

## Thematic Text Comparison

The **REVISED Draft of the Negotiating Text of the WHO Pandemic Agreement** for the consideration of the Intergovernmental Negotiating Body at its seventh meeting and the **Proposal for the WHO Pandemic Agreement** for consideration of the Intergovernmental Negotiating Body at its ninth meeting (resumed session)

### A. Greenup

The *REVISED Draft of the Negotiating Text of the WHO Pandemic Agreement* is used as the basis for comparison using a thematic approach, with a consequent review of the relevant provisions in the *Proposal for the WHO Pandemic Agreement*. This comparison document includes only the following themes: preamble, use of terms, objectives & principles, human rights, pandemic prevention and public health surveillance, One Health, preparedness, readiness, and health system resilience, preparedness monitoring & functional reviews, research & development, sustainable and geographically diversified production, and technology transfer and know-how, transfer of technology and know-how for the production of pandemic-related health products, access & benefit sharing, supply chain and logistics & national procurement- and distribution, sustainable financing, Conference of the Parties (COP), reports to the COP, settlement of disputes, and reservations.

#### REVISED Draft of the Negotiating Text of the WHO Pandemic Agreement (7 March 2024)

#### Proposal for the WHO Pandemic Agreement (April 2024)

Preamble			
<b>Preamble</b>	<p>The Parties to the WHO Pandemic Agreement,</p> <p><i>Recognizing</i> 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,</p> <p><i>Recalling</i> 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,</p> <p><i>Recognizing</i> 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,</p>	<b>Preamble</b>	<p>The Parties to the WHO Pandemic Agreement,</p> <p>1. <i>Recognizing</i> that States bear the primary responsibility for supporting the health and well-being of their peoples, and that States are fundamental to strengthening pandemic prevention, preparedness and response,</p> <p>2. <i>Recognizing</i> that differences in the levels of development of Parties engender different capacities and capabilities in pandemic prevention, preparedness and response and acknowledging that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger that requires support through international cooperation, including the support of countries with greater capacities and resources, as well as predictable, sustainable and sufficient financial, human, logistical, technological and technical resources,</p>

<p><i>Deeply</i> 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, and the serious shortcomings in pandemic preparedness,</p> <p><i>Recognizing</i> the critical role of whole-of-government and whole-of-society approaches at 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,</p> <p><i>Recognizing</i> the importance of ensuring political commitment, resourcing and attention across sectors for pandemic prevention, preparedness and response,</p> <p><i>Reaffirming</i> the importance of multisectoral collaboration at national, regional and international levels to safeguard human health, including through a One Health approach,</p> <p><i>Reiterating</i> the need to work towards building and strengthening resilient health systems, with skilled and trained health and care workers, to advance universal health coverage and to adopt an equitable approach to mitigate the risk that pandemics exacerbate existing inequities in access to health services,</p> <p><i>Recognizing</i> that the 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,</p> <p><i>Recognizing</i> Member States' sovereign rights over their genetic resources and underscoring the importance of promoting the 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,</p> <p><i>Acknowledging</i> that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger that requires support through international collaboration, and that pandemic prevention, preparedness and response at all levels and in all sectors, particularly in developing countries, requires predictable, sustainable and sufficient financial, human, logistic and technical resources,</p> <p>Have agreed as follows: [...]</p>		<p>3. <i>Recognizing</i> that the World Health Organization is the directing and coordinating authority on international health work, including on pandemic prevention, preparedness and response,</p> <p>4. <i>Recalling</i> 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,</p> <p>5. <i>Recalling</i> that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care, and that the Sustainable Development Goals aim to achieve gender equality and empower all women and girls,</p> <p>6. <i>Recognizing</i> 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 and regional collaboration, cooperation and solidarity with all people and countries, especially developing countries, and notably least developed countries and small island developing states, in order to ensure an effective, coordinated, appropriate, comprehensive and equitable international response, while reaffirming the principle of sovereignty of States in addressing public health matters,</p> <p>7. <i>Deeply</i> concerned by the inequities at national and international levels that hindered timely and equitable access to coronavirus disease (COVID-19) pandemic-related health products, and the serious shortcomings in pandemic prevention, preparedness and response,</p> <p>8. <i>Recognizing</i> the critical role of whole-of-government and whole-of-society approaches at national and community levels, through broad social participation, and further recognizing the value and diversity of the culture and knowledge of indigenous peoples, in strengthening pandemic prevention, preparedness, response and health systems recovery,</p> <p>9. <i>Recognizing</i> the importance of ensuring political commitment, resourcing and action through cross-sector collaborations for pandemic prevention, preparedness, response and health systems recovery,</p> <p>10. <i>Reaffirming</i> the importance of multisectoral collaboration at national, regional and international levels to safeguard human health, including through a One Health approach,</p> <p>11. <i>Recognizing</i> the importance of rapid and unimpeded access of humanitarian relief in accordance with international law, including international human rights law and international humanitarian law, and the respect of principles of humanity,</p>
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			<p>neutrality, impartiality and independence for the provision of humanitarian assistance,</p> <p>12. <i>Reiterating</i> the need to work towards building and strengthening resilient health systems, with adequate numbers of skilled, trained and protected health and care workers to respond to pandemics, and to advance achievement of universal health coverage, particularly through a primary healthcare approach, and to adopt an equitable approach to mitigate the risk that pandemics exacerbate existing inequities in access to health care services,</p> <p>13. <i>Recognizing</i> the importance of building trust and ensuring timely sharing of information to prevent misinformation, disinformation and stigmatization,</p> <p>14. <i>Recognizing</i> that intellectual property protection is important for the development of new medicines, and recognizing the concerns about its effects on prices, and recalling that the TRIPS Agreement does not, and should not, prevent Member States from taking measures to protect public health,</p> <p>15. <i>Recalling</i> the sovereign right of States over their biological resources and the importance of collective action to mitigate public health risks and underscoring the importance of promoting the timely, safe, transparent, accountable and rapid sharing of materials and information of pathogens with pandemic potential for public health purposes, and, on an equal footing, the timely, fair and equitable sharing of benefits arising therefrom, taking into account relevant national, domestic, and international laws,</p> <p>16. <i>Stressing</i> that adequate pandemic prevention, preparedness, response and health systems recovery is part of a continuum to combat other health emergencies and achieve greater health equity through resolute action on social, environmental, cultural, political and economic determinants of health, and</p> <p>17. <i>Recognizing</i> the importance and public health impact of growing threats such as climate change, poverty and hunger, fragile and vulnerable settings, weak primary health care, and the spread of antimicrobial resistance,</p> <p>Have agreed as follows: [...]</p>
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**Use of terms**

<p><b>Article 1. Use of terms</b></p>	<p>For the purposes of the WHO Pandemic Agreement:</p> <p>(a) “biological materials” means clinical samples, specimens, isolates and cultures, either original or processed, of a pathogen;</p> <p>(b) “genetic sequence” means the order of nucleotides identified in a molecule of DNA or RNA, and contains the genetic information that determines the biological characteristics of an organism or a virus;</p>	<p><b>Article 1. Use of terms</b></p>	<p>For the purposes of the WHO Pandemic Agreement:</p> <p>(a) “manufacturer” means public or private entities that develop and/or produce pandemic-related health products;</p> <p>(b) “One Health approach” means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It</p>
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<p>(c) “genetic sequence data” means the order of nucleotides found in a molecule of DNA or RNA;<sup>1</sup></p> <p>(d) “manufacturer” means any entity that produces, for commercial purposes, including by means of licensing agreements, diagnostics, therapeutics or vaccines for infectious diseases;</p> <p>(e) “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) is closely linked and interdependent;</p> <p>(f) “PABS sequence databases” means publicly accessible databases that meet and agree to legally binding terms of reference that include arrangements to notify users of benefit-sharing provisions under the PABS system;</p> <p>(g) “pandemic-related products” means products that are needed for pandemic prevention, preparedness and response, which may include, without limitation, diagnostics, therapeutics, vaccines and personal protective equipment;</p> <p>(h) “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;</p> <p>(i) “pathogen with pandemic potential” means any pathogen that has been identified to infect a human and that is: novel (not yet characterized) or known (including a variant of a known pathogen), potentially highly transmissible and/or highly virulent with the potential to cause a public health emergency of international concern;</p> <p>(j) “persons in vulnerable situations” means individuals, groups or communities with a disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic;</p> <p>(k) “regional economic integration organization” means an organization that is composed of several sovereign states and to which its Member States have transferred competence over a range of matters, including the authority to make decisions binding on its Member States in respect of those matters;<sup>2</sup></p> <p>(l) “relevant diagnostic, therapeutic or vaccine” means a diagnostic, therapeutic or vaccine that is prequalified by WHO or has received a positive WHO</p>	<p>recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent;</p> <p>(c) “PABS Material and Information” means the biological material from a pathogen with pandemic potential, as well as sequence information relevant to the development of pandemic-related health products;</p> <p>(d) “pandemic-related health products” means safe, effective, quality and affordable products that are needed for pandemic prevention, preparedness and response, which may include, without limitation, diagnostics, therapeutics, vaccines and personal protective equipment;</p> <p>(e) “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;</p> <p>(f) “pathogen with pandemic potential” means any pathogen that has been identified to infect a human and that is: novel (not yet characterized) or known (including a variant of a known pathogen), potentially highly transmissible and/or highly virulent with the potential to cause a public health emergency of international concern;</p> <p>(g) “persons in vulnerable situations” means individuals, groups or communities with a disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic. This is understood to include persons in fragile and humanitarian settings;</p> <p>(h) “regional economic integration organization” means an organization that is composed of several sovereign states and to which its Member States have transferred competence over a range of matters, including the authority to make decisions binding on its Member States in respect of those matters; and<sup>2</sup></p> <p>(i) “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.</p>
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<sup>1</sup> Definition might need to be adjusted following finalisation of the negotiation within CBD on the scope of Digital Sequence Information, DSI that, in addition to DNA and RNA, might include proteins and metabolites.

<sup>2</sup> Where appropriate, ‘national’ will refer equally to regional economic integration organizations.

	<p>Emergency Use Listing assessment or an authorization from a national regulatory authority for treatment, diagnosis or prevention of a disease in relation to which WHO has declared a public health emergency of international concern or characterized as a pandemic;</p> <p>(m) “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; and</p> <p>(n) “WHO coordinated laboratory network” means laboratory alliances or networks coordinated by WHO in which each laboratory meets WHO standards and agrees to legally binding terms of reference that include arrangements to notify users of biological materials for pathogens with pandemic potential of benefit-sharing provisions under the PABS system.</p>		
<b>Objective &amp; principles</b>			
<p><b>Article 2. Objective</b></p>	<p>The objective of the WHO Pandemic Agreement, guided by equity, and the principles and approaches set forth herein is to prevent, prepare for and respond to pandemics.</p>	<p><b>Article 2. Objective</b></p>	<p>1. The objective of the WHO Pandemic Agreement, guided by equity, and the principles further set forth herein, is to prevent, prepare for and respond to pandemics.</p> <p>2. In furtherance of this objective, the provisions of the WHO Pandemic Agreement apply both during and between pandemics, unless otherwise specified.</p>
<p><b>Article 3. Principles</b></p>	<p>To achieve the objective of the WHO Pandemic Agreement and to implement its provisions, the Parties will be guided, inter alia, by the following:</p> <ol style="list-style-type: none"> <li>1. full respect for the dignity, human rights and fundamental freedoms of all persons, and the enjoyment of the highest attainable standard of health of every human being;</li> <li>2. the sovereign right of States to adopt, legislate and implement legislation, within their jurisdiction, in accordance with the Charter of the United Nations and the general principles of international law, and their sovereign rights over their biological resources;</li> <li>3. equity as the goal and outcome of pandemic prevention, preparedness and response, ensuring the absence of unfair, avoidable or remediable differences among groups of people;</li> <li>4. common but differentiated responsibilities and respective capabilities in pandemic prevention, preparedness, response and recovery of health systems;</li> </ol>	<p><b>Article 3. Principles</b></p>	<p>To achieve the objective of the WHO Pandemic Agreement and to implement its provisions, the Parties shall be guided, inter alia, by the following:</p> <ol style="list-style-type: none"> <li>1. the sovereign right of States to adopt, legislate and implement legislation, within their jurisdiction, in accordance with the Charter of the United Nations, the WHO Constitution and the principles of international law, and their sovereign rights over their biological resources;</li> <li>2. full respect for the dignity, human rights and fundamental freedoms of all persons, and the enjoyment of the highest attainable standard of health of every human being;</li> <li>3. full respect of international humanitarian law for effective pandemic prevention, preparedness and response;</li> <li>4. equity as a goal and outcome of pandemic prevention, preparedness and response, striving for the absence of unfair, avoidable or remediable differences among and between individuals, communities and countries;</li> </ol>

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	<p>5. solidarity, transparency and accountability to achieve the common interest of a more equitable and better prepared world to prevent, respond to and recover from pandemics; and</p> <p>6. the best available science and evidence as the basis for public health decisions for pandemic prevention, preparedness and response.</p>		<p>5. solidarity with all people and countries in the context of health emergencies, inclusivity, transparency and accountability to achieve the common interest of a more equitable and better prepared world to prevent, respond to and recover from pandemics, recognizing different levels of capacities and capabilities; and</p> <p>6. the best available science and evidence as the basis for public health decisions for pandemic prevention, preparedness and response.</p>
<b>Human Rights</b>			
<b>Preamble</b>	<p><i>Recalling</i> 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,</p>	<b>Preamble</b>	<p>5. <i>Recalling</i> that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care, and that the Sustainable Development Goals aim to achieve gender equality and empower all women and girls,</p> <p>11. <i>Recognizing</i> the importance of rapid and unimpeded access of humanitarian relief in accordance with international law, including international human rights law and international humanitarian law, and the respect of principles of humanity, neutrality, impartiality and independence for the provision of humanitarian assistance,</p>
<b>Article 3. Principles</b>	<p>1. full respect for the dignity, human rights and fundamental freedoms of all persons, and the enjoyment of the highest attainable standard of health of every human being;</p>	<b>Article 3. Principles</b>	<p>2. full respect for the dignity, human rights and fundamental freedoms of all persons, and the enjoyment of the highest attainable standard of health of every human being;</p>
<b>Pandemic prevention and public health surveillance &amp; One Health</b>			
<b>Article 4. Pandemic prevention and surveillance</b>	<p>1. The Parties commit to take measures to progressively strengthen pandemic prevention and coordinated multisectoral surveillance, taking into account national capacities and national and regional circumstances.</p> <p>2. The Parties shall undertake to cooperate:</p> <p>(a) in the implementation of the provisions of this Article, in particular through enhancing financial and technical support to developing countries; and</p> <p>(b) in support of relevant global and/or regional initiatives aimed at preventing pandemics, in particular those that improve surveillance, early warning and risk assessment; promote evidence-based actions, risk communication and community engagement; and identify settings and activities presenting a risk of emergence and re-emergence of pathogens with pandemic potential.</p>	<b>Article 4. Pandemic prevention and public health surveillance</b>	<p>1. The Parties shall cooperate with one another, in bilateral, regional and multilateral settings, to progressively strengthen pandemic prevention and public health surveillance capacities, consistent with the International Health Regulations (2005) (hereinafter IHR (2005)), and taking into account national and regional circumstances.</p> <p>2. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national pandemic prevention and public health surveillance plans that are consistent with and supportive of the effective implementation of the IHR (2005), and in accordance with its capacities, which cover, inter alia:</p> <p>(a) collaborative surveillance;</p> <p>(b) community-based early detection and control measures;</p> <p>(c) water, sanitation and hygiene;</p>

<p>3. Each Party commits to progressively strengthen pandemic prevention and coordinated multisectoral surveillance, taking into account its national capacities, including through:</p> <p>(a) coordinated multisectoral surveillance: (i) detect and conduct risk assessments of emerging or re-emerging pathogens, including pathogens in animal populations that may present significant risks of zoonotic spillover, in accordance with the International Health Regulations (2005); and (ii) share the outputs of relevant surveillance and risk assessments within their territories with WHO and other relevant agencies;</p> <p>(b) community-based early detection and control measures: leverage community capacities, networks and mechanisms to detect unusual public health events and contain them at the source;</p> <p>(c) water, sanitation and hygiene: strengthen efforts to ensure access to safe water, sanitation and hygiene, including in hard-to-reach settings;</p> <p>(d) infection prevention and control: implement active infection prevention and control measures in all health care facilities and institutions, in line with relevant international standards and guidelines;</p> <p>(e) zoonotic spillover and spillback prevention: (i) identify settings and activities that create or increase the risk of disease emergence and re-emergence at the human-animal-plant-environment interface; (ii) take measures to reduce risks of zoonotic spillover and spillback associated with these settings and activities, including measures aimed at safe and responsible management of wildlife, farm and companion animals, in line with relevant international standards and guidelines;</p> <p>(f) laboratory biosafety and biological risk management: develop, strengthen and maintain biosafety and biological risk management, in particular with regard to laboratories and research facilities, in order to prevent the accidental exposure, misuse or inadvertent release of pathogens, consistent with applicable international and national rules, standards and guidelines;</p> <p>(g) vector-borne disease surveillance and prevention: develop, strengthen and maintain capacity to conduct risk assessments of vector-borne diseases that may lead to pandemic situations; and</p> <p>(h) antimicrobial resistance (AMR): take measures to address pandemic-related risks associated with the emergence and spread of pathogens that are resistant to antimicrobial agents, including through the development and implementation of national and, where relevant, regional antimicrobial resistance action plans, taking into account relevant international guidelines, and with the aim of facilitating affordable and equitable access to antimicrobials.</p>		<p>(d) routine immunization;</p> <p>(e) infection prevention and control;</p> <p>(f) zoonotic spill over and spillback prevention;</p> <p>(g) laboratory biological risk management, in order to prevent the accidental exposure to, misuse or inadvertent release of pathogens;</p> <p>(h) vector-borne disease surveillance and prevention; and</p> <p>(i) antimicrobial resistance (AMR) to address pandemic-related risks associated with the emergence and spread of pathogens that are resistant to antimicrobial agents.</p> <p>3. The Parties recognize that environmental, climatic, social, anthropogenic and economic factors increase the risk of pandemics and endeavour to identify these factors and take them into consideration in the development and implementation of relevant policies, strategies and measures, at the international, regional and national levels, as appropriate, including by strengthening synergies with other relevant international instruments and their implementation.</p> <p>4. The Conference of the Parties may adopt, as necessary, guidelines, recommendations and standards, including in relation to pandemic prevention capacities, to support the implementation of this Article.</p>
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	<p>4. To implement the provisions in this Article, each Party shall:</p> <p>(a) taking into account national capacities, ensure that relevant national, and where applicable regional, action plans, policies and/or strategies, include comprehensive, coordinated and multisectoral pandemic prevention measures and surveillance;</p> <p>(b) develop, strengthen and maintain pandemic prevention capacities to complement the core capacities for surveillance, prevention and response as set out in the International Health Regulations (2005); and</p> <p>(c) take into account recommendations, guidelines and standards developed and adopted by WHO and other relevant intergovernmental organizations or bodies, in the development of relevant national and, where applicable, regional policies, strategies and measures to prevent pandemics.</p> <p>5. The Parties recognize that environmental, climatic, social, anthropogenic and economic factors increase the risk of pandemics and endeavour to identify these factors and take them into consideration in the development and implementation of relevant policies, strategies and measures, including by strengthening synergies with other relevant international instruments and their implementation.</p> <p>6. The Conference of the Parties may adopt, as necessary, guidelines, recommendations and 7 standards, including in relation to pandemic prevention capacities, to support the implementation of this Article.</p>		
<p><b>Article 5. One Health approach to pandemic prevention, preparedness and response</b></p>	<p>1. The Parties commit to promote a One Health approach for pandemic prevention, preparedness and response that is coherent, comprehensive, integrated, coordinated and collaborative among relevant actors and sectors.</p> <p>2. For this purpose, each Party shall, taking into account its national circumstances and capacities, take measures to:</p> <p>(a) implement relevant national policies, strategies and measures that reflect a One Health approach;</p> <p>(b) promote the effective and meaningful engagement of communities in the development and implementation of policies, strategies and measures to prevent, detect and respond to zoonotic outbreaks; and</p> <p>(c) promote or establish, as necessary, One Health workforce training and continuing education programmes for public health, animal health and environment sectors, to build complementary skills, capacities and capabilities.</p> <p>3. The Parties shall contribute to the further development and updating of international standards and guidelines to detect, reduce risks of, monitor and manage zoonotic spillover and spillback, in collaboration with WHO and relevant intergovernmental organizations.</p>	<p><b>Article 5. One Health</b></p>	<p>1. The Parties commit to promote a One Health approach for pandemic prevention, preparedness and response, recognizing the interconnection between people, animals and the environment, that is coherent, integrated, coordinated and collaborative among all relevant organizations, sectors and actors, taking into account national circumstances.</p> <p>2. 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 through the introduction and integration of interventions into relevant pandemic prevention, preparedness and response plans.</p> <p>3. Each Party shall, in accordance with its national context, protect human, animal and plant health, with support from WHO and other relevant international organizations, by:</p> <p>(a) implementing and regularly reviewing relevant national policies and strategies that reflect a One Health approach as it relates to pandemic prevention, preparedness and response;</p> <p>(b) promoting the effective and meaningful engagement of communities in the development and implementation of policies, strategies and measures to prevent, detect and respond to outbreaks; and</p>



	<p>4. The Parties shall develop and implement or strengthen, as appropriate, bilateral, subregional, regional and other multilateral mechanisms to enhance financial and technical support, assistance and cooperation, in particular in respect of developing countries, in relation to promoting and taking measures towards One Health.</p>		<p>(c) promoting or establishing One Health joint training and continuing education programmes for human, animal and environmental health workforces, to build relevant and complementary skills, capacities and capabilities.</p> <p>4. The modalities, terms and conditions, and operational dimensions of a One Health approach shall be further defined in an instrument that takes into consideration the provisions of the IHR (2005), and is operational by 31 May 2026.</p>
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**Preparedness, readiness and health system resilience**

<p><b>Article 6. Preparedness, health system resilience and recovery</b></p>	<p>1. Each Party commits to develop, strengthen and maintain its health system, including primary health care, for 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.</p> <p>2. Each Party commits, in accordance with applicable laws and regulations, to strengthen and reinforce health system functions, including by adopting and/or developing policies, plans, strategies and measures, as appropriate, for:</p> <p>(a) sustaining and monitoring the timely provision of, and equitable access to, quality routine and essential health services during pandemics with a focus on primary health care, routine immunization and mental health care, and with particular attention to persons in vulnerable situations;</p> <p>(b) developing, strengthening and maintaining health infrastructure as well as public and animal health institutions, including academic and research centres, at national, regional and international levels;</p> <p>(c) developing post-pandemic health system recovery strategies;</p> <p>(d) developing, strengthening and maintaining, as necessary, public health, animal health and environmental laboratory and diagnostic capacities, and associated national, regional and global networks, through the application of relevant standards and protocols for laboratory biosafety and biological risk management;</p> <p>(e) developing, strengthening and maintaining: health information systems for early detection, forecasting, and timely information sharing; civil registration and vital statistics; and associated digital health and data science capacities; and</p>	<p><b>Article 6. Preparedness, readiness and health system resilience</b></p>	<p>1. Each Party commits to develop, strengthen and maintain a resilient health system, particularly primary health care, for pandemic prevention, preparedness and response, taking into account the need for equity, with a view to achieving universal health coverage.</p> <p>2. Each Party commits, in accordance with its national and / or domestic law, as appropriate and its capabilities, to develop or strengthen, sustain and monitor health system functions and infrastructure, including by adopting and/or developing policies, plans, strategies and measures, as appropriate, for:</p> <p>(a) timely provision of, and equitable access to, scalable clinical care, quality routine and essential health care services during pandemics with a focus on primary health care, mental health and psychosocial support, and with particular attention to persons in vulnerable situations;</p> <p>(b) post-pandemic health system recovery;</p> <p>(c) laboratory and diagnostic capacities, and associated national, regional and global networks, through the application of relevant standards and protocols for laboratory biosafety and biosecurity; and</p> <p>(d) promoting the use of social and behavioural sciences, risk communication and community engagement for pandemic prevention, preparedness and response.</p> <p>4. The Parties, collaborating with WHO and relevant international organizations, shall endeavour to identify, promote and/or strengthen, as appropriate, in accordance with national and/or domestic law, as appropriate, relevant international data standards and interoperability that enable timely sharing of public health data for preventing, detecting and responding to public health events.</p> <p>5. With the aim of promoting and supporting learning among Parties, best practices, and accountability and coordination of resources, an inclusive, transparent, effective and efficient pandemic prevention, preparedness and response monitoring and</p>
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	<p>(f) promoting the use of social and behavioural sciences, risk communication and community engagement for pandemic prevention, preparedness and response.</p> <p>3. The Parties commit to cooperate, within means and resources at their disposal, and with the support of the WHO secretariat and other relevant organizations, in order to provide or facilitate financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular in respect of developing countries.</p> <p>4. The Parties shall identify and promote relevant international data standards and interoperability that enable timely sharing of public health data for preventing, detecting and responding to public health events.</p>		<p>evaluation system shall be developed, implemented and regularly assessed, by WHO in partnership with relevant organizations, building on relevant tools, on a timeline to be agreed by the Conference of the Parties.</p>
<b>Preparedness monitoring and functional reviews</b>			
<p><b>Article 8. Preparedness monitoring and functional reviews</b></p>	<p>1. The Parties shall, building on existing and relevant tools, develop and implement an inclusive, transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system.</p> <p>2. Each Party shall assess, every five years, with technical support from the WHO Secretariat upon request, the functioning and readiness of, and gaps in, its pandemic prevention, preparedness and response capacity, based on the relevant tools and guidelines developed by WHO in partnership with relevant organizations at international, regional and sub-regional levels.</p>	<p><b>Article 8. Preparedness monitoring and functional reviews</b></p>	<p><i>Preparedness monitoring and functional reviews – provisions of this article were moved to Article 6 (retained for numbering purposes only)</i></p>
<b>Research &amp; Development</b>			
<p><b>Article 9. Research and development</b></p>	<p>1. The Parties shall cooperate to build, strengthen and sustain national, regional and international capacities and institutions for research and development, particularly in developing countries, and shall promote scientific collaboration for the rapid sharing of information and access to research results and outcomes, including through open science approaches.</p> <p>2. To this end, the Parties shall promote:</p> <p>(a) sustained investment in research and development for public health priorities, including for pandemic-related products, and support for research institutions and networks that can rapidly adapt and respond to research and development needs in the event of a pandemic emergency;</p> <p>(b) technology co-creation and joint venture initiatives that engage the participation of, and international collaboration among, scientists and/or research</p>	<p><b>Article 9. Research and development</b></p>	<p>1. The Parties shall cooperate to build, strengthen and sustain geographically diverse capacities and institutions for research and development, particularly in developing countries, based on a shared agenda, and shall promote research collaboration and access to research through open science approaches for the rapid sharing of information and results, especially during pandemics.</p> <p>2. To this end, the Parties shall promote, within means and resources at their disposal:</p> <p>(a) sustained investment in research and development for public health priorities;</p> <p>(b) technology co-creation and joint venture initiatives, actively engaging the participation of scientists and/or research centres from developing countries;</p>

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<p>centres, particularly from developing countries, including from the public and, as appropriate, private sector;</p> <p>(c) innovative research and development, including community-led and cross-sector collaboration, for addressing pathogens with pandemic potential;</p> <p>(d) equitable access to research knowledge, evidence synthesis, knowledge translation and evidence-based communication tools, strategies and partnerships, relating to pandemic prevention, preparedness and response;</p> <p>(e) capacity-building programmes, projects and partnerships, and substantial and sustained support for research and development, including basic and applied research, such as early-stage research, product discovery, pre-clinical and translational research;</p> <p>(f) international collaboration and coordination, including with the private sector, to set common objectives, research goals and priorities, to develop pandemic-related products for diverse populations and settings, with a central role for WHO;</p> <p>(g) access for scientists and researchers, particularly from developing countries, to relevant international scientific research programmes, projects and partnerships, including those referred to in this Article, as well as scientific publications;</p> <p>(h) the sharing of information on national research agendas, capacity-building activities, and research and development priorities during pandemic emergencies; and</p> <p>(i) research on the causes and effects of pandemics, on their prevention and management, including: (1) the epidemiology of emerging diseases, factors driving disease spillover or emergence, and behavioural science; (2) public health and social</p> <p>interventions used to control pandemics and their effect on the spread of disease and the burden imposed by these measures on society, including its economic cost; and (3) relevant health products, with the aim of promoting equitable access, including their timely availability, affordability and quality.</p> <p>3. The Parties shall, in accordance with national circumstances and mindful of relevant international standards, take steps to strengthen international coordination and collaboration to support well-designed and well-implemented clinical trials, by developing, strengthening and sustaining clinical trial capacities and research networks at the national, regional and international levels.</p>		<p>(c) capacity building programmes, projects and partnerships, and substantial and sustained support for all phases of research and development, including basic and applied research; and</p> <p>(d) participation of relevant stakeholders, consistent with applicable biosafety and biosecurity obligations, laws, regulations and guidance, to accelerate innovative research and development.</p> <p>3. The Parties shall, in accordance with national circumstances and mindful of relevant international standards and obligations, take steps to strengthen international coordination and collaboration to support well-designed and well-implemented clinical trials, by developing, strengthening and sustaining clinical trial capacities and research networks, at the national, regional and international levels, and facilitating the rapid reporting and interpretation of data from such trials.</p> <p>4. Each Party shall ensure that government-funded research and development agreements for development of pandemic-related health products include, as appropriate, provisions that promote timely and equitable access to such products and shall publish the relevant terms. Such provisions may include: (i) licensing and/or sublicensing, preferably on a non-exclusive basis; (ii) affordable pricing policies; (iii) technology transfer on mutually agreed terms; (iv) publication of relevant information on research inputs and outputs; and/or (v) adherence to product allocation frameworks adopted by WHO.</p>
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	<p>4. The Parties shall 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 trial guidelines, including during a pandemic.</p> <p>5. Each Party shall, in accordance with national law, support the transparent and public sharing of research inputs and outputs from research and development of government-funded pandemic-related products, including scientific publications with data shared and stored securely.</p> <p>6. Each Party shall develop national policies to:</p> <p>(a) include provisions in government-funded research and development agreements for the development of pandemic-related products that promote timely and equitable global access to such products during public health emergencies of international concern and pandemics. Such provisions may include: (i) licensing and/or sublicensing, preferably on a non-exclusive basis; (ii) affordable pricing policies; (iii) technology transfer on voluntary terms; (iv) publication of relevant information on research inputs and outputs; and/or (v) adherence to product allocation frameworks adopted by WHO; and</p> <p>(b) publish relevant terms of government-funded research and development agreements promoting equitable and timely access to such products during a pandemic emergency.</p>		
<p><b>Sustainable and geographically diversified production, and technology transfer and know-how</b></p>			
<p><b>Article 10. Sustainable and geographically diversified production</b></p>	<p>1. The Parties commit to achieving a more equitable geographical distribution and scaling up of the global production of pandemic-related products, and increasing sustainable, timely, fair and equitable access to such products, as well as reducing the potential gap between supply and demand during pandemics.</p> <p>2. The Parties, in collaboration with WHO and other relevant organizations, shall:</p> <p>(a) take measures, in cooperation with regional organizations, to provide support, maintain and strengthen production facilities at national and/or regional levels, particularly in developing countries, and to facilitate scaling up of production of pandemic-related products during emergencies, including through promoting and/or incentivizing public and private investment aimed at creating or expanding economically viable manufacturing facilities of relevant health products;</p> <p>(b) facilitate the continuous and sustainable operations of the facilities referred to in subparagraph 2(a), including through promoting transparency of relevant unprotected information on pandemic-related products and raw materials across the value chain;</p>	<p><b>Article 10. Sustainable and geographically diversified production, and technology transfer and know-how</b></p>	<p>1. The Parties commit to achieving more equitable geographical distribution and scaling up of the global production of pandemic-related health products, and increasing sustainable, timely, fair and equitable access to such products, as well as reducing the potential gap between supply and demand during pandemics, through transfer of relevant technology and know-how on mutually agreed terms.</p> <p>2. The Parties, in collaboration with WHO and other relevant organizations, shall:</p> <p>(a) Take measures to provide support for, maintain and/or strengthen, as appropriate, facilities at national and regional levels, particularly in developing countries, and those that have conducted disease burden studies relevant to pathogens with pandemic potential, with a view to promoting the sustainability of such investments, for the production, or scaling up of production, of relevant pandemic-related health products;</p> <p>(b) take measures, in accordance with national and/or domestic laws, as appropriate, and regulations, to identify and contract with manufacturers other than those referenced in paragraph 2(a) of this Article, for scaling up the production of pandemic-related health products, during pandemics, in cases where the production and supply capacity of the production facilities does not meet demand;</p>

<p>(c) facilitate the transfer of relevant technology, know-how, and licenses pooled in relevant mechanisms (as referred to in Article 11), including during inter-pandemic times, to ensure the sustainability of the facilities referred to in subparagraph 2(a) ;</p> <p>(d) take measures, and encourage international organizations, to establish long-term contracts and make investments, especially in developing countries' facilities preferably with a regional scope of operation, to ensure regular production of pandemic-related products produced by local and regional manufacturers;</p> <p>(e) facilitate and support authorization of pandemic-related products produced by the facilities referred to in subparagraph 2(a); and</p> <p>(f) support and/or facilitate skills development, capacity-building and other initiatives for production facilities.</p> <p>3. Each Party shall promote public and private sector investments aimed at creating or expanding manufacturing facilities for pandemic-related products, especially regional manufacturers based in developing countries.</p>		<p>(c) actively support, participate in and/or implement, as appropriate, relevant WHO technology, skills and know-how transfer programmes to facilitate strategically and geographically distributed production of pandemic-related health products; and</p> <p>(d) promote and incentivize public and private sector investments and/or partnerships aimed at creating or expanding manufacturing facilities or capacities for pandemic-related health products, especially facilities with a regional operational scope that are based in developing countries.</p>
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**Transfer of technology and know-how for the production of pandemic-related health products**

<p><b>Article 11. Transfer of technology and know-how</b></p>	<p>1. In order to enable sufficient, sustainable and geographically-diversified production of pandemic-related products each Party, taking into account its national circumstances, shall:</p> <p>(a) promote and otherwise facilitate or incentivize the transfer of technology and knowhow for both pandemic-related and routine health products, including through the use of licensing and collaboration with regional or global technology transfer partnerships and initiatives, and in particular for the benefit of developing countries and for technologies that have received public funding for their development;</p> <p>(b) promote the timely publication by private rights holders of the terms of licensing agreements and/or technology transfer agreements for pandemic-related products, in accordance with national laws;</p> <p>(c) make available licenses, on a non-exclusive, worldwide and transparent basis and for the benefit of developing countries, for government-owned pandemic-related products, and shall publish the terms of these licenses at the earliest reasonable opportunity and in accordance with national laws; and</p> <p>(d) provide, within its capabilities, support for capacity-building for the transfer of technology and know-how for pandemic-related products.</p>	<p><b>Article 11. Transfer of technology and know-how for the production of pandemic-related health products</b></p>	<p>1. Each Party shall, in order to enable sufficient, sustainable and geographically-diversified production of pandemic-related health products, and taking into account its national circumstances:</p> <p>(a) promote and otherwise facilitate or incentivize the transfer of technology and know-how for pandemic-related health products, in particular for the benefit of developing countries and for technologies that have received public funding for their development, through a variety of measures such as licensing, on mutually agreed terms;</p> <p>(b) publish the terms of its licenses for pandemic-related health technologies in a timely manner and in accordance with applicable law, and shall encourage private rights holders to do the same;</p> <p>(c) encourage research and development institutes and manufacturers, in particular those receiving significant public financing, to forgo or reduce, for a limited duration, royalties on the use of their technology for the production of pandemic-related health products;</p> <p>(d) promote the transfer of relevant technology and related know-how for pandemic-related health products, by private rights holders, on fair and most favourable terms, including on concessional and preferential terms and in accordance with mutually agreed terms and conditions, to established regional or</p>
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<p>2. The Parties shall develop and strengthen, as appropriate, mechanisms coordinated by WHO with the participation of other relevant technology transfer mechanisms as well as other 12 relevant organizations, to promote and facilitate the transfer of technology and know-how for pandemic-related products to geographically diverse research and development institutes and manufacturers, particularly in developing countries, through the pooling of knowledge, intellectual property, know-how and data to all developing countries.</p> <p>3. During pandemics, in addition to the undertakings in paragraph 1 of this Article, each Party shall:</p> <p>(a) encourage holders of relevant patents regarding pandemic-related products, in particular those who received public funding, to forgo or otherwise charge reasonable royalties to developing country manufacturers for the use, during the pandemic, of their technology and know-how for the production of pandemic-related products; and</p> <p>(b) consider supporting, within the framework of relevant institutions, time-bound waivers of intellectual property rights to accelerate or scale up the manufacturing of pandemic related products to the extent necessary to increase the availability and adequacy of affordable pandemic-related products.</p> <p>4. The Parties that are WTO Members recognize that they have the right to use to the full, the flexibilities inherent in the TRIPS Agreement as reiterated in the Doha Declaration on the TRIPS Agreement and Public Health of 2001, which provide flexibility to protect public health including in future pandemics, and shall fully respect the use thereof by others.</p> <p>5. Each Party shall, as necessary and appropriate, review and update its national legislation in order to ensure the implementation of such flexibilities referred to in paragraph 5 in a timely and effective manner.</p> <p>6. The WHO Secretariat shall work towards the improvement of access to pandemic-related products, especially during pandemic emergencies, through transfer of technology and knowhow, including through cooperation with relevant international organizations.</p>	<p>global technology transfer hubs or other multilateral mechanisms or networks, as well as the publication of the terms of such agreements;</p> <p>(e) encourage holders of relevant patents that received public funding, and where appropriate, other holders of relevant patents for pandemic-related health products, to forgo royalties or otherwise license any relevant patents at reasonable royalties to developing country manufacturers for the use, during the pandemic, of their technology and know-how for the production of pandemic-related health products; and</p> <p>(f) encourage manufacturers within its jurisdiction to share as appropriate, during pandemics, information that is relevant to the production of pandemic-related health products when the withholding of such information prevents or hinders urgent manufacture of a pharmaceutical product that is necessary to respond to the pandemic.</p> <p>2. Each Party shall provide, within its capabilities and subject to available resources and applicable law, support for capacity-building for the transfer of technology and know-how for pandemic-related health products on mutually agreed terms, especially to local, sub-regional and/or regional manufacturers based in developing countries.</p> <p>3. Consider supporting, within the framework of relevant organizations, appropriate measures to accelerate or scale up the manufacturing of pandemic related health products, to the extent necessary to increase the availability and adequacy of affordable pandemic-related health products during pandemics.</p> <p>4. The Parties that are WTO Members reaffirm that they have the right to use, to the full, flexibilities in the TRIPS Agreement, including those reaffirmed in the Doha Declaration on the TRIPS Agreement and Public Health of 2001, which provide flexibility to protect public health in future pandemics, and shall fully respect the use of the TRIPS flexibilities by WTO members.</p> <p>5. The Parties shall, working through the Conference of the Parties, establish regional or global technology and know-how transfer hubs, coordinated by WHO, to increase and geographically diversify the transfer of technology and know-how for the production of pandemic-related health products, by manufacturers in developing countries.</p>
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Access and benefit sharing	
<p><b>Article 12. Access and benefit sharing</b></p> <p>1. The Parties hereby establish a multilateral system for access and benefit sharing for pathogens with pandemic potential: the WHO Pathogen Access and Benefit-Sharing System (PABS System).</p> <p>2. The PABS System aims to ensure rapid, systematic and timely access to biological materials of pathogens with pandemic potential and the genetic sequence data (GSD) for such pathogens, which contributes to strengthened global surveillance and risk assessment, and facilitates research, innovation and development of health products; and on an equal footing, equitable, fair and rapid sharing of monetary and non-monetary benefits, including timely, effective and predictable access to relevant diagnostics, therapeutics or vaccines, based on public health risks, needs and demand, contributing to the rapid and timely control of public health emergencies of international concern and pandemics.</p> <p>3. When a Party has access to a pathogen with pandemic potential, it shall, using applicable biosafety, biosecurity and data protection standards:</p> <p>(a) share with WHO any pathogen sequence information as soon as it is available to the Party;</p> <p>(b) as soon as biological materials are available to the Party, provide the materials to one or more laboratories and/or biorepositories participating in WHO-coordinated laboratory networks (CLNs), which meet the legally binding terms of reference, as referenced below, with an electronic label of “PABS biological material” which will follow through to the end products and/or publications, and shall notify users of biological materials of the benefit-sharing provisions under the PABS System, recognizing that each Party may also share such biological materials to entities outside the CLNs. All users of biological materials shall have legal obligations under PABS regarding benefit sharing; and</p> <p>(c) as soon as pathogen GSD is available to the Party, upload the GSD and relevant metadata to one or more PABS sequence databases (SDBs) which meet the legally binding terms of reference, as referenced below, an electronic label of “PABS GSD” which will follow through to the end products and/or publications, and shall notify the users of GSD of the benefit-sharing provisions under the PABS System, recognizing that each Party may also share such GSD outside the SDBs. All users of GSD shall have legal obligations under PABS regarding benefit sharing.</p> <p>4. The Parties consent to the further transfer and use of biological materials and GSD provided to the CLNs and SDBs, with an electronic label of “PABS biological material” or “PABS GSD”, in accordance with the provisions of this Article including on benefit sharing, as well as applicable biosafety, biosecurity</p>	<p><b>Article 12. Access and benefit sharing</b></p> <p>1. A multilateral access and benefit sharing system for pathogens with pandemic potential, the “WHO Pathogen Access and Benefit-Sharing System” (PABS System), is hereby established to ensure rapid, systematic and timely sharing of PABS Material and Information for, inter alia, public health risk assessment, and, on an equal footing, timely, effective, predictable and equitable access to pandemic-related health products, and other benefits, both monetary and non-monetary, arising from such sharing. The PABS System shall be coordinated and convened by WHO.</p> <p>2. The PABS System shall have the following foundations:</p> <p>(a) the commitment of Parties to share, on an equal footing, PABS Material and Information and the benefits arising therefrom, considering these as equally important parts of the collective action for global public health;</p> <p>(b) its implementation in a manner to strengthen, expedite and not stifle research and innovation;</p> <p>(c) its implementation in a manner to ensure mutual complementarity with the Pandemic Influenza Preparedness Framework;</p> <p>(d) its implementation in accordance with applicable biosafety, biosecurity and data protection standards;</p> <p>(e) the development of a robust, inclusive, transparent, Member State-led, and science-based governance, review, and accountability mechanism(s);</p> <p>(f) not seeking to obtain intellectual property rights on PABS material and information; and</p> <p>(g) its implementation in a manner to be consistent with, and does not run counter to, the objectives of 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 with a view to providing legal certainty to PABS System providers and users, and with the aim of the recognition of the System as a specialized international access and benefit-sharing instrument within the meaning of paragraph 4 of Article 4 of the Nagoya Protocol.</p> <p>3. The WHO PABS System shall have, at a minimum, the following components and elements:</p> <p>(a) The rapid, systematic and timely sharing of PABS Material and Information, and all relevant information, in accordance with modalities, terms and conditions to be determined and agreed; and</p>

<p>and data protection standards. Parties agree that intellectual property rights may not be sought on such materials and GSD.</p> <p>5. The Parties agree that WHO shall develop, in accordance with the relevant templates to be developed by the Parties, as referenced in paragraph 11 below, as well as consistent with the WHO regulations for study, scientific groups, collaborating institutions and other mechanisms of collaboration, legally binding terms of reference for the CLNs and SDBs with arrangements to notify the users of biological materials and GSD of the benefit-sharing provisions of the PABS system.</p> <p>6. WHO shall conclude legally binding standard PABS contracts with manufacturers to provide the following, taking into account the size, nature and capacities of the manufacturer:</p> <p>(a) annual monetary contributions to support the PABS System and relevant capacities in countries; the determination of the annual amount, use, and approach for monitoring and accountability, shall be finalized by the Parties;</p> <p>(b) real-time contributions of relevant diagnostics, therapeutics or vaccines produced by the manufacturer, 10% free of charge and 10% at not-for-profit prices during public health emergencies of international concern or pandemics, to be made available through the Network established under Article 13 for use on the basis of public health risks, needs and demand; and</p> <p>(c) voluntary non-monetary contributions, such as capacity-building activities, scientific and research collaborations, non-exclusive licensing agreements, arrangements for transfer of technology and know-how in line with Article 11, tiered pricing for relevant diagnostics, therapeutics or vaccines.</p> <p>7. The Parties agree on the following benefit-sharing provisions to be applied to users of biological materials and GSD shared through the CLNs and SDBs:</p> <p>(a) entities that use biological materials and GSD shared through the CLNs and SDBs for commercial purposes, other than for the manufacture of diagnostics, therapeutics or vaccines, are to support the PABS System through voluntary contributions, taking into account the size, nature and capacities of the entity, such as monetary contributions, capacity-building activities, non-exclusive licensing agreements, arrangements for transfer of technology and know-how in line with Article 11, and/or scientific and research collaborations; and</p> <p>(b) entities that use biological materials and GSD shared through the CLNs and SDBs for non-commercial purposes are to acknowledge the providers of the biological materials and GSD in relevant presentations or publications; contribute to public dissemination and transparency of research results; and, as appropriate, taking into account the size, nature and capacities of the entity,</p>		<p>(b) The fair, equitable and timely sharing of benefits, both monetary and non-monetary, arising from access to PABS Material and Information, in accordance with modalities, terms and conditions to be determined and agreed, and which shall include, at a minimum, the following:</p> <p>(i) in the event of a pandemic, real-time access by WHO to 20% (10% as a donation and 10% at affordable prices to WHO) of the production of safe, efficacious and effective pandemic-related health products; and</p> <p>(ii) annual monetary contributions from PABS System users shall be administered by WHO, based on modalities, terms and conditions to be defined, per paragraph 6 of this Article .</p> <p>(c) A mechanism to ensure the fair and equitable allocation and distribution of the pandemic-related health products in paragraph 3(b) above, shall be developed taking into account public health risks, needs, and demand, per paragraph 6 of this Article.</p> <p>4. The PABS System will also have additional benefit-sharing options, which may include:</p> <p>(a) voluntary non-monetary contributions, such as capacity-building activities, scientific and research collaborations, non-exclusive licensing agreements, arrangements for transfer of technology and know-how of relevant diagnostics, therapeutics or vaccines in line with Article 11; Tiered-pricing or other cost-related arrangements, such as no loss/no profit loss arrangements, for purchase of pandemic-related health products during PHEICs or pandemics; and</p> <p>(b) encouraging 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 PABS Material and Information.</p> <p>5. Each Party that has manufacturing facilities that produce pandemic-related health products in its jurisdiction shall take all necessary steps to facilitate the export of such products, in accordance with timetables to be agreed between WHO and the relevant manufacturers.</p> <p>6. The modalities, terms and conditions, and operational dimensions of the PABS System shall be further defined in a legally-binding instrument, that is operational no later than 31 May 2026.</p>
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	<p>actively engage in scientific and academic collaborations, training and capacity-building activities, and consider voluntary monetary contributions to support the PABS System.</p> <p>Each Party, in respect of such a user operating within its jurisdiction, shall take all appropriate steps, in accordance with its relevant laws and circumstances, to encourage such a user to provide benefits in accordance with subparagraphs (a) and (b) above.</p> <p>8. The Parties shall cooperate and take appropriate measures, such as conditions in public procurements or on public financing of research and development, prepurchase agreements, or regulatory procedures, to encourage and facilitate as many manufacturers as possible to enter into standard PABS contracts as early as possible.</p> <p>9. During a pandemic, each Party in a position to do so shall, within available resources and subject to applicable laws and in line with Article 13, set aside a portion of its total procurement of relevant diagnostics, therapeutics or vaccines in a timely manner for use in countries facing challenges in meeting public health needs and demand for relevant diagnostics, therapeutics or vaccines.</p> <p>10. To support operationalization of the PABS System, WHO shall maintain updated lists of CLNs and SDBs, as well as of known pathogens that are pathogens with pandemic potential. WHO shall report regularly to the Parties on the conclusions of standard PABS contracts, and shall make such contracts public, while respecting commercial confidentiality. WHO shall use measures such as prequalification and the WHO Emergency Use Listing Procedure to promote the PABS System and encourage manufacturers to conclude standard PABS contracts.</p> <p>11. Templates for the standard PABS contracts and for legally binding terms of reference agreements with CLNs and SDBs shall be developed by the Parties.</p> <p>12. The Parties who are Parties to the Convention on Biological Diversity and its Nagoya Protocol recognize that the PABS System, when fully operational, is consistent with and does not run counter to the objectives of the Nagoya Protocol; shall function as a specialized international access and benefit-sharing instrument; and is the applicable access and benefit-sharing system for biological materials and GSD for pathogens with pandemic potential. Accordingly, each such Party shall take effective legislative, executive, administrative or other measures at the appropriate government level to give effect to this recognition. Parties who are not Parties to the Convention on Biological Diversity and its Nagoya Protocol shall take such measures with respect to any relevant domestic legislation to ensure alignment with the objectives and implementation of this provision.</p>		
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	<p>13. The Parties shall cooperate to support the effective operation of the PABS System, including by taking the necessary steps to facilitate the shipment of biological materials, and the export of necessary health products during a public health emergency of international concern or pandemic, in accordance with applicable international law.</p> <p>14. The Conference of the Parties shall regularly review the operation, monitor adherence and effectiveness of the PABS System and shall take the decisions necessary to promote and support its effective and sustainable implementation.</p>		
<p><b>Supply chain and logistics &amp; National procurement- and distribution</b></p>			
<p><b>Article 13. Supply chain and logistics</b></p>	<p>1. The Global Supply Chain and Logistics Network (the Network) is hereby established. The Network shall be developed, coordinated and convened by WHO in partnership with the Parties and other relevant international and regional stakeholders, and shall be guided by the principles of equity, transparency, inclusivity, timeliness, fairness and consideration of public health needs. The Network shall pay particular attention to the needs of developing countries, including those in fragile and humanitarian settings.</p> <p>2. The Conference of the Parties shall, at its first meeting, define the structure and modalities of the Network, which shall aim at ensuring the following:</p> <p>(a) collaboration among the Parties and other relevant stakeholders during and between pandemics; (b) assignment of functions to stakeholders based on competencies and expertise; and</p> <p>(c) accountability and transparency in the functioning of the Network.</p> <p>3. The Parties shall periodically review the operationalization of the Network, including the support provided by Parties and other stakeholders during and between pandemics.</p> <p>4. The functions of the Network shall include:</p> <p>(a) identifying the types of pandemic-related products and estimating the quantities needed and anticipated demand for robust pandemic prevention, preparedness and response;</p> <p>(b) identifying the sources of safe, effective and quality assured pandemic-related products, including raw materials and potential surge capacities as well as developing and maintaining a tool for this purpose;</p>	<p><b>Article 13. Supply chain and logistics</b></p>	<p>1. The Global Supply Chain and Logistics Network (the Network) is hereby established to enhance equitable, timely and affordable access to pandemic-related health products. The Network shall be developed, coordinated and convened by WHO in partnership with the Parties and other relevant international and regional stakeholders. The Parties shall prioritize sharing through the Global Supply Chain and Logistics Network for equitable allocation based on public health risk and need over bilateral donation agreements.</p> <p>2. The Conference of the Parties shall, at its first meeting, define the structure and modalities of the Network, which shall aim at ensuring the following:</p> <p>(a) collaboration among the Parties and other relevant stakeholders during and between pandemics;</p> <p>(b) functions of the Network are discharged by the organizations best placed to perform them;</p> <p>(c) consideration of the needs of developing countries, and the needs of persons in vulnerable situations, including those in fragile and humanitarian settings;</p> <p>(d) equitable allocation of pandemic-related health products; and</p> <p>(e) accountability and transparency in the functioning and governance of the Network.</p> <p>3. The Parties shall periodically review the operations of the Network, including the support provided by Parties and other stakeholders during and between pandemics.</p> <p>4. During a pandemic, emergency trade measures shall be targeted, proportionate, transparent and temporary, and do not create unnecessary barriers to trade or disruptions in supply chains of pandemic-related health products.</p>

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	<p>(c) identifying, assessing, keeping under review and facilitating the most efficient means of procuring quality pandemic-related products, potentially including pooled procurement and/or advance purchase agreements, to enhance equitable, timely and affordable access to these products;</p> <p>(d) promoting transparency in cost, pricing and other relevant data on products, including raw materials, across the value chain;</p> <p>(e) promoting and coordinating within the Network to avoid competition for resources among international procuring entities, including regional organizations and/or mechanisms;</p> <p>(f) collaborating with relevant national authorities and organizations/institutions, as appropriate, and taking into account national and regional circumstances to establish, strengthen and maintain national, regional and/or international stockpiles of various pandemic-related products, including stockpiles earmarked for humanitarian settings, as well as to maintain related logistic capacities and assess them at regular intervals;</p> <p>(g) facilitating the equitable allocation of pandemic-related products, including those procured through the facilitation by the Network, acquired through the PABS or donated by countries as referred to in Article 13bis, subparagraph 2, based on public health risks and needs, and taking into account factors, such as population size, demographic structure, epidemiological situation and health system capabilities of beneficiary countries and their readiness and capacity to utilize such products;</p> <p>(h) facilitating the most efficient delivery and distribution of pandemic-related products, including, as appropriate, through regional stockpiles, consolidation hubs and staging areas, while taking into account specific requirements for these pandemic-related products, including in humanitarian settings; and</p> <p>(i) assisting countries in meeting the requirements for the effective utilization of specific pandemic-related products, as needed and requested.</p> <p>5. The WHO, as the convenor of the Network, shall report regularly to the Conference of the Parties on all matters relevant to the implementation of this Article.</p>		<p>5. During a pandemic, rapid and unimpeded access of humanitarian relief personnel, their means of transport, supplies and equipment, and to pandemic-related health products, shall be facilitated in a manner consistent with relevant provisions of international law, including humanitarian law, and in respect of the principles of humanity, neutrality, impartiality and independence for the provision of humanitarian assistance.</p> <p>6. A multilateral system for managing vaccine and therapeutic related compensation and liability during pandemics shall be considered.</p> <p>7. The WHO, as the convenor of the Network, shall report regularly to the Conference of the Parties on all matters relevant to the implementation of this Article.</p>
<p><b>Article 13bis: National procurement- and distribution- related provisions</b></p>	<p>1. Each Party shall publish the terms of its government-funded purchase agreements for pandemic-related products at the earliest reasonable opportunity and in accordance with applicable laws, and shall exclude confidentiality provisions that serve to limit such disclosure. Each Party shall also encourage regional and global purchasing mechanisms to do the same.</p>	<p><b>Article 13bis: National procurement and distribution</b></p>	<p>1. Each Party shall publish the relevant terms of its purchase agreements with manufacturers for pandemic-related health products at the earliest reasonable opportunity, and shall exclude confidentiality provisions that serve to limit such disclosure, and in accordance with applicable laws, and as appropriate. Regional and global purchasing mechanisms shall also be encouraged to do the same.</p>

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<p>2. Each Party, in accordance with national laws, shall include provisions in government-funded purchase agreements for pandemic-related products that promote timely and equitable global access to such products, such as provisions that:</p> <p>(a) permit the donation of such products outside of its territories;</p> <p>(b) facilitate potential modifications in order to address supply gaps around the world;</p> <p>(c) incentivize or otherwise encourage licensing and other transfer of technology, in particular for the benefit of developing countries; and</p> <p>(d) incentivize or otherwise encourage the formulation and sharing of global access plans for the products.</p> <p>3. The Parties recognize the importance of ensuring that any emergency trade measures designed to respond to a pandemic are targeted, proportionate, transparent and temporary, and do not create unnecessary barriers to trade or unnecessary disruptions in supply chains.</p> <p>4. The Parties 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 of recognized humanitarian organizations for the provision of humanitarian assistance.</p> <p>5. Whenever possible, each Party shall take appropriate measures to promote rational use and reduce waste of pandemic-related products, including through the sharing of products, and taking into account the circumstances of recipient countries.</p> <p>6. Each Party shall ensure that any national stockpiles do not unnecessarily exceed quantities needed for domestic public health emergency preparedness and response.</p> <p>7. Whenever possible, when sharing pandemic emergency response with countries, organizations or any mechanism that is facilitated by the Network, each Party shall abide by the following:</p> <p>(a) The selection and shelf life of pandemic emergency response-related products are data driven and in alignment with identified needs and the distribution and administration/dispensing timelines and capabilities of the recipients;</p> <p>(b) Prospective recipients are made aware of any expiration dates, availability of the products and required ancillaries as far in advance as possible;</p>	<p>2. During a pandemic, each Party in a position to do so shall, within available resources and subject to applicable laws, set aside a portion of its total procurement of relevant diagnostics, therapeutics or vaccines in a timely manner for use in countries facing challenges in meeting public health needs and demand.</p> <p>3. Each Party shall take appropriate measures to promote rational use and reduce waste of pandemic-related health products.</p> <p>4. Each Party undertakes to avoid having national stockpiles of pandemic-related health products that unnecessarily exceed quantities anticipated to be needed for domestic pandemic preparedness and response.</p> <p>5. When sharing pandemic-related health products with countries, organizations, or any mechanism that is facilitated by the Network, such products will be unearmarked and accompanied by all appropriate and relevant conditions, requirements and characteristics, as well as ancillary products, necessary for their distribution, administration and dispensing.</p> <p>6. Each Party shall endeavour to ensure that, in contracts for the supply or purchase of novel pandemic vaccines, buyer/recipient indemnity clauses, if any, are exceptionally provided and are time-bound.</p>
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	<p>(c) As appropriate, sharing Parties coordinate with each other and with other global or regional access mechanisms to maximize allocation to populations with the highest risk and greatest public health need and to facilitate rapid absorption/administration;</p> <p>(d) Products shared with global or regional access mechanisms are unearmarked for greatest effectiveness and to support long-term planning;</p> <p>(e) Sharing Parties release products in large volumes and in a predictable manner, in order to reduce transaction costs and facilitate recipient planning; and</p> <p>(f) Shared products are accompanied by essential ancillaries and coordinated with the availability of support for distribution and administration, to ensure rapid allocation and absorption.</p> <p>8. Each Party shall facilitate the effective distribution, delivery and administration of pandemic-related products in its domestic market.</p>		
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**Sustainable financing**

<p><b>Article 20. Sustainable Financing</b></p>	<p>1. The Parties commit to working together to strengthen sustainable financing for health emergencies as well as for pandemic prevention, preparedness and response. In this regard, each Party, within the means and resources at its disposal, shall:</p> <p>(a) prioritize and maintain or increase, as necessary, domestic funding for pandemic prevention, preparedness and response, without undermining other domestic public health priorities including for: (i) strengthening and sustaining capacities for the prevention, preparedness and response to health emergencies and pandemics, in particular the core capacities of the International Health Regulations (2005); (ii) implementing national plans, programmes and priorities; and (iii) strengthening health systems resilience;</p> <p>(b) mobilize financial resources through all sources, including existing and new bilateral, sub-regional, regional and multilateral funding mechanisms, to assist in particular developing country Parties, in the implementation of the WHO Pandemic Agreement, including through grants and concessional loans;</p> <p>(c) promote, within relevant bilateral, regional and/or multilateral mechanisms, innovative financing measures, including but not limited to debt relief, based on transparent financial reprogramming plans for pandemic prevention, preparedness, response and recovery of health-system related actions, for affected countries whose debt payment might affect expenditures on pandemic prevention, preparedness and response, and in the case of pandemics, take measures for debt relief, including the suspension of debt servicing and debt cancellation; and</p>	<p><b>Article 20. Sustainable financing</b></p>	<p>1. The Parties shall strengthen sustainable and predictable financing, in an inclusive and transparent manner, for implementation of this Agreement and the International Health Regulations (2005).</p> <p>2. In this regard, each Party, within the means and resources at its disposal, shall:</p> <p>(a) maintain or increase, as necessary, domestic funding for pandemic prevention, preparedness and response;</p> <p>(b) mobilize additional financial resources to assist, in particular developing country Parties, in the implementation of the WHO Pandemic Agreement, including through grants and concessional loans;</p> <p>(c) explore, and as appropriate, promote, within relevant bilateral, regional and/or multilateral funding mechanisms, innovative financing measures, including transparent financial reprogramming plans for pandemic prevention, preparedness and response especially for developing country Parties experiencing fiscal constraints; and</p> <p>(d) encourage governance and operating models of existing financing entities to minimize the burden on countries, offer improved efficiency and coherence at scale, enhance transparency and be responsive to the needs and national priorities of developing countries.</p> <p>3. A Coordinating Financial Mechanism (the "Mechanism") is hereby established to provide sustainable financing support, to strengthen and expand capacities for</p>
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	<p>(d) encourage governance and operating models of existing financing entities to minimize the burden on countries, offer improved efficiency and coherence at scale, enhance transparency and be responsive to the needs and national priorities of developing countries.</p> <p>(a) identify financing instruments and mechanisms that are available to serve the purposes of pandemic prevention, preparedness and response, and maintain a dashboard of such instruments and related information such as eligibility criteria, modalities and levels of funding available, priorities and process requirements, including financial contributions made by Parties and non-State actors, as applicable, to such instruments, and the funds allocated to countries from such instruments;</p> <p>(b) establish, as necessary, following a mandate from the Conference of the Parties, working arrangements with relevant identified financing instruments and entities to facilitate their alignment with the Financial and Implementation Strategy;</p> <p>2. The governing bodies of the Cooperating Parties shall adopt, every five years a Financial and Implementation Strategy on pandemic prevention, preparedness and response. The Parties, particularly those providing financial support for the strengthening of pandemic prevention, preparedness and response, shall align with the Financial and Implementation Strategy while financing the relevant funding mechanisms, both within and outside WHO.</p> <p>3. A Coordinating Financial Mechanism (the "Mechanism") is hereby established to support the implementation of both the WHO Pandemic Agreement and the International Health Regulations (2005) in a sustainable, predictable, inclusive and transparent manner and accountable to the governing bodies of the Cooperating Parties. The mechanism aims to increase the effectiveness and efficiency of existing and future financial mechanisms, including by providing additional financial resources to strengthen and expand capacities for pandemic prevention, preparedness and response in Cooperating Parties, in particular in developing country Parties.</p> <p>4. The Mechanism shall include a pooled fund to provide financing to support, strengthen and expand capacities for pandemic prevention, preparedness and response, and as necessary for day zero surge response, in Cooperating Parties that require financial support. The fund may include sources from monetary contributions received as part of operations of the PABS System, voluntary funds from both States and non-State actors and other contributions to be agreed upon by the Conference of the Parties.</p> <p>5. The Mechanism will also promote harmonization and coordination for financing pandemic prevention, preparedness and response and International Health Regulations related capacities.</p>		<p>pandemic prevention, preparedness and response, and necessary for day zero surge response, particularly in developing country Parties. The Mechanism shall, inter alia:</p> <p>(a) conduct relevant needs and gaps analyses to support strategic decision making and develop every five years a Financial and Implementation Strategy for the Pandemic Agreement, and submit it to the Conference of the Parties for its consideration;</p> <p>(b) promote harmonization, coherence and coordination for financing pandemic prevention, preparedness and response and IHR (2005) related capacities;</p> <p>(c) identify all sources of financing that are available to serve the purposes of supporting the implementation of this Agreement, and maintain a dashboard of such instruments and related information, and the funds allocated to countries from such instruments;</p> <p>(d) establish, as necessary, following a mandate from the Conference of the Parties, working arrangements with relevant identified financing instruments and entities to facilitate their support of the Financial and Implementation Strategy;</p> <p>(e) provide advice and support, upon request, to Parties in identifying and applying for financial resources for strengthening pandemic prevention, preparedness and response; and</p> <p>(f) leverage voluntary monetary contributions for organizations and other entities supporting pandemic prevention, preparedness and response, free from conflict of interest, from relevant stakeholders, in particular those active in sectors that benefit from international work to strengthen pandemic prevention, preparedness and response.</p> <p>4. The Mechanism shall function under the authority and guidance of the Conference of the Parties and be accountable to it. The Conference of the Parties shall adopt terms of reference for the Mechanism and modalities for its operationalization and governance, within 12 months after the entry into force of the WHO Pandemic Agreement.</p> <p>5. The Conference of the Parties shall periodically consider, as appropriate, the Financial and Implementation Strategy for the Pandemic Agreement referred to in paragraph 2(a) above. The Parties shall endeavour to align with it, as appropriate, when providing external financial support for the strengthening of pandemic prevention, preparedness and response.</p>
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	<p>6. The Mechanism shall, inter alia:</p> <p>(a) identify financing instruments and mechanisms that are available to serve the purposes of pandemic prevention, preparedness and response, and maintain a dashboard of such instruments and related information such as eligibility criteria, modalities and levels of funding available, priorities and process requirements, including financial contributions made by Parties and non-State actors, as applicable, to such instruments, and the funds allocated to countries from such instruments;</p> <p>(b) establish, as necessary, following a mandate from the Conference of the Parties, working arrangements with relevant identified financing instruments and entities to facilitate their alignment with the Financial and Implementation Strategy;</p> <p>(c) provide advice and support, upon request, to Cooperating Parties in identifying and applying in order to obtain access to financial resources in accordance with national pandemic prevention, preparedness and response priorities and identified needs;</p> <p>(d) assess the availability of funds, and support the mobilization of financial resources free from conflict of interest; and</p> <p>(e) conduct relevant analyses on needs and gaps, in addition to tracking cooperation efforts, to inform the development of the Financial and Implementation Strategy, guide Cooperating Parties and recommend course corrections as necessary.</p> <p>7. The Mechanism, including its fund, shall function under the authority and guidance of the Conference of the Parties and be accountable to it. The Conference of the Parties shall adopt modalities for the operationalization of the Mechanism, including eligibility criteria and the establishment of a governing board of the Mechanism, with balanced representation of WHO regions and developed and developing country Parties, within 12 months after the entry into force of the Pandemic Agreement.</p> <p>8. The Conference of the Parties shall periodically review the effectiveness of the Mechanism, such as policies, operational modalities and activities, and its first revision should be carried out no less than two years after its establishment.</p>		
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**Conference of the Parties (COP), Reports to the COP,  
Settlement of disputes & Reservations**

<p><b>Article 21. Conference of the Parties</b></p> <p>1. A Conference of the Parties is hereby established.</p> <p>2. The Conference of the Parties shall keep under regular review, every three years, the implementation of the WHO Pandemic Agreement and take the decisions necessary to promote its effective implementation. To this end, it shall:</p> <p>(a) consider reports submitted by the Parties in accordance with Article 23 and adopt regular reports on the implementation of the WHO Pandemic Agreement;</p> <p>(b) oversee any subsidiary bodies, including by establishing their rules of procedure and working modalities;</p> <p>(c) promote and facilitate the mobilization of financial resources for the implementation of the WHO Pandemic Agreement, in accordance with Article 20;</p> <p>(d) consider and review developed countries' reports on their contribution to the implementation of the WHO Pandemic Agreement or any other assistance offered towards developing countries and reports submitted by such parties or countries on receiving such offers, their acceptance, rejection or implementation, both submitted pursuant to Article 19 and provide specific recommendations to the parties concerned on enhancing such cooperation and assistance;</p> <p>(e) invite, where appropriate in order to strengthen the implementation of the WHO Pandemic Agreement, the services and cooperation of, and information provided by, competent and relevant organizations and bodies of the United Nations system and other international and regional intergovernmental organizations and nongovernmental organizations and bodies;</p> <p>(f) promote, including by establishing appropriate processes, cooperation and coordination with and among relevant legal instruments and frameworks and relevant global, regional, subregional and sectoral bodies, with a view to promoting coherence among efforts for pandemic prevention, preparedness and response;</p> <p>(g) provide guidance to the WHO Director-General and to Parties, on effective implementation of the WHO Pandemic Agreement including the matters considered in paragraphs (a) and (d); and</p> <p>(h) consider other actions, as appropriate, for the achievement of the objective of the WHO Pandemic Agreement in the light of experience gained in its implementation.</p> <p>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</p>	<p><b>Article 21. Conference of the Parties</b></p>	<p>1. A Conference of the Parties is hereby established.</p> <p>2. The Conference of the Parties shall regularly take stock of the implementation of the WHO Pandemic Agreement, and review its functioning every five years, and take the decisions necessary to promote its effective implementation. To this end, it shall take actions, as appropriate, for the achievement of the objective of the WHO Pandemic Agreement.</p> <p>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. The Conference of the Parties will determine the venue and timing of subsequent regular sessions at its first session.</p> <p>4. Extraordinary sessions of the Conference of the Parties shall be held at such other times, 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 in writing to the Parties by the Secretariat, it is supported by at least one third of the Parties. Such extraordinary sessions may be called at the level of heads of state or government.</p> <p>5. The Conference of the Parties shall, at its first session, adopt by consensus its Rules of Procedure and criteria for the participation of observers at its proceedings.</p> <p>6. The Conference of the Parties shall by consensus adopt financial rules for itself as well as governing the funding of any subsidiary bodies it may establish as well as financial provisions governing the functioning of the Secretariat. At each ordinary session, it shall adopt a budget for the financial period until the next ordinary session.</p> <p>7. The Conference of the Parties may establish subsidiary bodies, as it deems necessary, and determine the terms and modalities of such bodies.</p>
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	<p>WHO Pandemic Agreement. The Conference of the Parties will determine the venue and timing of subsequent regular sessions at its first session.</p> <p>4. Extraordinary sessions of the Conference of the Parties shall be held at such other times 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 in writing to the Parties by the Secretariat, it is supported by at least one-third of the Parties.</p> <p>5. The Conference of the Parties shall adopt by consensus its Rules of Procedure at its first session.</p> <p>6. The Conference of the Parties shall establish the criteria for the participation of observers at its proceedings.</p> <p>7. The Conference of the Parties shall by consensus adopt financial rules for itself as well as governing the funding of any subsidiary bodies it may establish as well as financial provisions governing the functioning of the Secretariat. At each ordinary session, it shall adopt a budget for the financial period until the next ordinary session.</p> <p>8. The Conference of the Parties may establish subsidiary bodies, as it deems necessary, and on terms and modalities to be defined by the Conference of the Parties.</p>		
<p><b>Article 23. Reports to the Conference of the Parties</b></p>	<p>1. Each Party shall submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of the WHO Pandemic Agreement.</p> <p>2. The frequency and format of the reports submitted by all Parties shall be determined by the Conference of the Parties.</p> <p>3. The Conference of the Parties shall adopt appropriate measures to assist Parties, upon request, in meeting their obligations under this Article, with particular attention to the needs of developing country Parties.</p> <p>4. The reporting and exchange of information under the WHO Pandemic Agreement shall be subject to national law regarding confidentiality and privacy. The Parties shall protect, as mutually agreed, any confidential information that is exchanged.</p>	<p><b>Article 23. Reports to the Conference of the Parties</b></p>	<p>1. Each Party shall report periodically to the Conference of the Parties, through the Secretariat, on its implementation of the WHO Pandemic Agreement.</p> <p>2. The frequency and format of the reports submitted by all Parties shall be determined by the Conference of the Parties.</p> <p>3. The Conference of the Parties shall adopt appropriate measures to assist Parties, upon request, in meeting their obligations under this Article, with particular attention to the needs of developing country Parties.</p> <p>4. The reporting and exchange of information under the WHO Pandemic Agreement shall be subject to national and/or domestic law, as appropriate, regarding confidentiality and privacy. The Parties shall protect, as mutually agreed, any confidential information that is exchanged. The periodic reports submitted by the Parties shall be made publicly available online by the Secretariat.</p>
<p><b>Article 25. Settlement of disputes</b></p>	<p>1. In the event of a dispute between two or more Parties concerning the interpretation or application of the WHO Pandemic Agreement, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach a solution by good</p>	<p><b>Article 25. Settlement of disputes</b></p>	<p>1. In the event of a dispute between two or more Parties concerning the interpretation or application of the WHO Pandemic Agreement, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. In case of failure to reach a solution by the</p>

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	<p>offices, mediation or conciliation shall not absolve the parties to the dispute from continuing to seek to resolve it.</p> <p>2. When ratifying, accepting, approving, formally confirming or acceding to the WHO Pandemic Agreement, or at any time thereafter, a Party may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory ad hoc arbitration in accordance with the Permanent Court of Arbitration Rules of 2012.</p> <p>3. The provisions of this Article shall apply with respect to any protocol as between the parties to the protocol, unless otherwise provided therein</p>		<p>methods mentioned above, the Parties may continue to seek solutions to the dispute through joint consultations, including, if they so agree, by resorting to ad hoc arbitration in accordance with the Permanent Court of Arbitration Rules 2012 or successor rules. The Parties that have agreed to arbitration shall accept the arbitration award as binding and final.</p> <p>2. The provisions of this Article shall apply with respect to any protocol as between the Parties to the protocol, unless otherwise provided therein.</p>
<p><b>Article 27. Reservations</b></p>	<p>1. Reservations may be made to the WHO Pandemic Agreement unless incompatible with the object and purpose of the WHO Pandemic Agreement.</p> <p>2. Notwithstanding paragraph 1 above, no reservation may be made to Article XX, Article YY, or Article ZZ of the WHO Pandemic Agreement.</p>	<p><b>Article 27. Reservations</b></p>	<p>Reservations may be made to the WHO Pandemic Agreement unless incompatible with the object and purpose of the WHO Pandemic Agreement.</p>