

February 12, 2024

To WHO Member States and relevant stakeholders,

As the Intergovernmental Negotiating Body (INB) process continues toward a May 2024 culmination, the undersigned organizations urge Member States to double down on moving toward agreement on a meaningful, ambitious, equitable, and accountable Pandemic Agreement.

A Pandemic Agreement is vital to propelling the global solidarity, political will, accountability, and sustained investment required to save lives and keep humanity safe from another deadly and costly pandemic like COVID-19, HIV or TB. It is essential that the INB deliberations are fair and transparent by meaningfully engaging and consulting civil society and communities. They must also deliver an agreement that aligns all stakeholders and creates a more equitable, transparent, and accountable global ecosystem for pandemic prevention, preparedness, and response (pandemic PPR). To this end, it is essential that the text references and reaffirms existing human rights obligations, including the right to the highest attainable standard of health and the right to enjoy the benefits of scientific progress and its applications. In addition, the final text must:

- **Establish a global system that guarantees end-to-end, timely, affordable, and equitable access to medical countermeasures and other lifesaving tools for all countries.** Real equity means ensuring countries have access to the creation and manufacture of tools so each one can secure what they need, when they need it. The agreement text covering equity must use **binding language**, especially on: establishing R&D hubs working with new technologies without intellectual property (IP) restraints; provisions to ensure access and benefit sharing; expanding distributed manufacturing capacity of countermeasures across regions, especially in low-and-middle-income countries (LMICs); removing trade-related barriers including IP; creating technology transfer hubs; ensuring affordable pricing; equitable access conditionalities for all public R&D funding; and transparency of licensing agreements.
- **Commit to securing substantial additional, long-term, and sustainable financing for pandemic PPR, based on defined proportional contributions according to capacity and underpinned by principles of shared responsibility.** Pandemic PPR financing must be rooted in principles of equity and democracy. To avoid unnecessary duplication, fragmentation, competition, or delays, the agreement should develop a plan that utilizes existing mechanisms, including but not limited to the Pandemic Fund for preparedness capacity development for LMICs and the WHO Contingency Fund for early global outbreak response. The agreement should guarantee these mechanisms are fully and sustainably financed, and should also address a key gap in the finance ecosystem by ensuring rapid country access to surge funding for pandemic response. PPR financing must also include increased domestic funding, R&D financing, and financing for social and economic protection. All funding must be additional to existing assistance for health services and come from beyond ODA where possible.
- **Strengthen accountability to drive action.** A key element will be to **establish a fully [independent monitoring committee](#)** in addition to states' self-monitoring and a peer review mechanism. A robust system of incentives and disincentives, including clearly stated sanctions for non-compliance, must also be established. The independent

committee should be in charge of assessing the timeliness, completeness, and accuracy of state self-reports, and its reports should be submitted annually to the Conference of Parties (COP) and made publicly available. The agreement's text should also include explicit reference to **continuing to strengthen and promote the use of existing global monitoring tools** such as the Joint External Evaluations under the revised IHR Monitoring and Evaluation Framework, and for **the COP to meet annually** and establish official cooperation channels with civil society.

- **Establish clear and enforceable obligations for preventing the spillover and spillback of zoonotic diseases**, address the drivers of pathogen spillover via the **One Health** approach, and provide the **support needed for countries to deliver** on these obligations. The text must specifically define prevention in line with the [One Health High-Level Expert Panel's definition](#) of "[prevention of zoonotic spillover](#)", which emphasizes the need to shift from reactive to proactive strategies addressing anthropogenic, ecological and environmental drivers of diseases. The [One Health Joint Plan of Action](#) and the [One Health Joint Plan of Action Implementation Guide](#), developed by FAO, WHO, WOAHA, and UNEP, provide a comprehensive framework for operationalizing One Health practices at national, regional, and global levels. They should be explicitly referenced in the text to serve as a guide for implementing effective One Health measures and ensuring that Member States have access to necessary expert and technical support to develop and implement robust One Health strategies. FAO, WHO, WOAHA, and UNEP should also be assigned a formal role within the instrument tasked to support Member States in the development and implementation of One Health strategies.
- **Meaningfully prioritize gender-responsive pandemic PPR to truly advance equity across this agenda.** It is critical that language on "persons in vulnerable situations," "equity," and "human rights" explicitly include gender, as these sections of text drive the equity agenda across the agreement. To ensure accountability on gender and other areas of equity, it is also critical that **Parties agree to collect, report, and analyze data disaggregated by sex, gender, ethnicity, race, and age**. Recognizing the disproportionate impact the COVID-19 pandemic had on women, girls, and gender diverse individuals, parties must commit to upholding social protections and accessibility to services for all, especially for vulnerable groups, during health emergencies and protect and maintain all essential health services as defined by [SDG indicator 3.8.1](#).

We hope that you will seize this generational opportunity to produce a strong and meaningful agreement that shifts the status quo. It is time to ensure that the lessons from COVID-19 and other pandemics including HIV and TB are translated into a transformative, enforceable, and equitable framework. We would welcome the opportunity to arrange a meeting with you or a member of your team to further explore these important considerations.

Yours sincerely,

1. Accountability International
2. Action for Animal Health
3. Action Group for Health, Human Rights and HIV/AIDS
4. Advocacy Network Africa
5. Africa Japan Forum

6. African Leaders Malaria Alliance
7. Afya na Haki
8. AHF Global Public Health Institute
9. AIDS Healthcare Foundation
10. ALTER Israel
11. Amis des Étrangers au Togo
12. ANCS SÉNÉGAL
13. Asia Pacific Council of AIDS Service Organisations
14. Association des Volontaires pour l'Environnement Sain
15. Association For Promotion Sustainable Development
16. AVAC
17. Burundi Secours
18. Centre for Accountability and Inclusive Development
19. Centre for Health Science and Law
20. Children Education Society
21. Civil Society Protection Network
22. Community and Family Aid Foundation - Ghana
23. Community Initiative Action Group Kenya
24. Conservation International
25. Consortium for the Advancement of Right for Key Affected Population
26. Cordaid
27. Corporación Kimirina
28. Creative Impact Initiative — Uganda
29. Deutsche Stiftung Weltbevoelkerung (DSW)
30. Development Alternatives Incorporated
31. Dream Weaver Organization
32. Eastern Africa National Networks of AIDS and Health Service Organisation
33. Environment Governance Institute Uganda
34. Every Breath Counts Coalition
35. Foundation for Environmental Watch
36. Four Paws
37. Frontline AIDS
38. Generative Global Health Network
39. Global Health Advocates
40. Global Health Impact
41. Global Health Technologies Coalition
42. Health Development Network
43. IAVI
44. India HIV/AIDS Alliance
45. INNOVARTE ONG (NGO)
46. International Treatment Preparedness Coalition — MENA
47. Joep Lange Institute's Center for Global Health Diplomacy
48. Living Goods
49. Malaria Youth Corps/DRC
50. Management Sciences for Health
51. North Star Alliance
52. Outreach Scout Foundation
53. Pandemic Action Network
54. Preventing Pandemics at the Source Secretariat
55. Re:wild
56. Resilience Action Network Africa

57. Sightsavers
58. Society for Inclusion and Development in Communities
59. Spark Street Advisors
60. Tanzania Better Health
61. Task Force for Global Health
62. The Society For Children Orphaned By AIDS Inc.
63. Treatment Action Group
64. Uganda Child and Aid Foundation
65. Uganda National Institute of Public Health
66. Uganda Peace Foundation
67. UNAIDS
68. United Nations World Food Programme
69. WACI Health
70. Wildlife Conservation Society
71. Women in Global Health
72. Women4GlobalFund