with other States, ~~and~~ relevant international organizations and other relevant stakeholders, in order to collectively strengthen, support and sustain capacities for global prevention, preparedness, response and recovery of health systems.

9. **Common but differentiated responsibilities and capabilities in pandemic prevention, preparedness, response and recovery of health systems** – All States are responsible for the health of their people and their environment, including pandemic prevention, preparedness, response and recovery, and previous pandemics have demonstrated that no one is safe until everyone is safe. Given that the health of all peoples is dependent on the fullest cooperation of individuals and States, all Parties are bound by the obligations of the WHO CA+. States that hold more resources relevant to pandemics, including pandemic-related products and manufacturing capacity, should bear, where appropriate, a

commensurate degree of differentiated responsibility with regard to global pandemic prevention, preparedness, response and recovery. With the aim of supporting every Party to achieve the highest level of proven and sustained capacity, 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 capacities to prevent or respond to pandemics; and (iii) potentially bear a disproportionately high burden.

10. **Inclusiveness** – The active engagement with, and participation of, all relevant stakeholders and partners across all levels and sectors, consistent with relevant and applicable international and national guidelines, rules and regulations (including those relating to conflicts of interest), is fundamental for mobilizing resources and capacities to support pandemic prevention, preparedness, response and health systems recovery.

11. **Community engagement** – Full engagement of communities in prevention, preparedness, response and recovery of health systems is essential to provide alternative livelihoods for those involved in high-risk activities, mobilize social capital, resources, adherence to public health and social measures, and to gain trust in government.

12. **Gender equality** – Pandemic prevention, preparedness, response and recovery of health systems will be guided by and benefit from the goal of equal participation and leadership of men and women in decision-making with a particular focus on gender equality, taking into account the specific needs of all women and girls, using a country-driven, gender responsive/transformative, participatory and fully transparent approach.

13. **Non-discrimination and respect for diversity** – All individuals should have fair, equitable and timely access to pandemic-related products, health services and support, without fear of discrimination or distinction based on race, religion, political belief, economic or social condition.

14. **Rights of individuals and groups at higher risk and in vulnerable situations** – Nationally determined and prioritized actions, including support, will take into account communities and persons in vulnerable situations, places and ecosystems. Indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women, infants, children and adolescents, and frontline workers, for example, are disproportionately affected by pandemics, owing to social and economic inequities, as well as legal and regulatory barriers, that may prevent them from accessing health services.

15. **One Health** – Multisectoral and transdisciplinary actions should recognize the interconnection between the health and well-being of people, animals, ~~plants~~ and the~~ir shared~~ environment, for which a coherent, integrated and unifying approach should be strengthened and applied with an aim to sustainably balance and optimize the health and well-being of people, animals and ecosystems, including through, but not limited to, attention to the prevention of outbreaks ~~epidemics~~ due to animal exploitation, farming and trade practices, retractive impact of human induced action on food systems, emerging and re-emerging pathogens resistant to antimicrobial agents, and spillover of zoonotic diseases.

16. **Universal health coverage** – The WHO CA+ will be guided by the aim of achieving universal health coverage, for which strong and resilient health systems are of key importance, as a fundamental aspect of achieving the Sustainable Development Goals through promoting health and well-being for all at all ages.

17. **Science and evidence-informed decisions** – Science, evidence and findable, accessible, interoperable and reusable data, along with a precautionary approach where information and data are absent or uncertain, should inform all public health decisions and the development and implementation of interventions, tools and guidance for pandemic prevention, preparedness, response and recovery of

health systems.

18. **Central role of WHO** – As the directing and coordinating authority on global health, and the leader of multilateral cooperation in global health governance, WHO is fundamental to strengthening pandemic prevention, preparedness, response and recovery of health systems working closely at all times with the Quadripartite.

19. **Proportionality** – Due consideration should be given, including through regular monitoring and policy evaluation, to ensuring that the impacts of measures aimed at preventing, preparing for and responding to pandemics are proportionate to their intended objectives and that the benefits arising therefrom outweigh costs.

***Comment**: Recommend adding the following paragraph:*

Role of the Quadripartite - As the formal collaboration of the leading agencies tasked with advancing the One Health approach, the Quadripartite (WHO, FAO, UNEP and WOAH) plays a critical role in strengthening pandemic prevention, preparedness and response.

Article 5. Scope

The WHO CA+ applies to pandemic prevention, preparedness, response and health systems recovery at national, regional and international levels.

Chapter III. Achieving equity in, for and through pandemic prevention, preparedness, response and recovery of health systems

***Comment**: Equity, especially for the most vulnerable communities, will not be achieved if the sole focus is on post-outbreak measures. We can most effectively reduce the risk of outbreaks by working to achieve equity for communities at the human-animal-environment interface by supporting them in reducing the risk of spillover. We would therefore strongly advocate for an Article under Chapter III where:*

Article X. Achieving equity for the most vulnerable

1. To achieve equity, the Parties commit to supporting their most vulnerable communities at the human-animal-environment interface to transition away from practices that increase the risk of pathogen spillover from animals to humans. The Parties shall work on national One Health strategies developed with the expert support of the Quadripartite and backed with sustainable financing, to ensure, within a whole-of-government, whole-of-society approach, that the measures developed and implemented both secure communities' livelihoods and are effective in reducing risk of outbreaks.

Article 6. Predictable global supply chain and logistics network

1. The Parties, recognizing the shortcomings of the prevention of, preparedness for and response to the COVID-19 pandemic, agree on the need for an adequate, equitable, transparent, robust, agile, effective and diverse global supply chain and logistics network for pandemic prevention, preparedness, response and recovery.

2. The WHO Global Pandemic Supply Chain and Logistics Network (the "Network") is hereby established.

3. The Parties shall support the Network's development and operationalization, and participate in the Network, within the framework of WHO, including through sustaining it in inter-pandemic times as well as appropriate scale-up in the event of a pandemic. In that regard, the Parties shall:

(a) determine the types and size of products needed for robust pandemic prevention,

preparedness and response, including costs and logistics for establishing and maintaining strategic stockpiles of such products, by working with relevant stakeholders and experts, guided by scientific evidence and regular epidemiological risk assessments;

(b) assess anticipated demand for, and map sources of, manufacturers and suppliers, including raw materials and other necessary inputs, for sustainable production of pandemic-related products (especially active pharmaceutical ingredients), including manufacturing capacities, and identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms and in-kind contributions, as well as promoting transparency in cost and pricing of all elements along the supply chain;

(c) develop a mechanism to ensure the fair and equitable allocation of pandemic-related products based on public health risks and needs;

(d) map existing delivery and distribution options, and establish or operationalize, as appropriate, international consolidation hubs, as well as regional staging areas, to ensure that transport of supplies is streamlined and uses the most appropriate means for the products concerned; ~~and~~

(e) develop a dashboard for pandemic-related product supply capacity and availability, with regular reporting, and conduct regular tabletop exercises to test the functioning of the Network; and

(f) Regulate supply chains, trade, and transport of animals, live animal markets, laboratories, commercial animal agricultural operations, and commercial situations where animals are present to ensure the proper containment of and separation between species, and appropriate health and sanitation for animals and humans, adopting a highly precautionary approach to risk.

4. The Parties commit not to impose regulations that unduly interfere with the trade in, or of, pharmaceutical raw materials and ingredients, mindful of the need for unhindered access to pandemic-related products.

5. The Parties commit to safeguard the humanitarian principles of humanity, neutrality, impartiality and independence, and to facilitate the unimpeded access of humanitarian staff and cargo. The commitment to facilitate such access is understood to be legally binding and to apply in all circumstances, consistent with humanitarian principles.

6. The Parties, working through the Governing Body for the WHO CA+, shall take all appropriate measures to establish and start functioning of the Network no later than XX. It is understood that giving effect to this Article immediately upon adoption of the WHO CA+ shall be considered pursuant to, and within the meaning of, Article 35 of the WHO CA+.

Article 7. Access to technology: promoting sustainable and equitably distributed production and transfer of technology and know-how

1. The Parties recognize that inequitable access to pre and post-pandemic-related products (including but not limited to vaccines, therapeutics and diagnostics) should be addressed by increased manufacturing capacity that is more equitably, geographically and strategically distributed.

2. The Parties, working through the Governing Body for the WHO CA+, shall strengthen existing and develop innovative multilateral mechanisms that promote and incentivize relevant transfer of technology and know-how for production of pandemic-related products, on mutually agreed terms, to capable manufacturers, particularly in developing countries.

3. During inter-pandemic times, all Parties commit to establish these mechanisms and shall:

(a) coordinate, collaborate, facilitate and incentivize manufacturers of pandemic-related products to transfer relevant technology and know-how to capable manufacturer(s) (as defined below) on mutually agreed terms, including through technology transfer hubs and product development partnerships, and to address the needs to develop new pandemic-related products in a short time frame;

(b) strengthen coordination, with relevant international organizations, including the Quadripartite ~~United Nations agencies~~, on issues related to public and animal health (including as impacted by animal health and environmental health under the One Health principle), intellectual property and trade, including timely matching of supply to demand and mapping manufacturing capacities and demand;

(c) encourage entities, including manufacturers within their respective jurisdictions, that conduct research and development of pre-pandemic and pandemic-related products, in particular those that receive significant public financing for that purpose, to grant, on mutually agreed terms, licences to capable manufacturers, notably from developing countries, to use their intellectual property and other protected substances, products, technology, know-how, information and knowledge used in the process of pandemic response product research, development and production, in particular for pre-pandemic and pandemic-related products; ~~and~~

(d) collaborate to ensure equitable and affordable access to health technologies, including new approach methods, that promote the strengthening of national health systems and mitigate social inequalities; and

(e) keep under review scientific, technical, and technological advances on animal and environmental health related to the emergence and spread of pathogens to humans in accordance with the One Health principle.

4. In the event of a pandemic, the Parties:

(a) will take appropriate and urgent measures to support time-bound waivers of intellectual property rights that can accelerate or scale up manufacturing of pandemic-related products during a pandemic, to the extent necessary to increase the availability and adequacy of affordable pandemic-related products;

(b) will apply the full use of the flexibilities provided in the TRIPS Agreement, including those recognized in the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and in Articles 27, 30 (including the research exception and "Bolar" provision), 31 and 31bis of the TRIPS Agreement;

(c) shall encourage all holders of patents related to the production of pandemic-related products to waive, or manage as appropriate, payment of royalties by developing country manufacturers on the use, during the pandemic, of their technology for 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

(d) shall encourage all research and development institutes, including manufacturers, in particular those receiving significant public financing, to waive, or manage as appropriate, royalties on the continued use of their technology for production of pandemic-related products.

5. For purposes of this Article, "capable manufacturer" refers to an entity that operates in a manner that is consistent with national and international guidelines and regulations, including biosafety and biosecurity standards.

Article 8. Regulatory strengthening

1. The Parties shall strengthen the capacity and performance of national regulatory authorities and increase the harmonization of regulatory requirements at the international and regional level, including, as applicable, through mutual recognition agreements.

2. Each Party shall build and strengthen its country regulatory capacities and performance for timely approval of pandemic interventions including pandemic-related products and, in the event of a pandemic, accelerate the process of approving and licensing pandemic-related products for emergency use in a timely manner, including the sharing of regulatory dossiers with other institutions.

> ***Comment:*** *we welcome the harmonization of regulatory requirements to strengthen pandemic prevention, preparedness and response and would like to suggest the following paragraph:*

Each Party should build and strengthen its country regulatory capacities and performance to strengthen its national policies to prevent, prepare and respond to pandemics, including timely approval of pre-pandemic related products, approving and licensing pre-pandemic related products for surveillance, waiving any intellectual property or other rights that limit the production of pandemic-related products for health emergencies emergencies with global consequences, including sharing of regulatory dossiers with other national institutions.

3. The Parties shall, as appropriate, monitor and regulate against substandard and falsified pandemic-related products, through existing Member State mechanisms on substandard and falsified medical products.

Article 9. Increasing research and development capacities

1. The Parties recognize the need to build and strengthen capacities and institutions for innovative research and development, including new approach methods, for pandemic prevention (including emergence and transmission of zoonotic disease), pre and post-pandemic-related products, particularly in developing countries, and the need for information sharing through open science approaches for rapid sharing of scientific findings and research results.

2. With a view to promoting greater sharing of knowledge and transparency, each Party, when providing public funding for research and development for pandemic prevention, preparedness, response and recovery of health systems, shall, taking into account the extent of the public funding received:

(a) promote the free, public dissemination of the results of publicly and government-funded research into pandemic prevention mechanisms and for the development of pandemic-related products;

(b) endeavour to include terms and conditions on prices of products, allocation, data sharing and transfer of technology, as appropriate, and publication of contract terms;

(c) ensure that promoters of research for pandemic-related products assume an appropriate level of the associated risk;

(d) promote and incentivize technology co-creation and joint venture initiatives; and

(e) establish appropriate conditions for publicly funded research and development, including on distributed manufacturing, licensing, technology transfer and pricing policies.

3. Parties shall increase the transparency of information about funding for research and development for pandemic-related products by:

(a) at the earliest feasible opportunity, disclosing information on public funding for research and development of potential pandemic-related products and provisions to enhance the availability and accessibility of the resulting work, including freely available and publicly accessible publications and public reporting of the relevant patents;

(b) making it compulsory for manufacturers that receive public funding for the production of pandemic-related products to disclose prices and contractual terms for public procurement in times of pandemics, taking into account the extent of the public funding received; and

(c) encouraging manufacturers that receive other funds, external to the manufacturer, for the production of pandemic-related products to disclose prices and contractual terms for public procurement in times of pandemics.

4. Each Party should encourage non-State actors to participate in and accelerate innovative research and development for preventing pathogen spillover, addressing novel pathogens, pathogens resistant to antimicrobial agents and emerging and re-emerging diseases with pandemic potential.

5. The Parties shall establish, no later than XX, with reference to existing models, a global compensation mechanism for injuries resulting from pandemic vaccines.

6. Pending establishment of such global compensation mechanism, each Party shall, in contracts for the supply or purchase of pandemic-related products, endeavour to exclude buyer/recipient indemnity clauses of indefinite or excessive duration.

7. In the conclusion of contracts for the supply or purchase of pandemic-related products, each Party shall endeavour to exclude confidentiality provisions that serve to limit disclosure of terms and conditions.

8. Each Party shall, as applicable, implement and apply international standards for, oversight of and reporting on laboratories and research facilities that carry out work to genetically alter organisms to increase their pathogenicity and transmissibility, in order to prevent accidental release of these pathogens~~, while ensuring that these measures do not create any unnecessary administrative hurdles for research~~.

9. The Parties are encouraged to promote and strengthen knowledge generation, translation and evidence-based communication tools and strategies relating to pandemic prevention, preparedness, response and recovery, at local, national, regional and international levels.

10. The Parties acknowledge the need to take steps, individually and collectively, to develop strong, resilient national, regional and international clinical research ecosystems. In that regard, the Parties, as appropriate, commit to:

(a) fostering and coordinating ethical clinical research and clinical trials, including, as appropriate, through existing coordination mechanisms;

(b) ensuring equitable access to resources (funding or in-kind), clinical research and clinical trials, so that resources are deployed optimally and efficiently;

(c) supporting transparent and rapid reporting of clinical research and clinical trial results, to ensure evidence is available in a timely manner to inform national, regional and international decision-making; and

(d) disclosing disaggregated information, for instance by gender and age, to the extent

possible and as appropriate, on the results of clinical research and clinical trials relating to pandemic prevention, preparedness, response and recovery.

Article 10. WHO Pathogen Access and Benefit-Sharing System

1. The need for a multilateral, fair, equitable and timely system for sharing of, on an equal footing, pathogens with pandemic potential and genomic sequences, and benefits arising therefrom, that applies and operates in both inter-pandemic and pandemic times, is hereby recognized. In pursuit thereof, it is agreed to establish the WHO Pathogen Access and Benefit-Sharing System (the "PABS System") under this WHO CA+. The Parties are mindful that the PABS System, or parts thereof, could be adopted under Article 21 of the WHO Constitution, should such an approach be agreed. The terms of the PABS System shall be developed no later than XX with a view to their provisional application consistent with Article 35 hereof.

2. The PABS System shall cover all pathogens with pandemic potential, including their genomic sequences, as well as access to benefits arising therefrom, and ensure that it operates synergistically with other relevant access and benefit-sharing instruments.

3. The PABS System shall include the following elements and shall be regulated as follows:

Access to pathogens with pandemic potential

(a) Each Party, through its relevant and authorized laboratories, shall, in a rapid, systematic and timely manner: (i) provide pathogens with pandemic potential from early infections due to pathogens with pandemic potential or subsequent variants to a laboratory recognized or designated as part of an established WHO coordinated laboratory network; and (ii) upload the genomic sequence of such pathogens with pandemic potential to one or more publicly accessible databases of its choice. For purposes hereof, "rapid" shall be understood to mean within XX hours from the time of identification of a pathogen with pandemic potential;

(b) The PABS System will be consistent with international legal frameworks, notably those for collection of patient specimens, material and data, and will promote effective, standardized, real-time global and regional platforms that promote findable, accessible, interoperable and reusable data available to all Parties;

(c) Access shall be accorded expeditiously by the laboratory recognized or designated as part of an established WHO coordinated laboratory network, subject to conclusion of a Standard Material Transfer Agreement, developed for the purposes of the PABS System, with the recipient in accordance with subsection (i) below. Any such access shall be subject to applicable biosafety and biosecurity rules and standards, and free of charge, or, when a fee is charged, it shall not exceed the minimal cost involved;

(d) Recipients of materials shall not claim any intellectual property or other rights that limit the facilitated access to pathogens with pandemic potential, or their genomic sequences or components, in the form received; and

(e) Access to pathogens with pandemic potential protected by intellectual and other property rights shall be consistent with relevant international agreements and with relevant national laws.

Fair and equitable benefit-sharing

(f) The Parties agree that benefits arising from facilitating access to pathogens with pandemic potential shall be shared fairly and equitably in accordance with the provisions of the PABS System. Accordingly, it is understood that production of pandemic vaccines or other pandemic- related products, irrespective of the technology, information or material

used, implies use of pathogens with pandemic potential, including the genomic sequence;

Comment: *the section on fair and equitable access and benefit-sharing is limited to post-outbreak leaving the community that first discovers the outbreak vulnerable. We would like to suggest the following:*

"Parties agree to transfer know-how, technology and pre-pandemic and pandemic related products resulting from the use of the shared-data of pathogens with pandemic potential, including the genomic sequence;"

(g) Facilitated access shall be provided pursuant to a Standard Material Transfer Agreement, the form of which shall be set out in the PABS System and that shall contain the benefit-sharing options available to entities accessing pathogens with pandemic potential; and

(h) Such options shall include, but not be limited to: (i) real-time access by WHO to 20% of the production of safe, efficacious and effective pre-pandemic and pandemic-related products, including diagnostics, vaccines, personal protective equipment and therapeutics, to enable equitable distribution, in particular to developing countries, according to public health risk and need and national plans that identify priority populations. The pandemic-related products shall be provided to WHO on the following basis: 10% as a donation and 10% at affordable prices to WHO; (ii) commitments by the countries where manufacturing facilities are located that they will facilitate the shipment to WHO of these pandemic-related products by the manufacturers within their jurisdiction, according to schedules to be agreed between WHO and manufacturers.

Recognition of the PABS System as a specialized international instrument

(i) The PABS System, adopted under the WHO Constitution, is established with a view to its recognition as a specialized international access and benefit-sharing instrument within the meaning of the Nagoya Protocol;

(j) Upon adoption, each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures to give effect to such recognition at the domestic level and/or with respect to its relations with all other States and regional economic integration organizations, as appropriate; and

(k) The Parties shall support the further development and operationalization of the PABS System, including appropriate governance mechanisms, and participate in its operation, including through sustaining it in inter-pandemic times as well as appropriate scale-up in the event of a pandemic.

4. The Parties, working through the Governing Body for the WHO CA+, shall develop and finalize additional elements and tools necessary to fully implement, operationalize and sustain the PABS System, no later than XX.

Chapter IV. Strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems

Article 11. Strengthening and sustaining preparedness and health systems' resilience

1. The Parties recognize the need for resilient health systems, rooted in universal health coverage, to mitigate the shocks caused by pandemics and to ensure continuity of health services, thus preventing health systems from becoming overwhelmed.

2. The Parties are encouraged to enhance financial, technical and technological support, assistance and cooperation, in particular to developing countries, to strengthen health emergency prevention and preparedness consistent with the goal of universal health coverage. The Parties shall strive to accelerate the achievement of universal health coverage.

Comment: *We welcome the inclusion of "health emergency prevention" in this section on Health systems' resilience and would like to suggest:*

The Parties, recognizing the importance of assistance and cooperation to strengthen health systems' resilience, agree to transfer know-how, technical and technological tools, in particular to developing countries, to develop and strengthen prevention and preparedness measures following the guidelines of the One Health Joint Action Plan consistent with the goal of achieving global health security. The Parties shall strive to accelerate the achievement of universal health coverage.

3. The Parties are encouraged to establish global, regional and national collaborative genomics networks that are dedicated to epidemiological genomic surveillance and the global sharing of emerging pathogens with pandemic potential.

4. Each Party shall, in accordance with national law, adopt policies and strategies, supported by One Health as well as preparedness and response implementation plans, across the public and private sectors and relevant agencies, particularly the Quadripartite collaboration for One Health consistent with relevant tools, including, but not limited to, the International Health Regulations, the One Health Joint Plan of Action and international animal health standards and codes, and strengthen and reinforce public health functions for:

(a) continued provision of quality routine and essential health services during pandemics, including clinical and mental health care and immunization, with a focus on primary health care and community-level interventions, and management of the backlog of and waiting lists for the diagnosis and treatment of, and interventions for, other illnesses, including care for patients with long-term effects from the pandemic disease;

(b) strengthening human resource capacities during inter-pandemic times and during pandemics;

(c) surveillance of outbreaks and drivers(including using a One Health approach since animals and the environment can act as early signals/warning systems and disease reservoirs), outbreak investigation and control, through interoperable and integrated early warning and alert systems;

(d) sustained human and veterinary ~~animal~~ laboratory capacity for genomic sequencing, as well as for analysing and sharing such information;

(e) prevention of spill over of zoonotic ~~epidemic-prone~~ diseases, and identification of spillover risks, and emerging, re-emerging, growing or evolving public health threats with pandemic potential, notably at the human-animal-environment interface, with focus on risks from human interaction with wildlife and domestic animals particularly in association with commercial production and trade, and the conditions of animal transportation and well-being;

(f) post-emergency health system recovery strategies;

(g) strengthening public health laboratory and diagnostic capacities, and national, regional and global networks, including standards and protocols for infection prevention and control, and public health laboratory biosafety and biosecurity; and

(h) creating and maintaining up-to-date, universal platforms and technologies for forecasting and timely information sharing, through appropriate capacities, including building digital health and data science capacities.

Article 12. Strengthening and sustaining a skilled and competent health and care workforce

1. Each Party shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed human and veterinary health and care workforce, at all levels, in a gender-responsive manner, with due protection of its employment, civil and human rights and well-being, consistent with international obligations and relevant codes of practice, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining essential health services. This includes, subject to national law:

(a) preventing pandemics by addressing the primary drivers of emerging and re-emerging diseases with pandemic potential;

(b) strengthening in- and post-service training, deployment, remuneration, distribution and retention of ~~the~~ committed health, veterinary and care workforce, including community health workers and volunteers; and

(c) addressing gender disparities and inequalities within ~~the~~ committed health, veterinary and care workforce, to ensure meaningful representation, engagement, participation and empowerment of all health and care workers, while addressing discrimination, stigma and inequality and eliminating bias, including unequal remuneration, and noting that women still often face significant barriers to taking leadership and decision-making roles.

2. The Parties are encouraged to enhance financial and technical support, assistance and cooperation, in particular to developing countries, to strengthen and sustain a skilled and competent health, veterinary and care workforce at the national level.

3. The Parties shall invest in establishing, sustaining, coordinating and mobilizing an available, skilled and trained global public and veterinary health emergency workforce that is deployable to support Parties upon request, based on public and animal health need, in order to contain outbreaks and prevent an escalation of small- scale spread to global proportions.

4. The Parties will support the development of a network of training institutions, national and regional facilities and centres of expertise in order to establish common guidance to enable more predictable, standardized, timely and systematic response missions and deployment of the aforementioned public and veterinary health emergency workforce.

5. The Parties shall invest in establishing, sustaining, coordinating and mobilizing an available, skilled and trained One Health workforce, including through training health workers on One Health and upskilling the animal health workforce, in order to prevent outbreaks at the human - animal - environment interface.

Article 13. Prevention and preparedness monitoring, simulation exercises and universal peer review

1. Each Party shall undertake regular and systematic capacity assessments in order to identify capacity gaps and develop and implement comprehensive, inclusive, multisectoral national plans and strategies for pandemic prevention, preparedness and response, based on relevant tools developed by WHO and other international organisations with competencies related to pandemics and One Health such as the FAO, WOAH and UNEP.

2. Each Party shall periodically assess the functioning, readiness and gaps of its preparedness and multisectoral response, logistics and supply chain management, through appropriate simulation

or tabletop exercises, that include risk and vulnerability mapping. Such exercises may consist of after- action reviews of actual animal or public health emergencies that can support identifying gaps, share lessons learned and improve national pandemic prevention, preparedness and response.

3. The Parties will convene multi-country or regional tabletop exercises every two years, with technical support from the WHO Secretariat, with an aim to identify gaps in multi-country response capacity.

4. Each Party shall provide annual (or biennial) reporting, building on existing relevant reporting where possible, on its pandemic prevention, preparedness, response and health systems recovery capacities across all sectors along the human-animal-environment interface.

5. The Parties shall develop, ~~and~~ implement and maintain a transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system, which includes targets and national and global standardized indicators, with necessary funding for developing countries for this purpose.

6. The Parties should establish, regularly update and broaden implementation of a universal peer review mechanism to assess national, regional and global prevention and preparedness capacities and gaps, by bringing nations together to support a whole-of-government and whole-of-society approach to strengthen national capacities for pandemic prevention, preparedness, response and health systems recovery, through technical and financial cooperation and with the support of the Quadripartite, mindful of the need to integrate available data and to engage national leadership at the highest level.

7. The Parties shall endeavour to implement the recommendations generated from review mechanisms, including prioritization of activities for immediate action.

Article 14. Protection of human rights

1. The Parties shall, in accordance with their national laws, incorporate non-discriminatory measures to protect human rights, as well as the human right to a healthy environment, as part of their pandemic prevention, preparedness, response and recovery, with a particular emphasis on the rights of persons in vulnerable situations.

2. Towards this end, each Party shall:

(a) incorporate into its laws and policies human rights protections during public health emergencies, including, but not limited to, requirements that any limitations on human rights are aligned with international law, including by ensuring that: (i) any restrictions are non-discriminatory, necessary to achieve the public health goal and the least restrictive necessary to protect the health of people; (ii) all protections of rights, including but not limited to, provision of health services and social protection programmes, are non-discriminatory and take into account the needs of people at high risk and persons in vulnerable situations; and (iii) people living under any restrictions on the freedom of movement, such as quarantines and isolations, have sufficient access to medication, health services and other necessities and rights; and

(b) endeavour to develop an independent and inclusive advisory committee to advise the government on human rights protections during public health emergencies, including on the development and implementation of its legal and policy framework, and any other measures that may be needed to protect human rights.

Chapter V. Coordination, collaboration and cooperation for pandemic prevention, preparedness, response and health system recovery

Article 15. Global coordination, collaboration and cooperation

1. The Parties recognize the need to coordinate, collaborate and cooperate, in the spirit of international solidarity, with the Quadripartite and other competent international and regional intergovernmental organizations and other bodies in the formulation of cost-effective measures, procedures and guidelines for pandemic prevention, preparedness, response and recovery of health systems, and to this end shall:

(a) promote global, regional and national political commitment, coordination and leadership for pandemic prevention, preparedness, response and recovery by means that include establishing appropriate governance arrangements including across institutions working within the human health, animal health and environment sectors;

(b) support mechanisms that ensure global, regional and national policy decisions are science and evidence-based and founded according to the principles of One Health and precaution;

(c) develop, as necessary, and implement global policies that recognize the specific needs, and ensure the protection of, persons in vulnerable situations, indigenous peoples, and those living in fragile environments or areas, such as Small Island Developing States, who face multiple threats simultaneously, by gathering and analysing data, including data disaggregated by gender, to show the impact of policies on different groups;

(d) promote equitable gender, geographical and socioeconomic status, representation and participation, as well as the participation of youth and women, in global and regional decision- making processes, global networks and technical advisory groups;

(e) ensure solidarity with, and prevent stigmatization of, countries that report public health emergencies, as an incentive to facilitate transparency and timely reporting and sharing of information; and

(f) facilitate WHO, and, as necessary, the Quadripartite with rapid access to outbreak areas within the Party's jurisdiction or control, including through the deployment of rapid response and expert teams, to assess and support the response to emerging outbreaks.

(g) develop with the support of the four international agencies of the Quadripartite the necessary measures to strengthen One Health capacities to enable Parties to prevent and address health threats at the human-animal-environment interface.

2. Recognizing the central role of WHO as the directing and coordinating authority on international health work, and mindful of the need for coordination with all sectors responsible for addressing health concerns at the human-animal-environment interface such as the Quadripartite, regional organizations, entities in the United Nations system and other intergovernmental organizations, the WHO Director-General shall, in accordance with terms set out herein, declare pandemics.[1]

Article 16. Whole-of-government and whole-of-society approaches at the national level

1. The Parties recognize that pandemics begin and end in communities and are encouraged to adopt a whole-of-government and whole-of-society approach, in developing and implementing national One Health strategies as well as ~~including to~~ empower and ensure communities' ownership of, and contribution to, community readiness and resilience for pandemic prevention, preparedness, response and recovery of health systems.

[1] Reference is made to footnote 3 (Article 1), which invites the INB to propose and consider the development of modalities and terms for this provision

2. Each Party shall establish, implement and adequately finance an effective national coordinating multisectoral mechanism with meaningful representation, engagement and participation of communities to advance and scale up a One Health approach in preventing and managing health threats across the human-animal-environment interface.

3. Each Party should promote effective and meaningful engagement of communities, civil society and non-State actors, including the private sector, as part of a whole-of-society approach ~~response~~ in decision- making, implementation, monitoring and evaluation, as well as effective feedback mechanisms.

4. Each Party shall develop, in accordance with its national context, comprehensive national pandemic prevention, preparedness, response and recovery One Health plans pre-, post- and inter-pandemic that, inter alia: (x) identify hotspots and activities which pose higher risk of outbreaks; (xi) develop pathways to phase out such practices as well identify alternative sources of livelihoods together with the affected communities, projects which experts from the human-animal-environment can support and for which financial resources can be allocated (i) identify and prioritize populations for access to pandemic-related products and health services; (ii) support timely and scalable mobilization of multidisciplinary surge capacity of human and financial resources, and facilitate timely allocation of resources to the frontline pandemic response; (iii) review the status of stockpiles and surge capacity of essential public health and clinical resources, and surge capacity in production of pandemic-related products; (iv) facilitate rapid and equitable restoration of public health capacities following a pandemic; and (v) promote collaboration with non- State actors, the private sector and civil society.

5. Each Party will take steps to address the social, environmental and economic determinants of health, and vulnerability conditions that contribute to the emergence and spread of outbreaks and thereby pandemics, and prevent or mitigate the socioeconomic impacts of practices that trigger outbreaks as well as pandemics, including but not limited to, those affecting economic growth, the environment, employment, trade, transport, gender equality, education, social assistance, housing, food insecurity, nutrition and culture, and especially for persons in vulnerable situations.

6. Each Party should strengthen its national public health and social policies to facilitate a rapid, resilient response, especially for persons in vulnerable situations, including mobilizing social capital in communities for mutual support.

Article 17. Strengthening pandemic and public health literacy

1. The Parties commit to increase science, public health, One Health and pandemic prevention literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation. In that regard, each Party is encouraged to:

(a) 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, their emergence and spread and their effects, by informing the public, on activities which increase the risk of pathogen emergence, proliferation, and spill-over with a view to eliminating such activities, communicating risk and managing infodemics through effective channels, including social media;

(b) conduct regular social listening and analysis to identify the prevalence and profiles of misinformation, which contribute to design communications and messaging strategies for the public to counteract misinformation, disinformation and false news, thereby

strengthening public trust; and

(c) promote communications on scientific, engineering and technological advances that are relevant to the development and implementation of international rules and guidelines for pandemic prevention, preparedness, response and recovery of health systems, based on science and evidence.

2. The Parties will contribute to research and inform policies on factors that hinder adherence to public health and social measures, confidence and uptake of vaccines, use of appropriate therapeutics and trust in science and government institutions.

3. The Parties shall promote science and evidence-informed effective and timely risk assessment, including the uncertainty of data and evidence, when communicating such risk to the public.

Article 18. One Health

Comment: *the One Health approach should serve as the foundation of the new instrument and must be integrated in all the instruments pillars. The Quadripartite and the One Health Joint Plan of Action offer the needed expertise and a helpful and effective blueprint on pandemic prevention, preparedness and response.*

1. The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens and that zoonoses represent infections that must be considered as recurring challenges to human health given the animal reservoir, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, and inline with the guidance of the Quadripartite, to promote and implement a One Health approach that is coherent, integrated, coordinated and collaborative among all relevant actors especially from the human, animal and environment sectors, with the application of existing instruments and initiatives such as the One Health Joint Plan of Action.

2. The Parties, with an aim of safeguarding human, animal, and environmental health and detecting and preventing health threats, agree to incorporate, promote and enhance a multisectoral and transdisciplinary collaboration at the national, regional and international level and shall take steps to identify high risk practices and minimize the emergence and spread of zoonotic pathogens and antimicrobial resistance, including by:

(a) promoting the creation and support for veterinary services to provide a global monitoring and prevention system to detect, identify, and prevent the emergence and spread of pathogens and their drivers, including early warning monitoring, reporting, containment, and treatment;

(b) developing guidelines for the detection and management of high-risk practices and locations to reduce the likelihood of the emergence and spread of pathogens among wild animals, humans, and animals under human control;

(c) regulating supply chains, trade, and transport of wild and domesticated animals, live animal markets, laboratories, commercial animal agriculture operations, and commercial situations where animals are present which create increased risk of zoonotic spillover to enforce phase-outs of risky practices and ensure the proper containment of and separation between species, and appropriate health and sanitation for animals and humans;

(d) assessing the well-being of both wild and domesticated animals, including commercial animals and laboratory animals, in order to mitigate the risk of the emergence and spread of pathogens with pandemic potential;

(e) encourage the study of approaches and techniques that could reduce the emergence and spread of zoonotic pathogens;

(f) facilitate the exchange of information concerning the link between animal well-being and

the emergence and spread of zoonotic pathogens; and

(g) provide alternative opportunities for people who currently rely on high-risk activities.

~~promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify, conduct risk assessment of and share pathogens with pandemic potential at the interface between human, animal and environment ecosystems, while recognizing their interdependence.~~

3. The Parties, recognizing that improving the health and welfare of animals and the environment has positive downstream benefits for human health, will identify and integrate into relevant One Health pandemic prevention and preparedness plans interventions that address the drivers of the emergence and re-emergence of disease at the human- animal-environment interface, including but not limited to climate change, animal welfare, land use change, agricultural expansion and intensification, live markets, cross-border animal movements, animal farming, wildlife harvesting, farming and commercial wildlife trade and markets, weak animal health systems, biodiversity loss, deforestation, desertification and antimicrobial resistance.

4. The Parties commit to regularly assess One Health capacities, insofar as they relate to pandemic prevention, preparedness, response and recovery of health systems, including those that are needed to prevent zoonotic outbreaks and to identify gaps, policies and the funding needed to strengthen those capacities.

5. The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of pandemics, such as climate change, intensive industrial agricultural practices, animal farming, aggregation and trade, biodiversity loss, commercial wildlife trade, ecosystem degradation, weak animal health systems and increased risks at the human-animal-environment interface due to human activities, within their national One Health strategies.

Comment: *the fact that One Health Action Plans are developed beyond the human health silo in a holistic approach will enable national collaboration across institutions working on human, animal, environmental health including those tackling the drivers of outbreaks and streamline the overall work done nationally to implement various international instruments into one plan in which each institution with its obligations and expertise addresses their part. Successful strategy development and implementation is contingent on expert support by implementing agencies (e.g. the Quadripartite) and financing for strategy development and implementation.*

6. The Parties commit to strengthen multisectoral, coordinated, interoperable and integrated One Health surveillance systems and strengthen laboratory capacity, including the implementation of new approach methods and evidence based technological advancements, to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spill-over events, mutations and the risks associated with zoonotic neglected tropical and vector-borne diseases, with a view to addressing drivers and preventing small-scale outbreaks in wildlife or domesticated animals from becoming a pandemic.

7. Each Party shall:

(a) raise awareness and increase understanding (knowledge) of zoonotic and emerging disease risks and prevention (where appropriate), at all levels of society to build widespread support for risk-reduction strategies;

(b) implement actions to prevent pandemics, including from pathogens, including those resistant to antimicrobial agents, taking into account relevant tools and guidelines, through a One Health approach, and collaborate with members of the ~~relevant partners, including the~~ Quadripartite and other relevant stakeholders and experts;

(c) foster actions at national and community levels that encompass whole-of-government and whole-of-society approaches to prevent ~~and control~~ zoonotic outbreaks (in wildlife and domesticated animals), including engagement of communities in spillover prevention and surveillance that prevents and identifies zoonotic outbreaks and antimicrobial resistance

as well their drivers at source;

(d) ensure the health and well-being of animals to prevent and mitigate the risk of pathogen emergence, propagation, mutation and spill-over and the associated risk of pandemic outbreaks;

(e) develop effective means of monitoring and regulating practices associated with existing and potential zoonotic diseases, including but not restricted to food systems from farm to fork (particularly for removing structural drivers of emergence) and improving sanitary measures, taking into account the nutritional, cultural and socio-economic benefits of these food systems and while ensuring that the practices developed include steps to protect livelihoods and food security:

(f) develop and implement a national One Health action plan which aligns with the One Health Joint Plan of Action and includes measures to: (i) address antimicrobial resistance through ~~on antimicrobial resistance that~~ strengthen~~s~~ing antimicrobial stewardship in the human ~~and~~ animal and environmental sectors, optimize~~s~~ing antimicrobial consumption and use, increase~~s~~ing investment in, and promote~~s~~ing equitable and affordable access to, new medicines, diagnostic tools, vaccines and other interventions, strengthen~~s~~ing infection prevention and control in health care settings and in animal populations ~~sanitation and biosecurity in livestock farms~~, and provide~~s~~ing technical support to developing countries; (ii) address the drivers of pathogen spillover, including climate change, land use change, wildlife trade, intensive animal agriculture, and weak animal health systems;

(g) enhance surveillance to identify and report on pathogens ~~resistant to antimicrobial agents~~ in humans and animals~~, livestock and aquaculture~~ that have pandemic potential, building on the existing global reporting systems; and

(h) ~~take the~~apply a One Health approach ~~into account~~ at national, subnational and facility levels in order to produce science-based evidence, and support, facilitate and/or oversee the correct, evidence-based and risk-informed implementation of infection prevention and control.

Chapter VI. Financing for pandemic prevention, preparedness, response and recovery of health systems

Article 19. Sustainable and predictable financing

1. The Parties recognize the important role that financial resources play in achieving the objective of the WHO CA+ and the primary financial responsibility of national governments in protecting and promoting the health of their populations. In that regard, each Party shall:

(a) cooperate with other Parties, within the means and resources at its disposal, to raise financial resources for effective implementation of the WHO CA+ and One Health national plans developed with the support of the Quadripartite through bilateral and multilateral funding mechanisms;

(b) plan and provide adequate financial support in line with its national fiscal capacities for: (i) strengthening pandemic prevention, preparedness, response and recovery of health systems; (ii) implementing its national plans including One Health Action Plans developed inline with the One Health Joint Plan of Action, programmes and priorities; and (iii) strengthening health systems and progressive realization of universal health coverage;

(c) commit to prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate, domestic funding by allocating in its annual budgets not lower than 5% of its current health expenditure to pandemic prevention, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health

coverage; and

Comment: *it must be noted that pandemic prevention takes Parties beyond their public health commitments and requires increased financing for veterinary, environmental and other One Health measures and activities. The dedicated share of annual budgets must include investments in activities beyond pandemic response. Such investments will be cost-effective given prevention by tackling the root causes costs a fraction of response.*

(d) commit to allocate, in accordance with its respective capacities, XX% of its gross domestic product for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, particularly for developing countries, including through international organizations and existing and new mechanisms.

2. The Parties shall ensure, through innovative existing and/or new mechanisms, sustainable and predictable financing of global, regional and national systems, capacities, tools and global public goods, while avoiding duplication, promoting synergies and enhancing transparent and accountable governance of these mechanisms, to support strengthening pandemic prevention, preparedness, response and recovery of health systems, based on public health risk and need, particularly in developing countries.

3. The Parties shall promote, as appropriate, the use of bilateral, regional, subregional and other appropriate and relevant channels to provide funding for the development and strengthening of pandemic prevention, preparedness, response and health system recovery programmes of developing country Parties.

4. The Parties will facilitate rapid and effective mobilization of adequate financial resources, including from international financing facilities, to affected countries, based on ~~public~~ One ~~h~~Health need, to maintain and restore routine ~~public~~ One H~~h~~ealth functions during and in the aftermath of a pandemic response.

5. 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 to support them in meeting their obligations under the WHO CA+, without limiting their participation in or membership of these organizations.

Chapter VII. Institutional arrangements

Article 20. Governing Body for the WHO CA+

1. A governing body for the WHO CA+ is established to promote the effective implementation of the WHO CA+ (hereinafter, the “Governing Body”).

2. The Governing Body shall be composed of:

(a) the Conference of the Parties (COP), which shall be the supreme organ of the Governing Body, composed of the Parties and constituting the sole decision-making organ; and

(b) the Officers of the Parties, which shall be the administrative organ of the Governing Body.

3. The COP, as the supreme policy setting organ of the WHO CA+, shall keep under regular review every three years the implementation and outcome of the WHO CA+ and any related legal instruments that the COP may adopt, and shall make the decisions necessary to promote the effective implementation of the WHO CA+. The COP shall:

(a) be composed of delegates representing Parties including delegates from the animal and environmental health sectors;

(b) convene regular sessions of the Governing Body; the first of which shall take place not later than one year after the date of entry into force of the Convention, at a time and place to be determined by the WHO Secretariat, with the time and place of subsequent ordinary sessions to be determined by the COP upon a proposal of the Officers of the Parties;

(c) convene special sessions of the Governing Body at such other times as may be deemed necessary by the COP, or at the written request of any Party, provided that, within 30 days of such a request being communicated to the Party/Parties by the Secretariat, it is supported by at least one third of the Parties; and

(d) adopt its rules of procedure, as well as those of the other bodies of the Governing Body, which shall include decision-making procedures. Such procedures may include specified majorities required for the adoption of particular decisions.

4. The Officers of the Parties, as the administrative organ of the Governing Body, shall:

(a) be composed of two Presidents, four Vice-Presidents and two rapporteurs, serving in their individual capacity and elected by the COP for XX years; and

(b) endeavour to make decisions by consensus; however, if efforts to reach consensus are deemed by the Presidents to be unavailing, decisions may be taken by voting by the President and Vice-Presidents.

5. The Governing Body may further develop proposals for consideration by the WHO Executive Board, including to promote coordination and synergies between its Standing Committee on Health Emergency Prevention, Preparedness and Response and the Governing Body for the WHO CA+.

Article 21. Consultative Body for the WHO CA+

1. A consultative body for the WHO CA+ (the "Consultative Body") is established to provide advice and technical inputs for the decision-making processes of the COP, without participating in any decision-making.

2. The Consultative Body will provide opportunity for broad, fair and equitable input to the COP for the decision-making processes of the COP. Further, the Consultative Body will provide opportunity for facilitation of implementation of COP decisions through modalities to be established by the COP. For the avoidance of doubt, it is understood that the Consultative Body will not participate in any decision-making, whether by consensus, voting or otherwise, of the COP.

3. The Consultative Body shall be composed of (i) delegates representing Parties; and (ii) representatives of the United Nations and its specialized and related agencies including the organisations that comprise the Quadripartite, as well as any State Member thereof or observers thereto not Party to the WHO CA+. Further, representatives of any body or organization, whether national or international, governmental or nongovernmental, private sector or public sector, which is qualified in matters covered by the WHO CA+, meaning organizations qualified in the fields of human, animal and environmental health, may be admitted upon formal application, in accordance with terms and conditions to be adopted by the COP, renewable every three years, unless at least one third of the Parties object.

4. The Consultative Body shall be subject to the oversight of the COP, including rules of procedure adopted by the COP.

Article 22. Oversight mechanisms for the WHO CA+

1. The Governing Body, at its first meeting, shall consider and approve cooperative procedures and institutional mechanisms to promote compliance with the provisions of the WHO CA+ and also address cases of non-compliance.

2. These measures, procedures and mechanisms shall include monitoring provisions and accountability measures to systematically address the achievement and gaps of capacities for prevention, preparedness, response and recovery of health systems, and the impact of pandemics, by means that include submission of periodic reports, reviews, remedies and actions, and to offer advice or assistance, where appropriate with the support of the Quadripartite and other UN agencies. These measures shall be separate from, and without prejudice to, the dispute settlement procedures and mechanisms under the WHO CA+.

Article 23. Assessment and review

The Governing Body shall establish a mechanism to undertake, three years after the entry into force of the WHO CA+, and thereafter every three years and upon modalities determined by the Governing Body, an evaluation of the relevance and effectiveness of the WHO CA+, and recommend corrective measures, including, if deemed appropriate, amendments to the text of the WHO CA+.

Article 24. Secretariat

1. A Secretariat for the WHO CA+ shall be provided by the Director-General of the World Health Organization. Secretariat functions shall be:

(a) to make arrangements for sessions of the Governing Body and any subsidiary bodies and to provide them with services as required;

(b) to transmit reports received by it pursuant to the WHO CA+;

(c) to provide support to the Parties, on request, in the compilation and communication of information required in accordance with the provisions of the WHO CA+;

(d) to prepare reports on its activities under the WHO CA+ under the guidance of the Governing Body, and submit them to the Governing Body;

(e) to ensure, under the guidance of the Governing Body, the necessary coordination with the competent international and regional intergovernmental organizations and other bodies;

(f) to enter, under the guidance of the Governing Body, into such administrative or contractual arrangements as may be required for the effective discharge of its functions; and

(g) to perform other secretariat functions specified by the WHO CA+ and such other functions as may be determined by the Governing Body.

Chapter VIII. Final provisions

Article 25. Reservations

1. No reservations or exceptions may be made to this WHO CA+ unless expressly permitted by other articles of this WHO CA+.

2. A reservation incompatible with the object and purpose of the WHO CA+ shall not be permitted.

3. Reservations that are receivable in accordance with the above, once made, may be withdrawn at any time by notification to this effect addressed to the Depositary, who shall then inform all Parties thereof. Such notification shall take effect on the date on which it is received.

Article 26. Confidentiality and data protection

Any exchange of data or information by the Parties pursuant to the WHO CA+ shall respect the right to privacy, including as such right is established under international law, and will be consistent with each Party's national law, as applicable, regarding confidentiality and privacy.

Article 27. Withdrawal

1. At any time after two years from the date on which the WHO CA+ has entered into force for a Party that Party may withdraw from the WHO CA+ by giving written notification to the Depositary.

2. Any such withdrawal shall take effect upon expiry of one year from the date of receipt by the Depositary of the notification of withdrawal, or on such later date as may be specified in the notification of withdrawal.

3. Any Party that withdraws from the WHO CA+ shall not be considered as having also withdrawn from any protocol to which it is a Party, or from any related instrument, unless such a Party formally withdraws from such other instruments, and does so in accordance with the relevant terms, if any, thereof.

Article 28. Right to vote

1. Each Party to the WHO CA+ shall have one vote in the COP, except as provided for in paragraph 2 of this Article.

2. Regional economic integration organizations, in matters within their competence, shall exercise their right to vote with a number of votes equal to the number of their Member States that are Parties to the WHO CA+. Such an organization shall not exercise its right to vote if any of its Member States exercises its right, and vice versa.

Article 29. Amendments to the WHO CA+

1. Any Party may propose amendments to the WHO CA+. Such amendments will be considered by the COP, which may invite views of the Consultative Body.

2. Amendments to the WHO CA+ shall be adopted by the COP. The text of any proposed amendment to the WHO CA+ shall be communicated to the Parties by the Secretariat at least three months before the session at which it is proposed for adoption. The Secretariat shall also communicate proposed amendments to the signatories of the WHO CA+ and, for information, to the Depositary.

3. The Parties shall make every effort to reach agreement by consensus on any proposed amendment to the WHO CA+. If all efforts at consensus have been exhausted, and no agreement reached, the amendment shall as a last resort be adopted by a two-thirds majority vote of the Parties present and voting at the session. For purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote. Any adopted amendments shall be communicated by the Secretariat to the Depositary, who shall circulate it to all Parties for acceptance.

4. An amendment adopted in accordance with paragraph 3 of this Article shall enter into

force, for those Parties having accepted it, on the ninetieth day after the date of receipt by the Depositary of an instrument of acceptance by at least two-thirds of the Parties.

5. The amendment shall enter into force for any other Party on the ninetieth day after the date on which that Party deposits with the Depositary its instrument of acceptance of the said amendment.

Article 30. Adoption and amendment of annexes to the WHO CA+

1. The COP may adopt annexes to the WHO CA+ and amendments thereto.

2. Annexes to the WHO CA+ shall form an integral part thereof and, unless otherwise expressly provided, a reference to the WHO CA+ constitutes at the same time a reference to any annexes thereto.

3. Annexes shall be restricted to lists, forms and any other descriptive material relating to procedural, scientific, technical or administrative matters, and shall not be substantive in nature.

Article 31. Protocols to the WHO CA+

1. Any Party may propose protocols to the WHO CA+. Such proposals will be considered by the COP, which may invite the views of the Consultative Body.

2. The COP may adopt protocols to the WHO CA+. In adopting these protocols every effort shall be made to reach consensus. If all efforts at consensus have been exhausted and no agreement reached, the protocol shall as a last resort be adopted by a two-thirds majority vote of the Parties present and voting at the session. For the purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote.

3. The text of any proposed protocol shall be communicated to the Parties by the Secretariat at least three months before the session at which it is proposed for adoption.

4. States that are not Parties to the WHO CA+ may be Parties to a protocol thereof, provided the protocol so provides.

5. Any protocol to the WHO CA+ shall be binding only on the Parties to the protocol in question. Only Parties to a protocol may take decisions on matters exclusively relating to the protocol in question.

6. The requirements for entry into force of any protocol shall be established by that instrument.

Article 32. Signature

The WHO CA+ shall be open for signature by all Members of the World Health Organization, any States that are not Members of the World Health Organization but are members of the United Nations, and by regional economic integration organizations, at the World Health Organization headquarters in Geneva, immediately following its adoption by the World Health Assembly at the Seventy-seventh World Health Assembly, from XX May 2024 to XX July 2024, and thereafter at United Nations Headquarters in New York, from XX August 2024 to XX November 2024.

Article 33. Ratification, acceptance, approval, formal confirmation or accession

1. The WHO CA+ shall be subject to ratification, acceptance, approval or accession by States, and to formal confirmation or accession by regional economic integration organizations. It shall be open for accession from the day after the date on which the WHO CA+ is closed for signature. Instruments of ratification, acceptance, approval, formal confirmation or accession shall

be deposited with the Depositary.

2. Any regional economic integration organization that becomes a Party to the WHO CA+ without any of its Member States being a Party shall be bound by all the obligations under the WHO CA+. In the case of those organizations, where one or more of its Member States is a Party to the WHO CA+, the organization and its Member States shall decide on their respective responsibilities for the performance of their obligations under the WHO CA+. In such cases, the organization and the Member States shall not be entitled to exercise rights under the WHO CA+ concurrently.

3. Regional economic integration organizations shall, in their instruments relating to formal confirmation or in their instruments of accession, declare the extent of their competence with respect to the matters governed by the WHO CA+. These organizations shall also inform the Depositary, who shall in turn inform the Parties, of any substantial modification in the extent of their competence.

Article 34. Entry into force

1. The WHO CA+ shall enter into force on the thirtieth day following the date of deposit of the thirtieth instrument of ratification, acceptance, approval, formal confirmation or accession with the Depositary.

2. For each State that ratifies, accepts or approves the WHO CA+ or accedes thereto after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the WHO CA+ shall enter into force on the thirtieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession.

3. For each regional economic integration organization depositing an instrument of formal confirmation or an instrument of accession after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the WHO CA+ shall enter into force on the thirtieth day following the date of its depositing of the instrument of formal confirmation or of accession.

4. For the purposes of this Article, any instrument deposited by a regional economic integration organization shall not be counted as additional to those deposited by Member States of the Organization.

Article 35. Provisional application by the Parties, and actions to give effect to the provisions of the WHO CA+ by the World Health Assembly

1. The WHO CA+ may be applied provisionally, in whole or in part, by a signatory and/or Party that consents to its provisional application by so notifying the Depositary in writing at the time of signature of the instrument, or signature or deposit of its instrument of ratification, acceptance, approval, formal confirmation or accession. Such provisional application shall become effective from the date of receipt of the notification by the Secretary-General of the United Nations.

2. Provisional application by a signatory and/or Party shall terminate upon the entry into force of the WHO CA+ for that Party or upon notification by that signatory and/or Party to the Depositary in writing of its intention to terminate its provisional application.

3. Provisions of the WHO CA+ may be given effect as recommendations for all Member States of the World Health Organization under Article 23 of the WHO Constitution, and given effect as policies of the World Health Organization, understood as authoritative with respect to the Director-General, under Articles 18(a), 28(a) and 31 of the WHO Constitution.

Article 36. Settlement of disputes

1. In the event of a dispute between two or more Parties concerning the interpretation or

application of the WHO CA+, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach agreement by good offices, mediation or conciliation shall not absolve Parties to the dispute from the responsibility of continuing to seek to resolve it.

2. When ratifying, accepting, approving, formally confirming or acceding to the WHO CA+, or at any time thereafter, a Party may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory *ipso facto* and without special agreement, in relation to any Party accepting the same obligation: (i) submission of the dispute to the International Court of Justice; and/or (ii) ad hoc arbitration in accordance with procedures to be adopted by consensus by the Governing Body.

3. The provisions of this Article shall apply with respect to any protocol as between the Parties to the protocol, unless otherwise provided therein.

Article 37. Depositary

The Secretary-General of the United Nations shall be the Depositary of the WHO CA+ and amendments thereto and of protocols and annexes adopted in accordance with the terms of the WHO CA+.

Article 38. Authentic texts

The original of the WHO CA+, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

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About FOUR PAWS

FOUR PAWS is the global animal welfare organisation for animals under direct human influence, which reveals suffering, rescues animals in need and protects them. Founded in 1988 in Vienna by Heli Dungler and friends, the organisation advocates for a world where humans treat animals with respect, empathy and understanding. The sustainable campaigns and projects of FOUR PAWS focus on companion animals including stray dogs and cats, farm animals and wild animals – such as bears, big cats and orangutans – kept in inappropriate conditions as well as in disaster and conflict zones. With offices in Australia, Austria, Belgium, Bulgaria, France, Germany, Kosovo, the Netherlands, Switzerland, South Africa, Thailand, Ukraine, the UK, the USA and Vietnam as well as sanctuaries for rescued animals in eleven countries, FOUR PAWS provides rapid help and long-term solutions.

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