World Health Organization

THIRD MEETING OF THE INTERGOVERNMENTAL NEGOTIATING BODY TO DRAFT AND NEGOTIATE A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE
Provisional agenda item 4

A/INB/3/INF./3
25 November 2022

Outcomes of the second round of public hearings

Report by the Secretariat

Background

1. In December 2021, through decision SSA2(5), the World Health Assembly, at its Second special session, established the Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to its adoption under Article 19, or other provisions of the WHO Constitution as may be deemed appropriate by the INB. In that decision, the World Health Assembly requested the Director-General to support the work of the INB by, inter alia, holding public hearings, in line with standard WHO practice, prior to the second meeting of the INB to inform its deliberations. Pursuant to this mandate, the WHO Secretariat conducted a first round of hearings on 12–13 April 2022 and reported on the outcome to the INB in document A/INB/1/10.

2. At its second meeting, the INB agreed to a process for intersessional work leading up to the third meeting of the INB, which included a request for the Secretariat to conduct a second round of public hearings during the intersessional process prior to the third meeting of the INB (document A/INB/2/5). The current report summarizes the outcome of the second round of public hearings.

3. The WHO Constitution states that informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people, and the aim of all rounds of public hearings is to advance that critical principle.

4. Member States, Associate Members and regional economic integration organizations, as appropriate, that were of the view that an additional session (or sessions) of the public hearings would be useful for the work of the INB, for example, following the issue of the zero draft of the instrument, are invited to share that view with the INB Bureau.

Modalities and guiding question for the second round of public hearings

5. For the second round of public hearings, interested stakeholders were invited to submit a video statement in response to the guiding question: Based on your experience with the COVID-19 pandemic, what do you believe should be addressed at the international level to better protect against future pandemics?

6. Statements could be up to 90 seconds in duration and could be submitted in any of the six WHO official languages. They were to be accompanied by a transcript of the statement to facilitate interpretation into the official languages. The submission period was between Friday 9 September 2022

and Tuesday 13 September 2022, and was extended to Friday 16 September 2022 to encourage additional contributions across all regions and time zones.

7. The overarching aim of the methodology was to approximate, at the global level, a "town hall" approach, where individuals, speaking on their own behalf or on behalf of their organizations, expressed their uncensored views, mindful only of propriety, relevance and decorum. The Secretariat is not aware of any other United Nations entity conducting this style of broad public outreach. Accordingly, the Secretariat welcomed the views of relevant stakeholders, as well as members of the public, regarding WHO's work in this regard.

8. Participants were invited to register and provide video submissions on the Secretariat's dedicated webpage for the public hearings: https://inb.who.int/home/public-hearings/second-round. They were asked to show a valid identity card or equivalent document during the online registration for proof of identity purposes only. There was no other use of the identity information whatsoever. Information about the sessions was available on this website, including the terms of participation.

9. All videos were screened by a diverse group of WHO staff for:

- propriety (for example, did they contain profanity?);
- relevance (did they answer the question?);
- decorum (did they contain visual or auditory content that could reasonably be regarded as inappropriate for public viewing?);
- technical accessibility (did they have sound and a picture?).

10. The first broadcast of video statements was on Thursday 29 September 2022 from 09:00 – 12:00 Central European Time, and was opened by the Director-General and the Co-Chair of the INB Bureau, Ms Precious Matsoso of South Africa. The second was broadcast on Friday 30 September 2022 from 18:00 – 21:00 Central European Time and was opened by the Co-Chair, Mr Roland Driece of the Netherlands. Both broadcasts are available on the Secretariat website and are archived on the website for viewing on demand. The archived version of the broadcasts was temporarily taken off line from Saturday 1 October to Tuesday 4 October 2022 in order to remove two video submissions which promoted commercial products or services and were in contravention of WHO policy.

11. While all contributions from the public hearings were screened by the Secretariat in line with the terms of participation as set out above, notice was given that no contributions received or presented as part of the hearings should be interpreted as reflecting the view or position of WHO on any matter. In that regard, it should be emphasized that the video statements do not imply the expression of any opinion whatsoever on the part of the WHO Secretariat concerning the legal status of any country, territory or area, or of its authorities, and terminology used in the contributions may be at variance with that used by WHO.

Contributions to the second round of public hearings

12. WHO received a total of 448 individual (not duplicated) video submissions for the second round of public hearings, of which 30 were not accepted under the terms of participation (for example, for containing profanity or being technically inaccessible). Those 30 videos were then made available to the INB Bureau to review if they so wished.

13. Of the 418 remaining videos, 236 were broadcast during the two-day global public hearing event, and 182 were eligible, but not broadcast. The videos were both selected and assigned randomly to safeguard against conscious or unconscious bias. Among those selected, care was taken to ensure, as far as possible, gender balance and equitable geographical representation. All the video statements broadcasted, and those that were not, are accessible on the Secretariat website at: https://inb.who.int/home/public-hearings/second-round.

14. Submissions were received from representatives of national, civil society, international and private sector organizations, academic and research bodies, philanthropic organizations, scientific, medical and public policy institutions, and individuals. Many of the submissions were based on personal experience, as well as the experiences of different communities, in support of the recommendations they contained on the issues to be addressed at the international level to better protect against future pandemics.

Summary of key messages from the second round of public hearings

15. Over the course of the sessions, participants raised many points and recommendations, including those summarized below, on issues that should be addressed at the international level in order to better protect against future pandemics. Readers are encouraged to visit the recordings at: https://inb.who.int/home/public-hearings/second-round to view all the submissions.

16. The role of WHO was raised in many submissions. Several speakers were of the view that WHO has an obligation to assess and present all scientific evidence from all experts in the field of human epidemiology and virology

17. One suggestion was for WHO to establish a centralized system that prioritized research on various known pathogens with pandemic potential as such a centralized approach would create a more cohesive global health architecture by avoiding duplication with new and existing frameworks and mechanisms. In other submissions, opposition was voiced against a centralized approach in the management of pandemics on the grounds that a decentralized approach which took into consideration regional circumstances based on community and individual needs and solutions, would facilitate the involvement of social, economic and political stakeholders in a pandemic response.

18. A number of speakers, in reiterating their support for a new international instrument on pandemic preparedness and response, made proposals with substantive elements that should be included in such an instrument. Several of the proposals addressed the need to establish a definition for the term “pandemic”. One speaker emphasized the inclusion of the key principle of common but differentiated responsibilities in the new instrument, affirming the possibility of its application in the field of international health. One speaker also suggested that an international instrument should include elements that draw on the many statements, resolutions and other instruments adopted individually and jointly by United Nations agencies and by the United Nations General Assembly.

19. Many speakers emphasized the importance of a whole-of-society approach for the new instrument, including multisectoral coordination and the meaningful involvement in pandemic preparedness of civil society, actors in the humanitarian, development and peace sectors, the private sector, and vulnerable and often marginalized communities. Such a multisectoral approach was considered essential in designing interventions based on epidemiological evidence, as well as broader knowledge and evidence, so as to appropriately handle the socioeconomic consequences. Speakers also noted that caution was also required to guard against the undermining of public initiatives by the private sector, and to ensure that private sector actors were penalized if they failed to respect the right to health.

20. With respect to equity, several speakers proposed agile resource distribution mechanisms designed to ensure fair and equitable access and benefit sharing. Equity was also viewed as ensuring disaggregated data collection and analysis regarding mortality, morbidity and the scaling up of vaccine distribution. Some submissions proposed tangible incentives to ensure timely and geographically balanced access to medical countermeasures and related products, for example, through sharing technology and know-how, increasing regional manufacturing capacities, embedding technology transfers in procurement contracts, and waiving intellectual property rights.

21. The nature and extent of States' obligations in the international health system was addressed by speakers. Many noted that the human rights obligations of Member States were central to efforts to prepare and respond to public health emergencies. Some speakers suggested that a new international instrument should contain legal obligations, including to operationalize equity, whereas others were opposed to this.

22. Several speakers called for the building or strengthening of core capacities to achieve robust, resilient and functioning health systems, including disability, rehabilitative services and mental health systems designed to facilitate an effective response to outbreaks and fulfil States' obligations under the International Health Regulations (2005). Also mentioned were: coordinating investments in universal health coverage; vaccination coverage; and research to bring affordable and quality care to communities, including marginalized communities, as the first step towards strengthening protection against future pandemics, as well as minimizing gender and socioeconomic barriers.

23. Numerous submissions called for recognition that health workers are the backbone of health systems and therefore essential to building resilient health systems that are crisis responsive. Speakers noted that a trained and equipped health workforce, as well as protection, recruitment and remuneration were central to a future pandemic response. It was proposed that this should be achieved through better working conditions, personal protective equipment, long-term employment benefits, and a living wage, with the aim of maintaining quality public health service delivery.

24. Numerous speakers indicated that predictable and sustainable financing is an essential element that should be addressed within the international health system, including through the provision of equitable access to emergency financial mechanisms, debt relief and the lifting of conditionalities that limited fiscal policy space. This was highlighted as being especially important for vulnerable economies, and some speakers referred to the need to capitalize on the newly established Financial Intermediary Fund to finance capacity building for community led responses. Some submissions also proposed that assistance from the Financial Intermediary Fund should be aligned with health system priorities defined in the International Health Regulations (2005) and the Joint External Evaluations, which assess countries' capacity to prevent, detect and rapidly respond to public health risks under the Regulations.

25. Several submissions referenced the need for accountability mechanisms at the international level and called for the establishment of an independent assessment body within the structure of the new international instrument. Some submissions also proposed taking note of other international arrangements for incentivizing countries to be accountable, such as Article IV of the Articles of Agreement of the International Monetary Fund, on the possible impact of non-delivery on a country's financial stability, as well as the WHO Framework Convention on Tobacco Control, in relation to conflicts of interest between parties.

26. Numerous submissions stressed the importance of applying a One Health approach to the new instrument, which integrated efforts that addressed human, animal and environmental health and well-being, and related social and ecological determinants of health. Several speakers underscored the importance of focusing on primary prevention or pre-spill-over strategies by addressing the primary

causes of zoonotic disease emergence. Speakers noted that implementing One Health strategies that focused on the stages before an outbreak would lead to the effective protection of communities, animals and the environment. Some speakers further proposed that the definition of "One Health" as defined by the One Health High-Level Expert Panel should be firmly incorporated in a future instrument; the need to specifically rely on the One Health Joint Plan of Action in order to better support national governments in the implementation of the future instrument was also mentioned.

27. Several submissions referenced the value of indigenous and traditional medicine, including traditional Chinese Medicine and Brazilian indigenous medicine, in preventing and treating infectious diseases, especially when responding to newly emerging diseases prior to the full development of clinical data and targeted medicines.

28. There were several suggestions on the need to reconsider international mobility criteria during future pandemics, with such criteria geared to ensuring that international mobility is safer and more resilient to future shocks and aligns with health risk assessments for international travel.

29. Multiple submissions were critical of any international cooperation or new instrument on pandemic preparedness and response on the grounds that nothing should be addressed at the international level. Some speakers further recommended that WHO's role should be limited to information sharing and establishing non-binding normative guidance as Member States were best able to decide on the pandemic preparedness and response measures to be implemented; national sovereignty and individual freedoms should be maintained and prioritized in the management of healthcare and pandemic response. Many of the submissions also called for a return to a definition of "pandemic" as an event that carries high mortality in all age groups. Several submissions expressed concern that the process of negotiating an international instrument would provide an opportunity for digital control over societies, and for pharmaceutical companies to exert their influence and extract significant profits.

30. Some speakers mentioned that the pharmaceutical industry, philanthropic organizations and international financing agencies should play no part in pandemic preparedness and response and have no affiliation with WHO. Several submissions asked for complete transparency and public access to WHO's activities and agreements. Other submissions called for the complete defunding of WHO and other international and national organizations responsible for pandemic preparedness and response. Several speakers called for the cessation of all gain-of-function research globally, asserting a causal relation to the COVID-19 pandemic.

31. Some submissions referenced the possible role of digital health care mechanisms in responding to future pandemics through the use of digital technologies for sanitary and quarantine control, data exchange, and monitoring and forecasting epidemics.

32. Some submissions suggested that digital systems were essential in countering the spread of unscientific, false and unreliable information during a public health emergency, while others cautioned against the indiscriminate use of digital technology, highlighting the potential ethical and human rights concerns arising from poor governance in the collection and use of health data. In conclusion, some submissions suggested the establishment of a global regulatory agreement on health data to inform national legislation and regulation.

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