

Summaries of regional committee discussions on the working draft

Report by the Secretariat

BACKGROUND

1. At its second meeting, the Intergovernmental Negotiating Body (INB) agreed to a process of intersessional work leading up to the third meeting of the INB,¹ which included a request to the INB Bureau to conduct consultations with Member States within a regional context, during their regional committee meetings, with a view to providing input to the Bureau for the development of the conceptual zero draft. This input would be considered along with the comments from the second meeting of the INB, written inputs from Member States and relevant stakeholders, in accordance with the proposed modalities of engagement for relevant stakeholders,² and the outcomes of the public hearings and the informal, focused consultations.

2. Members of the Bureau, with the support of the WHO Secretariat, participated in the regional committees and provided an update on the progress of the work of the INB, including discussions with Member States in a regional context. In line with the report of the second meeting of the INB, this report provides a summary of the discussions from each regional committee, with a focus on the INB-related agenda item, in advance of the third meeting of the INB. The summary reports provided by each regional office following the regional consultations are contained in the Annex to this document.

¹ Document A/INB/2/5.

² Set forth in document A/INB/1/7 Rev.1.

ANNEX

COMPILATION OF THE SUMMARY REPORTS ON THE REGIONAL COMMITTEE DISCUSSIONS BY REGION AND DATE

African Region

(24 August 2022 during the 72nd session of the WHO Regional Committee for Africa)

- Ms Precious Matsoso, Co-Chair of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, provided a brief overview of the establishment of the INB and progress achieved, including the outcomes of the second meeting held from 18 to 22 July 2022. She also presented the working draft that was considered by the INB at its second meeting, which served as the basis for the discussion. She invited the Committee to provide further oral comments on the working draft, as well as written inputs, before 15 September and encouraged Member States to actively participate in the intercessional process which would culminate in the development of a conceptual zero draft to be considered at the third meeting of the INB scheduled for 5–7 December 2022. The document outlined the methodology, vision, principles, objectives, general obligations, institutional arrangements, and final provisions. She concluded with the timelines of the processes of both the INB and the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), emphasizing the need to ensure alignment, complementarity and avoid duplication of the two processes.
- Members of the Regional Committee welcomed the quality and flexibility of the working draft document as a good basis for facilitating further discussions. Member States appreciated the work and leadership of the INB Bureau and expressed their commitment to continuing to be actively engaged in the process. It was highlighted that the new instrument was expected to contribute to improved international solidarity and efficiency in responding to and managing health crises. Noting that inequity was at the core of the COVID-19 response, Member States welcomed the inclusion of equity as a principle and theme, and also requested that equity be operationalized across the different components of the new instrument. The Committee expressed support for a legally binding instrument under Article 19 of the WHO Constitution as determined by the second meeting of the INB. They also stressed the importance of ensuring strong leadership and governance for a legally binding instrument, and adequate systems and tools, as well as sufficient, sustainable and flexible financial resources.
- Other key suggestions included the need to avoid duplication and overlaps with the International Health Regulations (2005) and other international instruments, such as the Nagoya Protocol to the Convention on Biological Diversity. The need for a multisectoral and multidisciplinary approach to addressing health emergencies, in a spirit of transparency and solidarity, was also stressed. The Committee expressed support for research and development as well as building local and regional manufacturing capacity and also raised the need for access and benefit sharing. The need to ensure clear responsibilities before, during and after the declaration of a pandemic was pointed out, as well as incentivizing timely sharing of information, compliance, accountability and transparency and respect for the new instrument. Finally, Member States expressed their willingness to provide more written inputs and noted the working draft document.

Region of the Americas

(29 September 2022 during the 30th Pan American Sanitary Conference/74th session of the WHO Regional Committee of the Americas)

- Ms Precious Matsoso, Co-Chair of the INB, addressing the Committee via video link, said that the Region of the Americas was the fourth region to be consulted and recalled that the aim of the process was to protect the world from similar disasters in the future, and to strengthen pandemic prevention, preparedness and response.
- His Excellency Ambassador Tovar da Silva Nunes, Vice-Chair of the INB and Permanent Representative of Brazil to the United Nations in Geneva, outlined the INB process to date and the next steps to be taken. He noted that the Bureau was composed of members from the six WHO regions and that he had been nominated by the Region of the Americas. He highlighted the importance of the timeline for the process in the context of the global health architecture, and the need to engage stakeholders other than Member States in order to move to a whole-of-society approach, thereby incorporating the vision not only of the Member States who would lead the process, but also of civil society and specific actors, including PAHO.
- Attending the face-to-face event were ministers of health from the Region and their delegations participating in the 30th Pan American Sanitary Conference as well as via video link. Delegations from several countries were accompanied by PAHO/WHO country office teams, including those from Bahamas, Barbados, Belize, Brazil, Costa Rica, Ecuador, Guatemala, Guyana, Haiti, Panama, Peru, Suriname, Trinidad and Tobago and Uruguay.

Summary of Member States' comments

- Ensure the inclusion of persons in vulnerable situations, and address inequities among the considerations/provisions targeted in the INB negotiations.
- Important for the INB to address disinformation/misinformation about countries' sovereignty in the process and ensure that the public is correctly informed about the role of the INB in order to avoid conspiracy theories.
- Member States of the Region require guidance on how they can contribute to the conceptual zero draft that will be discussed at the third INB meeting in December, and work towards a coordinated/common position.
- Need to avoid duplication and overlap with the International Health Regulations (2005) targeted amendments process and contents.

Way forward

- Complete the regional consultations.
- New updates and consultations for Member States in the Region, with PAHO's support.
- The conceptual zero draft will be available in mid-November for the consideration of the INB at its third meeting in December.

Eastern Mediterranean Region

(11 October 2022 during the 69th session of the Regional Committee for the Eastern Mediterranean)

- Ms Precious Matsoso, Co-Chair of the INB and Mr Ahmed Salama Soliman, Vice-Chair, from the Eastern Mediterranean Region, provided an update on the background and progress of the work of the INB to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, as part of the Regional Committee session on emergencies.
- Mr Soliman provided an update on the establishment and methodology of work of the INB and noted that it was an inclusive Member State-led process facilitated by the INB's Co-Chairs and Vice-Chairs. He presented a further update on the progress of the work of the INB, noting that Members had agreed at its second meeting, held on 18–21 July 2022, that the new international instrument on pandemic prevention would be legally binding under Article 19 of the WHO Constitution. He presented an overview of the working draft and the process towards development of the conceptual zero draft.
- This was followed by an informal closed session for Member States to allow for more focused discussion and to address the questions of Member States.

European Region

(13 September 2022 during the 72nd session of the Regional Committee for Europe)

- Mr Roland Driece, Co-Chair of the INB was joined by fellow co-Chair, Ms Precious Matsoso. Mr Driece provided a brief overview of the establishment of the INB and progress achieved, including the outcomes of the second meeting held from 18 to 22 July 2022. He also presented the working draft which had been considered by the INB at its second meeting, and which served as the basis for the discussion. Mr Driece concluded with the timeline of the INB and WGIHR processes, emphasizing the need to ensure alignment and complementarity and avoid duplication.
- Overall, Member States expressed support for the process of developing a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and proposed a number of areas where both the global and regional INB Secretariats could increase their support. Suggestions made by Member States included the need to improve communication around the INB process and expected outcomes, and to clarify how the INB process related to other ongoing global processes to strengthen the global health architecture; other suggestions referred the development of question and answer sessions, as well as national, regional and global information platforms. Member States also expressed interest in the INB Bureau, with the support of the WHO Secretariat, organizing regional in-person consultations and briefings ahead of the third meeting of the INB. Several participants mentioned the opportunity the process would provide for discussing topics previously not considered under the International Health Regulations (2005), such as the sharing of pathogens, public procurement provisions and intellectual property rights, as well as certain contested and disputed areas. However, such provisions had to be accompanied by a properly functioning legal framework, guided by principles of equity, solidarity and greater transparency. Member States also suggested making capacity building and technical assistance for low- and middle-income countries explicit within the scope of the new instrument, and exploring principles and norms for adding provisions on access and public funding for research and development to support this.
- During the session, the WHO Regional Office for Europe announced the establishment of a European Region INB Secretariat, with the aim of providing support to Member States of the Region for participating and engaging in the INB process. Secretariat functions included: managing a generic email address to enable direct contact with, and support to Member States on INB related matters; providing regular updates on the status and progress of the INB process, including on developments in other related processes (among others, the Working Group on Amendments to the IHR (2005)); and supporting the INB and the Bureau in setting up regional meetings and consultations upon request, to meet the express need of Member States for a regional platform for informal consultations. In the intersessional process leading up to the third meeting of the INB, the European Region INB Secretariat will, in collaboration with the global Secretariat and the INB Bureau, review the areas proposed by Member States where both the global and regional INB Secretariats can increase their support efforts.

South-East Asia Region

(7 September 2022 during the 75th session of the WHO Regional Committee for South-East Asia)

- Ms Precious Matsoso, Co-Chair of the INB, addressing the Committee via video link, expressed appreciation for the active involvement of Member States of the Region in the INB process and requested their continued engagement. Dr Viroj Tangcharoensathien from Thailand, the Vice-Chair of the INB nominated by the South-East Asia Region, presented the timeline of the discussions of the INB and the Working Group on Amendments to the IHR (2005). Dr Viroj briefed the Committee on the outcomes of the INB discussions so far. The Committee was informed that the legally binding instrument would promote political commitment at the highest level to a more equitable, cooperative and interconnected global system, thereby establishing globally agreed principles, priorities and targets for developing and supporting a constituency of interested stakeholders at national, regional and global levels to implement the treaty. It would articulate a commitment to ensuring that the same mistakes were not repeated and that the impact of future pandemics on economies and societies was minimal. The methodology adopted for developing the flexible working draft (a “living” document), with its vision, principles, objectives, general and specific provisions and institutional arrangements was described to the Committee. Member States were urged to provide written comments by the deadline of 15 September 2022 for the development of the conceptual zero draft to be considered by the third meeting of the INB on 5–7 December 2022.
- The Member States and the Secretariat conveyed appreciation to the INB Bureau for briefing the Regional Committee. The Committee further noted that the COVID-19 pandemic had dramatically illustrated the impact of health emergencies not only on health, but also on national economies and social welfare. Member States were building on the lessons learned from the COVID-19 pandemic and had identified gaps in IHR core capacities that were critical for preparedness for, response to, and recovery from emergencies. The Regional Director urged Member States: to proactively engage in the INB process; to sustain the momentum of political commitment and leadership for health emergency preparedness and response; to apply the lessons learned from previous and ongoing emergencies; to sustain the gains; and to think innovatively in order to tackle gaps and bottlenecks.

Western Pacific Region

(27 October 2022 during the 73rd session of the Regional Committee for the Western Pacific)

- Ms Precious Matsoso, Co-Chair of the INB, participating remotely, and Mr Kazuho Taguchi, the INB Bureau Member for the Western Pacific Region, who attended the session in person, provided an update on the work of the INB. They described the timeline for both the INB and the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), as well as the methodology used to develop the initial working draft; provided an overview of the content of the working draft and highlighted key issues that should be considered in future development of the new instrument; and outlined the work to be completed before the third meeting of the INB to be held in December 2022, including the development of a conceptual zero draft. Thanking Member States for their contributions to the ongoing consultations, Ms Matsoso and Mr Taguchi urged them to remain involved in the process as the Region comprised many countries with unique characteristics, in particular remote islands. Continued political commitment and the contribution of different points of view would be essential.
- Representatives participating in the Regional Committee expressed their commitment to continuing their engagement in the negotiation process, noting that the current working draft of the new instrument was a good starting point and reflected some of their key priorities. One representative said that virtual meetings scheduled to be held in Geneva, especially in the coming year, must consider the time difference and technical constraints in Pacific island countries and areas. There was broad agreement that the new instrument should be a legally binding instrument. It should address health worker shortages, including shortages resulting from migration, in order to make countries more self-reliant in terms of their health workforce. Other important aspects to be considered were rapid data sharing, equitable access to medical countermeasures, global disease surveillance, sharing of information and material, and enhanced research and development capacities. Some representatives highlighted the Region's vulnerability to the impact of climate change and the need to build climate resilience. WHO's ability to access the location of outbreaks should be strengthened, and interconnectivity should be ensured with sectors outside health, including through the FAO–OIE–WHO Tripartite. One representative stated that the instrument should be in line with the principles of the Charter of the United Nations and the WHO Constitution, respect national sovereignty and be scientific in nature.
- One representative said that the new instrument should assign additional responsibilities to developed countries vis-a-vis developing countries in terms of financial contributions and sharing of supplies. Politicization, stigmatization of areas experiencing outbreaks, and unilateral sanctions that negatively impacted developing countries must also be avoided. Another representative said that universal health coverage should be explicitly mentioned, either in the instrument's preamble or among its fundamental principles. Several representatives stressed the importance of avoiding duplications or contradictions with existing instruments. To that end, the INB was urged to continue coordinating with the Working Group on Amendments to IHR (2005) to clarify the relationship between the new instrument and the International Health Regulations (2005); any issues that could be covered under the Regulations should be handled in that forum rather than in the new document. The INB should also coordinate with the governors of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response of the World Bank. The Pandemic Influenza Preparedness (PIP) Framework should remain the instrument of reference for virus and benefit sharing, and the new instrument should not impede the sharing of pathogens and genetic sequencing data through the Nagoya Protocol to the Convention on Biological Diversity.

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| | <ul style="list-style-type: none">• Mr Taguchi thanked representatives for their valuable contributions, which would be duly reported to the Bureau. He assured representatives that the process would be parallel and complementary to the amendment process for the International Health Regulations (2005), and that the distinction would become clearer as discussions continued.• Mr Steven Solomon, Principal Legal Officer, WHO headquarters, addressed the Committee via video link. In response to a question about the relationship between the new instrument and existing instruments, he said that the global Secretariat had been working closely with counterparts responsible for other instruments, including the secretariat of the Convention on Biological Diversity, with which it was considering publishing a joint paper. The Secretariat would work to ensure coherence regarding existing international norms in the interest of WHO Member States, whether or not they were parties to the Protocol.• Ms Matsoso said that the Committee's contributions would be useful in developing the conceptual zero draft of the new instrument, noting the request to adapt practical arrangements to be as inclusive as possible of all Member States. She also acknowledged the Secretariat's engagement on multiple fronts as the various amendment and negotiation processes advanced; those constraints would also be respected. |
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