

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

8 February 2024

Proposal for negotiating text of the WHO Pandemic Agreement

Chapter II, articles 19, 20 with refined textual proposals

Article 19.Implementation capacities and support

1. The Parties shall cooperate, directly or through relevant international bodies, to sustainably strengthen pandemic prevention, preparedness and response capacities in countries, particularly developing countries, which are Parties to the WHO Pandemic Agreement or the International Health Regulations (hereinafter referred to collectively as "Cooperating Parties"), taking into account especially the needs of developing country Parties, while closely coordinating support provided under this Article with the provision of support under the International Health Regulations. Such cooperation shall promote the sharing or transfer of technical, scientific and legal expertise and technology, as well as financial assistance and support for capacity- strengthening to those Cooperating Parties which lack the means and resources to implement the provisions of this Agreement.

2. The Parties shall, upon request, facilitate the provision of technical assistance and support for those Cooperating Parties that have requested such assistance or support, in particular developing countries, either bilaterally or through relevant regional and/or international organizations.

3. The Secretariat of the WHO Pandemic Agreement as established in article 24, in collaboration, as appropriate, with relevant regional and international organizations and other relevant bodies, shall provide assistance to all countries that so request, particularly developing countries, to identify pandemic prevention, preparedness and response gaps and needs, and organize the technical and financial assistance necessary to address such gaps and needs.

4. [The Parties shall annually submit to the Governing Body of the WHO Pandemic Agreement a report on all implementation support provided or received under the WHO Pandemic Agreement.]¹

Article 20. Financing

- 1. The Parties commit to working together to strengthen sustainable financing for health emergencies as well as for pandemic prevention, preparedness and response. In this regard, each Party, within the means and resources at its disposal, shall:
 - a. prioritize and maintain or increase, as necessary, domestic funding for pandemic prevention, preparedness and response, without undermining other domestic public health priorities including for (i) strengthening and sustaining capacities for the prevention, preparedness and response to health emergencies and pandemics, in particular the core capacities of the International Health Regulations; (ii) implementing national plans, programmes and priorities; and (iii) strengthening health systems and the progressive realization of universal health coverage for pandemic prevention, preparedness and response;
 - b. mobilize financial resources through all sources, including existing and new bilateral, subregional, regional and multilateral funding mechanisms, to assist in particular developing country Parties, in the implementation of the WHO Pandemic Agreement, including through grants and concessional loans;
 - c. take measures or develop mechanisms, including, as appropriate, within relevant bilateral, regional and/or multilateral mechanisms, for debt relief, including suspension of debt servicing and/or debt cancellation, based on transparent financial reprogramming plans for pandemic prevention, preparedness and response related actions, for affected countries

¹ Paragraph could be moved to Article 23, in case there is a decision to concentrate all the reporting requirements at that article.

whose debt payment might affect expenditures on pandemic prevention, preparedness and response; and

d. encourage governance and operating models of existing financing entities to minimize the burden on countries, offer improved efficiency and coherence at scale, enhance transparency and be responsive to the needs and national priorities of developing countries.

2. The Governing Body of the WHO Pandemic Agreement shall adopt, every 5 years, taking fully into account the International Health Regulations, a Financial Strategy on prevention, preparedness and response to health emergencies and pandemics. The Parties, particularly those providing support for the implementation of pandemic prevention, preparedness and response, shall align with the Financial Strategy while financing the relevant funding mechanisms, both within and outside WHO.

3. A Coordinating Financial Mechanism (the "Mechanism") is hereby established to support implementation of the WHO Pandemic Agreement and increase the effectiveness and efficiency of existing and future financial mechanisms, within or outside WHO, including by providing additional financial resources to strengthen and expand capacities for pandemic prevention, preparedness and response in Cooperating Parties, in particular in developing country Parties. The Mechanism will also contribute to funding the Secretariat of the WHO Pandemic Agreement.

4. The Mechanism shall operate in accordance with the principles of equity and fairness, predictability, sustainability, efficiency, effectiveness, transparency, accountability and inclusive governance.

5. The Mechanism shall consist of a pooled fund to provide targeted, supplementary financing to support strengthen and expand capacities for pandemic prevention, preparedness and response, and as necessary for day zero surge response, in Cooperating Parties when other resources are not accessible through existing financing entities. It shall be sourced through monetary contributions received as part of operations of the PABS System, voluntary funds from both States and Non-State Actors and other contributions to be agreed upon by the Governing Body of the Pandemic Agreement.

6. The Mechanism will also promote harmonization and coordination for financing prevention, preparedness and response to health emergencies and pandemics with other funding mechanisms, both within and outside WHO.

7. In order to support the Mechanism, the Secretariat of the WHO Pandemic Agreement shall, *inter alia*:

- a. identify financing instruments and mechanisms, within or outside WHO, that are available to serve the purposes of prevention, preparedness and response to health emergencies and pandemics, and maintain a dashboard of such instruments, and related information such as eligibility criteria, modalities and levels of funding available, priorities and process requirements, including financial contributions made by Parties and non-State Actors, as applicable, to such instruments, and the funds allocated to countries from such instruments;
- b. establish, as necessary, following a mandate from the Governing Body of the WHO Pandemic Agreement, working arrangements with relevant identified financing instruments and entities to facilitate their alignment with the Financial Strategy;

- c. provide advice and support, upon request, to Cooperating Parties in identifying and applying to obtain access to financial resources in accordance with national pandemic prevention, preparedness and response priorities and identified needs; and
- d. assess the availability of funds, and support the mobilization of financial resources free from conflict of interest.

8. The Mechanism shall function under the authority and guidance of the Governing Body of the WHO Pandemic Agreement and be accountable to it. The Governing Body of the WHO Pandemic Agreement shall adopt modalities for the operationalization of the Mechanism, including eligibility criteria and the establishment of a governing board of the Mechanism, with balanced representation of WHO regions and developed and developing country Parties, within 12 months after the entry into force of the Pandemic Agreement.

9. The Governing Body of the WHO Pandemic Agreement shall periodically review the effectiveness of the Mechanism, such as policies, operational modalities and activities, and its first revision should occur no less than two years after its establishment.

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