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Thematic Text Comparison:

Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting and the Draft Bureau's text of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its sixth meeting

S-M. Hosseinalipour, D. Morich

The Zero Draft of the WHO CA+ is used as the basis for comparison using a thematic approach, with a consequent review of the relevant provisions in the Draft Bureau's text of the WHO CA+. This comparison document includes only the following themes: definitions, objectives and scope, general principles and approaches, human rights, co-development and transfer of technology and know-how, research & development, access and benefit sharing, preparedness, readiness and resilience, one health, financing, preparedness monitoring and functional reviews, and governance (bodies, reporting, implementation, compliance, and committees).

Zero Draft of the WHO CA+ (1 February 2023)		Draft Bureau's text of the WHO CA+ (22 May 2023)	
Use of terms			
Article 1. Definitions and use of terms	1. For the purposes of this WHO CA+: (a) "genomic sequences" means the order of nucleotides identified in a molecule of DNA or RNA. They contain the full genetic information that determines the biological characteristics of an organism or a virus; (b) "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 require effective national and global collaboration and coordination for its control; (c) "pandemic-related products" means products that may be needed for pandemic prevention, preparedness, response and/or recovery, and which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen; (d) "persons in vulnerable situations" includes indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women,	**Article 1. Use of terms**	1. For the purposes of the WHO CA+: (a) "genomic sequences" means the order of nucleotides identified in a molecule of DNA or RNA. They contain the full genetic information that determines the biological characteristics of an organism or a virus; (b) "infodemic" means too much information, including 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 the public health response; (c) "One Health approach" 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) are closely linked and interdependent; (d) "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 require effective national and global collaboration and coordination for its control; (e) "pandemic-related products" means products that may be needed for pandemic prevention, preparedness, response and/or recovery, and which may include, without

	infants, children and adolescents, and those living in fragile areas, such as Small Island Developing States; (e) "pathogen with pandemic potential" means…; (f) "One Health approach" means…; (g) "One Health surveillance" means…; (h) "infodemic" means…; (i) "inter-pandemic" means…; (j) "current health expenditure" means…; (k) "universal health coverage" means…; and (l) "recovery" means…		limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen; (f) "persons in vulnerable situations" means individuals, groups or communities with disproportionate increased risk of infection, severity or disease in the context of a pandemic; (g) "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. [*Other terms may be added, as appropriate, during the work of the INB*.]
Objective and scope and general principles and approaches			
Article 3. Objective	The objective of the WHO CA+, guided by equity, the vision, principles and rights set out herein, is to prevent pandemics, save lives, reduce disease burden and protect livelihoods, through strengthening, proactively, the world's capacities for preventing, preparing for and responding to, and recovery of health systems from, pandemics. The WHO CA+ aims to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels, through substantially reducing the risk of pandemics, increasing pandemic preparedness and response capacities, progressive realization of universal health coverage and ensuring coordinated, collaborative and evidence-based pandemic response and resilient recovery of health systems at community, national, regional and global levels.	**Article 2. Objective and scope**	1. The objective of the WHO CA+, guided by equity, the right to health and the principles and approaches set out herein, is to prevent pandemics, save lives, reduce disease burden and protect livelihoods, through strengthening, proactively, the world's capacities for preventing, preparing for and responding to, and the recovery of health systems from, pandemics. The WHO CA+ aims to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels, through substantially reducing the risk of pandemics; increasing pandemic preparedness and response capacities; the progressive realization of universal health coverage; and ensuring a coordinated, collaborative and evidence-based pandemic response and the resilient recovery of health systems at community, national, regional and global levels. 2. In furtherance of its objective, the WHO CA+ applies at all times, including during and between pandemics.
Article 4. Guiding principles and rights	To achieve the objective of the WHO CA+ and to implement its provisions, the Parties will be guided, inter alia, by the principles and rights set out below: 1. Respect for human rights – The implementation of the WHO CA+ shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and each Party shall protect and promote such freedoms. 2. The right to health – The enjoyment of the highest attainable standard of health, defined as a state of complete physical, mental and social well-being, is one of the fundamental rights of every human being without	**Article 3. General principles and approaches**	To achieve the objective of the WHO CA+ and to implement its provisions, the Parties will be guided, inter alia, by the general principles and approaches set out below. 1. Respect for human rights – The implementation of the WHO CA+ shall be with full respect for the dignity, human rights and fundamental freedoms of persons, including the right to the enjoyment of the highest attainable standard of health, and each Party shall protect and promote such rights and freedoms, with due regard to the need for specific measures to ensure non-discrimination, the respect for diversity, the promotion of gender equality and the protection of persons in vulnerable situations. 2. Sovereignty – States have, in accordance with the Charter of the United Nations and

	distinction of age, race, religion, political belief, economic or social condition. 3. Sovereignty – States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to determine and manage their approach to public 1 The INB is encouraged to conduct discussions on the matter of making explicit the synergies and concrete complementarity of the WHO CA+ with the International Health Regulations and other relevant mechanisms and instruments. A/INB/4/3 11 health, notably pandemic prevention, preparedness, response and recovery of health systems, pursuant to their own policies and legislation, provided that activities within their jurisdiction or control do not cause damage to their peoples and other countries. Sovereignty also covers the rights of States over their biological resources. 4. Equity – The absence of unfair, avoidable or remediable differences, including in their capacities, among and within countries, including between groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality, is central to equity. Effective pandemic prevention, preparedness, response and recovery cannot be achieved without political will and commitments in addressing the structural challenges in inequitable access to fair, equitable and timely access to affordable, safe and efficacious pandemic-related products and services, essential health services, information and social support, as well as tackling the inequities in terms of technology, health workforce, infrastructure and financing, among other aspects. 5. Solidarity – The effective prevention of, preparedness for and response to pandemics requires national, international, multilateral, bilateral and multisectoral collaboration, coordination and cooperation, through global unity, to achieve the common interest of a fairer, more equitable and better prepared world. 6. Transparency – The effective prevention of, preparedness for and response to pandemics depends on transparent, open and timely sharing, access to and disclosure of accurate information, data and other relevant elements that may come to light (including biological samples, genomic sequence data and clinical trial results), for risk assessment and control measures, and development of pandemic related products and services, notably through a whole-of-government and whole-of-society approach, based on, and guided by, the best-available scientific evidence, consistent with national, regional and international privacy and data protection rules, regulations and laws.		the general principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so, they shall uphold the purposes and objectives of the WHO CA+ and carry out their obligations under the WHO CA+ in a manner consistent with the principles of the sovereign equality and the territorial integrity of States and that of non-intervention in the domestic affairs of other States. 3. Equity – Equity shall be at the centre of pandemic prevention, preparedness, response and recovery, both at the national level within States and at the international level between States. It requires, inter alia, specific measures to protect persons in vulnerable situations. Equity includes the unhindered, fair, equitable and timely access to safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social support. The Parties commit to promote, respect and facilitate equity in all phases of pandemic prevention, preparedness and response and recovery of health systems. 4. Solidarity – Effective national, international, multilateral, bilateral and multisectoral collaboration, coordination and cooperation to achieve the common interest of a safer, fairer, more equitable and better prepared world to prevent, respond to and recover from pandemics. 5. Transparency – The effective prevention of, preparedness for and response to pandemics depends on 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 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. 6. Accountability – States are accountable for strengthening and sustaining their health systems' capacities and public health functions to provide adequate health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness, response and recovery of health systems. States are accountable to provide specific measures to protect persons in vulnerable situations. 7. Three options are presented for principle 7. Option 7.A: 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 that the unequal development in different countries in the promotion of health and control of diseases, especially communicable diseases, is a common danger, Parties that hold more capacities and resources relevant to pandemics should bear a commensurate degree of

	7. Accountability – States are accountable for strengthening and sustaining their health systems' capacities and public health functions to provide adequate health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness, response and recovery of health systems. All Parties shall cooperate with other States and relevant international organizations, in order to collectively strengthen, support and sustain capacities for global prevention, preparedness, response and recovery of health systems. 8. Common but differentiated responsibilities and capabilities in pandemic prevention, preparedness, response and recovery of health systems – All States are responsible for the health of their people, including pandemic prevention, preparedness, response and recovery, and previous pandemics have demonstrated that no one is safe until everyone is safe. Given that the health of all peoples is dependent on the fullest cooperation of individuals and States, all Parties are bound by the obligations of the WHO CA+. States that hold more resources relevant to pandemics, including pandemic-related products and manufacturing capacity, should bear, where appropriate, a commensurate degree of differentiated responsibility with regard to global pandemic prevention, preparedness, response and recovery. With the aim of supporting every Party to achieve the highest level of proven and sustained capacity, full consideration and prioritization are required of the specific needs and special circumstances of developing country Parties, especially those that (i) are particularly vulnerable to adverse effects of pandemics; (ii) do not have adequate capacities to respond to pandemics; and (iii) potentially bear a disproportionately high burden. 9. Inclusiveness – The active engagement with, and participation of, all relevant stakeholders and partners across all levels, consistent with relevant and applicable international and national guidelines, A/INB/4/3 12 rules and regulations (including those relating to conflicts of interest), is fundamental for mobilizing resources and capacities to support pandemic prevention, preparedness, response and health systems recovery. 10. Community engagement – Full engagement of communities in prevention, preparedness, response and recovery of health systems is essential to mobilize social capital, resources, adherence to public health and social measures, and to gain trust in government. 11. Gender equality – Pandemic prevention, preparedness, response and recovery of health systems will be guided by and benefit from the goal of equal participation and leadership of men and women in decision-making with a particular focus on gender equality, taking into account the specific		differentiated responsibility regarding global pandemic prevention, preparedness, response and recovery. Option 7.B: Common responsibilities and different 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. And the unequal development in different countries in the promotion of health and control of diseases, especially communicable diseases, is a common danger. Option 7.C: not to include as a principle. 8. Two options are presented for principle 8. Option 8.A: One Health – Multisectoral and transdisciplinary actions should recognize the interconnection between people, animals, plants and their shared environment, for which a coherent, integrated and unifying approach should be strengthened and applied with the aim of sustainably balancing and optimizing the health of people, animals and ecosystems, including through, but not limited to, by giving attention to the prevention of epidemics due to pathogens that are resistant to antimicrobial agents and zoonotic diseases. Option 8.B: not to include as a principle. 9. Inclusiveness – The full and active engagement with, and participation of, representatives 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 A/INB/5/6 7 interest, is essential to mobilize social capital, resources and adherence to public health and social measures, and to gain trust in governments and partners supporting pandemic prevention, preparedness, response and health systems recovery. 10. Science and evidence – The best available science and evidence should inform and be the basis for pandemic prevention, preparedness, response and recovery of health systems, as well as public health decisions and development of plans. 11. Central role of WHO – As the directing and coordinating authority on international health work, and the leader of multilateral cooperation in global health governance, WHO is fundamental to strengthening pandemic prevention, preparedness, response and recovery of health systems. 12. Proportionality – Public health decisions for preventing, preparing for and responding to pandemics should be proportionate, such that the benefit of measures implemented outweigh their costs.

	needs of all women and girls, using a country-driven, gender responsive/transformative, participatory and fully transparent approach. 12. Non-discrimination and respect for diversity – All individuals should have fair, equitable and timely access to pandemic-related products, health services and support, without fear of discrimination or distinction based on race, religion, political belief, economic or social condition. 13. Rights of individuals and groups at higher risk and in vulnerable situations – Nationally determined and prioritized actions, including support, will take into account communities and persons in vulnerable situations, places and ecosystems. Indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women, infants, children and adolescents, for example, are disproportionately affected by pandemics, owing to social and economic inequities, as well as legal and regulatory barriers, that may prevent them from accessing health services. 14. One Health – Multisectoral and transdisciplinary actions should recognize the interconnection between people, animals, plants and their shared environment, for which a coherent, integrated and unifying approach should be strengthened and applied with an aim to sustainably balance and optimize the health of people, animals and ecosystems, including through, but not limited to, attention to the prevention of epidemics due to pathogens resistant to antimicrobial agents and zoonotic diseases. 15. Universal health coverage – The WHO CA+ will be guided by the aim of achieving universal health coverage, for which strong and resilient health systems are of key importance, as a fundamental aspect of achieving the Sustainable Development Goals through promoting health and well-being for all at all ages. 16. Science and evidence-informed decisions – Science, evidence and findable, accessible, interoperable and reusable data should inform all public health decisions and the development and implementation of guidance for pandemic prevention, preparedness, response and recovery of health systems. 17. Central role of WHO – As the directing and coordinating authority on global health, and the leader of multilateral cooperation in global health governance, WHO is fundamental to strengthening pandemic prevention, preparedness, response and recovery of health systems.		

	18. Proportionality – Due consideration should be given, including through regular monitoring and policy evaluation, to ensuring that the impacts of measures aimed at preventing, preparing for and A/INB/4/3 13 responding to pandemics are proportionate to their intended objectives and that the benefits arising therefrom outweigh costs.		
Article 5. Scope	The WHO CA+ applies to pandemic prevention, preparedness, response and health systems recovery at national, regional and international levels.		
Article 14. Protection of human rights	1. The Parties shall, in accordance with their national laws, incorporate non-discriminatory measures to protect human rights as part of their pandemic prevention, preparedness, response and recovery, with a particular emphasis on the rights of persons in vulnerable situations. 2. Towards this end, each Party shall: (a) incorporate into its laws and policies human rights protections during public health emergencies, including, but not limited to, requirements that any limitations on human rights are aligned with international law, including by ensuring that: (i) any restrictions are nondiscriminatory, necessary to achieve the public health goal and the least restrictive necessary to protect the health of people; (ii) all protections of rights, including but not limited to, provision of health services and social protection programmes, are non-discriminatory and take into account the needs of people at high risk and persons in vulnerable situations; and (iii) people living under any restrictions on the freedom of movement, such as quarantines and isolations, have sufficient access to medication, health services and other necessities and rights; and (b) endeavour to develop an independent and inclusive advisory committee to advise the government on human rights protections during public health emergencies, including on the development and implementation of its legal and policy framework, and any other measures that may be needed to protect human rights.		
Supply chain & logistics			
Article 6. Predictable global supply chain and logistics network	1. The Parties, recognizing the shortcomings of the preparedness for and response to the COVID-19 pandemic, agree on the need for an adequate, equitable, transparent, robust, agile, effective and diverse global supply chain and logistics network for pandemic prevention, preparedness, response and recovery. 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 operationalization, and participate in the Network, within the framework of	**Article 13. Supply chain and logistics**	1. The Parties agree on the need for transparent, robust, agile, effective, coordinated and diverse global supply chain and logistics functions for pandemic prevention, preparedness, response and health system recovery to ensure the availability, affordability, and equitable access to pandemic related products. The Parties commit to working in a participatory manner with a range of partners and relevant stakeholders at the community, national, regional, and global levels, to strengthen the enabling environment for more rapid, equitable, and effective access for pandemic prevention, preparedness, and response. Three options are presented for paragraph 2 of Article 13

	WHO, including through sustaining it in inter-pandemic times as well as appropriate scale-up in the event of a pandemic. In that regard, the Parties shall: (a) determine the types and size of products needed for robust pandemic prevention, preparedness and response, including costs and logistics for establishing and maintaining strategic stockpiles of such products, by working with relevant stakeholders and experts, guided by scientific evidence and regular epidemiological risk assessments; (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), including manufacturing capacities, and identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms and in-kind contributions, as well as promoting transparency in cost and pricing of all elements along the supply chain; (c) develop a mechanism to ensure the fair and equitable allocation of pandemic-related products based on public health risks and needs; (d) map existing delivery and distribution options, and establish or operationalize, as appropriate, international consolidation hubs, as well as regional staging areas, to ensure that transport of supplies is streamlined and uses the most appropriate means for the products concerned; and (e) develop a dashboard for pandemic-related product supply capacity and availability, with regular reporting, and conduct regular tabletop exercises to test the functioning of the Network. 4. The Parties commit not to impose regulations that unduly interfere with the trade in, or of, pharmaceutical raw materials and ingredients, mindful of the need for unhindered access to pandemic-related products. 5. The Parties commit to safeguard the humanitarian principles of humanity, neutrality, impartiality and independence, and to facilitate the unimpeded access of humanitarian staff and cargo. The commitment to facilitate such access is understood to be legally binding and to apply in all circumstances, consistent with humanitarian principles. 6. The Parties, working through the Governing Body for the WHO CA+, shall take all appropriate measures to establish and start functioning of the Network no later than XX. It is understood that giving effect to this Article		Option 13.A: establish a network 2. The [WHO Global Pandemic-Related Product Network] / [WHO Global Pandemic Supply Chain and Logistics Network] (the "Network") is hereby established. The Network will operate within the framework of WHO, linked with other international organizations and relevant institutions, and leverage on existing regional and international mechanisms. 2 bis The Parties shall support the Network's development and operationalization, and participate in the Network, including through sustaining it at all times, both during and between pandemics. The Network shall: (a) determine the types and size of products needed for robust pandemic prevention, preparedness and response, including costs and logistics for establishing and maintaining strategic stockpiles of such products; (b) assess anticipated demand for, and map sources of, and maintain a dashboard of manufacturers and suppliers, including surge capacities, for sustainable production of pandemic-related products; (c) [identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms] / [Each Party shall consider participating in pooled procurement of pandemic-related products, as appropriate.]; (d) [promote transparency in cost, pricing, and all other relevant contractual terms along the supply chain] / [In its government-funded purchase agreements for pandemic-related products, each Party shall, to the fullest extent possible and in accordance with applicable laws, exclude confidentiality provisions that serve to limit disclosure of terms and conditions]; (e) develop a mechanism to ensure the fair and equitable allocation of pandemic-related products based on public health risks and needs; (f) map existing delivery and distribution options; (g) establish or operationalize, as appropriate, international or regional consolidation hubs and staging areas; and (h) establish appropriate measures to reduce unnecessary waste of government-procured pandemic-related products, including through considering the sharing of products in order to maximize their use. Option 13.B: no network is established 2. The Parties commit to increasing global supply chain transparency and coordination.

	immediately upon adoption of the WHO CA+ shall be considered pursuant to, and within the meaning of, Article 35 of the WHO CA+.		The Parties recognize the need to undertake the following for robust, resilient, equitable, transparent, agile, geographically distributed and diverse pandemic prevention, preparedness, response and health system recovery: (a) determine the types and size of products needed for robust pandemic prevention, preparedness and response, including costs and logistics for establishing and maintaining strategic stockpiles of such products; (b) assess anticipated demand for, and map sources of, and maintain a dashboard of manufacturers and suppliers for sustainable production of pandemic-related products; (c) [identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms] / [Each Party shall consider participating in pooled procurement of pandemic-related products, as appropriate.]; (d) [promote transparency in cost, pricing, and all other relevant contractual terms along the supply chain] / [In its government-funded purchase agreements for pandemic-related products, each Party shall, to the fullest extent possible and in accordance with applicable laws, exclude confidentiality provisions that serve to limit disclosure of terms and conditions]; (e) develop a mechanism to ensure the fair and equitable allocation of pandemic-related products based on public health risks and needs; (f) map existing delivery and distribution options; and (g) establish or operationalize, as appropriate, international or regional consolidation hubs and staging areas; and (h) establish appropriate measures to reduce unnecessary waste of government-procured pandemic-related products, including through considering the sharing of products in order to maximize their use. Option 13.C: a partnership is established 2. WHO shall establish, in consultation with the Parties, and consistent with Article 14 of this WHO CA+, a partnership and collaborate with the relevant organisations of the UN system, regional organisations and other relevant organisations, with particular attention to the needs of Parties, which are developing countries, to: (a) determine the equitable allocation of the reserved pandemic-related product quantities, taking into account factors, such as population size, demographic structure, epidemiological situation and health system capabilities of beneficiary Parties and their readiness and capacity to utilize such pandemic-related product,

			(b) facilitate, as appropriate, the conclusion of advance purchase commitments and purchase agreements of pandemic-related product, (c) assist the buying countries in meeting the regulatory and logistic requirements for utilization of the specific pandemic-related product, (d) facilitate or, as necessary, organise the efficient delivery and appropriate utilisation of the pandemic-related product in the beneficiary country or in humanitarian settings, and (e) assist the buying countries on all matters related to the utilisation of the pandemic-related product. 2 bis The partnership modalities and collaboration guidelines for the organisations referred in paragraph 2 shall aim at ensuring close consultation with the beneficiary Parties and that each function referred in paragraph 2 is discharged by the organisation best placed to perform it. Notwithstanding Article 2X... (Amendments), the partnership modalities and guidelines may be modified by the member organisations of the partnership, in consultation with the Parties. 2 ter The Parties shall provide assistance to the partnership referred in paragraph 2. ======== 3. Each Party shall, at the earliest reasonable opportunity, and in accordance with applicable laws, make publicly available online the terms of government-funded purchase agreements for pandemic-related products in those instances where the Party is directly entering into the purchase agreement. 4. The Parties [recognize the importance of ensuring]/[commit] that any emergency trade measures in the event of a pandemic, are targeted, proportionate, transparent, temporary, and do not create unnecessary barriers to trade or unnecessary disruptions in supply chains. 5. The Parties commit to safeguard the humanitarian principles of humanity, neutrality, impartiality and independence and to facilitate the unimpeded access of humanitarian staff and cargo. 6. The Parties shall enable inclusive, equitable and effective cooperation and participation, and shall take all appropriate measures to undertake the foregoing no later than XX.

Co-development and transfer of technology and know-how			
Article 7. Access to technology: promoting sustainable and equitably distributed production and transfer of technology and know-how	1. The Parties recognize that inequitable access to pandemic-related products (including but not limited to vaccines, therapeutics and diagnostics) should be addressed by increased manufacturing capacity that is more equitably, geographically and strategically distributed. 2. The Parties, working through the Governing Body for the WHO CA+, shall strengthen existing and develop innovative multilateral mechanisms that promote and incentivize relevant transfer of technology and know-how for production of pandemic-related products, on mutually agreed terms, to capable manufacturers, particularly in developing countries. 3. During inter-pandemic times, all Parties commit to establish these mechanisms and shall: (a) coordinate, collaborate, facilitate and incentivize manufacturers of pandemic-related products to transfer relevant technology and know-how to capable manufacturer(s) (as defined below) on mutually agreed terms, including through technology transfer hubs and product development partnerships, and to address the needs to develop new pandemic-related products in a short time frame; (b) strengthen coordination, with relevant international organizations, including United Nations agencies, on issues related to public health, intellectual property and trade, including timely matching of supply to demand and mapping manufacturing capacities and demand; (c) encourage entities, including manufacturers within their respective jurisdictions, that conduct research and development of pre-pandemic and pandemic-related products, in particular those that receive significant public financing for that purpose, to grant, on mutually agreed terms, licences to capable manufacturers, notably from developing countries, to use their intellectual property and other protected substances, products, technology, know-how, information and knowledge used in the process of pandemic response product research, development and production, in particular for pre-pandemic and pandemic-related products; and (d) collaborate to ensure equitable and affordable access to health technologies that promote the strengthening of national health systems and mitigate social inequalities. 4. In the event of a pandemic, the Parties:	**Article 11. Co-development and transfer of technology and know-how**	Two options are presented for Article 11. **Option 11.A** 1. The Parties recognize that inequitable access to pandemic-related products (including but not limited to vaccines, therapeutics and diagnostics) should be addressed by increased manufacturing capacity that is more equitably, geographically and strategically distributed. 2. The Parties, working through the Conference of the Parties, shall strengthen existing and develop innovative multilateral mechanisms, including through the pooling of knowledge, intellectual property and data, that promote the relevant transfer of technology and know-how for the production of pandemic-related products, on mutually agreed terms as appropriate, to manufacturers, particularly in developing countries. 3. The Parties shall ensure that manufacturers of pandemic-related products are strategically and geographically distributed in order to maximize access to complete pandemic-related products for countries in which developing manufacturing capacity is not feasible. 4. During inter-pandemic periods, all Parties commit to establishing these mechanisms and shall: (a) coordinate, collaborate, facilitate and incentivize the manufacturers of pandemic-related products to transfer the relevant technology and know-how to manufacturer(s) (as defined below) on mutually agreed terms as appropriate, including through technology transfer hubs and product development partnerships, and to address the need to develop new pandemic-related products in a short time frame; (b) strengthen coordination, with relevant international organizations, including United Nations agencies, on issues related to public health, intellectual property and trade, including the timely matching of supply to demand and mapping manufacturing capacities and demand; (c) encourage entities, including manufacturers within their respective jurisdictions, that conduct research and development of pre-pandemic and pandemic-related products, in particular those that receive significant public financing for that purpose, to grant, on mutually agreed terms as appropriate, licences to manufacturers, notably from developing countries, to use their intellectual property and other protected substances, products, technology, know-how, information and knowledge used in the process of pandemic response product research, development and production, in particular for pre-pandemic and pandemic-related products;

	(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; A/INB/4/3 15 (b) will apply the full use of the flexibilities provided in the TRIPS Agreement, including those recognized in the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and in Articles 27, 30 (including the research exception and "Bolar" provision), 31 and 31bis of the TRIPS Agreement; (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 (d) shall encourage all research and development institutes, including manufacturers, in particular those receiving significant public financing, to waive, or manage as appropriate, royalties on the continued use of their technology for production of pandemic-related products. 5. For purposes of this Article, "capable manufacturer" refers to an entity that operates in a manner that is consistent with national and international guidelines and regulations, including biosafety and biosecurity standards.		(d) collaborate to ensure equitable and affordable access to health technologies that promote the strengthening of national health systems and mitigate social inequalities; and (e) develop a database that provides the details of pandemic-related products for all known pandemic potential diseases, including the technological specifications and manufacturing process documents for each product. 5. In the event of a pandemic, the Parties shall: (a) take appropriate measures to support time-bound waivers of intellectual property rights that can accelerate or scale up the manufacturing of pandemic-related products during a pandemic, to the extent necessary to increase the availability and adequacy of affordable pandemic-related products; (b) apply the full use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), including those recognized in the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and in Articles 27, 30 (including the research exception and the "Bolar" provision), 31 and 31bis of the TRIPS Agreement; (c) encourage all holders of patents related to the production of pandemic-related products to waive or manage, as appropriate, the payment of royalties by developing country manufacturers on the use, during the pandemic, of their technology for the 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 (d) encourage all research and development institutes, including manufacturers, in particular those receiving significant public financing, to waive or manage, as appropriate, royalties on the continued use of their technology for production of pandemic-related products. 6. The Parties shall ensure, when engaged in bilateral or regional trade or investment negotiations, that negotiated provisions do not interfere with the full use of the flexibilities provided in the TRIPS Agreement, including those recognized in the Doha Declaration on the TRIPS Agreement and Public Health of 2001. **Option 11.B** 1. Capacity-building and the transfer of technologies, skills, knowledge and know-how relevant to pandemic prevention, preparedness and response should be a country-driven, transparent, effective and iterative process. To this end, the Parties shall: (a) cooperate, directly or through relevant legal instruments and frameworks and relevant global, regional, subregional and sectoral bodies, to assist Parties, in particular

			developing country Parties, in achieving the objectives of this WHO CA+ through capacity-building and the development and transfer of technologies, skills, knowledge and know-how relevant to pandemic prevention, preparedness and response; , (b) provide, within their capabilities, resources to support such capacity-building and the development and transfer of relevant technology, and to facilitate access to other sources of support, taking into account their national policies, priorities, plans and programmes; and (c) monitor and review periodically, within the framework of the Conference of the Parties, capacity-building and the transfer of the technologies, skills, knowledge and know-how relevant to pandemic prevention, preparedness and response, based on and responsive to the needs and priorities of developing countries. 2. The Parties also recognize the importance of manufacturers and other entities with access to relevant technologies in respect of pandemic-related products making specific efforts to transfer these technologies, skills, knowledge and know-how to countries, particularly developing countries, that do not have access to such technologies, skills, knowledge and know-how. 3. At all relevant times, particularly during pandemics, each Party shall, subject to its national laws: (a) take steps to urge the manufacturers of pandemic-related products, such as but not limited to diagnostics, vaccines and therapeutics, to grant, subject to any existing licensing restrictions, on mutually agreed terms, [as appropriate,] a non-exclusive, royalty-free licence to any such manufacturers to use their intellectual property and other protected substances, products, technology, know-how, information and knowledge used in the process of pandemic-related product development and production, in particular for pre-pandemic and pandemic diagnostics, vaccines and therapeutics for use in agreed developing countries; (b) urge the manufacturers of pandemic-related products, such as but not limited to diagnostics, vaccines and therapeutics, to transfer, under mutually agreed terms as appropriate, the relevant technologies, skills, knowledge and know-how to countries without such manufacturing capacities, particularly developing countries; and (c) actively support, participate in and/or implement, as appropriate, relevant WHO technology transfer programmes and initiatives aimed at enabling developing countries to produce their own vaccines, medicines and diagnostics to address health emergencies, including strategies to build new production facilities in developing and/or industrialized countries, and on the transfer of technology, skills and know-how. 4. The transfer of technology, skills, knowledge and know-how for the manufacture of pandemicrelated products shall be conducted in a manner consistent with applicable

			national laws and international laws and obligations, facilitated progressively over time on mutually agreed terms as appropriate, and shall be suitable to the capacity of recipient countries to empower them to manufacture pandemic-related products. 5. In the event of a pandemic, each Party shall, in accordance with national laws: (a) make available non-exclusive licensing of government-owned technologies on mutually agreed terms as appropriate, that can be used for the development and manufacturing of pandemic-related products, and publish the terms of these licences at the earliest reasonable opportunity and to the fullest extent possible; (b) promote the publication, by private rights holders, of the terms of voluntary licensing agreements or technology transfer agreements for pandemic emergency response-related products, at the earliest opportunity and to the fullest extent possible; (c) promote the voluntary engagement of private rights holders with established regional or global technology transfer hubs or other multilateral mechanisms or networks for the voluntary licensing and voluntary transfer of technology on mutually agreed terms as appropriate, for pandemic emergency response-related products; (d) ensure equitable and timely access to health technologies, in particular in developing countries, without discrimination; and (e) **Two options are presented for subparagraph e) of Option 11.B.** **Option A for 5(e):** suspend the application of intellectual property rights, through time-bound waivers, in order to facilitate the scaling-up, production, manufacture and supply of the products that are especially meant for a pandemic. Neither Party shall challenge these measures based on any international obligations that the Party suspending the obligation may have. **Option B for 5(e**): not to include a subparagraph. 6. **Two options are presented for paragraph 6 of Option 11.B** **Option A**: The Parties shall take into account the rights and obligations in the TRIPS Agreement, including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to medicines and other health technologies for all. **Option B**: The Parties [may]/[shall, as they deem appropriate,] make use of the full flexibilities provided in the TRIPS Agreement, including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, without interferences.

Research & development			
Article 9. Increasing research and development capacities	1. The Parties recognize the need to build and strengthen capacities and institutions for innovative research and development for pandemic-related products, particularly in developing countries, and the need for information sharing through open science approaches for rapid sharing of scientific findings and research results. 2. With a view to promoting greater sharing of knowledge and transparency, each Party, when providing public funding for research and development for pandemic prevention, preparedness, response and recovery of health systems, shall, taking into account the extent of the public funding received: (a) promote the free, public dissemination of the results of publicly and government-funded research for the development of pandemic-related products; (b) endeavour to include terms and conditions on prices of products, allocation, data sharing and transfer of technology, as appropriate, and publication of contract terms; (c) ensure that promoters of research for pandemic-related products assume an appropriate level of the associated risk; (d) promote and incentivize technology co-creation and joint venture initiatives; and (e) establish appropriate conditions for publicly funded research and development, including on distributed manufacturing, licensing, technology transfer and pricing policies. 3. Parties shall increase the transparency of information about funding for research and development for pandemic-related products by: (a) disclosing information on public funding for research and development of potential pandemic-related products and provisions to enhance the availability and accessibility of the resulting work, including freely available and publicly accessible publications and public reporting of the relevant patents; (b) making it compulsory for manufacturers that receive public funding for the production of pandemic-related products to disclose prices and contractual terms for public procurement in times of pandemics, taking into account the extent of the public funding received; and	**Article 9. Research and development**	1. The Parties shall cooperate to build, strengthen and sustain capacities and institutions for research and development for pandemic-related products, particularly in developing countries, including for related clinical trials, and information sharing through open science approaches for rapid sharing of scientific findings and research results. 2. With a view to promoting greater sharing of knowledge and transparency, each Party, when providing public funding for research and development for pandemic prevention, preparedness, response and recovery of health systems, shall, in accordance with national laws and as appropriate taking into account the extent of public funding: (a) promote public dissemination of the results of government funded research for the development of pandemic-related products, in accessible languages and formats; (b) publish the terms of government funded R&D agreements for pandemic-related products, as appropriate, including: i. research inputs, processes, and outputs; ii. pricing of end products, or pricing policies for end products; iii. licensing, to enable development, manufacturing, and distribution, especially in developing countries; and iv. terms regarding affordable, equitable and timely access to pandemic-related products at the time of a pandemic; (c) promote, facilitate and incentivize, technology co-creation and joint venture initiatives, actively engaging participation of scientists and/or research centres, particularly from developing countries; and (d) promote and prioritize investment in research and development of pandemic-related products that can promote equitable access. 3. Each Party shall increase, as appropriate, the transparency of information about research and development for pandemic-related products by: (a) sharing information on research agendas, including national research and development priorities, during pandemic emergencies, as appropriate; (b) sharing information on national efforts and plans for building or strengthening national, regional and global research and development capacity, including building and maintaining a skilled research workforce, research infrastructure, and research supply chain needs to rapidly mount and scale research responses during pandemic emergencies; and (c) ensuring that resources are directed to well-designed projects that can produce

	(c) encouraging manufacturers that receive other funds, external to the manufacturer, for the production of pandemic-related products to disclose prices and contractual terms for public procurement in times of pandemics. 4. Each Party should encourage non-State actors to participate in and accelerate innovative research and development for addressing novel pathogens, pathogens resistant to antimicrobial agents and emerging and re-emerging diseases with pandemic potential. 5. The Parties shall establish, no later than XX, with reference to existing models, a global compensation mechanism for injuries resulting from pandemic vaccines. 6. Pending establishment of such global compensation mechanism, each Party shall, in contracts for the supply or purchase of pandemic-related products, endeavour to exclude buyer/recipient indemnity clauses of indefinite or excessive duration. 7. In the conclusion of contracts for the supply or purchase of pandemic-related products, each Party shall endeavour to exclude confidentiality provisions that serve to limit disclosure of terms and conditions. 8. Each Party shall, as applicable, implement and apply international standards for, oversight of and reporting on laboratories and research facilities that carry out work to genetically alter organisms to increase their pathogenicity and transmissibility, in order to prevent accidental release of these pathogens, while ensuring that these measures do not create any unnecessary administrative hurdles for research. 9. The Parties are encouraged to promote and strengthen knowledge translation and evidence-based communication tools and strategies relating to pandemic prevention, preparedness, response and recovery, at local, national, regional and international levels. 10. The Parties acknowledge the need to take steps, individually and collectively, to develop strong, resilient national, regional and international clinical research ecosystems. In that regard, the Parties, as appropriate, commit to: (a) fostering and coordinating clinical research and clinical trials, including, as appropriate, through existing coordination mechanisms; (b) ensuring equitable access to resources (funding or in-kind), clinical research and clinical trials, so that resources are deployed optimally and efficiently;		robust and reliable evidence. 4. The Parties shall encourage participation of relevant stakeholders, consistent with national biosafety and biosecurity laws and regulations, to accelerate innovative research and development, including community-led and cross-sector collaboration, for addressing emerging and re-emerging pathogens with pandemic potential. 5. Each Party shall implement and apply relevant international standards for biorisk management of laboratories and research facilities that carry out research, to better understand the pathogenicity and transmissibility of pathogens with pandemic potential, in order to prevent unintended consequences of such research, while minimizing unnecessary administrative hurdles for research. 6. The Parties [commit to] / [are encouraged to] promote, cooperate and strengthen knowledge translation and evidence-based communication tools and strategies relating to pandemic prevention, preparedness, response and recovery of the health system, at local, national, regional and international levels. 7. The Parties, in accordance with their national and regional legal and regulatory frameworks and contexts and, as appropriate, shall increase clinical trial capacity, and strengthen clinical trials policy frameworks, particularly in developing countries, to enable a greater number of clinical trial sites that can conduct well-designed and well-implemented clinical trials, and to ensure readiness for coordination of trials through existing, new or expanded clinical trial networks that meet relevant regulations and internationally harmonized standards, promoting sharing of information and best practices on efficient and ethical clinical trial design and delivery, and in designing, preparing and conducting clinical trials that ensure human subject protections. 8. The parties will develop national policies to support the transparent, public sharing of clinical trial results conducted within their territories, such as through open source publication. 9. The Parties shall take steps, individually and collectively, to develop strong, resilient national, regional and international, appropriately resourced research ecosystems, including national and global clinical research networks. In that regard, the Parties, as appropriate, commit to: (a) invest in infrastructure and training of clinical research networks in developing countries in order to be prepared to provide timely and appropriate responses to pandemics; (b) further strengthen international coordination and collaboration on clinical trials, through existing mechanisms where established, to support well-designed and well-implemented trials, including new clinical trial platforms operating on multi-country footprints where scientifically appropriate, to address priority infectious and non-

	(c) supporting transparent and rapid reporting of clinical research and clinical trial results, to ensure evidence is available in a timely manner to inform national, regional and international decision-making; and (d) disclosing disaggregated information, for instance by gender and age, to the extent possible and as appropriate, on the results of clinical research and clinical trials relating to pandemic prevention, preparedness, response and recovery.		infectious diseases, with mechanisms to pivot protocols to support pandemic response where necessary and appropriate; (c) support new and existing mechanisms to facilitate the rapid interpretation of data from clinical trials to develop or amend, as necessary, relevant clinical guidelines, including during a pandemic; and (d) ensure that clinical trials conducted during health emergencies are equitable, address geographic, socioeconomic and health disparities and promote racial, ethnic and gender diversity for better understanding of the safety and efficacy of new vaccines and treatments in subgroups of the population.
Access and benefit sharing			
Article 10. WHO Pathogen Access and Benefit-Sharing System	1. The need for a multilateral, fair, equitable and timely system for sharing of, on an equal footing, pathogens with pandemic potential and genomic sequences, and benefits arising therefrom, that applies and operates in both inter-pandemic and pandemic times, is hereby recognized. In pursuit thereof, it is agreed to establish the WHO Pathogen Access and Benefit-Sharing System (the "PABS System") under this WHO CA+. The Parties are mindful that the PABS System, or parts thereof, could be adopted under Article 21 of the WHO Constitution, should such an approach be agreed. The terms of the PABS System shall be developed no later than XX with a view to their provisional application consistent with Article 35 hereof. 2. The PABS System shall cover all pathogens with pandemic potential, including their genomic sequences, as well as access to benefits arising therefrom, and ensure that it operates synergistically with other relevant access and benefit-sharing instruments. 3. The PABS System shall include the following elements and shall be regulated as follows: Access to pathogens with pandemic potential (a) Each Party, through its relevant and authorized laboratories, shall, in a rapid, systematic and timely manner: (i) provide pathogens with pandemic potential from early infections due to pathogens with pandemic potential or subsequent variants to a laboratory recognized or designated as part of an established WHO coordinated laboratory network; and (ii) upload the genomic sequence of such pathogens with pandemic potential to one or more publicly accessible databases of its choice. For purposes hereof, "rapid" shall be understood to mean within XX hours from the time of identification of a pathogen with pandemic potential;	**Article 12. Access and benefit sharing**	Two options are presented for Article 12 Option 12.A 1. The Parties agree that pandemic prevention, preparedness, response and health system recovery requires rapid, systematic, and timely sharing of biological materials with epidemic and pandemic potential, as well as [genetic sequence data and relevant information]/[digital sequence information] (hereinafter referred to as "CA+ Biological Material"). The Parties also agree that multilateral access and benefit sharing system(s) is needed for timely, effective, predictable and equitable access to pandemic-related products, and other benefits, both monetary and non-monetary, that strengthen pandemic prevention preparedness, preparedness, response and health system recovery based on public health risks and needs. 2. The Parties agree to establish such a system(s), consistent with applicable and relevant national, regional and international laws and regulations, and existing international instruments, and implementable at all times, both during and between pandemics. This will provide certainty and legal clarity for providers and users of Biological Materials, and strengthen, expedite, and not impede research and innovation. Recognizing that biological materials sharing and multilateral benefit sharing are equally important parts of the collective action for global public health, the Parties are mindful that the system(s) could be structured as either a unified system or two mutually supportive systems, and all, or parts thereof, could be adopted under Article 21 of the WHO Constitution, should such an approach be agreed. The Parties will ensure that such system(s) is/are consistent with, supportive of, and do not run counter to, the objectives of the Convention on Biological Diversity, and the Nagoya Protocol thereto. 3. The Parties shall further develop the details of the access and benefit sharing system(s), through the Conference of the Parties, recognizing that biological materials sharing and multilateral benefit sharing are equally important parts of the collective action for global public health. The system(s) shall be operational no later than xxx.

	(b) The PABS System will be consistent with international legal frameworks, notably those for collection of patient specimens, material and data, and will promote effective, standardized, real-time global and regional platforms that promote findable, accessible, interoperable and reusable data available to all Parties; (c) Access shall be accorded expeditiously by the laboratory recognized or designated as part of an established WHO coordinated laboratory network, subject to conclusion of a Standard Material Transfer Agreement, developed for the purposes of the PABS System, with the recipient in accordance with subsection (i) below. Any such access shall be subject to applicable biosafety and biosecurity rules and standards, and free of charge, or, when a fee is charged, it shall not exceed the minimal cost involved; (d) Recipients of materials shall not claim any intellectual property or other rights that limit the facilitated access to pathogens with pandemic potential, or their genomic sequences or components, in the form received; and (e) Access to pathogens with pandemic potential protected by intellectual and other property rights shall be consistent with relevant international agreements and with relevant national laws. Fair and equitable benefit-sharing (f) The Parties agree that benefits arising from facilitating access to pathogens with pandemic potential shall be shared fairly and equitably in accordance with the provisions of the PABS System. Accordingly, it is understood that production of pandemic vaccines or other pandemic-related products, irrespective of the technology, information or material used, implies use of pathogens with pandemic potential, including the genomic sequence; (g) Facilitated access shall be provided pursuant to a Standard Material Transfer Agreement, the form of which shall be set out in the PABS System and that shall contain the benefit-sharing options available to entities accessing pathogens with pandemic potential; and (h) Such options shall include, but not be limited to: (i) real-time access by WHO to 20% of the production of safe, efficacious and effective pandemic-related products, including diagnostics, vaccines, personal protective equipment and therapeutics, to enable equitable distribution, in particular to developing countries, according to public health risk and need and national plans that identify priority populations. The pandemic-related products shall be provided to WHO on the following basis: 10% as a donation and 10% at		Option 12.B 1. The Parties recognize that global pandemic prevention, preparedness and response requires multilateral, fair, equitable and timely sharing of, on an equal footing, pathogens with pandemic potential, including their genomic sequences, components and related information, and benefits, monetary and non-monetary, including access to pandemic-related products, [arising therefrom] / [that arise from the utilization of such pathogens]. 2. The Parties hereby establish the WHO Pathogen Access and Benefit-Sharing System (the "PABS System") under the WHO CA+. The Parties agree that the PABS System is structured as [a unified system] / [two mutually supportive systems]. 3. The PABS System aims to ensure timely access to pathogens with pandemic potential and the corresponding benefit sharing. The PABS System shall cover all pathogens with pandemic potential, including their genomic sequences, as well as access to benefits [arising therefrom] / [that arise from the utilization of such pathogens], be consistent and supportive of, and not run counter to, the objectives of the Convention on Biological Diversity and the Nagoya Protocol nor any other international access and benefit-sharing instruments. This will provide certainty and legal clarity for providers and users of Biological Materials, and strengthen, expedite, and not impede research and innovation. The Parties, working through the Conference of the Parties, shall review the operationalization and functioning of the PABS System every five years, and may take steps as appropriate to recognize the PABS System as a specialized international access and benefit sharing instrument within the meaning of paragraph 4 of Article 4 of the Nagoya Protocol, as necessary. 4. The Parties shall further develop the details of the PABS System, through the Conference of the Parties, recognizing that biological materials sharing and multilateral benefit sharing are equally important parts of the collective action for global public health. The PABS System shall be operational no later than xxx, in conformity with the provisions below. 5. Biological Materials sharing (a) Each Party, through its relevant public health authorities and authorized laboratories, shall, in a rapid, systematic and timely manner: (i) provide pathogens with pandemic potential from early infections due to pathogens with pandemic potential or subsequent variants to a laboratory recognized or designated as part of an established WHO coordinated laboratory network; and (ii) upload the genomic sequence of such pathogens with pandemic potential to one or more publicly accessible database(s) of its choice; (b) The PABS System will be consistent with international legal frameworks, notably those for collection of patient specimens, material and data, and will promote effective, standardized, real-time global and regional platforms that promote findable, accessible, interoperable and reusable data available to all Parties;

	affordable prices to WHO; (ii) commitments by the countries where manufacturing facilities are located that they will facilitate the shipment to WHO of these pandemic-related products by the manufacturers within their jurisdiction, according to schedules to be agreed between WHO and manufacturers. Recognition of the PABS System as a specialized international instrument (i) The PABS System, adopted under the WHO Constitution, is established with a view to its recognition as a specialized international access and benefit-sharing instrument within the meaning of the Nagoya Protocol; (j) Upon adoption, each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures to give effect to such recognition at the domestic level and/or with respect to its relations with all other States and regional economic integration organizations, as appropriate; and (k) The Parties shall support the further development and operationalization of the PABS System, including appropriate governance mechanisms, and participate in its operation, including through sustaining it in inter-pandemic times as well as appropriate scale-up in the event of a pandemic. 4. The Parties, working through the Governing Body for the WHO CA+, shall develop and finalize additional elements and tools necessary to fully implement, operationalize and sustain the PABS System, no later than XX.		(c) Access shall be accorded expeditiously by the laboratory recognized or designated as part of an established WHO coordinated laboratory network, subject to conclusion of a Standard Material Transfer Agreement, which will be agreed upon by the Parties, developed for the purposes of the PABS System, with the recipient in accordance with subsection (i) below. Any such access shall be subject to applicable biosafety and biosecurity rules and standards, and free of charge, or, when a fee is charged, it shall not exceed the minimal cost involved; (d) Recipients of materials shall not claim any intellectual property or other rights on the pathogens with pandemic potential, or their genomic sequences, components or related information; and (e) Access to pathogens with pandemic potential protected by intellectual and other property rights shall be consistent with relevant international agreements and with relevant national laws. 6. Multilateral benefit sharing (a) The Parties agree that benefits, both monetary and non-monetary, arising from facilitating access to pathogens with pandemic potential shall be shared fairly and equitably in accordance with the provisions of the PABS System. Accordingly, it is understood that production of pandemic vaccines or other pandemic-related products, irrespective of the technology, information or material used, implies utilization of pathogens with pandemic potential, their genomic sequence, components and related information; (b) Facilitated access shall be provided pursuant to a Standard Material Transfer Agreement, the form of which shall be set out in the PABS System and that shall contain the benefit-sharing obligations that the access to pathogens with pandemic potential is subject to; and (c) Three options are presented for paragraph 6(c) of Option 12.B Option 6(c).X: The benefit sharing obligations [by manufacturers of pandemic-related products developed from the utilization of pathogens with pandemic potential] will include, but not be limited to: (i) real-time access by WHO to a minimum of 20% of the production of safe, efficacious and effective pandemic-related products, to support their equitable distribution through the WHO allocation mechanism, in particular to developing countries, [according to public health risk and need]/[that are Parties to this WHO CA+]. The pandemic-related products shall be provided to WHO on the following basis: 10% as a donation and 10% at affordable prices to WHO; and (ii) collaboration with manufacturers from developing countries and WHO initiatives to transfer technology and know-how and strengthen capacities for the timely scale-up of production of pandemic-related products.

			Option 6(c).Y: In accordance with national laws, each Party shall include provisions in government-funded purchase agreements for pandemic-related products that promote timely and equitable global access to such products, including, as appropriate, provisions that: i. permit the donation of products outside of its territories; ii. facilitate potential delivery swaps or other modifications in order to address supply gaps around the world, including in developing countries; iii. promote or incentivize increased production capability of pandemic-related products, for example through subcontracting, licensing, or technology transfer on voluntary and mutually agreed terms as appropriate; and iv. incentivize or otherwise encourage the formulation and sharing of global access plans for the products. Option 6(c).Z: In case the Director General of the WHO declares a pandemic in accordance with Article XX: i. the Parties in a position to do so shall make all possible efforts to donate pandemic-related products to countries in need, without prejudice to the possibility for the Parties to organise direct donations to countries in need; and ii. in case pandemic-related products are in scarce supply, the Parties shall cooperate and take coordinated actions with the aim to ensure availability and affordability in access to pandemic-related products, and to this effect shall make all possible efforts to ensure that pandemic-related product manufacturers reserve: • no less than […] percent of their production of such pandemic-related product on a quarterly basis for sale to Parties that are least developed countries, and • no less than […] percent of their production of such pandemic-related products on a quarterly basis for sale to developing country Parties. 7. Each Party which has manufacturing facilities that produce pandemic-related products in its jurisdiction shall facilitate the shipment to WHO of such pandemic-related products, according to schedules to be agreed between WHO and manufacturers.
Preparedness, readiness and resilience			
Article 11. Strengthening and sustaining preparedness and health systems' resilience	1. The Parties recognize the need for resilient health systems, rooted in universal health coverage, to mitigate the shocks caused by pandemics and to ensure continuity of health services, thus preventing health systems from becoming overwhelmed. 2. The Parties are encouraged to enhance financial, technical and technological support, assistance and cooperation, in particular to developing countries, to strengthen health emergency prevention and preparedness consistent with the goal of universal health coverage. The	**Article 6. Preparedness, readiness and resilience**	1. Each Party shall take the necessary measures to strengthen their own health systems in order to strengthen and sustain pandemic prevention, preparedness and response, taking into account the need for equitable and resilient health systems, including primary health care with a view to the progressive realization of universal health coverage. 2. The Parties shall continue to cooperate on and are encouraged to enhance financial, technical and technological support, assistance, capacity strengthening and cooperation, in particular to developing countries, to strengthen health emergency prevention and preparedness consistent with the goal of universal health coverage.

	Parties shall strive to accelerate the achievement of universal health coverage. 3. The Parties are encouraged to establish global, regional and national collaborative genomics networks that are dedicated to epidemiological genomic surveillance and the global sharing of emerging pathogens with pandemic potential. 4. Each Party shall, in accordance with national law, adopt policies and strategies, supported by implementation plans, across the public and private sectors and relevant agencies, consistent with relevant tools, including, but not limited to, the International Health Regulations, and strengthen and reinforce public health functions for: (a) continued provision of quality routine and essential health services during pandemics, including clinical and mental health care and immunization, with a focus on primary health care and community-level interventions, and management of the backlog of and waiting lists for the diagnosis and treatment of, and interventions for, other illnesses, including care for patients with long-term effects from the pandemic disease; (b) strengthening human resource capacities during inter-pandemic times and during pandemics; (c) surveillance (including using a One Health approach), outbreak investigation and control, through interoperable early warning and alert systems; (d) sustained laboratory capacity for genomic sequencing, as well as for analysing and sharing such information; (e) prevention of epidemic-prone diseases, and emerging, growing or evolving public health threats with pandemic potential, notably at the human-animal-environment interface; (f) post-emergency health system recovery strategies; (g) strengthening public health laboratory and diagnostic capacities, and national, regional and global networks, including standards and protocols for infection prevention and control, and public health laboratory biosafety and biosecurity; and (h) creating and maintaining up-to-date, universal platforms and technologies for forecasting and timely information sharing, through		3. The Parties commit to establish, or build on existing, genomics, risk assessment, and laboratory networks to conduct epidemiological genomic surveillance and the global sharing of emerging pathogens with pandemic potential, and drug-resistant pathogens. 4. Each Party shall, in accordance with applicable laws, and supported by implementation plans, adopt policies, strategies, and/or measures, as appropriate, that seek to integrate perspectives from public and private sectors and relevant agencies, consistent with relevant tools or other international agreements, including, but not limited to, the International Health Regulations, and strengthen and reinforce public health functions for: (a) continued provision of quality routine and essential health services during pandemics, including clinical and mental health care and immunization, with a focus on primary health care, referral health services and community-level interventions, and management of the backlog of and waiting lists for the diagnosis and treatment of, and interventions for, other diseases and health conditions, including care for patients with long-term effects from the pandemic disease; (b) sustaining and strengthening capacities of the multi-disciplinary workforce needed during inter-pandemic times and preparing for and ensuring increased surge capacity during pandemics; (c) collaborative surveillance, outbreak detection investigation and control, through interoperable early warning and alert systems, and timely notification; (d) sustained national and/or regional laboratory capacity including for genomic sequencing, as well as for analysing and sharing such information; (e) cross-sectoral prevention of zoonoses and epidemic-prone diseases, and emerging, growing or evolving [public health]/[infectious disease] threats with pandemic potential, notably at the human-animal-environment interface; (f) development of rehabilitation and post-pandemic health system recovery strategies; (g) strengthening public health laboratory and diagnostic capacities, and national, regional and global networks, through application of standards and protocols for infection prevention and control, and public health laboratory biosafety and biosecurity; (h) creating and maintaining up-to-date, universal, inter-connected platforms and technologies for early detection, forecasting and timely information sharing, through appropriate capacities, including building digital health and data science capacities; (i) create and strengthen public health institutions at national, regional and international levels;

	appropriate capacities, including building digital health and data science capacities.		(j) strengthening public health emergency operational centres' capacities during inter-pandemic times and during pandemic times; and (k) strengthening infection prevention and control.
One Health			
Article 18. One Health	1. The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, to promote and implement a One Health approach that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of existing instruments and initiatives. 2. The Parties, with an aim of safeguarding human health and detecting and preventing health threats, shall promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify, conduct risk assessment of and share pathogens with pandemic potential at the interface between human, animal and environment ecosystems, while recognizing their interdependence. 3. The Parties will identify and integrate into relevant pandemic prevention and preparedness plans interventions that address the drivers of the emergence and re-emergence of disease at the human-animal-environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance. 4. The Parties commit to regularly assess One Health capacities, insofar as they relate to pandemic prevention, preparedness, response and recovery of health systems, and to identify gaps, policies and the funding needed to strengthen those capacities. 5. The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of pandemics, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the human-animal-environment interface due to human activities. 6. The Parties commit to strengthen multisectoral, coordinated, interoperable and integrated One Health surveillance systems and strengthen laboratory capacity to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spill-over events, mutations and the risks associated with zoonotic neglected tropical and vector-borne diseases, with a view to preventing	**Article 4. Pandemic prevention and public health surveillance**	1. The Parties shall take prevention and surveillance measures that are consistent with and supportive of effective implementation of the International Health Regulations (2005). Two options are presented for the rest of Article 4. **Option 4.A**: article ends here. **Option 4.B** 2. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national infection prevention and control measures, plans and programmes, including those addressing zoonotic diseases and pathogens. To this end, each Party shall, in accordance with its capabilities: (a) strengthen efforts to ensure access to safe water, sanitation and hygiene, and guarantee timely access to appropriate health services for diagnosis or treatment as measures to prevent the spread of disease in humans as well as animals; (b) ensure the implementation of infection prevention and control measures, applying as far as possible the latest international standards and guidelines; (c) strengthen efforts to ensure the sound management of wastes from health facilities, veterinary practices and live animal markets, contaminated by infectious pathogens; (d) require health care institutions to have in place an infection prevention and control programme no later than […] years after the entry into force of the WHO CA+; and (e) strengthen animal disease preventive measures, including, but not limited to, measures concerning farms, the transport of animals, live animal markets, trade in wild animals and veterinary practices for both food-producing and companion animals, taking into account the relevant international standards. Those measures include water and feed hygiene, infection prevention and control measures, farm sanitation, hygiene and biosecurity, and animal welfare support measures. 3. The Parties shall take actions to prevent outbreaks or pandemics due to pathogens that are resistant to antimicrobial agents, and, in accordance with national context, shall develop and implement a national antimicrobial resistance plan that strengthens antimicrobial stewardship in the human, animal and environmental sectors and the

	small-scale outbreaks in wildlife or domesticated animals from becoming a pandemic. 7. Each Party shall: (a) implement actions to prevent pandemics from pathogens resistant to antimicrobial agents, taking into account relevant tools and guidelines, through a One Health approach, and collaborate with relevant partners, including the Quadripartite; (b) foster actions at national and community levels that encompass whole-of-government and whole-of-society approaches to control zoonotic outbreaks (in wildlife and domesticated animals), including engagement of communities in surveillance that identifies zoonotic outbreaks and antimicrobial resistance at source; (c) develop and implement a national One Health action plan on antimicrobial resistance that strengthens antimicrobial stewardship in the human and animal sectors, optimizes antimicrobial consumption, increases investment in, and promotes equitable and affordable access to, new medicines, diagnostic tools, vaccines and other interventions, strengthens infection prevention and control in health care settings and sanitation and biosecurity in livestock farms, and provides technical support to developing countries; (d) enhance surveillance to identify and report on pathogens resistant to antimicrobial agents in humans, livestock and aquaculture that have pandemic potential, building on the existing global reporting systems; and (e) take the One Health approach into account at national, subnational and facility levels in order to produce science-based evidence, and support, facilitate and/or oversee the correct, evidence-based and risk-informed implementation of infection prevention and control.		prudent use of antibiotics. 4. The Parties shall take actions to strengthen laboratory biosafety and biosecurity in order to prevent the accidental exposure, misuse or inadvertent laboratory release of pathogens through biosecurity training and practices, regulating access to sensitive locations, and strengthening transportation security and cross-border transfer, in accordance with applicable rules and standards. 5. The Parties shall cooperate with one another and with the support of WHO to strengthen and maintain public health laboratory and diagnostic capacities, especially with respect to the capacity to perform genomic sequencing, data science to assess the risks of detected pathogens and to safely handle samples containing pathogens, and the use of related digital tools. The Parties shall also cooperate, as appropriate, to promote and facilitate the provision of necessary assistance by relevant international and regional organizations. 6. Each Party shall develop, strengthen and maintain the capacity to carry out integrated surveillance, including with respect to: (i) infectious diseases in humans; (ii) infectious diseases in animals that present significant risks for zoonotic, including vector-borne, spillover; and (iii) relevant samples taken from specific environmental settings for the purpose of preventing and controlling the spillover of potentially highly infectious pathogens, including antimicrobial resistant pathogens, across different animal species and between humans and animal populations.
		Article 5. Strengthening pandemic prevention and preparedness through a One Health approach	Two options are presented for Article 5 Option 5.A 1. The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, to promote and implement a One Health approach at national, and, as appropriate, at regional and global levels that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of, and in accordance with, domestic law and existing instruments and initiatives.

			2. The Parties, with an aim of safeguarding human health and detecting and preventing health threats, shall promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify, conduct risk assessment of and share pathogens with pandemic potential at the interface between human, animal and environment ecosystems, while recognizing their interdependence. 3. The Parties will identify and integrate into relevant pandemic prevention and preparedness plans interventions that address the drivers of the emergence and re-emergence of disease at the human-animal-environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance. 4. The Parties commit to regularly assess One Health capacities, insofar as they relate to pandemic prevention, preparedness, response and recovery of health systems, and to identify gaps, policies and the funding needed to strengthen those capacities. 5. The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of pandemics, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the human-animal-environment interface due to human activities. 6. The Parties commit to strengthen multisectoral, coordinated, interoperable and integrated One Health surveillance systems and strengthen laboratory capacity to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spill-over events, mutations and the risks associated with zoonotic neglected tropical and vector-borne diseases, with a view to preventing small-scale outbreaks in wildlife or domesticated animals from becoming a pandemic. 7. Each Party shall in accordance with the national context and to the extent necessary, to protect human, animal, or plant life or health: (a) implement science-based actions, including but not limited to improving infection prevention measures, antimicrobial research and development, access to and stewardship of antimicrobials, harmonisation of surveillance and management of environmental antimicrobial run-off, to prevent, reduce the risk of, and prepare for pandemics from zoonotic pathogens and pathogens resistant to antimicrobial agents, taking into account relevant tools and guidelines, through a One Health approach, and collaborate with relevant partners, including the Quadripartite; (b) foster and implement actions at national and community levels that encompass whole-of-government and whole-of-society approaches to control zoonotic outbreaks (in wildlife and domesticated animals), including engagement of communities in surveillance that identifies zoonotic outbreaks and antimicrobial resistance at source;

			(c) develop and implement a national One Health action plan on antimicrobial resistance that strengthens antimicrobial stewardship in the human and animal sectors, optimizes antimicrobial consumption, increases investment in, and promotes equitable and affordable access to, new medicines, diagnostic tools, vaccines and other interventions, strengthens infection prevention and control in health care settings and sanitation and biosecurity in livestock farms, and provides technical support to developing countries; (d) Implement One Health surveillance mechanisms using data collected from and shared across human, animal, and environmental sources for the purpose of preventing and controlling the spillover of pathogens with pandemic potential between humans and animal populations, as well as between different animal species; (e) take the One Health approach into account at national, subnational and facility levels in order to produce science-based evidence, including related to the social and behavioural sciences and risk communication and community engagement, and support, facilitate and/or oversee the correct, evidence-based and risk-informed implementation of infection prevention and control; and (f) promote or establish One Health joint training and continuing education programmes for human, animal and environmental health workforces, particularly for veterinary and environmental services needed to prevent spillover events, to build complementary skills, capacities and capabilities to prevent, detect, control, and respond to pandemic health threats. 8. In line with Article 15, the Parties shall develop and implement or strengthen, as appropriate, bilateral, regional, subregional and other multilateral channels to enhance financial and technical support, assistance and cooperation, in particular to developing countries to strengthen surveillance systems and laboratory capacity in promoting and implementing One Health approach at the national level. Option 5.B: not to include the Article
Financing			
Article 19. Sustainable and predictable financing Health	1. The Parties recognize 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,	**Article 19. Financing**	1. The Parties recognize the important role that sustainable 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, as appropriate and within the means and resources at its disposal, to raise sustainable financial resources for effective implementation of the WHO CA+ through bilateral and multilateral, regional or sub-regional funding mechanisms; (b) plan and provide adequate financial support, in line with its national fiscal capacities,

	response and recovery of health systems; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and progressive realization of universal health coverage; (c) commit to prioritize 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. 2. The Parties shall ensure, through innovative existing and/or new mechanisms, sustainable and predictable financing of global, regional and national systems, capacities, tools and global public goods, while avoiding duplication, promoting synergies and enhancing transparent and accountable governance of these mechanisms, to support strengthening pandemic prevention, preparedness, response and recovery of health systems, based on public health risk and need, particularly in developing countries. 3. The Parties shall promote, as appropriate, the use of bilateral, regional, subregional and other appropriate and relevant channels to provide funding for the development and strengthening of pandemic prevention, preparedness, response and health system recovery programmes of developing country Parties. 4. The Parties will facilitate rapid and effective mobilization of adequate financial resources, including from international financing facilities, to affected countries, based on public health need, to maintain and restore routine public health functions during and in the aftermath of a pandemic response. 5. The Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties to support them in meeting their obligations under the WHO CA+, without limiting their participation in or membership of these organizations.		for: (i) strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and progressive realization of universal health coverage for pandemic prevention, preparedness, response; (c) prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate, domestic funding for pandemic prevention, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health coverage; (d) mobilize financial resources, for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, in accordance with its respective capacities and based on the principle of solidarity, particularly for developing countries, including through international organizations and existing and new mechanisms; and (e) provide, within the means and resources at its disposal, support and assistance to other Parties, at their or at WHO's request, in emergencies to facilitate containment at the source. 2. The Parties shall endeavour to ensure, through innovative existing and/or new mechanisms, sustainable and predictable financing of global, regional and national systems, capacities, tools and global public goods, while avoiding duplication, promoting synergies and enhancing transparent and accountable governance of these mechanisms, to support strengthening pandemic prevention, preparedness, response and recovery of health systems, based on public health risk and need, particularly in developing countries. 3. The Parties agree to establish funding mechanisms to support implementation of this WHO CA+. The mechanisms should avoid duplication and ensure complementarity and coherence among the utilization of the funds within the mechanisms and other existing funds. The mechanisms shall ensure provision of adequate, accessible, new and additional and predictable financial resources and shall include: (a) A fund that shall be funded, inter alia, through the following sources: i. Annual contributions by Parties to the CA+, within their respective means and resources; ii. Contributions from pandemic-related product manufacturers; iii. Voluntary contribution by Parties and other stakeholders. (b) A voluntary fund for pandemic prevention, preparedness, response and recovery of health systems with contribution from all relevant sectors that benefit from good public health (travel, trade, tourism, transport)

			(c) The aforementioned fund will provide resources to assist Parties, in particular developing countries, in meeting their obligations under the CA+, in particular with regards to capacity building, strengthening of health systems and laboratory capacities for pandemic prevention, preparedness response and recovery of health systems, R&D for pandemic related-products and technology transfer. The fund will also finance the WHO allocation mechanism, as well as the Secretariat of the CA+. (d) The Parties shall promote, as appropriate, the use of bilateral, regional, subregional and other appropriate and relevant channels to provide funding for the development and strengthening of pandemic prevention, preparedness, response and health system recovery programmes of developing country Parties. 4. The Parties will [mobilize] / [facilitate] additional financial resources, including from international financing facilities, to affected countries, based on public health risk and need, to maintain and restore routine public health functions and other essential health services during and in the aftermath of a pandemic response. 5. The Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage, as appropriate, these entities to provide additional financial assistance for developing country Parties to support them in meeting their obligations under the WHO CA+, without limiting their participation in or membership of these organizations. Two options are presented for paragraph 6 of Article 19 Option 19.A 6. The Parties agree that funding models for pandemic prevention, preparedness and response need to take into account national financial capacity and capabilities, and to this extent shall: (a) establish programmes that convert debt re-payment into pandemic prevention, preparedness, response, and recovery investments in health to be attained under individually negotiated "debt swap" agreements; and (b) commit to expanding partnerships with development finance institutions in providing additional funding to developing countries, through prioritized debt relief, debt restructuring, provision of grants rather than loans that will guarantee that programs protect essential health and related spending from encroachment and to take advantage of economic benefits of frontloading finance for prevention and preparedness or support investments. Option 19.B: not to include paragraph 6

Preparedness monitoring and functional reviews			
Article 13. Preparedness monitoring, simulation exercises and universal peer review	1. Each Party shall undertake regular and systematic capacity assessments in order to identify capacity gaps and develop and implement comprehensive, inclusive, multisectoral national plans and strategies for pandemic prevention, preparedness and response, based on relevant tools developed by WHO. 2. Each Party shall periodically assess the functioning, readiness and gaps of its preparedness and multisectoral response, logistics and supply chain management, through appropriate simulation or tabletop exercises, that include risk and vulnerability mapping. Such exercises may consist of after-action reviews of actual public health emergencies that can support identifying gaps, share lessons learned and improve national pandemic prevention, preparedness and response. 3. The Parties will convene multi-country or regional tabletop exercises every two years, with technical support from the WHO Secretariat, with an aim to identify gaps in multi-country response capacity. 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. 5. The Parties shall develop and implement a transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system, which includes targets and national and global standardized indicators, with necessary funding for developing countries for this purpose. 6. The Parties should establish, regularly update and broaden implementation of a universal peer review mechanism to assess national, regional and global preparedness capacities and gaps, by bringing nations together to support a whole-of-government and whole-of-society approach to strengthen national capacities for pandemic prevention, preparedness, response and health systems recovery, through technical and financial cooperation, mindful of the need to integrate available data and to engage national leadership at the highest level. 7. The Parties shall endeavour to implement the recommendations generated from review mechanisms, including prioritization of activities for immediate action.	**Article 8. Preparedness monitoring and functional reviews**	1. Each Party, consistent with its national laws and context, shall undertake regular and systematic assessments in order to identify capacity gaps and develop and implement comprehensive, inclusive, multisectoral, resourced national plans and strategies for pandemic prevention, preparedness, response and health systems recovery, based on relevant tools developed by WHO in partnership with relevant organizations. 2. Each Party shall periodically assess the functioning, readiness and gaps of its pandemic preparedness, surveillance capacity and multisectoral response, logistics and supply chain management, and risk assessment, through, among others, appropriate simulation or tabletop exercises, and intra- and after-action reviews. These efforts are for the purposes of helping to identify gaps and bottlenecks, share lessons learned and improve national pandemic prevention, preparedness and response. 3. The Parties will convene multi-country or regional multi-sectoral tabletop exercises no less than every five years, with technical support from the WHO Secretariat, with an aim to identify gaps in multi-country response capacity. 4. Each Party shall provide regular reporting, building on existing relevant reporting where possible, on its pandemic prevention, preparedness, response and health systems recovery capacities. 5. The Parties shall, building on existing tools, develop and implement an inclusive, transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system, which includes targets and national, regional and global standardized indicators, with necessary and predictable resources for developing countries for this purpose. 6. The Parties shall consider and endeavour to implement the recommendations generated from reviews, including prioritization of activities for immediate action, in accordance with their nationally determined health priorities. Three options are presented for the rest of Article 8 Option 8.A: the Article ends here Option 8.B: Parties propose to establish a peer review mechanism 7. The Parties shall establish, regularly update and broaden implementation of a universal preparedness peer review mechanism that leverages the use of existing monitoring and evaluation tools, to assess national, regional and global preparedness capacities and gaps, through whole-of-government and whole-of-society approaches to strengthen capacities for pandemic prevention, preparedness, response and health systems recovery, through technical and financial cooperation, mindful of the need to

			integrate available data and to engage national leadership at the highest level. Option 8.C: Parties propose to establish a UHPR mechanism 7. The Parties agree to establish a Universal Health and Preparedness Review (UHPR) mechanism, a regular intergovernmental dialogue among Member States which aims to promote collective global action and accountability for preparedness, by bringing them together with stakeholders at the national, regional and global levels to comprehensively review their national health emergency preparedness capacities. 8. Each Party shall conduct a national review and participate in a global peer-review between Parties, to share national practices, gaps in preparedness and opportunities for improving health capacities and emergency preparedness.
Governance: bodies, reporting, implementation, compliance and committees			
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+. The COP shall: (a) be composed of delegates representing Parties; (b) convene regular sessions of the Governing Body; the first of which shall take place not later than one year after the date of entry into force of the Convention, at a time and place to be determined by the WHO Secretariat, with the time and place of subsequent ordinary sessions to be determined by the COP upon a proposal of the Officers of the Parties; (c) convene special sessions of the Governing Body at such other times as may be deemed necessary by the COP, or at the written request of any Party, provided that, within 30 days of such a request being communicated	**Article 20. Conference of the Parties**	1. A Conference of the Parties is hereby established. The Conference of the Parties shall be comprised of delegates representing Parties. The Conference of the Parties shall also include observers from: (a) Representatives of the United Nations and its specialized and related agencies, as well as any State Member thereof or observers thereto not Party to the WHO CA+; and (b) Representatives of any body or organization, whether national or international, governmental or non-governmental, private sector or public sector, which is qualified in matters covered by the WHO CA+, provided that observers pursuant to this subparagraph may be admitted as an observer, upon formal application, in accordance with terms and conditions to be adopted by the Conference of the Parties, renewable every three years, unless at least one third of the Parties object. 2. Only delegates representing Parties will participate in any decision-making of the Conference of the Parties, whether by consensus, voting, or otherwise. 3. With the aim of promoting coherence of the Conference of the Parties and the World Health Assembly, as well as coordination with respect to relevant instruments and mechanisms within the framework of the World Health Organization, the Conference of the Parties shall operate within a third main Committee of the World Health Assembly, subject to the establishment of such a Committee by the World Health Assembly. (a) Decision-making within such a third main Committee of the World Health Assembly will be adjusted, as appropriate, to accommodate membership of the Committee and the Conference of the Parties. (b) The Conference of the Parties shall operate under the rules of procures of the third main committee of the World Health Assembly, provided that the Conference of the Parties may agree to amend, supplement or revise such rules of procedure with a view to

	to the Party/Parties by the Secretariat, it is supported by at least one third of the Parties; and (d) adopt its rules of procedure, as well as those of the other bodies of the Governing Body, which shall include decision-making procedures. Such procedures may include specified majorities required for the adoption of particular decisions. 4. The Officers of the Parties, as the administrative organ of the Governing Body, shall: (a) be composed of two Presidents, four Vice-Presidents and two rapporteurs, serving in their individual capacity and elected by the COP for XX years; and (b) endeavour to make decisions by consensus; however, if efforts to reach consensus are deemed by the Presidents to be unavailing, decisions may be taken by voting by the President and Vice-Presidents. 5. The Governing Body may further develop proposals for consideration by the WHO Executive Board, including to promote coordination and synergies between its Standing Committee on Health Emergency Prevention, Preparedness and Response and the Governing Body for the WHO CA+.		facilitating the dispatch of its business, with the aim to facilitate reporting by the Parties and avoid duplications. (c) In the event that States Parties to the International Health Regulations determine that an implementation and compliance mechanism under that instrument will also operate within said third main Committee of the World Health Assembly, further steps will be agreed, as necessary, to accommodate, as appropriate, decision-making within such a third main Committee of the World Health Assembly. (d) In the event that the World Health Assembly does not establish said third main Committee of the World Health Assembly by the date of the entry into force of the WHO CA+, the Conference of the Parties shall agree on the framework in which the Conference of the Parties shall operate. 4. The first session of the Conference of the Parties shall be convened by the World Health Organization not later than one year after the entry into force of the WHO CA+, which may, if so determined by the World Health Assembly, be outside the regular cycle of meetings of the third main committee of the World Health Assembly under which the Conference of the Parties operates. 5. Following the first session of the Conference of the Parties: (a) subsequent regular sessions of the Conference of the Parties shall be on the time and date of the third main committee of the World Health Assembly within which the Conference of the Parties operates; and (b) extraordinary sessions of the Conference of the Parties shall be held at such time and date as may be deemed necessary by the Conference of the Parties or at the written request of any Party, provided that, within six months of the request being communicated to them by the Secretariat, it is supported by at least one-third of the Parties. The date and time of any such extraordinary sessions be outside the regular cycle of meetings of the third main committee of the World Health Assembly within which the Conference of the Parties operates. 6. The Conference of the Parties shall keep under regular review the implementation of the WHO CA+ and take the decisions necessary to promote its effective implementation and may adopt protocols, annexes and amendments to the WHO CA+, in accordance with Articles 32, 33 and 34. Towards this end, it shall: (a) consider reports submitted by the Parties in accordance with Article 21 and adopt regular reports on the implementation of the WHO CA+; (b) oversee the bodies referred to in paragraph 9 of this Article, including establishing their rules of procedure and working modalities and, if so decided, establish other subsidiary bodies as are necessary to achieve the objective of the WHO CA+;

			(c) promote and facilitate the mobilization of financial resources for the implementation of the WHO CA+, in accordance with Article 19; (d) request, where appropriate, the services and cooperation of, and information provided by, competent and relevant organizations and bodies of the United Nations system and other international and regional intergovernmental organizations and nongovernmental organizations and bodies as a means of strengthening the implementation of the WHO CA+; and (e) consider other action, as appropriate, for the achievement of the objective of the WHO CA+, in the light of experience gained in its implementation. 7. The Conference of the Parties shall keep under regular review every three years the implementation and outcome of the WHO CA+ and any related legal instruments that the Conference of the Parties may adopt, and shall make the decisions necessary to promote the effective implementation of the WHO CA+. 8. The work of the Conference of the Parties shall be carried out by the following bodies, as further described in this Chapter, as well as by any other bodies the Conference of the Parties may establish, in accordance with the terms of the WHO CA+: (a) The Implementation and Compliance Committee, as set out in Article 22; (b) The Panel of Experts to provide scientific advice, as set out in Article 23; (c) The Pandemic-Related Products Expert Committee, as set out in Article 24; and (d) The Benefit-Sharing Expert Committee, as set out in Article 25.
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. 2. The Consultative Body will provide opportunity for broad, fair and equitable input to the COP for the decision-making processes of the COP. Further, the Consultative Body will provide opportunity for facilitation of implementation of COP decisions through modalities to be established by the COP. For the avoidance of doubt, it is understood that the Consultative Body will not participate in any decision-making, whether by consensus, voting or otherwise, of the COP. 3. The Consultative Body shall be composed of (i) delegates representing Parties; and (ii) representatives of the United Nations and its specialized and related agencies, as well as any State Member thereof or observers thereto not Party to the WHO CA+. Further, representatives of any body or organization, whether national or international, governmental or nongovernmental, private sector or public sector, which is qualified in matters covered by the WHO CA+, may be admitted upon formal	**Article 21. NEW Periodic Reports to the Conference of the Parties**	1. Each Party shall submit to the Conference of the Parties periodic reports on its implementation of the WHO CA+, which shall include the following: (a) information on legislative, executive and administrative measures, good practices or other measures taken to implement the WHO CA+; (b) information on any constraints or difficulties encountered in the implementation of the WHO CA+ and on the measures taken or under consideration to overcome them; (c) information on implementation support received under the WHO CA+; and (d) other information as required by specific provisions of the WHO CA+. 2. The frequency, conditions and format of the periodic reports submitted by the Parties shall be determined by the Conference of the Parties at its first session, with the aim to facilitate reporting by the Parties and avoid duplications. These reports shall be drawn up in a clear, transparent and exhaustive manner, without prejudice to respect for applicable rules on confidentiality, privacy and data protection.

	application, in accordance with terms and conditions to be adopted by the COP, renewable every three years, unless at least one third of the Parties object. 4. The Consultative Body shall be subject to the oversight of the COP, including rules of procedure adopted by the COP.		3. The Conference of the Parties shall adopt appropriate measures to assist Parties, upon request, in meeting their obligations under this Article, with particular attention to the needs of Parties which are developing countries. 4. The periodic reports submitted by the Parties shall be made publicly available online by the Secretariat.
Article 22. Oversight mechanisms for the WHO CA+	1. The Governing Body, at its first meeting, shall consider and approve cooperative procedures and institutional mechanisms to promote compliance with the provisions of the WHO CA+ and also address cases of non-compliance. 2. These measures, procedures and mechanisms shall include monitoring provisions and accountability measures to systematically address the achievement and gaps of capacities for prevention, preparedness, response and recovery of health systems, and the impact of pandemics, by means that include submission of periodic reports, reviews, remedies and actions, and to offer advice or assistance, where appropriate. These measures shall be separate from, and without prejudice to, the dispute settlement procedures and mechanisms under the WHO CA+.	**Article 22. NEW Implementation and Compliance Committee**	An Implementation and Compliance Committee to facilitate and consider the implementation of and promote compliance with the provisions of the WHO CA+ is hereby established as a subsidiary body of the Conference of the Parties. 2. The Implementation and Compliance Committee is mandated to promote implementation of, and review compliance with, the provisions of the WHO CA+, including by addressing matters related to possible non-compliance. 3. The Implementation and Compliance Committee shall be facilitative in nature and function in a manner that is transparent, non-adversarial and non-punitive and shall pay particular attention to the respective national and regional capabilities and circumstances of Parties, in particular the needs of Parties which are developing countries. The Implementation and Compliance Committee shall provide notification in writing with respect to the actions of any Party it may be considering. 4. The Implementation and Compliance Committee shall consider issues of implementation and compliance at the individual and systemic levels, inter alia, and report periodically and make recommendations, as appropriate while cognizant of respective national circumstances, to the Conference of the Parties. Such recommendations may include proposals for consideration of the Conference of the Parties aimed at facilitating and providing support for the implementation of the WHO CA+, with particular attention to the needs of Parties which are developing countries. 5. The Committee shall consist of […] members, [which are independent experts,] [possessing appropriate qualifications and experience,] nominated by Parties and elected by the Conference of the Parties, with due consideration to gender equality and equitable geographical representation. The first members of the Implementation and Compliance Committee shall be elected at the first session of the Conference of the Parties. Thereafter, the members shall be elected in accordance with the rules of procedure approved by the Conference of the Parties pursuant to paragraph 10 of Article 20. The members of the Implementation and Compliance Committee shall have recognized competence in fields relevant to the WHO CA+ and reflect an appropriate balance of expertise. 6. The Implementation and Compliance Committee shall consider: (a) written submissions from any Party with respect to compliance with the provisions of the WHO CA+;

			(b) periodic reports by the Parties submitted in accordance with Article 21; (c) any issue submitted to it by the Conference of the Parties; and (d) other relevant information. 7. The Implementation and Compliance Committee shall elaborate its rules of procedure, which shall be subject to approval by the second session of the Conference of the Parties. The Conference of the Parties may supplement or clarify the mandate of the Implementation and Compliance Committee. 8. The Implementation and Compliance Committee shall make every effort to adopt its recommendations by consensus. In the absence of consensus, the recommendations shall be adopted by a three-fourths majority vote of the members present and voting, based on a quorum of two-thirds of the members. 9. The Implementation and Compliance Committee shall collaborate with relevant monitoring and review bodies and mechanisms that may be established by the World Health Assembly or by States Parties to the International Health Regulations, including by providing for joint sessions. 10. In the course of its work, the Implementation and Compliance Committee may draw on appropriate information from any bodies established under the WHO CA+ or the World Health Organization, as well as from any information submitted to the WHO by Parties through other mechanisms.
		Article 17. NEW Implementation, acknowledging differences in levels of development	**Three options are presented for Article 17.** **Option 17.A** 1. All Parties shall fully implement the WHO CA+, recognizing their different levels of development and respectful of their national sovereignty. 2. The specific needs and special circumstances of developing country Parties to support the implementation of the provisions of this WHO CA+ should be given full consideration for financial and technical assistance, technology transfer and support for sustainable capacity-building. 3. Where a developing country Party lacks the necessary capacity to implement the specific provision(s) of the WHO CA+, the Parties shall work together to identify the most relevant partner(s) that can support the development of such capacities and shall cooperate to ensure that the necessary financial and human resources are made available. **Option 17.B** 1. The provisions contained in this WHO CA+ shall be implemented by developing country Parties in accordance with this Article.

			2. The specific needs and special circumstances of developing country Parties, especially those that are particularly vulnerable to the adverse effects of pandemics and other public health emergencies of international concern and those that would have to bear a disproportionate or abnormal burden under the WHO CA+, should be given full consideration. 3. Financial assistance, technology transfer, technical assistance and support for capacity-building shall be provided by developed country Parties to help developing country Parties to implement the provisions of the WHO CA+. The extent and the timing of implementation of the provisions of the WHO CA+ shall be related to the implementation capacities of developing country Parties, recognizing that enhanced support for developing country Parties will allow for higher ambition in their actions. Other Parties are encouraged to provide or continue to provide such support voluntarily. 4. Where a developing country Party continues to lack the necessary capacity, the implementation of the provision(s) concerned will not be required until implementation capacity has been acquired. Where a developing country Party continues to lack the necessary primary health care and hospital care capacities to the resilience levels as determined under Article 6, the implementation of other capacity-building shall not be required in such a manner that investments will be diverted away from primary health care or hospital care capacities. 5. The extent to which developing country Parties will implement their commitments under the WHO CA+ will depend on the effective implementation by developed country Parties of their commitments under this Article related to financial resources, the transfer of technology, technical assistance and support for capacity-building for developing country Parties, and will fully take into account their administrative and institutional capabilities, as well as the fact that economic and social development and poverty eradication are the first and overriding priorities of developing country Parties. 6. Developing country Parties shall have full flexibility in the implementation of the WHO CA+ in light of their capacities, avoiding undue burden and respectful of their national sovereignty, in accordance with their national capacities and priorities premised upon their sovereign prerogatives. **Option 17.C**: not to include an article.
Article 23. Assessment and review	The Governing Body shall establish a mechanism to undertake, three years after the entry into force of the WHO CA+, and thereafter every three years and upon modalities determined by the Governing Body, an evaluation of the relevance and effectiveness of the WHO CA+, and recommend corrective measures, including, if deemed appropriate, amendments to the text of the WHO CA+.	**Article 23. NEW Panel of Experts to provide scientific advice**	1. An expert body to provide scientific advice is hereby established as a subsidiary body of the Conference of the Parties to provide the Conference of the Parties with information, science-based and other technical advice on matters relating to the WHO CA+. The Panel of Experts shall comprise independent experts competent in the relevant fields of expertise and sitting in their individual expert capacity. It shall be multidisciplinary in line with the One Health approach. It shall report regularly to the Conference of the Parties on all aspects of its work. The body shall: (a) collect, consider and evaluate the most advanced and recent information and

			scientific knowledge available on the origins, prevention, surveillance, control and impacts of pandemics; (b) provide or compile assessments of the state of scientific knowledge relating to zoonotic and other risks in accordance with the One Health approach; (c) prepare scientific and evidence-based assessments on the effects of measures taken in the implementation of the WHO CA+ and make recommendations as appropriate; (d) provide advice as appropriate on scientific programmes, international cooperation in research and development related to matters covered by the WHO CA+, as well as on ways and means of supporting endogenous capacity building in developing countries; (e) respond to scientific, technological and methodological questions that the Conference of the Parties or other subsidiary body may put forward; (f) assess the status of available scientific knowledge and evidence relating to Pandemics it causes, predictability, prevention measures, preparedness and response requirements; (g) assess global, and regional situations and may forecast the emerging pandemic threats, level of risk they possess, need for any specific preparedness programme or response options including the availability or need for new research on the health products and technologies; (h) assess the threats and prepare a R&D Blueprint for pandemics; (i) prepare strategies and guidelines for preparedness and response for various known pandemics; (j) conduct health technology assessment of pandemic related products and share withe results with Parties and WHO mechanisms; (k) act in coordination with the R&D observatory as well as the R&D Blueprint in development of prioritisation of R&D objectives and targets; (l) stock-take and monitor of all types of genetic research and big data analysis associated with highly transmissible pathogens, and alert scientific community about any potential biosecurity concern and develop standards and operating procedures to avoid such concerns; (m) develop guidelines on research involving pandemic potential pathogens including genetic engineering with a view to avoid biosafety and biosecurity concerns including accidental laboratory leakages of disease-causing agents; and

			(n) provide advice and recommendations on any matter as requested by the Conference of the Parties. 2. The Panel of Experts shall take due account of relevant work by, and allow for the participation in its proceedings of, relevant international and regional intergovernmental organizations, governmental and non-governmental organisations and bodies, as well as academic experts. 3. The Panel of Experts shall consist of […] independent experts selected by common accord by the Heads of the Quadripartite Organisations on the basis of criteria of competence, independence, multidisciplinarity, gender equality and equitable geographic representation. Its composition may be modified by the Conference of the Parties. 4. The Panel of Experts shall elaborate its rules of procedure, which shall be approved by the Conference of the Parties at its second session. 5. The Conference of the Parties shall ensure the availability of the resources necessary to enable the Panel of Experts to achieve its objectives and perform its tasks.
		Article 24. NEW Pandemic-Related Products Expert Committee	1. A Pandemic-Related Products Expert Committee is hereby established as a subsidiary body of the Conference of the Parties. 2. The Pandemic-Related Products Expert Committee is mandated to monitor and analyse issues related to the availability, affordability and quality of pandemic-related products and report to the Conference of the Parties, discharge all functions set out in the WHO CA+ and respond to requests from the Conference of the Parties. It shall pay particular attention to the needs of Parties which are developing countries. 3. The Pandemic-Related Products Expert Committee shall consist of […] members, which are independent experts, nominated by Parties and elected by the Conference of the Parties, with due consideration to gender equality, multi-disciplinarity, including legal, economic and industrial organisation expertise, and equitable geographical representation. The initial members of the Pandemic-Related Products Expert Committee shall be elected at the first session of the Conference of the Parties. Thereafter, the members shall be elected in accordance with the rules of procedure approved by the Conference of the Parties pursuant to paragraph 4 of this Article. The members of the Pandemic-Related Products Committee shall have recognized competence in fields relevant to the WHO CA+, and reflect an appropriate balance of expertise. 4. The Pandemic-Related Products Expert Committee shall elaborate its rules of procedure, which shall be subject to approval by the second session of the Conference of the Parties. The Conference of the Parties may supplement or clarify the mandate of the Pandemic-Related Products Expert Committee. 5. The Pandemic-Related Products Expert Committee shall make every effort to

			deliberate by consensus. In the absence of consensus, its recommendations or decision shall be adopted by a three-fourths majority vote of the members present and voting, based on a quorum of two-thirds of the members.
		Article 25. NEW Benefit-Sharing Expert Committee	1. A Benefit-Sharing Expert Committee is hereby established as a subsidiary body of the Conference of the Parties. 2. The Benefit-Sharing Expert Committee is mandated to establish guidelines of benefit-sharing, providing transparency and ensuring a fair and equitable sharing of benefits, and report to the Conference of the Parties, discharge all functions set out in the WHO CA+ and respond to requests from the Conference of the Parties. It shall pay particular attention to the needs of Parties which are developing countries. 3. The Benefit-Sharing Expert Committee shall consist of […] members, which are independent experts, nominated by Parties and elected by the Conference of the Parties, with due consideration to gender equality, multi-disciplinarity, including legal, economic and industrial organisation expertise, and equitable geographical representation. The initial members of the Pandemic-Related Products Expert Committee shall be elected at the first session of the Conference of the Parties. Thereafter, the members shall be elected in accordance with the rules of procedure approved by the Conference of the Parties pursuant to paragraph 4 of this Article. The members of the Committee shall have recognized competence in fields relevant to the WHO CA+, and reflect an appropriate balance of expertise. 4. The Benefit-Sharing Expert Committee shall elaborate its rules of procedure, which shall be subject to approval by the second session of the Conference of the Parties. The Conference of the Parties may supplement or clarify the mandate of the Benefit-Sharing Expert Committee. 5. The Benefit-Sharing Expert Committee shall make every effort to deliberate by consensus. In the absence of consensus, its recommendations or decision shall be adopted by a three-fourths majority vote of the members present and voting, based on a quorum of two-thirds of the members.