Open Letter to the Director General of the World Health Organization

To
Dr. Tedros Adhanom Ghebreyesus
Director General
World Health Organization

cc.
Co-Chairs and Vice-Chairs of the INB
Members of the World Health Organization
António Guterres, Secretary General of the United Nations
Dennis Francis, President of the United Nations General Assembly
Livingstone Sewanyana, Independent Expert on the promotion of a democratic and equitable international order
Tlaleng Mofokeng, UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health
Volker Türk, High Commissioner for Human Rights

We, the undersigned civil society organizations, are reaching out to you to underscore our grave concerns regarding the negotiation process of the Intergovernmental Negotiating Body (INB) for the Pandemic Agreement.

The resumed 9th session of the INB is the last round of negotiation prior to the 77th World Health Assembly (WHA). The INB Bureau and the WHO Secretariat are pushing hard for acceptance of the draft Pandemic Agreement as proposed by the Bureau and the Secretariat with minimal changes, at the resumed session, setting the stage for its adoption at the 77th WHA. While we acknowledge the importance of adopting a Pandemic Agreement earliest possible, such an Agreement must contain concrete measures and mechanisms that change the status quo, operationalize equity and foster international solidarity for pandemic prevention, preparedness and response (PPPR).

In 2021, in calling for a pandemic treaty, the proponents including yourself said “Together, we must be better prepared to predict, prevent, detect, assess and effectively respond to pandemics in a highly coordinated fashion. The COVID-19 pandemic has been a stark and painful reminder that nobody is safe until everyone is safe.... We are, therefore, committed to ensuring universal and equitable access to safe, efficacious and affordable vaccines, medicines and diagnostics for this and future pandemics[...] To make this commitment a reality, we must be guided by solidarity, fairness, transparency, inclusiveness and equity.”
The draft Pandemic Agreement put forth by the Bureau and the WHO Secretariat starkly falls short of meeting these essential standards. Instead of ushering in a new era of equity and cooperation, the draft text perpetuates the status quo, entrenching discretionary, voluntary measures and maintaining inequitable access as the norm for addressing PPPR.

The absence of meaningful mechanisms that concretely deliver tangible financial support and facilitate technology transfer, especially enabling the sharing of proprietary technology and know-how with developing countries, to diversify production, is glaring. Equally disheartening is the absence of any provision ensuring swift and sufficient access to essential health products crucial for developing countries to respond to health emergencies including a pandemic. The draft text exacerbates inequity by its imposition of burdensome surveillance obligations which have been demanded by developed countries, without any corresponding commitment by developed countries to provide developing countries with the necessary financial and technological assistance or guarantees of equitable access.

In terms of process, the approach adopted is egregiously unfair. A mere 5 days have been allocated for 194 WHO Members to negotiate and reach consensus on a completely new draft text spanning 20 pages. During a briefing on April 19th, the Bureau made it clear that no new textual insertions or deletions would be permitted to the Bureau’s text. Instead, to change the proposed text, Members would have to express their concern with the Bureau’s text and then the WHO Secretariat or Bureau will propose how the concern could be addressed through minor changes in the text. If such proposed change is acceptable to all, only then the text will be changed. If not, the unbalanced, highly inequitable text, unilaterally determined by the Bureau and Secretariat stands as the default option. Effectively, this approach leaves WHO Members with a binary choice of accepting a text that unfairly addresses developing countries’ interests and is unfit for PPPR or rejecting the proposed draft text.

It is also crucial to acknowledge that the INB process has been marred by severe flaws and chaos. Since the publication of the Zero Draft, Member States-led text-based negotiations have systematically been avoided. The draft text has continuously shifted, with entirely new versions issued by the Bureau almost every session, based on unilateral decisions by the Bureau and WHO Secretariat dictating what remains and what is removed from the text. This process stands in stark contrast to the WGIHR process, which embodies a member-driven negotiation approach wherein the revised text reflects the diverse views of Member States.

For the resumed INB session, the Bureau is also proposing multiple informal negotiations, that will be organised on an ad hoc basis, without advance notice. Such an approach prejudices smaller developing country delegations, and suggests a non-transparent, non-inclusive, undemocratic chaotic process will be
pursued at INB9 in clear violation of the UN principles and guidelines on international negotiations (A/RES/53/101).

The approach taken by the Bureau and WHO Secretariat can be seen as coercive, effectively pressuring Member States into accepting a deeply unbalanced legal instrument. This instrument does little more than legitimize an inequitable regime for pandemic prevention, preparedness, and response (PPPR).

We therefore call on you to take measures:

- To refrain from advocating or pressuring Member States to accept the draft Pandemic Agreement as proposed by the Bureau and WHO Secretariat;
- To ensure that resumed INB9 allows for effective Member State-led text-based negotiations i.e. to allow Member states to insert and delete text into the proposed draft text and to continue negotiations among Member States until they reach consensus. The role of the Bureau and the Co-chairs should be limited to moderating the negotiations, and from time to time suggesting text to bridge differences between Members. However at no time should Members be negotiating with the Bureau and the Secretariat, and neither should the Bureau and Secretariat text be considered the default text.
- There should also be advance notice and clarity on the type, timings and topics of the formal and informal meetings that will be held. Multiple parallel informal or formal working groups should be avoided.

**Signatories**

**Global**

1. Company of the Daughters of Charity of Saint Vincent de Paul
2. Congregation of the Mission
3. Development Alternatives with Women for a New Era (DAWN)
4. Dominican Leadership Conference
5. International Baby Food Action Network
6. International Treatment Preparedness Coalition (ITPC)
7. Fondation Eboko
8. Global Least Developed Countries Watch
9. Health GAP
10. Mouvement Gabonais pour la Promotion de la Bonne Gouvernance
11. People's Health Movement (PHM)
12. Realizing Sexual and Reproductive Justice (Resurj)
13. Regions Refocus
14. Religious of the Sacred Heart of Mary NGO
15. Social Watch
16. Third World Network (TWN)
17. Women in Migration Network (WIMN)

Regional

18. Asia Pacific Network of People Living With HIV
19. Association of Women of Southern Europe (AFEM)
20. Eastern Africa National Network of AIDS and Health Service Organizations
21. Health Action International Asia Pacific
22. Observatorio de Justicia Sanitaria y Climática
23. Pacific Network on Globalisation
24. Passionists International
25. People's Vaccine Alliance Africa
26. Regional Network of People Living with HIV, Centroamerica (REDCA+)
27. South Asia Alliance for Poverty Eradication (SAAPE)
28. Vacunas para la Gente - PVA LAC

National

29. 2410 Youth Organization, Zambia
30. Acción Internacional para la Salud, Peru
31. Active Help Organization (AHO), Pakistan
32. Afric’Mutualité, Benin
33. Afrihealth Optonet Association, Nigeria
34. AIDS Health Care Foundation (AHF), Uganda
35. AIDS Healthcare Foundation, South Africa
36. Ajuda de Desenvolvimento de Povo para Povo, Mozambique
37. All India Drug Action Network, India
38. Asociación de Profesionales de la Salud de Salta (APSADES), Argentina
39. Asociación Nacional de Profesionales en Enfermería (A.N.P.E.), Costa Rica
40. Asociación Paraguaya de Enfermería, Paraguay
41. Asociación Sindical de Profesionales de la Salud de la Provincia de Buenos Aires (CICOP), Argentina
42. Associação de Mineiros Moçambicanos, Mozambique
43. Associação Médica pelo Direito à Saúde, Portugal
44. Association Burkinabè d’Action Communautaire ONG, Burkina Faso
45. Association des Volontaires pour Lutter contre la Tuberculose (AVLT), Burundi
46. Association For Promotion Sustainable Development, India
47. Association for Proper Internet Governance, Switzerland
48. Association for Public Health Teaching, Research and Service, Nigeria
49. Association Nigerienne des Scouts de l’Environnement (ANSEN), Niger
50. Australian Fair Trade and Investment Network, Australia
51. Bangladesh NGOs Network for Radio and Communication, Bangladesh
52. Birat Nepal Medical Trust, Nepal
53. Cancer Alliance, South Africa
54. Caritas, Tajikistan
55. Center for Health Human Rights and Development (CEHURD), *Uganda*
56. Centre for Health Science and Law, *Canada*
57. Centre for Socioeconomic Development (CSEND), *Switzerland*
58. Child Rights Information and Documentation Centre (CRIDOC), *Malawi*
59. Chimaba Sanaa Group, *Tanzania*
60. Civil Society Coalition on Transport (CISCOT), *Uganda*
61. COAST Foundation, *Bangladesh*
62. Community and Family Aid Foundation, *Ghana*
63. Confederación de trabajadores municipales, *Argentina*
64. Confederación Nacional de Funcionarios y Funcionarias de la Salud Municipal (CONFUSAM), *Chile*
65. Crisis Home, *Malaysia*
66. Dawah Academy, *Ghana*
67. Development Aid from People to People in Zambia, *Zambia*
68. Development for Health Education, Work and Awareness Welfare Society Chakwa (DHEWA), *Pakistan*
69. Dr Uzo Adirieje Foundation (DUZAFOUN), *Nigeria*
70. Drug Action Forum - Karnataka, *India*
71. Equidad de Género: Ciudadanía, Trabajo y Familia, *Mexico*
72. Ekumenická akademie (Ecumenical Academy, *Czech Republic*
73. Federación Sindical de Profesionales de la Salud de la República Argentina, *Argentina*
74. Federaçao Nacional dos Enfermeiros, *Brazil*
75. FSP Farkes Reformasi, *Indonesia*
76. Fundación Arcoiris por el respeto a la diversidad sexual, *Mexico*
77. Fundación Grupo Efecto Positivo (GEP), *Argentina*
78. Fundación IFARMA, *Colombia*
79. Fundamental Human Rights & Rural Development Association (FHRRDA), *Pakistan*
80. GEMPITA (Red Ribbon Movement Independent) Foundation, *Indonesia*
81. GeneEthics Limited, *Australia*
82. Global Humanitarian Progress Corporation, *Colombia*
83. Global Justice Now, *United Kingdom*
84. Gramin Samaj Vikas Kendra, *India*
85. Health Equity Initiatives and Solution Berhad, *Malaysia*
86. Health Justice Institute, *South Africa*
87. HIV Legal Network/Réseau Juridique VIH, *Canada*
88. ICHANCE, Indonesia for Global Justice, *Indonesia*
89. Jagriti Mahila Maha Sangh (JMMS), *Nepal*
90. Janna Health Foundation, *Nigeria*
91. JPIC Kalimantan, *Indonesia*
92. Just Treatment, *United Kingdom*
93. Kamukunji Paralegal Trust, *Kenya*
94. Kenya Legal and Ethical Issues Network on HIV and AIDS, *Kenya*
95. Khulna Mukti Seba Sangstha, *Bangladesh*
96. Korean Pharmacists for Democratic Society, *Korea*
97. Madhira Institute, *Kenya*
98. Malaysian Women's Action for Tobacco Control and Health (MyWATCH), Malaysia
99. Masimanyane Women's Rights International, South Africa
100. Medicusmundi, Spain
101. Mongolian Anti-Tuberculosis Coalition, Mongolia
102. Mouvement Gabonais Pour la Promotion de la Bonne Gouvernance, Gabon
103. Nari Maitree, Bangladesh
104. Nigerien Association for People Who Have Recovered from TB (ANIMAG/TB), Niger
105. Nigerian Women Agro Allied Farmers Association, Nigeria
106. Ong AFRICANDO, Spain
107. Operation Hope CBO, Kenya
108. Operation Young Vote, Zambia
109. People's Health Movement, Kenya
110. People's Health Movement, South Africa
111. People's Health Movement, Gabon
112. Perkumpulan Rumah Cemara, Indonesia
113. Plataforma por la salud y la sanidad pública de Asturias, Spain
114. Policy Advocacy and Research Institute, Indonesia
115. Public Eye, Switzerland
116. Public Services International, Mexico
117. Rekat Peduli, Indonesia
118. Research and Support Center for Development Alternatives (INDIAN OCEAN), Madagascar
119. Réseau Accès aux Médicaments Essentiels, Burkina Faso
120. Réseau National des Associations de lutte contre la tuberculose, Senegal
121. Rural Area Development Programme (RADP), Nepal
122. Sahita Institute (HINTS), Indonesia
123. Salud y Farmacos, United States
124. Samprity Aid Foundation, Bangladesh
125. Sandvik Health Empowerment Foundation, Nigeria
126. Save the Community TB, HIV/AIDS Foundation, Zambia
127. Sindicato de Profesionales de La Salud Pública Neuquén, Argentina
128. Sindicato de Profesionales de La Salud Pública Tierra del Fuego, Argentina
129. Sindicato de Trabajadores Autoconvocados de la Salud Tucuman, Argentina
130. Sindicato de Trabajadores de la Medicina, Hospitales y Similares (SITRAMEDHYS), Honduras
131. Sindicato dos Trabalhadores na Administração Pública e Autarquias do Município de São Paulo, Brasil
132. Sindicato Único Nacional de Empleados Públicos, Administrativos, Técnicos, Profesionales y Contratados del Ministerio Popular para la Salud, Argentina
133. Sisters of Charity of Nazareth, United States
134. Social Development through Community Action, Kenya
135. Sociedad de Medicina Rural Neuquén, Argentina
136. Southern Africa Miners Association (SAMA), South Africa
138. Southern and East African Trade & Negotiations Institute (SEATINI), *South Africa*
139. SOWETO Cancer Society, *South Africa*
140. Stop TB Partnership, *Kenya*
141. Stop TB Partnership, *Uganda*
142. Students for Global Health, *United Kingdom*
143. Sufabel Community Development Initiatives, *Nigeria*
144. Sustainable Development Council, *India*
145. Tank Prasad Memorial Foundation, *Nepal*
146. TB Alert, *India*
147. TBpeople Global Ltd, *United Kingdom*
148. TBPeopleUkraine, *Ukraine*
149. The Dr. Wu Lien-Teh Society, *Malaysia*
150. Towards Against Cancer (TAC), *Malaysia*
151. Treatment Action Group, *United States*
152. Trishuli Plus Community Action Group, *Nepal*
153. Uganda Peace Foundation, *Uganda*
154. UNANIMA International, *United States*
155. Unión Del Personal Civil De La Nación, *Argentina*
156. Unión de Trabajadores y Trabajadoras de la Economía Popular Somos Barrios de Pie, *Argentina*
157. Xumek, Asociación Civil Por La Defensa Y Promoción De Los Derechos Humanos, *Argentina*
158. Women and Health Together for the Future, *India*
159. Women for Fair Development, *Malawi*
160. Working Group on the Pandemic Agreement and the Amendments to the IHR, *Brazil*
161. Yolse, Santé Publique et Innovation, *Switzerland*