



**World Health  
Organization**

**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**

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# **Proposal for negotiating text of the WHO Pandemic Agreement**

***Chapter I with refined textual proposals***

## Chapter I. Introduction

### Article 1. Use of terms

For the purposes of the WHO Pandemic Agreement:

- (a) “authorized national laboratory” means a laboratory authorized and designated by a Party to provide PABS Materials to the PABS System and recognized as part of the WHO Coordinated Laboratory Network.
- (b) “genetic sequence” means the order of nucleotides identified in a molecule of DNA or RNA, and contains the genetic information that determines the biological characteristics of an organism or a virus;
- (c) “genetic sequence data” means data and associated data, information, and metadata generated through the use of sequencing technologies.
- (d) “genomics” means the study of the total or part of the genetic or epigenetic sequence information of organisms and attempts to understand these sequences and the structure and function of downstream biological products. Genomics in health examines molecular mechanisms and the interplay of this molecular information, health interventions and environmental factors in disease;
- (e) “health worker” means individuals who provide assistance, surveillance and/or health care and are essential for health services to continue functioning during health emergencies;
- (f) “infodemic” means too much information, false or misleading information, in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines public health and social measures;
- (g) “One Health” means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development;
- (h) “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 requires effective national and global collaboration and coordination for its control;
- (i) “pandemic-related products” means products that are needed for pandemic prevention, preparedness and response, which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen;
- (j) “Party” means a State or regional economic integration organization that has consented to be bound by this Agreement, in accordance with its terms, and for which this Agreement is in force;

(k) “pathogen with pandemic potential” means any pathogen that has been found to infect humans and that is potentially highly transmissible, capable of wide, uncontrollable spread in human populations, and highly virulent, making it likely to cause significant morbidity and/or mortality in humans;

(l) “persons in vulnerable situations” means individuals, groups or communities with a disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic, including vulnerability due to discrimination on the basis of race, colour, age, sex, language, religion, political or other opinion, national or social origin, property, birth or other status;

(m) “recipient” means receivers of WHO Pathogen Access and Benefit-Sharing (WHO PABS) Material from the WHO coordinated laboratory network, such as manufacturers of vaccines, diagnostics, pharmaceuticals and other products relevant to pandemic prevention, preparedness and response, as well as biotechnology firms, research institutions and academic institutions. Any manufacturer that enters into any contracts or formal agreements with recipients or laboratories in the WHO coordinated network for the purpose of using WHO PABS Material on the manufacturer’s behalf for commercialization, public use or regulatory approval of that manufacturer’s vaccines, diagnostics or pharmaceuticals shall also be considered a recipient for purposes of this Agreement;

(n) “universal health coverage” means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care;

(o) “WHO coordinated laboratory network” means the international network of laboratories, coordinated by WHO, that conduct year-round surveillance of pathogens with pandemic potential, assessing the risk of an emerging pathogen with pandemic potential and assisting in pandemic preparedness measures; and

(p) “WHO PABS Material” means a pathogen with pandemic potential, as defined herein, and the genetic sequence data of such pathogens with pandemic potential.

## **Article 2. Objective and scope**

1. The objective of the WHO Pandemic Agreement, guided by equity, the right to health and the principles and approaches set forth herein, is to prevent, prepare for and respond to pandemics, with the aim of comprehensively and effectively addressing the systemic gaps and challenges that exist in these areas, at national, regional and international levels.
2. In furtherance of its objective, the WHO Pandemic Agreement applies at all times.

## **Article 3. Guiding principles and approaches**

To achieve the objective of the WHO Pandemic Agreement and to implement its provisions, the Parties will be guided, inter alia, by the following:

3. **Respect for human rights** – The implementation of this Agreement shall be with full respect for the dignity, human rights and fundamental freedoms of all persons, and the attainment by all people of the highest level of health. Each Party shall protect and promote non-discrimination, the respect for diversity, the promotion of gender equality and the protection of persons in vulnerable situations.

4. **Sovereignty** – States have, in accordance with the Charter of the United Nations and the general principles of international law, the sovereign right to adopt, legislate and to implement legislation, within their jurisdiction, and have sovereign rights over their biological resources.
5. **Equity** – Equity is at the centre of pandemic prevention, preparedness and response, both at the national level within States, among and within countries or regions, and at the international level between States. Equity includes, but is not limited to, the unhindered, fair, equitable and timely access to safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social protection, taking into account specific measures to protect persons in vulnerable situations.
6. **Responsibility** – Governments bear the primary responsibility for supporting the health and well-being of their peoples, and effective pandemic prevention, preparedness and response require global collective action in support thereof.
7. **Recognition of different levels of capacity** – Unequal development in different countries in the promotion of health and control of disease, especially pandemic prevention, preparedness, and response, is a common danger. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.
8. **Common but differentiated responsibilities and respective capabilities in pandemic prevention, preparedness, response and recovery of health systems** – Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures. Given the unequal global development in the promotion of health and control of diseases, especially communicable disease, is a common danger, developed countries that hold more capacities and resources relevant to pandemics should bear a commensurate degree of differentiated responsibility regarding global pandemic prevention, preparedness, response and recovery through effective means of implementation, such as technology transfer and know-how as well as financial resources
9. **Solidarity** – Effective collaboration, coordination and cooperation to achieve the common interest of a more equitable and better prepared world to prevent, respond to and recover from pandemics.
10. **Transparency** – The effective prevention of, preparedness for and response to pandemics depends on the transparent, open and timely sharing of, access to and disclosure of accurate information, data and other relevant elements that may come to light, for risk assessment, prevention and control measures, and the research and development of pandemic-related products and services, including reports on sales revenues, prices, units sold, marketing costs and subsidies and incentives, consistent with national, regional and international privacy and data protection rules, regulations and laws.
11. **Accountability** – States are accountable for strengthening and sustaining their health systems' capacities and public health functions to provide adequate public health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness and response. States are accountable to provide specific measures to protect persons in vulnerable situations.
12. **Inclusiveness** – The full and active engagement with, and participation of, communities and relevant stakeholders across all levels, consistent with relevant and applicable international and national guidelines, rules and regulations, including those relating to conflicts of interest, is essential to mobilize diverse and inclusive social participation, social capital, resources and adherence to public health and

social measures, and to gain trust in governments and partners supporting pandemic prevention, preparedness and response.

13. **Science and evidence** – The best available science and evidence should inform and be the basis for pandemic prevention, preparedness and response, as well as public health decisions and development of plans.

14. **Proportionality** – Public health decisions for preventing, preparing for and responding to pandemics should be proportionate in a manner consistent with Article 2 of the International Health Regulations.

15. **Privacy, data protection and confidentiality** – Implementation of this Agreement shall respect the right to privacy, including as such right is established under international law, and shall be consistent with each Party's national laws and international obligations regarding confidentiality, privacy and data protection, as applicable.

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