

Written Statement toward the seventh meeting of the Intergovernmental Negotiating Body (INB)

To: Bureau of the Intergovernmental Negotiating Body (INB)

From: Japan CSO Network on Global Health

10 November, 2023

Dear Co-chairs of the Bureau of the INB,

We, as Japanese civil society, request the INB to ensure a fair negotiation process with active participation by civil society and marginalized communities, in drafting the negotiating text of the WHO CA+ (Pandemic Agreement), to achieve the goals of pandemic prevention, preparedness and response and strengthening health systems that are centered around principles of global equity and human rights.

With respect to articles 9, 10 and 11, we commend improvements in the recognition of the need for transparency, obliging governments to use the flexibilities of the TRIPS Agreement, exempting intellectual property rights, and establishing a WHO mechanism for stockpiling and distributing medicines. However, we are concerned by the insufficiencies in guaranteeing equitable access to pandemic countermeasures and remedying deficiencies in governance and accountability, and clear linkages between the articles which is required to ensure sustainable end-to-end production, supply chain and delivery. It is particularly problematic that commitments on transparency and transfers of technology and know-how are limited to ‘voluntary’ measures that are based on ‘mutual agreement.’ Furthermore, exemption-free measures and binding access conditionalities to public funding for research and development must be established under the authority of the government.

It is only with appropriate access and benefit-sharing that countries can ensure rapid access to pathogen information (*article 12*). The agreement must make full reference to existing legal and medical ethical frameworks to ensure protection of patients and sharing of benefits from research results, including access to pandemic products among developing countries and local communities that have contributed to the research.

Systematic measures are required to ensure that humanitarian aid organizations are not subject to disadvantageous guarantee and liability clauses, such as being independently liable for compensation of agreements to purchase or donate medical countermeasures (*article 15*). Victims must also be compensated in an equitable and fair manner through the establishment of a no-fault compensation system.

Effective, timely detection and response to disease outbreaks require infection prevention and control plans that address the needs of higher-risk populations, and strengthened surveillance systems through investments in digital tools and active community participation (*articles 4.2, 4.4*). Continuous provision of essential health services require technical assistance, monitoring and the prioritization of primary healthcare at the community level (*article 6*).

Pandemic preparedness is impossible without addressing environmental degradation as the cause of increased health emergencies, which requires broader, intersectoral collaborations and civil society engagement (*article 5*). Water, sanitation and hygiene in health facilities must also be emphasized in the text, as half of health facilities in the least developed countries lack access to safe water, and two-thirds lack hand washing facilities (*article 4.4b*).

Finally, increased efforts and risk management mechanisms are required to strengthen and protect human resources in healthcare during peace-time (*article 7*). It is critical that health care personnel in developing countries are paid fairly and that their health and safety are guaranteed through improved working conditions. The sustainability of front-line, community health workers must be guaranteed through legitimate recruitment and compensations as regular health care workers, alongside training and support systems.

With less than six months remaining until the World Health Assembly, we urge countries to overcome differences in national interests and unite in the fight against the global challenge of pandemics.

With regards,



Masaki Inaba

Chair, Japan Civil Society Organizations Network on Global Health