



**World Health
Organization**

**EIGHTH MEETING OF THE INTERGOVERNMENTAL NE-
GOTIATING BODY TO DRAFT AND NEGOTIATE A WHO
CONVENTION, AGREEMENT OR OTHER INTERNA-
TIONAL INSTRUMENT ON PANDEMIC PREVENTION,
PREPAREDNESS AND RESPONSE**

14 February 2024

Proposal for negotiating text of the WHO Pandemic Agreement

Chapter II, Articles 4, 5 and 6 *with refined textual proposals*

Definition of “pandemic” to be determined, including issue of whether to use “pandemic emergencies” or “pandemics”.

Article 4. Pandemic prevention and public health surveillance

1. The parties commit to take measures to progressively strengthen pandemic prevention, taking into account the subnational, national and regional context.

2. The Parties shall cooperate:

- (a) in the implementation of the provisions of this article, in particular through enhancing financial and technical support to developing countries in line with Articles 16, 19 and 20;
- (b) in support of global and/or regional initiatives aimed at preventing pandemics, in particular those which improve data, surveillance, and early warning systems; promoting evidence-based action and risk communication; and identifying areas and activities at risk of emergence and re-emergence of infectious [diseases/pathogens] with pandemic potential;
- (c) to develop and update international standards and guidelines to prevent, detect and reduce the risks of zoonotic spillover, in collaboration with WHO and relevant international organizations.

3. Each Party commits to progressively strengthen pandemic prevention, taking into account its national circumstances and capabilities, and drawing on the capacities set out in [paper/annex/list X - TBC], including through:

- (a) *Enhanced collaborative and integrated surveillance*, in line with the One Health approach and with applicable sharing of relevant benefits as set out in Article 12: (i) detect and conduct risk assessments of emerging or re-emerging pathogens which infect humans, in accordance with the International Health Regulations (2005); and (ii) detect and conduct risk assessments of diseases in animal populations that present significant risks of zoonotic spillover.
- (b) *Infection prevention and control*: (i) take measures to enable timely access to effective immunization and vaccination, which aim to reduce pandemic risks; (ii) enable access to safe water, sanitation and hygiene, including in hard-to-reach settings; (iii) require healthcare facilities and institutions to have in place a regularly updated infection prevention and control programme, including sound management of health-care wastes; (iv) take measures to reduce the risks of infection spillover from animals to humans in live animal settings including veterinary practices; and (v) implement other infection prevention and control measures, in line with relevant international standards and guidelines.
- (c) *Zoonotic spillover prevention*: (i) identify settings and activities at high risk of disease emergence and re-emergence at human-animal-plant-environment interface; (ii) take measures to reduce risks of zoonotic spillover associated with these settings and activities, including measures aimed at safe and responsible management of wildlife, farm and companion animals, in line with relevant international standards and guidelines.
- (d) *Biosafety and biosecurity*: develop, strengthen, and maintain biosafety and biosecurity, in particular with regard to laboratories and research facilities in order to prevent the accidental exposure, misuse or inadvertent release of pathogens, including through biosafety and] biosecurity training and practices, regulating access to sensitive locations and ensuring the safety and security of transportation and cross-border transfer, consistent with applicable international and national regulations and standards; and
- (e) *Anti microbial resistance(AMR)*: take measures to prevent the emergence and spread of pathogens that are resistant to antimicrobial agents, including through the prudent use of antibiotics in humans and animals in accordance with national AMR Action Plans and

relevant international guidelines and plans [footnote: Global Action Plan for AMR].

4. To implement the provisions in this Article, each party shall, consistent with the International Health Regulations and their effective implementation:

- (a) ensure that relevant national action plans, and where applicable regional policies and strategies, include comprehensive multisectoral pandemic prevention measures;
- (b) develop, strengthen and maintain the pandemic prevention capacities as set out in [list X / of capacities - TBC];
- (c) take into account recommendations, guidelines and policies developed and adopted by WHO and relevant international organizations or bodies including the Quadripartite organizations (footnote) in the development of relevant national policies, strategies and measures to prevent pandemic. In this regard, the Secretariat and Quadripartite organizations may provide technical support as necessary. (footnote: The Quadripartite organizations shall mean FAO, UNEP, WHO and WOAHA)
- (d) promote the effective and meaningful engagement of communities in whole society approach in the development and implementation of policies, strategies and measures related to pandemic prevention, in accordance with Article 17.

5. The Parties recognize that environmental, climatic, socio-economic and anthropogenic factors increase the risk of pandemics and endeavor to identify these and take them into consideration in the development and implementation of relevant policies, strategies and measures, including by strengthening synergies with other relevant international instruments and their implementation in accordance with Articles 17 and 25.

To be included in paper/annex/list X

[The Parties shall cooperate, with the support of the Secretariat, to strengthen and maintain public [and animal/ and other relevant One Health] health laboratory and diagnostic capacities, [as stipulated in Annex 1 of the IHR,] especially in respect of the capacity to perform genetic sequencing, data science to assess the risks of detected pathogens and to safely [collect] handle [and store] samples containing pathogens.

Article 5. One Health approach

1. The Parties commit to promote and implement a One Health approach for pandemic prevention, preparedness and response that is coherent, integrated, coordinated and collaborative among all relevant actors and sectors.

2. For this purpose, each Party shall, taking into account its national circumstances and capabilities and drawing on the capacities set out in Paper/Annex/List and Annex 1 of the IHR:

- (a) ensure that relevant national policies, strategies and measures adopt a One Health approach;
- (b) implement scientific and evidence-based actions, including but not limited to: (i) improving infection prevention and control measures; (ii) antimicrobial research and development; and (iii) ensuring equitable and timely access to, and prudent use of, antimicrobials in human and animal health sectors;
- (c) foster and implement actions at national and community levels that encompass whole-of-government and whole-of-society approaches to prevent, detect and respond to zoonotic outbreaks; and

(d) promote or establish One Health joint training and continuing education programmes for human health, animal health and environmental workforces, in accordance with Article 7, to build complementary skills, capacities and capabilities.

3. [Pursuant to Article 21 herein, [the Governing Body] shall adopt as necessary guidelines, recommendations and standards as necessary to support the implementation of Articles 4 and 5 of this Agreement.](to be reviewed in light of Article 21 discussions.)

4. [The Parties shall develop and implement or strengthen, as appropriate, bilateral, regional, subregional and other multilateral channels to enhance financial and technical support, assistance and cooperation, in particular in respect of developing countries in relation to promoting and implementing a One Health approach, in line with Articles 16, 19 and 20.] (to be reviewed in light of Articles 16, 19 and 20 discussions.)

Article 6. Health system preparedness, [readiness,] resilience and recovery

1. Each Party commits to develop, strengthen and maintain its health system, including primary health care, for pandemic prevention, preparedness [, readiness] and response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage. (Note: need to consult WHO to determine whether “readiness” is redundant.)

2. Each Party commits, in accordance with applicable laws and regulations, to strengthen and reinforce health system functions, including by adopting and developing policies, strategies and measures, as appropriate, for:

- (a) sustaining the provision of, and equitable access to, quality routine and essential health services during pandemics, without exacerbating financial hardship with a focus on primary healthcare, routine immunization and mental health care;
- (b) developing, strengthening and maintaining a multisectoral and multidisciplinary workforce, which is able to respond effectively during pandemics, including by ensuring surge capacity, in accordance with Article 7;
- (c) developing post-pandemic health system recovery strategies;
- (d) developing, strengthening and maintaining laboratory and diagnostic capacities, and associated national, regional and global networks, through the application of standards and protocols for infection prevention and control, laboratory biosafety and biosecurity.
- (e) developing, strengthening and maintaining: (i) health information systems for early detection, forecasting, and timely information sharing, (ii) civil registration and vital statistics, and (iii) associated digital health and data science capacities;
- (f) developing, strengthening and maintaining public and animal health institutions, including academic and research centres, at national, regional and international levels;
- (g) strengthening leadership, coordination, and management structures for pandemic prevention preparedness and response; and
- (h) promoting the production of science-based evidence, including that which is related to social and behavioural sciences, and risk communication and community engagement;

3. The Parties commit to cooperate, within available means and resources, with the support of the secretariat and other relevant organizations, to provide financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular in respect of developing

countries, in accordance with Articles 16, 19 and 20. (to be reviewed in light of Articles 16, 19 and 20 discussions.)

4. The Parties shall develop and promote relevant international data standards and interoperable systems that enable timely information-sharing for preventing, detecting, and responding to public health outbreaks, in accordance with International Health Regulations.