

Submission by the Right Honourable Helen Clark  
Relevant Stakeholder under “Annex E” and  
Co-Chair of The Independent Panel for Pandemic Preparedness and Response  
On the draft Negotiating Text presented for INB9 (March 18 – 28 2024)  
Submitted 20 March 2024

As WHO Member States aim to finalise a pandemic agreement for discussion at the 77<sup>th</sup> World Health Assembly, I wish to convey the following urgent message, based on the findings and recommendations of [The Independent Panel for Pandemic Preparedness and Response](#).

This critical agreement must provide clarity on roles and responsibilities, and fill the well-documented, deadly gaps in pandemic preparedness and response. These include ineffective surveillance and actual response to alerts, political leadership at the highest level, equitable access to pandemic countermeasures, sufficient and sustainable preparedness and surge finance, and system-wide accountability.

- 1. The objective of the agreement must be tangible and measurable:** the current text should be modified so as ‘...to prevent, prepare for, and respond to pandemics, in order to protect all people and minimise the health, economic and social impacts.’
- 2. An expanded definition of ‘pandemic’ needs to be reinstated in the agreement.** It should reflect both a fast-moving pathogen to which humans have no immunity, and also a slower-moving pathogen (such as HIV) that over time can have major impacts on human health, health systems, societies and economies.
- 3. A commitment anchored in human rights principles; to the protection of vulnerable groups; to address gender inequalities; and to work closely with civil society is essential to success.** The texts must clearly reflect this.
- 4. Principles and overall texts:** should reflect that **investment in pandemic prevention, preparedness, and response is a common good** and not primarily about development assistance, and the outputs including pandemic countermeasures should be managed as such.
- 5. Equity must serve public health needs.** Countermeasures must be available rapidly wherever they are required to stop outbreaks from becoming pandemics; and in a multi-country outbreak or pandemic, to protect specific vulnerable groups of people as a priority, be it health workers, the elderly, or other at-risk groups.
- 6. Equity: Paragraphs 9-14 must be examined and revised as a grouping to ensure they contain legally binding commitments to the cohesive, public health focussed, equitable, end-to-end pre-negotiated ecosystem that is essential when crisis strikes.** The Independent Panel recommended an equitable, pre-negotiated platform for pandemic countermeasures, with a regional, instead of centralised global, approach for research and development, manufacturing and distribution. We have suggested the [practical pillars](#) for such a system including pre-negotiated governance and finance.

When crisis strikes each region must be fully equipped to identify and contain outbreaks with pandemic potential. The current paragraphs contain insufficient legally binding commitments to achieve this.

7. **Accountability measures** have largely been removed from this text. While it is understandable that Member States would be concerned that accountability measures could be used punitively, **I urge Member States to agree to positively incentivized accountability measures underpinned by system-wide and collective assurance and collaboration.** Countries that rapidly report outbreaks are performing an international service and can be rewarded with technical and financial assistance. In addition, we strongly suggest an expert-led **independent monitoring body** to provide an evidence-based assessment of compliance with the agreement, and of the true state of pandemic readiness. The IPCC provides a possible model.
8. **Financing: as with the equity measures, the text must guarantee a clear pathway to pre-negotiated preparedness and surge finance that provides clarity and speed of access, including for low- and middle-income countries.** The current proposal to coordinate existing mechanisms could result in a challenging and confusing patchwork. The Independent Panel stressed that such funding must not divert existing Official Development Assistance, and ideally should be based on a global public investment model. Domestic, regional and international financing is required for preparedness, for traditional and new health products and services, and for social and economic protections. **Ultimately, Finance Ministers must take responsibility and invest now – waiting until the next crisis happens will come at many times the cost.**

This leads to a continued concern with the pandemic agreement and its natural limitations if pandemic threats are considered fully ‘managed’ within the confines of WHO’s health mandate.

**We continue to believe that political engagement beyond the health sector at the highest level is required** in order to ensure continued momentum and focus on the multi-sectoral, multilateral dimensions of pandemic preparedness and response. Pandemics represent an existential threat to humanity and are a human security issue—like nuclear and climate threats. **We are pleased to see a Conference of the Parties re-inserted into the pandemic agreement text, and we propose that it be led at Head of State and Government level to give it the gravitas it needs.**

As a final word, I remind Governments that you are negotiating this pandemic agreement for the benefit and protection of the 8 billion people you represent. An effective agreement demonstrates your duty of care for the earth’s citizens. Every Government has a solemn responsibility and a history-making opportunity.