

Recalling that the INB works on the basis of the principle that "nothing is agreed until everything is agreed", highlighting and brackets in the text indicate the following:

Green highlighting: text for which initial agreement was reached;

Yellow highlighting: text for which initial convergence was reached;

Blue highlighting: Bureau proposals.

Chapter II. The world together equitably: Achieving equity in, for and through pandemic prevention, preparedness and response

Article 4. Pandemic prevention and surveillance

1. The Parties shall take steps, individually and through international collaboration, in bilateral, regional and multilateral settings, to progressively strengthen pandemic prevention and surveillance capacities, consistent with the International Health Regulations (2005) and taking into account national capacities and national and regional circumstances.

2. Each Party shall progressively strengthen pandemic prevention and coordinated multi-sectoral surveillance, taking into account its national capacities and public health priorities.

2 *bis* To this end, each Party shall, in accordance with its national and/or domestic laws and subject to the availability of resources, develop or strengthen and implement, comprehensive multisectoral national pandemic prevention and surveillance plans [FN 1], programmes and/or other actions, that are consistent with the IHR, and take into account relevant international standards and guidelines, and that cover, inter alia:

[FN 1] Cross reference to be provide in Article 17.4

a. prevention of emerging and re-emerging infectious diseases, by taking measures to promote collaboration across relevant sectors to identify and address drivers of infectious disease at the human-animal-environment interface, with the aim of early prevention of pandemics;

(a *bis*) prevention of infectious disease transmission between animals and humans, including zoonotic disease spill-over and spill-back, by taking measures to identify and reduce pandemic risks associated with settings, activities and human interactions involving wildlife, farm and companion animals, including measures aimed at prevention at source, while recognizing the importance of communities' livelihoods;

b. coordinated multi-sectoral surveillance to detect and conduct risk assessment of emerging or re-emerging pathogens with pandemic potential, including pathogens in animal populations that may present significant risks of zoonotic spillover, as well as sharing of the outputs of relevant surveillance and risk assessments amongst relevant sectors within its territory to enhance early detection;

(c) early detection and control measures at community level, through strengthening mechanisms and enhancing capacities at the community level, to prevent, detect and report unusual public health events to relevant authorities within its territory, in order to facilitate actions for early containment at the source;

d. strengthening efforts to ensure access to safe water, sanitation and hygiene for all, including in hard-to-reach areas;

d. measures to strengthen effective routine immunization programs and timely supplementary vaccination to reduce public health risks;

d. infection prevention and control measures in all health care facilities and other care institutions, including safe management of medical wastes;

h. surveillance, risk assessments and prevention of vector-borne diseases that may lead to pandemic emergencies, including by developing, strengthening and maintaining capacities, and by monitoring changes to environmental factors that can impact vector distribution and disease emergence;

h. laboratory biological risk management in order to prevent the accidental exposure, misuse or inadvertent release of pathogens, including through biosafety and biosecurity training and practices, and ensuring the safety and security of transportation and cross-border transfer, in accordance with applicable international and national regulations and standards; and

h. measures to address pandemic-related/public-health related risks associated with the emergence and spread of pathogens that are resistant to antimicrobial agents, facilitating affordable and equitable access to antimicrobials and promoting appropriate, prudent, and responsible use across relevant sectors, building on relevant international initiatives and targets.

4.2 *ter* The Conference of Parties shall also develop mechanisms for facilitating equitable access to products, tools and other resources required for the implementation of the provision on anti-microbial resistance, vector-borne diseases and vaccines for routine immunization etc. in particular for the developing countries.

3. The Parties recognize that a range of environmental, climatic, social, anthropogenic and economic factors, including hunger and poverty, may increase the risk of pandemics, and shall endeavour to consider these factors in the development and implementation of relevant policies, strategies, plans, and/or measures, at the international, regional and national levels as appropriate, in accordance with national law and applicable international law.

4. Each Party shall endeavour, in accordance with its national laws and subject to the availability of resources, to promote collaboration amongst relevant stakeholders including those in animal and wildlife sectors, environmental and climate sectors and maritime sector, to progressively strengthen pandemic prevention and surveillance, including through a One Health approach.

5. The provisions of set out in paragraph 2 of this Article shall be further developed and agreed, consistent with the provisions of the amended IHR (2005), following, as appropriate, a One Health approach, with full consideration of the national circumstances and the different capacities and capabilities of Parties, as well as the need for capacity building and implementation support for developing country Parties. The developed provisions shall address, inter alia, the following:

a. specific measures and operational dimensions that Parties shall consider including in their comprehensive multisectoral national pandemic prevention and surveillance plans, programs and/or actions, as appropriate, pursuant to sub-paragraphs 2 (a) through (j) of this article; and

b. cooperation to implement the provisions of this article, in particular through technical assistance, capacity building, technology transfer and financing, where possible, and in support of global, regional and national initiatives aimed at preventing public health emergencies of international concern including pandemic emergencies, with particular consideration given to developing country parties.

N.B. If time available before the WHA in May 2025 is insufficient to elaborate and agree upon relevant provisions under Article 4.2, the provisions of this Article would be further developed and agreed in an annex in accordance with Chapter III.

6. WHO shall, in coordination with other relevant intergovernmental organizations, offer technical support in implementing the provisions of this article, in particular to developing country Parties, as appropriate and upon request.

7. The Conference of the Parties may adopt, as necessary, guidelines, recommendations and other non-binding measures, including in relation to pandemic prevention capacities, to support the implementation of this Article.