

## Written input to INB7 on the Negotiating Text of the WHO Pandemic Agreement from The Royal Commonwealth Society for the Blind (Sightsavers):

COVID-19 has shown that persons with disabilities, older people, children, those with chronic health conditions and other marginalized groups are disproportionately affected by and at risk from pandemics. We therefore urge Member States to give close attention to strengthening provisions that are necessary to achieve equity within countries.

First, we recommend insertions to the definition of “persons in vulnerable situations” in Article 1 to incorporate direct references to age, disability or health condition as characteristics known to be associated with a disproportionate risk of vulnerability and discrimination in the context of pandemics. We also recommend that the definition includes reference to other harms causing vulnerability in pandemics, in addition to the increased risk of infection, severity of disease or mortality already included in the definition.

At Article 1(i) we therefore recommend the following insertions to the definition:

1.(i) “persons in vulnerable situations” means individuals, groups or communities with disproportionate increased risk of infection, severity, disease or mortality **[ADD: or other harms]** in the context of a pandemic, including vulnerability due to discrimination on the basis of race, colour, sex, **[ADD: age, disability, health condition,]** language, religion, political or other opinion, national or social origin, property, birth or other status;

The scope and meaning of Article 1(i) defining persons in vulnerable situations directly affects the meaning and scope of subsequent Articles in the Negotiating Text, including Article 3 (3.3 on equity & 3.8 on accountability) and Article 17 (17.6) which refer directly to persons in vulnerable situations.

Second, we recommend that the Negotiating Text includes clearer wording on ensuring non-discriminatory access to countermeasures and to essential public health information. We also recommend that this paragraph refers also to the continued provision of and access to quality routine and essential care and support services.

At Article 6.2(a), we therefore recommend the following insertions:

6.2(a) **[ADD: equitable access to countermeasures and essential public health information, and]** the continued provision of **[ADD: and access to]** quality routine and essential health services **[ADD: and essential care and support services]** during pandemics **[ADD: without discrimination on the grounds of sex, age, disability, health condition, race, nationality or other grounds.]**

We note with concern that there is insufficient attention to the pandemic response in the Negotiating Text, so the entire PPPR cycle is not adequately covered, including re. non-discriminatory access to countermeasures and essential public health information in the pandemic response. We recommend that this gap is addressed by Member States in the INB7 negotiations.

Third, we emphasise that the Pandemic Agreement will be a legal instrument that must be fully compatible with Member States’ existing obligations under international law and the

WHO Constitution. We urge that articulation of human rights obligations in Article 3.1 refers directly to ensuring the realisation of the right to the highest attainable standard of health for all people, and that reference to 'respect for human rights' is expanded to the established legal formulation: 'protect, respect and fulfil human rights'.

(489 words)