
Draft consolidated outline document of the substantive elements, as a basis for consideration and discussion

INTRODUCTION

1. At the first resumed session of its first meeting, in document A/INB/1/5 Rev.1, the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response (the INB) agreed to the proposal from the INB Bureau regarding the process to identify the substantive elements of the instrument, in furtherance of the Bureau's mandate in this regard.

2. Pursuant to the process set forth in that proposal, a period was opened for Member States to provide their suggestions, ideas and thoughts on substantive elements through a digital platform comprising an online tool and open-ended written submissions, following which the Bureau would compile, categorize and synthesize the results of the online tool and open-ended written submissions and consolidate all the inputs, with support from the WHO Secretariat. Upon completion of the period for inputs from Member States, the Bureau would then elaborate a draft consolidated outline document, and provide that outline to all Member States as a basis for consideration and discussion.

3. As provided in A/INB/1/5 Rev.1, it was understood that this outline would be dynamic, and would not bind, limit, or prejudice the position of any Member State, but would rather be a basis on which the Bureau can organize and allocate the division of work for the next step in developing a working draft, as called for in operative paragraph 1(3) of decision SSA2(5) (2021).

4. The present document, from the INB Bureau, provides the above-mentioned draft consolidated outline document, as a basis for consideration and discussion of the INB at the second resumed session of its first meeting.

Description of the draft consolidated outline document of substantive elements

5. In accordance with A/INB/1/5 Rev.1, the substantive elements of an international instrument may include parts to be addressed, such as "objectives", "definitions", "relationship with other agreements", "guiding principles", as well as, for this instrument in particular, technical areas related to pandemic preparedness, prevention, response and recovery, which can be informed by the work of the Working Group on Strengthening WHO Pandemic Preparedness and Response on "equity", "governance",

“systems and tools” and “finance”, and others. Such elements could be further subcategorized, defined and elaborated. Conceptually, substantive elements could be consolidated into a matrix and an outline composed of categories, subcategories and sub-subcategories.

6. The draft consolidated outline document of substantive elements is provided in the Table. In line with the approach described in paragraph 5 above, the Bureau has organized the substantive elements under the technical areas of “prevention”, “preparedness”, “response” and “recovery”. This exercise was supported by the Secretariat. Member States will further refine the organization of the substantive elements during their discussions.

Methodology applied in preparing the draft consolidated outline document of substantive elements

7. The draft consolidated outline document of substantive elements reflects Member States’ input¹ through the INB digital platform to identify those potential substantive elements. The INB digital platform provided two opportunities for Member States to provide input: (1) through a list of 58 pre-written substantive elements from which Member States could select, accompanied by a comment box where Member States could provide comments related to that specific substantive element (referred to as the “online tool”); and (2) through an open-ended submission.

8. The numerical identifiers from the online tool were retained for each substantive element, in the outline provided in the first part of the Table, for easy tracing of the data related to it.

9. Member States’ open-ended submissions were also reviewed to identify substantive elements that were not already included in the online tool component. This was followed by mapping those additional proposed substantive elements across the technical areas. This is reflected in the last part of the Table.

¹ The INB digital platform was also open for input from relevant stakeholders, and the Bureau will reflect the valuable input received from those stakeholders in the work of the INB in due course.

Table. Cross mapping of the substantive elements from the digital platform to the four categories of prevention, preparedness, response and recovery, as a basis for consideration and discussion

	Substantive elements	Prevention	Preparedness	Response	Recovery
EQUITY (Online tool)					
	1.1. Access to lifesaving, scalable and safe clinical care, including mental health care	√	√	√	√
	1.2. Access to quality, agile, and sustainable health services for universal health coverage	√	√	√	√
	1.3. Access to technology and know-how	√	√	√	
	1.4. Affordability of pandemic response products, including medical countermeasures			√	√
	1.5. Availability of and timely access to pandemic response products, including medical countermeasures		√	√	√
	1.6. Equitable access to emergency financial mechanisms			√	
	1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes	√	√	√	√
	1.8. Equitable representation in global networks and technical advisory groups	√	√	√	√
	1.9. Increased national, subregional and regional manufacturing capacity for pandemic response products, including medical countermeasures	√	√	√	√
	1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for R&D	√	√	√	
	1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution	√	√	√	
	1.12. Policy to safeguard vulnerable populations most affected by pandemics	√	√		
	1.13. Prioritize access to pandemic response products, including medical countermeasures for healthcare workers			√	√
	1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics	√	√	√	√
	1.15. Scalable scientific and technical cooperation and collaboration	√	√	√	√
	1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures	√	√	√	

	Substantive elements	Prevention	Preparedness	Response	Recovery
GOVERNANCE & LEADERSHIP (Online tool)					
	2.1. Community readiness, resilience and engagement	√	√	√	√
	2.2. Engagement of civil society, communities and non-State actors, including the private sector, as part of a whole-of-society-approach	√	√	√	√
	2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution	√	√	√	
	2.4. Global and national political commitment, coordination and leadership	√	√	√	√
	2.5. Global and regional governance and coordination	√	√	√	√
	2.6. Global peer review mechanism to assess national, regional and global preparedness		√		
	2.7. Long-term development cooperation and investment in pandemic prevention, preparedness and response	√	√	√	
	2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches	√	√	√	√
	2.9. Science and evidence-based policy decisions	√	√	√	√
	2.10. WHO coordination with UN agencies and other intergovernmental organizations	√	√	√	√
SYSTEMS & TOOLS (Online tool)					
	3.1. Accelerated innovative research to detect and contain emerging diseases		√	√	
	3.2. Early warning, rapid investigation, risk assessment and rapid response for emerging zoonoses		√	√	
	3.3. Establishing a skilled and trained global public health emergency workforce, deployable to support affected countries	√	√		
	3.4. Global and national measures to accelerate emergency approval procedures and capacity	√	√		
	3.5. Global, effective and affordable supply chain and logistics networks		√	√	
	3.6. Global, regional and national simulation and tabletop exercises	√	√		
	3.7. Infodemic management, public information and risk communication		√	√	√
	3.8. Intelligence and timely information sharing	√	√	√	√
	3.9. National, regional and global diagnostics, medicines and vaccines research and development processes	√	√	√	
	3.10. Strengthening national regulatory authority		√		
	3.11. One-health, including surveillance and laboratory capacity	√	√	√	√
	3.12. Enhancing national capacity for pathogen and genomic sequencing and its sharing for rapid pandemic risk assessment and global alert	√	√		
	3.13. Preparedness assessment and national action plans		√		

	Substantive elements	Prevention	Preparedness	Response	Recovery
	3.14. Prevention strategies for epidemic-prone diseases	√			
	3.15. Public health laboratory and diagnostic networks	√	√	√	√
	3.16. Rapid and scalable response systems		√	√	
	3.17. Resilient health systems for universal health coverage and health security	√	√	√	√
	3.18. Risk and vulnerability mapping	√	√		
	3.19. Standards and protocols for public health laboratory biosafety and biosecurity	√	√	√	
	3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency	√	√	√	√
FINANCING (Online tool)					
	4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response	√	√	√	√
	4.2. Financing national capacity strengthening, including through enhanced domestic resources	√	√	√	√
	4.3. Rapid and effective mobilization of adequate financial resources to affected countries, based on public health need	√	√	√	√
	4.4. Sustainable and predictable financing of global systems and tools, and global public goods	√	√	√	√
	4.5. Sustainable funding to WHO to support its work	√	√	√	√
ADDITIONAL PROPOSED ELEMENTS FROM MS OPEN-ENDED SUBMISSIONS					
	1. A mechanism for the creation of common global guidelines for laboratories handling pathogens and other samples of pandemic potential	√	√		
	2. A science-policy body under the prospective treaty linking to current bodies in place to ensure the parties are advised on science and technology advancements relevant to the development and implementation of international rules and guidelines under the treaty	√	√		
	3. Address backlog in diagnosis, treatment and interventions, ensure access in the case of communicable and noncommunicable diseases			√	√
	4. Address economic development and social determinants/social and environmental determinants	√	√		
	5. An obligation for States to ensure that domestic laboratories handling pathogens and other samples of pandemic potential follow common global guidelines, including a mechanism for the accreditation and audit of laboratories, with annual reporting to WHO	√	√		
	6. Clarity on how to monitor and track Member State commitments, and accountability measures	√	√	√	
	7. Community disinfection which will focus on spatial disinfection, intra-domestic disinfection, disinfection of public transport			√	
	8. Consider other global health threats (i.e. climate change or chemical contamination)	√	√		

	Substantive elements	Prevention	Preparedness	Response	Recovery
9.	Consider the possible need and advantages of establishing a dedicated external expert body, comprised of independent experts, with diversified geographical origin, expertise and gender composition, to which national and regional authorities would report regulatory actions and policy improvements (for the purpose of transparency as well as advice and technical guidance, if needed) and mandated to carry out country visits in the context of the periodic peer review	√	√	√	√
10.	Create a multidisciplinary and multisectoral platform of public health emergency operations centres at global, regional and national level	√	√	√	
11.	Development and application of digital technologies for sanitary and quarantine control, data exchange, monitoring and forecasting of epidemics and pandemics	√	√	√	
12.	Diversity of capabilities and assistance to emerging economies, especially with regard to the safety and distribution of vaccines, and making vaccination and immunization a routine process		√	√	
13.	Emergency trade measures to respond to pandemics be used only when necessary and should be targeted, proportionate, temporary, reflect the need to protect the most vulnerable, ensure equity, not create unnecessary barriers to trade or disruption to supply chains and be consistent with existing rules established under the WTO		√	√	
14.	Ensuring a transportation corridor for lifesaving commodities from source to priority countries with provisions guarding against export bans		√	√	
15.	Ensuring equal footing of pathogen and genomic sequence sharing and benefit-sharing		√	√	
16.	Envisaged treaty should go a step further to empower WHO to review the travel restrictions and issue binding recommendations in this regard		√	√	
17.	Establish a coordinated approach to travel regulation – to ensure that countermeasures and tools reach those countries where they are most required during a period of crisis. Technical guidance on implementation for applying a risk-based scientific approach for implementing travel measures that promote coordination and incentivizing of reporting by countries		√	√	
18.	Establish regional Emergency Medical Teams at WHO		√		
19.	Establish a mechanism or a Conference of Parties to oversee implementation, review, compliance and dispute settlement		√		
20.	Explore the possibility to establish an obligation of a State Party to request assistance when the size of pandemic significantly exceeds the national public health and health delivery systems capacity		√		
21.	Export restrictions only be used with the utmost restraint and should not affect shipments of essential countermeasures and material necessary to support humanitarian and equitable access			√	
22.	Facilitate technology diffusion and encouraging voluntary participation in technology sharing platforms		√	√	
23.	Food and nutrition		√	√	
24.	Foster health literacy/science literacy	√	√		
25.	Freedom of international movement for those fighting against the pandemics			√	

	Substantive elements	Prevention	Preparedness	Response	Recovery
26.	Full respect for human rights, including non-discrimination		√	√	
27.	Geographic representation, socioeconomic status, gender balance, non-discriminatory, prioritize vulnerable	√	√	√	√
28.	Health system recovery				√
29.	Human rights: The implementation of the provisions in the new agreement has to be in full respect for the dignity, human rights and fundamental freedoms of persons	√	√	√	√
30.	Integrate infection prevention and control	√	√	√	√
31.	Integration of human rights-based approaches/or mechanisms to guard against hate or discrimination as evidenced by the COVID-19 outbreak	√	√	√	√
32.	Interaction with GOARN (Global Communicable Disease Outbreak Alert and Response Network) and its role in the implementation of the tool		√	√	
33.	International coordination in transfer and treatment of patients			√	√
34.	International travel in health emergencies, including isolation and quarantine measures under the International Health Regulations (2005) on international cruise ships and digital vaccine certificates, and antimicrobial resistance		√	√	
35.	International vaccination registry for COVID-19 and all vaccines		√	√	
36.	International, regional and local coordination of research and development, especially with regard to diagnosis and vaccines		√	√	
37.	Long term care for patients with long-term effects			√	√
38.	Mobility and international travel		√	√	
39.	Monitoring and evaluating health systems at national level	√	√	√	√
40.	More scrutiny to ensure public health measures are necessary, proportionate and non-discriminatory		√	√	√
41.	Multisectoral participation for the implementation of the 2030 Agenda for Sustainable Development and Sustainable Development Goals for the broad approach for the recovery, prevention and mitigation of the effects of future pandemics	√	√	√	√
42.	Multisectoral, transdisciplinary, integrated, cooperative and collaborative approach	√	√	√	√
43.	Non-discriminatory measures regarding trade and travel		√	√	
44.	Only consider extraordinary financing when needed, the rest corresponds to regular WHO activities and should be dealt in the agency			√	
45.	Pay extra attention to small island developing States (SIDS) which are often overlooked	√	√	√	√
46.	Member States must be obliged to present WHO with routine reports outlining their level of commitment to the proposed agreement		√		
47.	Preventing epidemics due to pathogens resistant to antimicrobial agents through a One Health approach	√	√	√	√

	Substantive elements	Prevention	Preparedness	Response	Recovery
48.	Prioritize vulnerable, or with underlying conditions	√	√	√	√
49.	Procurement of medical supplies, register and transfer to avoid black market		√	√	
50.	Prohibition of restrictions and sanctions in relation to anti-epidemic technologies			√	
51.	Provision of access to a pool of experts to provide technical assistance to Member States that requires strengthening of capacity for system preparedness and response to health emergencies		√	√	
52.	Rapid and more equitable responses to pandemics and other health emergencies to save lives and promote swifter economic recovery			√	√
53.	There should be an international fund meant for the support of injured communities and societies as a result of an international pandemic. This fund shall serve as a social, economic, and health fund and provide the necessary financing for all sorts of damage incurred as a result of the pandemic		√	√	√
54.	Regulation of the private sector		√	√	
55.	Removing intellectual property rights for tools for dealing with epidemics at the time of pandemics and epidemics without imposing legal or financial obligations		√	√	
56.	Right of assistance: recognize all States' common interest in, and shared responsibility for, an effective response to pandemic health risks by providing a right of assistance to affected States in certain circumstances		√	√	√
57.	Set up permanent national (and, where possible, regional) multisectoral pandemic preparedness and response committees, comprising the IHR National Focal Point, and representatives from animal health, environmental health, civil protection and other relevant public bodies	√	√	√	
58.	Special attention should be paid to vulnerable groups such as persons with disabilities	√	√	√	√
59.	Specific provisions on human rights would include reminding States of their obligation in terms of international human rights law to progressively realize the right of everyone, without discrimination of any kind, to enjoy the highest attainable standard of health, including through the prevention and treatment of infectious diseases	√	√	√	√
60.	Strengthen and accelerate the process of WHO Emergency Use Authorization of key medical countermeasures		√	√	
61.	Strengthen platforms for information exchange	√	√	√	√
62.	Strengthen the institutional framework for infection prevention and control	√	√	√	√
63.	Support multistakeholder engagement including climate, environment	√	√	√	√
64.	Support sustainable financing, governance, and accountability for pandemic preparedness and response		√	√	
65.	The instrument should enable the global community to ensure the hoarding of tools such as vaccines, diagnostics and therapeutics and become a norm in responses to future pandemics		√	√	
66.	The necessity of the presence of regional logistics complexes in each of the regions of the six regions at the time of pandemics		√	√	

	Substantive elements	Prevention	Preparedness	Response	Recovery
67.	The word pandemic should be defined so as to separate aspects from the International Health Regulations (2005)		√		
68.	Time-bound waivers of intellectual property of certain medical countermeasures can improve access to quality, safe, efficacious and affordable medical products		√	√	
69.	Trade measures, including agriculture		√	√	
70.	Traditional medicine can play an important role in the prevention and treatment of diseases	√		√	
71.	Transparency in prices		√	√	
72.	Transparency in spending on R&D and clinical trials		√	√	
73.	Transparency in the interest of public health	√	√	√	√
74.	Use of mobile laboratories for pandemic preparedness and response		√	√	