19 October 2023

Thematic Text Comparison

The **Bureau's text of the WHO CA+** for the consideration of the Intergovernmental Negotiating Body (INB) at its fifth (resumed session) and sixth meeting and the **Negotiating Text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO Pandemic Agreement)** for the consideration of the INB at its seventh meeting

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The Bureau's text 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 Negotiating Text of the WHO Pandemic Agreement. This comparison document includes only the following themes: preamble, use of terms, objectives & scope, general principles & approaches, human rights, pandemic prevention and public health surveillance & One Health, preparedness, readiness & resilience, preparedness monitoring & functional reviews, research & development, sustainable production, transfer of technology & know-how, access & benefit sharing, global supply chain & logistics, financing, institutional arrangements, and reports to the Conference of the Parties.

Bureau's text of the WHO CA+ (2 June 2023)		Negotiating Text of the WHO Pandemic Agreement (16 Oct 2023)	
Preamble			
Preamble		**Preamble**	The Parties to the WHO Pandemic Agreement, 1. *Recognizing* that the World Health Organization is fundamental to strengthening pandemic prevention, preparedness and response, as it is the directing and coordinating authority on international health work, 2. *Recalling* the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, 3. *Recognizing* that the international spread of disease is a global threat with serious consequences for lives, livelihoods, societies, and economies that calls for the widest possible international cooperation in an effective, coordinated, appropriate and comprehensive international response while reaffirming the principle of sovereignty of States Parties in addressing public health matters,

			4. *Noting* with concern that the COVID-19 pandemic revealed serious shortcomings in preparedness at national and global levels for timely and effective prevention and detection of, and response to, health emergencies, 5. *Deeply* concerned by the gross inequities at national and international levels that hindered timely and equitable access to medical and other COVID-19 pandemic-related products, notably vaccines, oxygen supplies, personal protective equipment, diagnostics, and therapeutics, 6. *Recognizing* the critical role of the whole-of-government and whole-of-society approaches at the country and community levels and the importance of international, regional, and cross-regional collaboration, coordination, and global solidarity in achieving sustainable improvements in pandemic prevention, preparedness, and response, 7. *Recognizing* the importance of ensuring political commitment, resourcing and attention across sectors, for pandemic prevention, preparedness and response, 8. *Reaffirming* the importance of multisectoral collaboration at national, regional, and international levels to safeguard human health, detect and prevent health threats at the animal and human interface, zoonotic spill-over and mutations, and to sustainably balance and optimize the health of people, animals, and ecosystems, in a One Health approach, 9. *Reiterating* the need to work towards building and strengthening resilient health systems, with skilled and trained health workers, to advance universal health coverage and to adopt an equitable approach to mitigate the risk that pandemics exacerbate existing inequities in access to services, 10. *Recognizing* that protection of intellectual property rights is important for the development of new medical products, and *recalling* that intellectual property rights do not, and should not, prevent Member States from taking measures to protect public health, and further recognizing concerns about the effects of intellectual property rights on prices, 11. *Underscoring* the importance of promoting early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens with pandemic potential, as well as the fair and equitable sharing of benefits arising therefrom, taking into account relevant national and international laws, regulations, obligations and frameworks, including the International Health Regulations, the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, and the Pandemic Influenza Preparedness Framework, and also mindful of the work being undertaken in

			other relevant areas and by other United Nations and multilateral organizations or agencies, 12. *Acknowledging* that pandemic prevention, preparedness and response at all levels and in all sectors, particularly in developing countries, require predictable, sustainable and sufficient financial, human, logistical and technical resources, and that unequal development across countries in the promotion of health and control of disease, especially communicable disease, is a common danger which require support through international collaboration, 13. *Noting* the adoption of the Political Declaration of the High Level Meeting on pandemic prevention, preparedness and response, during the 78th United Nations General Assembly, which affirms the need to prioritize equity, respect for human rights and strengthen the capacity of pandemic prevention, preparedness and response, *Have agreed* as follows: [...]
Use of terms			
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 limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen;	**Article 1.** **Use of terms**	1. For the purposes of the WHO Pandemic Agreement: (a) "genetic sequences" means the order of nucleotides identified in a molecule of DNA or RNA. They contain the genetic information that determines the biological characteristics of an organism or a virus; (b) "genomics" means the study of the total or part of the genetic or epigenetic sequence information of organisms, and attempts to understand the structure and function of these sequences and of downstream biological products. Genomics in health examines the molecular mechanisms and the interplay of this molecular information and health interventions and environmental factors in disease; (c) "infodemic" means too much information, false or misleading information, in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health and social measures; (d) "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. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development;

Bureau's text of the WHO CA+ (2 June 2023)		Negotiating Text of the Pandemic Agreement (16 October 2023)	
	(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.]		(e) "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; (f) "pandemic-related products" means products that are needed for pandemic prevention, preparedness and response, and which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen; (g) "Party" means a State or regional economic integration organization that has consented to be bound by this Agreement in accordance with its terms, and for which this Agreement is in force; (h) "pathogen with pandemic potential" means any pathogen that has been identified to infect humans and that is potentially highly transmissible and capable of wide, uncontrollable spread in human populations and highly virulent, making it likely to cause significant morbidity and/or mortality in humans; (i) "persons in vulnerable situations" means individuals, groups or communities with disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic, including vulnerability due to discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status; (j) "recipient" means receivers of WHO PABS Material from the WHO coordinated laboratory network, such as manufacturers of vaccines, diagnostics, pharmaceuticals and other products relevant to pandemic prevention, preparedness and response, as well as biotechnology firms, research institutions and academic institutions. Any manufacturer that enters into any contracts or formal agreements with recipients or laboratories in the WHO coordinated network for the purpose of using WHO PABS Materials on the manufacturer's behalf for commercialization, public use or regulatory approval of that manufacturer's vaccines, diagnostics or pharmaceuticals shall also be considered a recipient for purposes of this Agreement; (k) "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; (l) "WHO coordinated laboratory network" means the international network of laboratories, coordinated by WHO, that conduct year-round surveillance of pathogens with pandemic potential, assessing the risk of an emerging pathogen with pandemic potential, and assisting in preparedness measures;

			(m) "WHO PABS Material" means pathogen with pandemic potential, as defined herein, and the genetic sequence data of such pathogens with pandemic potential.
Objective and scope & general principles and approaches			
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 2. Objective and scope**	1. The objective of the WHO Pandemic Agreement, guided by equity, the right to health and the principles and approaches set out herein, is to prevent, prepare for and respond to pandemics, with the aim to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels. 2. In furtherance of its objective, the WHO Pandemic Agreement applies at all times.
Article 3. 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 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,	**Article 3. General principles and approaches**	To achieve the objective of the WHO Pandemic Agreement and to implement its provisions, the Parties will be guided, inter alia, by the general principles and approaches set out below. 1. **Respect for human rights –** The implementation of this Agreement shall be with full respect for the dignity, human rights and fundamental freedoms of persons. 2. **Sovereignty –** States have, in accordance with the Charter of the United Nations and the general principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. 3. **Equity –** Equity is at the centre of pandemic prevention, preparedness and response, 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 protection. 4. **Responsibility** – Governments have a responsibility for the health of their peoples, and effective pandemic prevention, preparedness and response requires global collective action. 5. **Recognition of different levels of capacity** – Countries have varying levels of pandemic prevention, preparedness and response capacities which presents a

	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 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		common danger, such that support to countries with capacity needs is required, within means and resources available. 6. **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. 7. **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 research and development of pandemic-related products and services, including reports on sales revenues, prices, units sold, marketing costs and subsidies and incentives, consistent with national, regional and international privacy and data protection rules, regulations and laws. 8. **Accountability –** States are accountable for strengthening and sustaining their health systems' capacities and public health functions to provide adequate public health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness and response. States are accountable to provide specific measures to protect persons in vulnerable situations. 9. **Inclusiveness –** The full and active engagement with, and participation of, communities and relevant stakeholders across all levels, consistent with relevant and applicable international and national guidelines, rules and regulations, including those relating to conflicts of interest, is essential to mobilize social capital, resources and adherence to public health and social measures, and to gain trust in governments and partners supporting pandemic prevention, preparedness and response. 10. **Science and evidence –** The best available science and evidence should inform and be the basis for pandemic prevention, preparedness and response, as well as public health decisions and development of plans. 11. **Proportionality –** Public health decisions for preventing, preparing for and responding to pandemics should be proportionate in a manner consistent with Article 2 of the International Health Regulations. 12. **Privacy, data protection and confidentiality** – Implementation of this Agreement shall respect the right to privacy, including as such right is established under international law, and shall be consistent with each Party's national law and international obligations regarding confidentiality, privacy and data protection, as applicable.

	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 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.		

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Human Rights			
Preamble		**Preamble**	13. *Noting* the adoption of the Political Declaration of the High Level Meeting on pandemic prevention, preparedness and response, during the 78th United Nations General Assembly, which affirms the need to prioritize equity, respect for human rights and strengthen the capacity of pandemic prevention, preparedness and response,
Article 3. General principles and approaches	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.	**Article 3. General principles and approaches**	1. **Respect for human rights –** The implementation of this Agreement shall be with full respect for the dignity, human rights and fundamental freedoms of persons.
Chapter III - The world together equitably: Achieving equity in, for and through pandemic prevention, preparedness and response, and recovery of health systems	The WHO CA+ aims to achieve greater equity for pandemic prevention, preparedness and response through comprehensively and effectively addressing the systemic and capacity gaps and challenges that exist in these areas, at national, regional and international levels, with full respect for the dignity, **human rights** and fundamental freedoms of persons.		
Article 7. Health and care workforce	1. Each Party, in line with their respective capacities, shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce, at all levels, in a [gender-responsive]/[gender-sensitive] manner, with due protection of employment**, civil and human rights**, and safety and well-being, consistent with applicable international obligations and relevant codes of practice, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining quality essential health services and essential public health functions, during pandemics. To this end, each Party shall, in accordance with its national law:[…]		.
		Article 16. International collaboration and cooperation	1. The Parties shall collaborate and cooperate with competent international and regional intergovernmental organizations and other bodies, as well as among themselves, in the formulation of cost-effective measures, procedures and guidelines for pandemic prevention, preparedness and response. 2. The Parties shall: (a) promote global, regional and national political commitment, coordination and leadership for pandemic prevention, preparedness and response;

			(b) support mechanisms that ensure that policy decisions are science and evidence-based; (c) develop, as necessary, and implement policies, that respect, protect and fulfill the **human rights** of all people; (d) promote equitable representation on the basis of gender, geographical and socioeconomic status, as well as the equal and meaningful participation of youth and women; (e) assist developing countries through multilateral and bilateral partnerships that focus on developing capacities for effectively addressing health needs for pandemic prevention, preparedness, and response in line with the provisions set out in Article 19; and (f) encourage ceasefires in affected countries during pandemics to promote global cooperation against common global threats.
Pandemic prevention and public health surveillance & One Health			
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;	**Article 4. Pandemic prevention and public health surveillance**	1. The Parties shall cooperate with one another in bilateral, regional and multilateral settings, in the development and strengthening of pandemic prevention and surveillance capacities. 2. The Parties should take actions to strengthen multisectoral, coordinated data interoperability and support the adoption of relevant international data standards, in the development of the prevention and surveillance capacities, with particular regard to the strengthening of developing countries' capacities. 3. The Parties shall cooperate with the support of the WHO Secretariat to strengthen and maintain public health laboratory and diagnostic capacities, especially with respect to the capacity to perform genetic sequencing, data science to assess the risks of detected pathogens and to safely handle samples containing pathogens, and the use of related digital tools. 4. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national prevention and surveillance plans, that are consistent with and supportive of effective implementation of the International Health Regulations. To this end, each Party shall, in accordance with its capabilities: (a) develop, strengthen and maintain the capacity to: (i) detect, identify and characterize pathogens presenting significant risks; and (ii) conduct risk assessment of such pathogens and vector-borne diseases to prevent spill-over in human and animal populations and cause serious diseases leading to pandemic situations,

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	(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 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.		(b) strengthen efforts to ensure access to safe water, sanitation and hygiene including in hard-to-reach settings in the Parties' territory; (c) ensure the implementation of effective infection prevention and control measures applying as far as possible the applicable international standards and guidelines; (d) strengthen efforts to ensure the sound management of wastes from health facilities and require healthcare institutions to have in place a regularly updated infection prevention and control programme; (e) strengthen animal disease preventive measures and monitor and mitigate environmental factors associated with the risk of zoonotic disease spill-over and spill-back; (f) strengthen laboratory biosafety and biosecurity, including in research facilities, 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; and (g) take actions to prevent outbreaks due to pathogens that are resistant to antimicrobial agents, and, in accordance with national context, develop and implement a national One Health action plan that includes an antimicrobial resistance component. 5. Each Party shall develop, strengthen and maintain the capacity to carry out integrated surveillance, including with respect to infectious diseases in humans, and animals that present significant risks for zoonotic diseases spill-over.

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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 promoting and implementing 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 the 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 assessments 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 assessing One Health capacities, in so far as they relate to pandemic prevention, preparedness, response and recovery of health systems, and to identifying gaps, policies and the funding needed to strengthen those capacities. 5. The Parties commit to strengthening 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 strengthening multisectoral, coordinated, interoperable and integrated One Health surveillance systems, and to strengthening the laboratory capacity to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spillover 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.	**Article 5. One Health**	1. The Parties commit to promote and implement a One Health approach for pandemic prevention, preparedness and response that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of, and in accordance with, national law. 2. The Parties 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 assessments at the interface between human, animal and environment ecosystems, while recognizing their interdependence, and with applicable sharing of the benefits, per the terms of Article 12. 3. The Parties commit to identify and address the drivers of pandemics and the emergence and re-emergence of disease at the human-animal-environment interface by identification and integration of interventions into relevant pandemic prevention, preparedness plans, and, where appropriate, according to national legislation and capacity, through strengthening synergies with other relevant instruments. 4. Each Party shall, in accordance with the national context and to the extent necessary, protect human, animal or plant health: (a) implement science-based actions, including but not limited to improving infection prevention and control measures, antimicrobial research and development, access to and stewardship of antimicrobials, and harmonization of surveillance in order to prevent, reduce the risk of, and prepare for, pandemics; (b) foster and implement actions at national and community levels that encompass whole-of-government and whole-of-society approaches to control zoonotic outbreaks, including through the engagement of communities in surveillance that identifies zoonotic outbreaks; and (c) take the One Health approach into account in order to produce science-based evidence, including related to the social and behavioral sciences and risk communication and community engagement; and (d) promote or establish One Health joint training and continuing education programmes for human, animal and environmental health workforces, needed to build complementary skills, capacities and capabilities to prevent, detect, control, and respond to pandemic health threats. 5. The Parties commit to develop, within the framework of relevant institutions, international norms and guidelines to prevent zoonoses.

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	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, harmonization of surveillance and management of environmental antimicrobial run-off, in order to prevent, reduce the risk of, and prepare for, pandemics from zoonotic pathogens and pathogens that are resistant to antimicrobial agents, taking into account relevant tools and guidelines, through a One Health approach, and shall collaborate with relevant partners, including the Quadripartite organizations; (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 through the 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 the veterinary and environmental services needed to prevent spillover events, in order to build complementary skills, capacities and capabilities to prevent, detect, control and respond to pandemic health threats.		6. Pursuant to Article 21, the Conference of the Parties shall develop appropriate modalities to address the measures set forth in Articles 4 and 5 of this Agreement. 7. The Parties shall, in line with Article 16, 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 the One Health approach at the national level.

	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 the One Health approach at the national level. ***Option 5.B: not to include as an Article.***		
Preparedness, readiness and resilience			
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, in order to strengthen health emergency prevention and preparedness consistent with the goal of universal health coverage. 3. The Parties commit to establishing, or building on existing, genomics, risk assessment, and laboratory networks in order 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 (2005), and shall strengthen and reinforce public health functions for: (a) the 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 the management of the backlog of, and waiting lists for, the diagnosis and treatment of, and interventions for, other diseases and health	**Article 6. Preparedness, readiness and resilience**	1. Each Party shall continue to strengthen its health system, including primary health care, for sustainable pandemic prevention, preparedness and response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage. 2. Each Party shall, in accordance with applicable laws, including, where appropriate, the International Health Regulations, adopt policies, strategies and/or measures, as appropriate, and shall strengthen and reinforce public health functions for: (a) the continued provision of quality routine and essential health services during pandemics; (b) sustaining and strengthening capacities of the multidisciplinary workforce needed during inter-pandemic periods, and preparing for and ensuring surge capacity during pandemics; (c) collaborative surveillance, outbreak detection, investigation and control, through interoperable early warning and alert systems, and timely notification; (d) multi-sectoral prevention of zoonoses and epidemic-prone diseases, and emerging, growing or evolving public health threats with pandemic potential, notably at the human-animal-environment interface; (e) development of rehabilitation and post-pandemic health system recovery strategies; (f) strengthening public health laboratory and diagnostic capacities, and national, regional and global networks, through the application of standards and protocols for public health laboratory biosafety and biosecurity;

	conditions, including care for patients with long-term effects from the pandemic disease; (b) sustaining and strengthening the capacities of the multidisciplinary workforce needed during inter-pandemic periods, and preparing for and ensuring increased surge capacity during pandemics; (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 the 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, interconnected platforms and technologies for early detection, forecasting and timely information-sharing, through appropriate capacities, including building digital health and data science capacities; (i) creating and strengthening public health institutions at national, regional and international levels; (j) strengthening public health emergency operational centres' capacities during inter-pandemic periods and during pandemic periods; and (k) strengthening infection prevention and control.		(g) creating and maintaining up-to-date, universal, interconnected platforms and technologies for early detection, forecasting and timely information-sharing, through appropriate capacities, including building digital health and data science capacities; (h) creating and strengthening public health institutions at national, regional and international levels; (i) strengthening public health emergency operational centres' capacities during inter-pandemic periods and during pandemic periods; and (j) strengthening infection prevention and control. 3. The Parties shall cooperate, within available means and resources, to provide financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular with respect to developing countries, in order to strengthen health emergency prevention, preparedness, response and health systems recovery, consistent with the goal of universal health coverage. 4. The Parties shall establish, building on existing arrangements as appropriate, genomics, risk assessment, and laboratory networks in order to conduct surveillance and sharing of emerging pathogens with pandemic potential, with such sharing pursuant to the terms and modalities established in Article 12.

Preparedness monitoring and functional reviews			
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 the 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 multisectoral tabletop exercises no less than every five years, with technical support from the WHO Secretariat, with the aim of identifying 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 the 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 the implementation of a universal preparedness peer review mechanism that	**Article 8. Preparedness monitoring and functional reviews**	1. Each Party shall, in accordance with its national laws and in light of national context, develop and implement comprehensive, inclusive, multisectoral, resourced national plans and strategies for pandemic prevention, preparedness, response and health systems recovery. 2. Each Party shall assess, no less than every five years, with technical support from the WHO Secretariat, on request, the functioning, readiness and gaps of its pandemic preparedness, surveillance and multisectoral response capacity, logistics and supply chain management, and risk assessment, and support the conduct of, among others, appropriate simulation or tabletop exercises, and intra- and after-action reviews, based on the relevant tools and guidelines developed by WHO in partnership with relevant organizations. 3. The Parties shall, building on existing tools, develop and implement an inclusive, transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system. 4. The Parties shall establish, no later than 31 December 2026, a global peer review mechanism to assess pandemic prevention, preparedness and response capacities and gaps, as well as level of readiness with the aim to promote and support learning among Parties, best practices, actions and accountability, at the national, regional and global levels, to strengthen national health emergency preparedness and readiness capacities.

	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, in order 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 universal health and preparedness review mechanism.*** 8. The Parties agree to establish a universal health and preparedness review mechanism, a regular intergovernmental dialogue among Member States that 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. 9. Each Party shall conduct a national review and participate in a global peer review between Parties in order to share national practices, gaps in preparedness, and opportunities for improving health capacities and emergency preparedness.		
Research & Development			
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 the 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 research and development agreements for pandemic-related products, as appropriate, including: (i) research inputs, processes and outputs;	**Article 9. Research and Development**	1. The Parties shall cooperate to build strengthen and sustain geographically diverse capacities and institutions for research and development, particularly in developing countries, and shall promote research collaboration and access to research through open science approaches for rapid sharing of information and results. 2. To this end, the Parties shall promote: (a) sustained investment in the research and development of public health priorities, including for pandemic-related products, aimed at improving equitable access to and delivery of such products, and support for national and regional research institutions that can rapidly adapt and respond to research and development needs in case of a pandemic; (b) technology co-creation and joint venture initiatives, actively engaging the participation of and collaboration between scientists and/or research centres, particularly from developing countries; (c) participation of relevant stakeholders, consistent with applicable biosafety and biosecurity obligations, laws, regulations and guidance, to accelerate innovative

	(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 the participation of scientists and/or research centres, particularly from developing countries; and (d) promote and prioritize investment in the research and development of pandemic-related products that can promote equitable access. 3, Each Party shall increase, 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 by building and maintaining a skilled research workforce and research infrastructure, and by researching supply chain needs in order to rapidly mount and scale research responses during pandemic emergencies; and (c) ensuring that resources are directed to well-designed projects that can produce robust and reliable evidence. 4. The Parties shall encourage the participation of relevant stakeholders, consistent with national biosafety and biosecurity laws and regulations, in order 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 the biorisk management of laboratories and research facilities that carry out research to better understand the pathogenicity and transmissibility of pathogens with pandemic potential, and to prevent the unintended consequences of such research, while minimizing unnecessary administrative hurdles for research.		research and development, including community-led and cross-sector collaboration, for addressing emerging and re-emerging pathogens with pandemic potential; and (d) knowledge translation and evidence-based communication tools, strategies and partnerships relating to pandemic prevention, preparedness and response, including infodemic management, at local, national, regional and international levels. 3. The Parties shall, in accordance with national laws and regulatory frameworks and contexts, take steps to develop and sustain, strong, resilient, and appropriately resourced, national, regional and international research capabilities. To this end, the Parties shall: (a) increase clinical trial capacities, including by: i. building and maintaining a skilled research workforce and infrastructure, as appropriate; ii. strengthening clinical trials policy frameworks, particularly in developing countries; iii. investing in the infrastructure and training of clinical research networks and coordination of trials through existing, new, or expanded clinical trial networks, including in developing countries, to be prepared to provide timely and appropriate responses to pandemics; and iv. identifying and researching supply chain needs to rapidly mount and scale research responses during pandemic emergencies. (b) ensure that clinical trials have equitable representation, considering racial, ethnic and gender diversity across the lifecycle, and designed to help address geographical, socioeconomic and health disparities, to promote a better understanding of the safety and efficacy of pandemic-related products in population subgroups; (c) promote the sharing of information on national research agendas, including research and development priorities during pandemic emergencies and capacity-building activities along with best practices on efficient and ethical clinical trials, including through the WHO Global Observatory on Health R&D; (d) strengthen international coordination and collaboration on clinical trials, through existing or new mechanisms, to support well-designed and well-implemented trials; (e) develop national policies to support the transparent, public sharing of clinical trial protocols and results conducted within their territories or through partnerships with other parties, such as through open-source publication, while protecting privacy and health identifiers; and

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	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, in order to enable a greater number of clinical trial sites that can conduct well-designed and well-implemented clinical trials, and to ensure readiness for the coordination of trials through existing, new or expanded clinical trial networks that meet relevant regulations and internationally harmonized standards, promoting the 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) investing in the 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 strengthening 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-infectious diseases, with mechanisms to pivot protocols to support pandemic response, where necessary and appropriate; (c) supporting 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) ensuring that clinical trials conducted during health emergencies are equitable, address geographical, socioeconomic and health disparities, and promote racial, ethnic and gender diversity for a better understanding of the	**Article 10. Sustainable production**	(f) support new and existing mechanisms to facilitate the rapid reporting and interpretation of data from clinical trials, to develop or modify, as necessary, relevant clinical guidelines, including during a pandemic. 4. Each Party shall, in accordance with its national laws and considering the extent of public funding provided, publish the terms of government-funded research and development agreements for pandemic-related products, including information on: (a) research inputs, processes and outputs, including scientific publications and data repositories with data shared and stored securely in alignment with Findability, Accessibility, Interoperability, and Reusability principles; (b) pricing of end-products, or pricing policies for end-products; (c) licensing to enable development, manufacturing and distribution, especially in developing countries; and (d) terms regarding affordable, equitable and timely access to pandemic-related products during a pandemic. 1. The Parties, with a view to achieving more geographically and equitably distributed global production of pandemic-related products, and increasing the timely, fair and equitable access to safe, effective, quality and affordable pandemic-related products, and thereby reducing the gap between potential demand and supply at the time of a pandemic, shall: (d) encourage entities, including manufacturers within their respective jurisdictions, in particular those that receive significant public financing, to grant, subject to any existing licensing restrictions, on mutually agreed terms, non-exclusive, royalty-free licenses to any manufacturers, particularly 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-related product development and production, in particular for pre-pandemic and pandemic diagnostics, vaccines and therapeutics for use in agreed developing countries; 3. Each Party, in addition to the undertakings in paragraph 2 above, shall: (a) encourage research and development institutes and manufacturers, in particular those receiving significant public financing, to waive or manage, for a limited duration, royalties on the use of their technology for the production of pandemic-related products;

	safety and efficacy of new vaccines and treatments in subgroups of the population.	**Article 11. Transfer of Technology and know-how**	3. During pandemics, each Party shall, in addition to the undertakings in paragraph 2 of this Article: (b) encourage all holders of patents related to the production of pandemic-related products to waive or manage, as appropriate, for a limited duration, 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; […]
Sustainable production and transfer of technology and know-how			
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. (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	**Article 10. Sustainable production**	1. The Parties, with a view to achieving more geographically and equitably distributed global production of pandemic-related products, and increasing the timely, fair and equitable access to safe, effective, quality and affordable pandemic-related products, and thereby reducing the gap between potential demand and supply at the time of a pandemic, shall: (a) take measures to identify and maintain production facilities at national and regional levels, as well as to facilitate the production, as appropriate, and in furtherance of the provisions of Article 13, of pandemic-related products therein; (b) take measures to identify and contract with manufacturers other than those referenced in subparagraph (a) above, for scaling up the production of pandemic-related products, during pandemics, in cases where production and supply capacity of the production facilities does not meet demand; (c) 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; (d) encourage entities, including manufacturers within their respective jurisdictions, in particular those that receive significant public financing, to grant, subject to any existing licensing restrictions, on mutually agreed terms, non-exclusive, royalty-free licenses to any manufacturers, particularly 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-related product development and production, in particular for pre-pandemic and pandemic diagnostics, vaccines and therapeutics for use in agreed developing countries; (e) actively support, participate in and/or implement, as appropriate, relevant WHO technology, skills and know-how transfer programmes and initiatives aimed at enabling developing countries to produce pandemic-related products, in order to facilitate strategically and geographically distributed production of pandemic-related products; 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; (d) collaborate to ensure equitable and affordable access to health technologies that promote the strengthening of national health systems and mitigate social inequalities; and 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; (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.	**Article 11. Transfer of technology and know-how**	(f) support public and private sector investments aimed at creating or expanding manufacturing facilities of pandemic-related products, especially facilities with a regional scope of operations that are based in developing countries. 2. Each Party shall initiate or strengthen, as appropriate, the conduct of disease burden studies relevant to pathogens with pandemic potential, with a view to ensuring sustainability of investments in facilities for production of vaccines and therapeutics that could support pandemic response. 3. Each Party, in addition to the undertakings in paragraph 2 above, shall: (a) encourage research and development institutes and manufacturers, in particular those receiving significant public financing, to waive or manage, for a limited duration, royalties on the use of their technology for the production of pandemic-related products; (b) promote the publication, by private rights holders, of the terms of licensing agreements or technology transfer agreements for pandemic-related products; and (c) promote the voluntary licensing and transfer of technology and related know-how for pandemic-related products by private rights holders with established regional or global technology transfer hubs or other multilateral mechanisms or networks. 1. The Parties, within a set time frame, 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. 2. The Parties shall: (a) coordinate with, collaborate with, facilitate and incentivize the manufacturers of pandemic-related products to transfer the relevant technology and know-how to manufacturer(s) 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) make available non-exclusive licensing of government-owned technologies on mutually agreed terms as appropriate, for the development and manufacturing of pandemic-related products, and publish the terms of these licenses; (c) make 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

	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;		27, 30 (including the research exception and the "Bolar" provision), 31 and 31*bis* of the TRIPS Agreement, and fully respect the use thereof by others; (d) collaborate to ensure equitable and affordable access to health technologies that promote the strengthening of national health systems and mitigate social inequalities; (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; and (f) provide, within their capabilities, resources to support capacity-building for the development and transfer of relevant technology, skills and know-how, and to facilitate access to other sources of support. 3. During pandemics, each Party shall, in addition to the undertakings in paragraph 2 of this Article: (a) commit to agree upon, within the framework of relevant institutions, time-bound waivers of intellectual property rights to 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) encourage all holders of patents related to the production of pandemic-related products to waive or manage, as appropriate, for a limited duration, 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 (c) encourage manufacturers within its jurisdiction to share undisclosed information, as defined in Article 39.2 of the TRIPS Agreement, with qualified third-party manufacturers where such information prevents or hinders urgent manufacture by such qualified third parties of a pharmaceutical product that is necessary to respond to the pandemic. 4. The Parties shall, with a view to effective pandemic response, when engaged in bilateral or regional trade or investment negotiations, take steps so 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.

	(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 pandemic-related 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 5(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.		
Access and benefit sharing			
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 the 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] (WHO CA+ biological material). The Parties also agree that a multilateral access and benefit-sharing system(s) is/are needed for timely, effective, predictable and equitable access to pandemic-related products, as well as other benefits, both monetary and non-monetary, that strengthen pandemic prevention, 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, as well as existing international instruments, which is/are implementable at all times, both during and between pandemics. This will provide certainty and legal clarity for the providers and users of biological materials, and will 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. ***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	**Article 12. Access and benefit-sharing**	1. The Parties hereby establish a multilateral system for access and benefit sharing, on an equal footing, the WHO Pathogen Access and Benefit-Sharing System (WHO PABS System), to ensure rapid and timely risk assessment and facilitate rapid and timely development of, and equitable access to pandemic-related products for pandemic prevention, preparedness and response. 2. The WHO PABS System shall ensure rapid, systematic, and timely sharing of WHO PABS Material, as well as, on an equal footing, timely, effective, predictable and equitable access to pandemic-related products, and other benefits, both monetary and non-monetary, based on public health risks and needs, to strengthen pandemic prevention, preparedness and response. 3. The Parties shall implement the WHO PABS System: (a) in a manner to strengthen, expedite and not impede research and innovation (b) at all times, both during and between pandemics; (c) in a manner to ensure mutual complementarity with the PIP Framework; and (d) with governance and review mechanisms, to be determined by the Conference of the Parties. 4. The WHO PABS System shall have the following components: (a) WHO PABS Materials sharing: i. Each Party, through its relevant public health authorities and authorized laboratories, shall, in a rapid, systematic and timely manner: (1) provide WHO PABS Material to a laboratory recognized or designated as part of an established WHO coordinated laboratory network; and (2) upload the genetic sequence of such WHO PABS Material to one or more publicly accessible database(s) of its choice, provided that the database has put in place an appropriate arrangement with respect to WHO PABS material. ii. The WHO PABS System shall be consistent with international legal frameworks, notably those for the collection of patient specimens, material and data, and will promote findable, accessible, interoperable and reusable data available to all Parties. iii. The Parties shall develop and use a standard material transfer agreement (a PABS SMTA), which may be concluded through electronic means, and which shall include relevant biosafety and biosecurity rules, to be used with the transfer of WHO

	footing, pathogens with pandemic potential, including their genomic sequences, components and related information, and their 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 (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 or any other international access and benefit-sharing instruments. This will provide certainty and legal clarity for the providers and users of biological materials, and will 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 collective action for global public health. The PABS system shall be operational no later than xxx, in conformity with the provisions set out 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 the 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.		PABS Material from a laboratory recognized or designated as part of an established WHO coordinated laboratory network to any Recipient. iv. Recipients of WHO PABS Material shall not seek to obtain any intellectual rights on WHO PABS Material. (b) PABS multilateral benefit-sharing: i. Benefits, both monetary and non-monetary, arising from access to WHO PABS Materials, shall be shared fairly and equitably, pursuant to a PABS SMTA, which may be concluded through electronic means. ii. The PABS SMTAs shall include, but not be limited to, the following monetary and non-monetary benefit-sharing obligations: 1. in the event of a pandemic, real-time access by WHO to a minimum of 20% (10% as a donation and 10% at affordable prices to WHO) of the production of safe, efficacious and effective pandemic-related products for distribution based on public health risk and need, with the understanding that each Party which has manufacturing facilities that produce pandemic-related products in its jurisdiction shall take all necessary steps to facilitate the export of such pandemic-related products, in accordance with timetables to be agreed between WHO and manufacturers; and 2. on an annual basis, contributions from Recipients, based on their nature and capacity, to the capacity development fund of the sustainable funding mechanism established in Article 20. (c) The Parties shall also consider additional benefit-sharing options, including: i. encouragement of manufacturers from developed countries to collaborate with manufacturers from developing countries through WHO initiatives to transfer technology and know-how and strengthen capacities for the timely scale-up of production of pandemic-related products; ii. tiered-pricing or other cost-related arrangements such as no loss/no profit arrangements, for purchase of pandemic-related products, that consider the income level of countries; and iii. encouragement of laboratories in the WHO coordinated laboratory network to actively seek the participation of scientists from developing countries in scientific projects associated with research on WHO PABS Materials. 5. In the event that pandemic-related products are produced by a manufacturer that does not have a PABS SMTA under the WHO PABS System, it shall be understood that the production of pandemic-related products requiring the use of WHO PABS Materials, implies the use of the WHO PABS System. Accordingly, each Party, with respect to such a manufacturer operating within its jurisdiction, shall take all appropriate steps, in accordance with its relevant laws and circumstances, to require

	(c) Access shall be accorded expeditiously by the laboratory recognized or designated as part of an established WHO coordinated laboratory network, subject to the 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 in respect of the pathogens with pandemic potential, or their genomic sequences, components or related information. (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 the 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 the production of pandemic vaccines or other pandemic-related products, irrespective of the technology, information or material used, implies the 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 shall contain the benefit-sharing obligations that the access to pathogens with pandemic potential is subject to. (c) ***Three options are presented for subparagraph 6(c) of Option 12.B.*** ***Option 6(c).X*:** The benefit-sharing obligations [of 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, in order 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.		such a manufacturer to provide benefits in accordance with paragraph 4(b)(ii) of this Article. 6. The Parties shall develop a mechanism to ensure the fair and equitable allocation of pandemic-related products, based on public health risks and needs. 7. The Parties shall ensure that all components of the WHO PABS System are operational no later than 31 May 2025. The Parties shall review the operation and functioning of the WHO PABS System every five years. 8. The Parties shall ensure that such system is consistent with, supportive of, and does not run counter to, the objectives of the Convention on Biological Diversity and the Nagoya Protocol thereto. The WHO PABS System will provide certainty and legal clarity to the providers and users of WHO PABS Materials. The WHO PABS System shall be recognized as a specialized international access and benefit sharing instrument within the meaning of Article 4(4) of the Nagoya Protocol.

	***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 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 the 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 organize 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 of ensuring 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: (a) no less than […] % of their production of such pandemic-related products on a quarterly basis for sale to Parties that are least developed countries; and (b) no less than […] % 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.		

Global supply chain & logistics			
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 in order to ensure the availability, affordability of, 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.*** ***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 will leverage 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 the costs and logistics for establishing and maintaining strategic stockpiles of such products; (b) assess the anticipated demand for, map the sources of, and maintain a dashboard of manufacturers and suppliers, including surge capacities, for, the sustainable production of pandemic-related products; (c) identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms; (d) promote transparency in cost, pricing and all other relevant contractual terms along the supply chain; (e) develop a mechanism to ensure the fair and equitable allocation of pandemic-related products based on public health risks and needs;	**Article 13. Global Supply Chain and Logistics**	1. The WHO Global Supply Chain and Logistics Network (the WHO SCL Network) is hereby established. The WHO Network will operate within the framework of WHO in partnership and collaboration with the relevant international organizations, regional organizations and other relevant organizations, and be guided by equity and public health needs paying particular attention to the needs of the Parties that are developing countries. 2. The Conference of the Parties shall develop guidelines on modalities and collaboration for the WHO SCL Network which shall be aimed at ensuring close consultation among Parties, and that functions are discharged by the organizations best placed to perform them. 3. The Parties shall support the WHO SCL Network's development and operationalization and participate in the WHO SCL Network, including through sustaining it at all times. The terms of the WHO SCL Network shall include: (a) estimating, or where possible determining, the most likely types and size/volume of products needed for robust pandemic prevention, preparedness and response, including the costs and logistics for establishing and maintaining strategic stockpiles of such products; (b) assessing the anticipated demand for, mapping the sources of, and maintaining a dashboard of manufacturers and suppliers, including surge capacities and relevant necessary raw materials for, the sustainable production of pandemic-related products; (c) identifying the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms; (d) working with national authorities to establish and maintain national and/or regional stockpiles of various pandemic response-related products, as well as maintaining the relevant logistical capacities and assessing them at regular intervals, and specifying the criteria to ensure that stockpiling is used only to address public health needs; (e) facilitating the negotiation and agreement of advance purchase commitments and procurement contracts for pandemic-related products; (f) promoting transparency in cost, pricing and all other relevant contractual terms along the supply chain;

Bureau's text of the WHO CA+ (2 June 2023)		Negotiating Text of the Pandemic Agreement (16 October 2023)	
	(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 the 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. 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 the costs and logistics of establishing and maintaining strategic stockpiles of such products; (b) assess the anticipated demand for, map the sources of, and maintain a dashboard of manufacturers and suppliers for, the sustainable production of pandemic-related products; (c) identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms; (d) promote the transparency of costs, pricing and all other relevant contractual terms along the supply chain; (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		(g) coordinating to avoid competition for resources among procuring entities, including regional organizations and/or mechanisms; (h) mapping existing, and identifying needed, delivery and distribution options; (i) establishing or operationalizing, as appropriate, international or regional stockpiles, consolidation hubs and staging areas; (j) assisting buying countries in meeting the logistical requirements for the utilization of specific pandemic-related products; and (k) facilitating or, as necessary, organizing the efficient delivery and appropriate utilization of pandemic-related products in beneficiary countries or in humanitarian settings. 4. Each Party shall take appropriate measures to reduce waste of pandemic-related products, including through the exchange and/or donation of products in order to maximize their use, while taking account of the needs of recipient countries. 5. Each Party shall, at the earliest reasonable opportunity and in accordance with applicable law, make publicly available online the terms of government-funded purchase agreements for pandemic-related products in those instances in which the Party is directly entering into such purchase agreements. 6. Each Party shall, in its government-funded purchase agreements for pandemic-related products, to the fullest extent possible and in accordance with applicable laws, exclude confidentiality provisions that serve to limit disclosure of terms and conditions. 7. The Parties recognize that any emergency trade measures in the event of a pandemic shall be targeted, proportionate, transparent and temporary, and do not create unnecessary barriers to trade or unnecessary disruptions in supply chains. 8. The Parties shall commit to ensure rapid and unimpeded access of humanitarian relief personnel, as well as their means of transport, supplies and equipment, in accordance with international humanitarian law, and to respect the principles of humanity, neutrality, impartiality and independence for the provision of humanitarian assistance. 9. The Parties shall enable inclusive, equitable and effective cooperation and participation, and shall take all appropriate measures to undertake the foregoing no later than 31 May 2025.

	h) establish appropriate measures to reduce the 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 shall collaborate with the relevant organizations of the UN system, regional organizations and other relevant organizations, paying particular attention to the needs of the Parties that are developing countries, to: (a) determine the equitable allocation of the reserved pandemic-related product quantities, taking into account factors such as the population size, demographic structure, epidemiological situation and health system capabilities of beneficiary Parties and their readiness and capacity to utilize such pandemic-related products; (b) facilitate, as appropriate, the conclusion of advance purchase commitments and purchase agreements of pandemic-related products; (c) assist the buying countries in meeting the regulatory and logistical requirements for the utilization of specific pandemic-related products; (d) facilitate or, as necessary, organize the efficient delivery and appropriate utilization of pandemic-related products in beneficiary countries or in humanitarian settings; and (e) assist buying countries on all matters related to the utilization of pandemic-related products. *2 bis* The partnership modalities and collaboration guidelines for the organizations referred to in paragraph 2 shall aim at ensuring close consultation with the beneficiary Parties and ensuring that each function referred in paragraph 2 is discharged by the organization best placed to perform it. Notwithstanding Article 32, the partnership modalities and guidelines may be modified by the member organizations of the partnership, in consultation with the Parties. *2 ter* The Parties shall provide assistance to the partnership referred to 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 in which the Party is directly entering into the purchase agreement. 4. Each Party shall, in its government-funded purchase agreements for pandemic-related products, to the fullest extent possible and in accordance with applicable laws, exclude confidentiality provisions that serve to limit disclosure of terms and conditions. 5. Each Party shall consider participating in the pooled procurement of pandemic-related products, as appropriate. 6. The Parties [recognize the importance of ensuring]/[commit to ensuring] that any emergency trade measures in the event of a pandemic are targeted, proportionate, transparent and temporary, and do not create unnecessary barriers to trade or unnecessary disruptions in supply chains. 7. The Parties commit to safeguarding the humanitarian principles of humanity, neutrality, impartiality and independence, and to facilitating the unimpeded access of humanitarian staff and cargo. 8. 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.		
Financing			
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 the effective implementation of the WHO CA+ through bilateral and multilateral, regional or subregional funding mechanisms; (b) plan and provide adequate financial support, in line with its national fiscal capacities, 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)	**Article 20. Financing**	1. The Parties commit to sustainable financing for strengthening pandemic prevention, preparedness and response. In that regard, each Party, within the means and resources at its disposal, shall: (a) cooperate with other Parties, as appropriate, to raise sustainable financial resources for the effective implementation of this Agreement through bilateral and multilateral, regional or sub regional funding mechanisms; (b) plan and provide adequate financial support, in line with its national fiscal capacities, for: (i) strengthening and sustaining capacities for pandemic prevention, preparedness and response; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and the progressive realization of universal health coverage for pandemic prevention, preparedness and response;

	strengthening health systems and the progressive realization of universal health coverage for pandemic prevention, preparedness and 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, the 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 in order to support the strengthening of 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 the provision of adequate, accessible, new and additional, and predictable financial resources, and shall include the following: (a) A fund shall be established that shall be funded, inter alia, through the following sources: (i) annual contributions by Parties to the WHO CA+, within their respective means and resources; (ii) contributions from pandemic-related product manufacturers; and (iii) voluntary contribution by Parties and other stakeholders.		(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 and response; (d) mobilize financial resources for international cooperation and assistance on pandemic prevention, preparedness and response, 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 support and assistance to other Parties, at their request, to facilitate containment of spillover at the source. 2. A sustainable funding mechanism shall be established by the Conference of the Parties, no later than 31 December 2026. The mechanism shall ensure the provision of adequate, accessible, new and additional, and predictable financial resources, and shall include the following: (a) A capacity development fund that shall be resourced, inter alia, through the following: i. annual monetary contributions by Parties to the WHO Pandemic Agreement; ii. monetary contributions from recipients pursuant to Article 12; and iii. voluntary monetary contributions by Parties to the WHO Pandemic Agreement. (b) An endowment for pandemic prevention, preparedness and response, resourced, inter alia, from the following: i. voluntary monetary contributions from all relevant sectors that benefit from international work to strengthen pandemic prevention, preparedness and response; and ii. donations from philanthropic organizations, foundations and other voluntary monetary contributions. (c) The funding mechanism will provide resources to assist Parties, in particular developing countries, in meeting their obligations under the WHO Pandemic Agreement and related activities for pandemic prevention, preparedness and response. The funding mechanism will contribute to funding support of the Secretariat of the WHO Pandemic Agreement.

	(b) A voluntary fund shall be established for pandemic prevention, preparedness, response and recovery of health systems, with contributions 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 WHO CA+, in particular with regard to capacity-building, the strengthening of health systems and laboratory capacities for pandemic prevention, preparedness response and recovery of health systems, research and development for pandemic related-products, and technology transfer. The fund will also finance the WHO allocation mechanism, as well as the Secretariat of the WHO 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, for the affected countries, based on public health risk and need, in order 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 the 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 repayment 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 for providing additional funding to developing countries, through prioritized debt relief, debt restructuring and the provision of grants rather than loans that will guarantee that programmes protect essential health and related spending from		(d) For the purposes of this Agreement, the mechanism shall function under the authority of the Conference of the Parties, and shall be accountable thereto. The Conference of the Parties shall further define and provide guidance on overall strategies, policies, programme priorities and eligibility for access to and utilization of financial resources, including with respect to compensation mechanism(s) referred to in Article 15 of this Agreement, and shall further monitor outcomes and address the operation and resourcing of the funding mechanism, with due regard to the avoidance of conflicts of interest. 3. 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 Pandemic Agreement, without limiting their participation in or membership of these organizations.

	encroachment, as well as to take advantage of the economic benefits of frontloading finance for prevention and preparedness or support investments. ***Option 19.B: not to include a paragraph.***		
Institutional arrangements and reports to the Conference of the Parties			
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 the Parties to the WHO CA+. The Conference of the Parties shall also include observers as follows: (a) representatives of the United Nations and its specialized and related agencies, as well as representatives of any State Member thereof or observers thereto that are not Party to the WHO CA+; and (b) 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+, provided that observers pursuant to this subparagraph may be admitted as an observer, upon formal application, in accordance with the terms and conditions to be adopted by the Conference of the Parties, to be 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 the 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. In particular: (a) decision-making within such a third main committee of the World Health Assembly will be adjusted, as appropriate, to accommodate the membership of the committee and the Conference of the Parties; (b) the Conference of the Parties shall operate under the rules of procedure of such a 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 facilitating the dispatch of its business, with the aim of facilitating reporting by the Parties and avoiding duplication;	**Article 21. Conference of the Parties**	1. A Conference of the Parties is hereby established. The Conference of the Parties shall be comprised of delegates representing the Parties to the WHO Pandemic Agreement. Only delegates representing Parties will participate in any decision-making of the Conference of the Parties. The Conference of the Parties shall establish the criteria for the participation of observers at its proceedings. 2. With the aim of promoting the coherence of the Conference of the Parties and the World Health Assembly, as well as coherence with respect to relevant instruments and mechanisms within the framework of the World Health Organization, the Conference of the Parties shall operate in coordination with the World Health Assembly. In particular, the Conference of the Parties shall hold their regular sessions immediately before or after regular sessions of the World Health Assembly, and in the same location and venue as the World Health Assembly, where feasible. 3. 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 Pandemic Agreement. 4. Following the first session of the Conference of the Parties: (a) subsequent regular sessions of the Conference of the Parties shall be held annually; and (b) extraordinary sessions of the Conference of the Parties shall be held at such a time and date, without reference to regular sessions of the World Health Assembly, 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. 5. The Conference of the Parties shall adopt by consensus its Rules of Procedure at its first session. 6. The Conference of the Parties shall by consensus adopt financial rules for itself as well as governing the funding of any subsidiary bodies of the Conference of the Parties that are or may be established, as well as financial provisions governing the functioning of the Secretariat. It shall also adopt a biennial budget. 7. The Conference of the Parties shall keep under regular review the implementation of the WHO Pandemic Agreement and take the decisions necessary to promote its

	(c) in the event that the States Parties to the International Health Regulations (2005) determine that an implementation and compliance mechanism under that instrument will also operate within such a 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; and (d) in the event that the World Health Assembly does not establish such a 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 such a 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 held at the time and date of such a 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 a 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 would be outside the regular cycle of meetings of such a 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. To 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 by establishing their rules of procedure and working modalities and, if so decided,		effective implementation, and may adopt amendments, annexes and protocols to the WHO Pandemic Agreement, in accordance with Articles 28, 29, and 30. To this end, it shall: (a) consider reports submitted by the Parties in accordance with Article 23 and adopt regular reports on the implementation of the WHO Pandemic Agreement; (b) oversee any subsidiary bodies, including by establishing their rules of procedure and working modalities; (c) promote and facilitate the mobilization of financial resources for the implementation of the WHO Pandemic Agreement, in accordance with Article 20; (d) request, where appropriate, the services and cooperation of, and information provided by, the 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 Pandemic Agreement; and (e) consider other action, as appropriate, for the achievement of the objective of the WHO Pandemic Agreement, in the light of experience gained in its implementation. 8. The Conference of the Parties shall keep under regular review, every three years, the implementation and outcome of the Pandemic Agreement 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 Pandemic Agreement. 9. The Conference of the Parties shall establish subsidiary bodies to carry out the work of the Conference of the Parties, as it deems necessary, on terms and modalities to be defined by the Conference of the Parties. Such subsidiary bodies may include, without limitation, an Implementation and Compliance Committee, a Panel of Experts to provide scientific advice, and a WHO PABS System Expert Advisory Group.

	by establishing 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, the 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. 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+;	**Article 23. 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 Pandemic Agreement, which shall include the following: (a) information on legislative, executive and administrative measures, good practices or other measures taken to implement the WHO Pandemic Agreement; (b) information on any constraints or difficulties encountered in the implementation of the WHO Pandemic Agreement and on the measures taken or under consideration to overcome them;

	(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 of facilitating reporting by the Parties and avoiding 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. 3. The Conference of the Parties shall adopt appropriate measures to assist Parties, upon request, in meeting their obligations under this Article, paying particular attention to the needs of the Parties that are developing countries. 4. The periodic reports submitted by the Parties shall be made publicly available online by the Secretariat.		(c) information on implementation support received under the WHO Pandemic Agreement; and (d) other information as required by specific provisions of the WHO Pandemic Agreement. 2. The frequency, conditions and format of the reports, including periodic reports, submitted by the Parties shall be determined by the Conference of the Parties at its first session, with the aim of facilitating reporting by the Parties and avoiding 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. 3. The Conference of the Parties shall adopt appropriate measures to assist Parties, upon request, in meeting their obligations under this Article, paying particular attention to the needs of the Parties that are developing countries. 4. The periodic reports submitted by the Parties shall be made publicly available online by the Secretariat.
Article 22. Implementation and Compliance Committee	1. 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 the 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 that are developing countries. The Implementation and Compliance Committee shall provide notification in writing with respect to the actions of any Party that 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 shall report periodically and make recommendations, as appropriate, while cognizant of the respective national circumstances, to the Conference of the Parties. Such recommendations may include proposals for the consideration of	**Article 21. Conference of the Parties**	9. The Conference of the Parties shall establish subsidiary bodies to carry out the work of the Conference of the Parties, as it deems necessary, on terms and modalities to be defined by the Conference of the Parties. Such subsidiary bodies may include, without limitation, an Implementation and Compliance Committee, a Panel of Experts to provide scientific advice, and a WHO PABS System Expert Advisory Group.

	the Conference of the Parties aimed at facilitating and providing support for the implementation of the WHO CA+, paying particular attention to the needs of Parties that 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 Article 20. The members of the Implementation and Compliance Committee shall have recognized competence in fields relevant to the WHO CA+ and shall 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 (2005), 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 23. 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 the measures taken in the implementation of the WHO CA+ and make recommendations, as appropriate; (d) provide advice, as appropriate, on scientific programmes and 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' causes, predictability, prevention measures, and preparedness and response requirements; (g) assess global and regional situations, and may forecast emerging pandemic threats, the level of risk they possess, and the 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;	**Article 21. Conference of the Parties**	9. The Conference of the Parties shall establish subsidiary bodies to carry out the work of the Conference of the Parties, as it deems necessary, on terms and modalities to be defined by the Conference of the Parties. Such subsidiary bodies may include, without limitation, an Implementation and Compliance Committee, a Panel of Experts to provide scientific advice, and a WHO PABS System Expert Advisory Group.

	(i) prepare strategies and guidelines for preparedness and response for various known pandemics; (j) conduct health technology assessments of pandemic-related products and share the results with Parties and WHO mechanisms; (k) act in coordination with the R&D observatory, as well as the R&D Blueprint, in the development of prioritization of R&D objectives and targets; (l) stocktake and monitor all types of genetic research and big data analysis associated with highly transmissible pathogens, alert the scientific community about any potential biosecurity concerns, and develop standards and operating procedures to avoid any such concerns; (m) develop guidelines on research involving pandemic potential pathogens, including genetic engineering, with a view to avoiding 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 nongovernmental organizations and bodies, and academic experts. 3. The Panel of Experts shall consist of […] independent experts selected by common accord by the Heads of the Quadripartite organizations, on the basis of the criteria of competence, independence, multidisciplinarity, gender equality and equitable geographical 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. Pandemic-Related Products	1. A Pandemic-Related Products Expert Committee is hereby established as a subsidiary body of the Conference of the Parties.		

Expert Committee	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 to report to the Conference of the Parties, discharge all functions set out in the WHO CA+ and respond to the requests of the Conference of the Parties. It shall pay particular attention to the needs of Parties that are developing countries. 3. The Pandemic-Related Products Expert Committee shall consist of […] members, who are independent experts nominated by Parties and elected by the Conference of the Parties, with due consideration for gender equality, multidisciplinarity, including legal, economic and industrial organization 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 shall 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 decisions 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. 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 for benefit-sharing, providing transparency and ensuring a fair and equitable sharing of benefits, and to report to the Conference of the Parties, discharge all functions set out in the WHO CA+ and respond to the requests of the Conference of the Parties. It shall pay particular attention to the needs of Parties that are developing countries. 3. The Benefit-Sharing Expert Committee shall consist of […] members, who are independent experts nominated by Parties and elected by the Conference of the Parties, with due consideration for gender equality, multidisciplinarity, including legal, economic and industrial organization expertise, and equitable geographical representation. The initial members of the Benefit-Sharing Expert Committee shall be elected at the first session of the Conference of the Parties.	**Article 21. Conference of the Parties**	9. The Conference of the Parties shall establish subsidiary bodies to carry out the work of the Conference of the Parties, as it deems necessary, on terms and modalities to be defined by the Conference of the Parties. Such subsidiary bodies may include, without limitation, an Implementation and Compliance Committee, a Panel of Experts to provide scientific advice, and a WHO PABS System Expert Advisory Group.

	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 shall 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 decisions 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.		