



**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

Proposal for negotiating text of the WHO Pandemic Agreement

Chapter II, articles 7, 8, 16, 17, 18 *with refined textual proposals*

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

Article 7. Health and care workforce

1. Each Party, in line with its respective capacities, shall take the necessary measures to safeguard, protect, invest in, retain and sustain a skilled and trained health and care workforce, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining quality essential health services and essential public health functions during pandemics. To this end, each Party shall, in accordance with national law and practice:
 - (a) strengthen, pre-, in- and post-service education and training, deployment, remuneration, distribution and retention of the health and care workforce, including community health workers and volunteers;
 - (b) address disparities and inequalities due to gender and age, within the health and care workforce, particularly in health emergencies, to support the meaningful representation, engagement, participation, empowerment and well-being of all health and care workers, while addressing discrimination, stigma and inequality and eliminating bias, including unequal remuneration and opportunities, and noting that women still often face significant barriers to reaching leadership and decision-making roles;
 - (c) increase the safety of the health and care workforce, including through priority access to pandemic-related products during pandemics, minimizing disruptions to the delivery of good quality essential health services, and developing and integrating effective measures to prevent and address harassment, violence and threats against health and care workers, their means of transport and equipment, as well as hospitals and other medical facilities, when carrying out their duties; and
 - (d) establish and maintain workforce planning systems to rapidly, effectively and efficiently deploy trained health and care workers in times of need.
2. The Parties shall commit financial and technical support, assistance and cooperation, within the means and resources at their disposal, in particular in respect of developing countries, in order to strengthen and sustain a skilled and competent health and care workforce at subnational, national and regional levels.
3. The Parties shall collaborate, through multilateral and bilateral arrangements and in accordance with relevant and applicable international norms and standards, to minimize the negative impact of health workforce migration on health systems while respecting the freedom of mobility of health professionals, during pandemics.
4. The Parties shall invest in establishing, sustaining, coordinating and mobilizing a skilled and trained multidisciplinary 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 the escalation of a small-scale spread to global proportions.
5. The Parties shall develop or strengthen, leveraging and building on existing training infrastructure, a network of training institutions, national and regional facilities, and centres of expertise to strengthen and sustain a skilled and competent health and care workforce at subnational, national and regional levels, with the capacity to respond rapidly to public health threats of pandemic potential.

Article 8. Preparedness monitoring and functional reviews

1. Each Party shall, in accordance with national or regional laws, as applicable, and in the light of national context, develop, regularly update and implement comprehensive, inclusive, multisectoral, resourced national plans and strategies for pandemic prevention, preparedness and response and health system recovery.
2. Each Party shall assess, no less than every five years, with technical support from the WHO Secretariat upon request, the functioning and readiness of, and gaps in, its pandemic preparedness, surveillance and multisectoral response capacity, logistics and supply chain management, and risk assessment, and shall support the conduct of, inter alia, appropriate simulation or tabletop exercises, and intra- and after-action reviews, based on the relevant tools and guidelines developed by WHO in partnership with relevant organizations.
3. The Parties shall, building on existing and relevant tools, develop and implement an inclusive, transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system.

Article 16. International collaboration and cooperation

1. The Parties shall collaborate and cooperate in global coordinated actions, with relevant international and regional intergovernmental organizations and other bodies, as well as among themselves, in the formulation of effective, high-impact, needs-based and inclusive measures, procedures and guidelines for pandemic prevention, preparedness and response.
2. The Parties shall:
 - (a) promote global, regional and national political commitment, coordination and leadership for pandemic prevention, preparedness and response;
 - (b) support mechanisms that ensure that policy decisions are science- and evidence-based;
 - (c) develop, as necessary, and implement policies that respect, protect and fulfil the human rights of all people;
 - (d) promote equitable representation on the basis of gender, geographical and socioeconomic status, as well as the equal and meaningful participation of young people, women, and people living with disability, in national, regional and global decision-making processes, global networks and technical advisory groups;
 - (e) assist developing countries through multilateral and bilateral partnerships that focus on developing capacities for effectively addressing health needs for pandemic prevention, preparedness and response in line with the provisions set forth in Article 19 herein;
 - (f) encourage ceasefires in affected countries during pandemics to promote global cooperation against common global threats;
 - (g) ensure solidarity with, and prevent the stigmatization of, countries that report public health emergencies, and collectively develop collaboration mechanisms as an incentive to facilitate transparency and the timely reporting and sharing of information.

Article 17. Whole-of-government and whole-of-society approaches at the national level

1. The Parties are encouraged to adopt whole-of-government and whole-of-society approaches, including to empower and enable community ownership of, and contribution to, community readiness for and resilience to pandemic prevention, preparedness and response.
2. Each Party shall, in keeping with national capacities, establish, implement and adequately finance an effective national coordinating multisectoral mechanism for pandemic prevention, preparedness and response.
3. Each Party shall, in accordance with national context, promote the effective and meaningful engagement of communities, civil society and other relevant stakeholders, including the private sector, as part of a whole-of-society approach in planning, decision-making, implementation, monitoring and evaluation, and shall also provide effective feedback opportunities.
4. Each Party shall develop, in accordance with national context, comprehensive national pandemic prevention, preparedness and response plans that address pre-, post- and interpandemic periods that, inter alia:
 - (a) identify and prioritize populations, based on public health risk and need, for access to pandemic-related products and health services;
 - (b) support the timely and scalable mobilization of the multidisciplinary surge capacity of human and financial resources, and facilitate the timely allocation of resources to the frontline pandemic response;
 - (c) review the status of stockpiles and the surge capacity of essential public health and clinical resources, and surge capacity in the production of pandemic-related products;
 - (d) facilitate the rapid and equitable restoration of public health capacities and routine and essential health services during and following a pandemic; and
 - (e) promote collaboration with relevant stakeholders, including the private sector and civil society, avoiding all forms of conflicts of interest.
5. Each Party, based on national capacities, shall take the necessary steps to address the social, environmental and economic determinants of health, and the vulnerability conditions that contribute to the emergence, escalation or spread of outbreaks to global proportions, and shall work to prevent or mitigate the socioeconomic impacts of pandemics.
6. Each Party shall take appropriate measures to strengthen national public health and social policies to facilitate a rapid, resilient response to pandemics, especially for persons in vulnerable situations, including by mobilizing social capital in communities for mutual support.

Article 18. Communication and public awareness

1. The Parties shall strengthen science, public health and pandemic literacy and awareness in the population, by increasing timely access to credible and evidence-based information on pandemics and their causes, effects and drivers, with the aim of countering and combatting false, misleading, misinformation or disinformation, including through effective international collaboration and cooperation as referred to in Article 16 herein, as well as through effective community-level engagement.

2. The Parties shall, as appropriate, promote and/or conduct research and inform policies on factors that hinder or strengthen and promote adherence to public health and social measures in a pandemic and trust in science and public health institutions.
3. The Parties shall promote and apply a science- and evidence-informed approach to effective and timely risk assessment and public communication.
4. The Parties shall exchange information and cooperate, in accordance with national law, in preventing misinformation and disinformation, and endeavour to harmonize best practices to increase the accuracy and reliability of crisis communication.
5. The Parties shall promote and facilitate, in accordance with national approaches, laws and regulations, the development and implementation of risk communication, community engagement, infodemic management, and education and public awareness programmes, co-created with communities and civil society, on outbreaks and pandemics, in a way that is broadly accessible.

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