

# **International Governmental Negotiating Body (INB) pandemic treaty CA+ Zero Draft**

Extracts from the [INB Zero Draft of the CA+](#).

## **Article 4. Guiding principles and rights**

17. Central role of WHO – As the directing and coordinating authority on global health, and the leader of multilateral cooperation in global health governance

Emphasizing the central ‘directing’ role of WHO.

## **Article 6. Predictable global supply chain and logistics network**

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 operationalisation 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.

(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)

(c) develop a mechanism to ensure the fair and equitable allocation...

Requiring (shall) Parties to support the WHO’s proposed global supply network. 3 (b) seems to imply a role for WHO in requiring production outside of market forces. 3 (c), while seemingly innocuous and fair, would take allocation out of country purview and could be used to require compliance with WHO dictates on distribution.

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

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

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

(a) will take appropriate 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;...

(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 ...

Reflecting IHR amendment provisions on requirement to give up intellectual property, but in this case time-limited (determined by?). Includes waiver of royalty payments. As with the proposed IHR amendments, these provisions seem to impact States' intellectual property laws.

### **Article 8. Regulatory strengthening**

2. Each Party shall build and strengthen its country regulatory capacities and performance for timely approval of 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.

This reflects the accelerated nature of vaccines during the declared emergency for COVID-19, and the reduced regulatory oversight and safety trials related to this. This greatly reduces costs to pharmaceutical manufacturers in particular, and undercuts decades of development of regulatory oversight.

### **Article 12. Strengthening and sustaining a skilled and competent health and care Workforce**

3. The Parties shall invest in establishing, sustaining, coordinating and mobilising an available, skilled and trained global public health emergency workforce that is deployable to support Parties upon request, based on public 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, standardised, timely and systematic response missions and deployment of the aforementioned public health emergency workforce.

Investment in building the pandemic bureaucracy that will underpin this agenda.

### **Article 13. Preparedness monitoring, simulation exercises and universal peer review**

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.

The surveillance mechanism, that appears built on the model of the review mechanism of the UN Office of the High Commissioner for Human Rights (OHCHR).

## **Article 15. Global coordination, collaboration and cooperation**

2. Recognising the central role of WHO as the directing and coordinating authority on international health work, and mindful of the need for coordination with regional organisations, entities in the United Nations system and other intergovernmental organizations, the WHO Director-General shall, in accordance with terms set out herein, declare pandemics.

## **Article 17. Strengthening pandemic and public health literacy**

1. The Parties commit to increase science, public health and pandemic 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:

(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,,

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.

Provisions on managing free speech.

## **Article 19. Sustainable and predictable financing**

1. The Parties recognise 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+ 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, programmes and priorities; and (iii) strengthening health systems and progressive realisation of universal health coverage; (c) commit to prioritise 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 (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.

Setting up the financial structure, requiring certain levels of budgetary application to pandemics irrespective of burden.

### **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+.

Establishing the governing body for health emergency surveillance and response (which appears intended to be within WHO).

### **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.

Another oversight body, part of this growing workforce supported solely for this purpose.

## **International Health Regulations (IHR) amendments**

The IHR amendments contain the most important aspects of WHO’s pandemic preparedness initiative.

They are summarised in a [previous publication](#) and should be read and understood alongside the CA+ zero draft.

David Bell, February 2023