**Vereinigung Bürger fragen nach**

Wir Bürger stehen ein für die Freiheit, die körperliche Unversehrtheit, die Selbstbestimmung, die uns durch die Bundesverfassung garantierten Grund- und Menschenrechte und die Rede- und Meinungsfreiheit. Wir Bürger stellen Fragen zu vielfältigen Themen, welche dringend geklärt und aufgearbeitet werden müssen.

# Die Ver-Sprechen an die Bevölkerung

**Inhaltsverzeichnis** Seite


→ Einleitung – Eingangstext 3

→ Übersicht behandelte Themen 7

- Ärzte-Eid 8
- Journalistenkodex 9
- Bundesverfassung und Vereidigung 10
- Epidemien- und Covid-Gesetz Schweiz und deren Verordnungen 11
- UNO-Charta 13
- Weltgesundheitsorganisation (WHO): Verfassung, internat. Gesundheitsvorschriften (IHR), Pandemie-Vertrag 14
- GAVI, die Impfallianz 22
- WEF (Stiftung World Economic Forum) 26

Anhang im PDF – Vorstösse der WHO – die neu erarbeiteten Verträge:
- Änderungsvorschlag der IHR (intern. Health Regulations/Internationale Gesundheitsvorschriften) der WHO, Stand 6. Februar 2023 29
- Entwurf eines gemeinsamen Pandemie-Vertrages, mit zwingenden und verpflichtenden Vorgaben aller teilnehmenden Länder, Stand 1. Februar 2023 81


Mit einem Klick gelangen Sie direkt zu den gewünschten Beiträgen

Sollte sich bei unseren Recherchen ein Fehler eingeschlichen haben, lassen wir uns gerne eines Besseren belehren, sofern dies mit entsprechend evidenzbasierten Fakten belegt werden kann.

.

# Die Ver-Sprechen an die Bevölkerung

**Was sind Aufgaben und Pflichten von Ärzten und Journalisten?**
**Was sichert die Bundesverfassung der Bevölkerung zu?**
**Was steht im Epidemie- und Covid-Gesetz, der UNO-Charta und in den WHO-Richtlinien?**
**Brisante Vorhaben der WHO: Änderung der Gesundheitsvorschriften (IHR) und die Einführung eines neuen Pandemie-Vertrages**
**GAVI und WEF - Die zugesicherte Sonderbehandlung durch die Schweizer Regierung**

Bis Ende 2019 wurden diese Themen in der Bevölkerung kaum thematisiert oder hinterfragt. Seit die Grund- und Menschenrechte, die Debattenkultur und die Meinungsfreiheit eingeschränkt wurden und die Zensur von wissenschaftlichen Aussagen und persönlichen Meinungen im Alltag Einzug gehalten haben, stehen diese Chartas, Verfassungen, Gesetze und Organisationen im Fokus der interessierten Bevölkerung.

Wie werden die Grundrechte der Bundesverfassung durch das Epidemiegesetz ausgehebelt und weshalb wird keine Rechenschaft über die angeordneten Zwangsmassnahmen abgeliefert?

Auch Nicht-Regierungs-Organisationen (NGOs) müssen hinterfragt werden. Weshalb geniessen selbsternannte Experten wie Bill Gates, Klaus Schwab oder auch die WHO ein so hohes Vertrauen? Welchen Leistungsausweis besitzen diese Personen und Organisationen? Welcher Benefit kommt der Bevölkerung tatsächlich zugute, wenn diese Personen und Organisationen als Regierungsberater auf unsere Staaten energisch Einfluss nehmen?

**Gerade in den letzten 3 Jahren stiegen vor allem die Vermögenswerte jener, die lautstark verkündeten, sich unserer Gesundheit, unserem Schutz und unserer Sicherheit anzunehmen. Wir fragen uns:**

- Welcher Arzt widmet sich tatsächlich noch einzig der Gesundheit von Mensch und Tier? Und welcher lässt sich wohl mehr von der Pharmaindustrie und von anderen Interessen-Gruppen manipulieren? Arbeiten (die meisten) Ärzte tatsächlich noch im Sinne ihrer Patienten und sehen deren Gesundheit und nicht das eigene Portemonnaie als höchstes Gut? Wir erinnern, die erste Aufgabe eines Arztes lautet: "*Zuerst nicht schaden*".

- Kann ein Journalist heute wirklich noch frei und unabhängig berichten? Ein Journalist ist der Wahrheitssuche verpflichtet und die Informationsfreiheit ist die wichtigste Voraussetzung der Wahrheitssuche. Laut dem Journalisten-Kodex obliegt es ihm, dieses Grundprinzip zu verteidigen. Doch
  - Wie viele Berichterstattungen und Geschehnisse werden manipuliert?
  - welche Überzeugungen von Redaktionsleitern und Zeitungsverlegern vorgeschrieben?
  - werden unliebsame Informationen aktiv unterdrückt?

Einige **Beispiele** fehlender, nicht vollständiger, nicht korrekter oder zweifelhafter Berichterstattung:

- *US-Wahlen: Bericht "2000 Moules"; Dominion-Wahlmaschinen*
- *Skandal bei Berliner Wahlen*
- *Twitter-Files und Facebook-Zusammenarbeit mit FBI zur Unterdrückung der Meinungsfreiheit*
- *Australien (Quarantäne-Camps etc.)*
- *Kanada und Niederlanden (Proteste)*
- *teils brutale Polizeieinsätze bei friedlichen Kundgebungen weltweit*
- *Befragungen im EU-Parlament von J. Small + W. Philipps*
- *Verbindungen der EMA zur Pharma-Industrie*
- *allfällige Beeinflussung von Swissmedic*
- *Impfstoff Beschaffung der EU (SMS Von der Leyen mit Bourla, Pfizer)*
- *unverändert geschwärzte Impfstoff-Hersteller-Verträge*
- *Berichte über Impfopfer - Diffamierung*
- *Beschönigung von Impfstoff-Nebenwirkungen*
- *Allgemeine Diffamierung von kritisch nachfragenden Experten/Virologen und Menschen (Covidioten, Aluhut-Träger, Verschwörungstheoretiker, usw.)*
- *Bedürfnisse der Kinder (schwerwiegende Verletzung ihrer Grundrechte)*
- *schädigende Wirkung von Masken, keine Publizierung irgendeiner Studie*
- *die Schädlichkeit der Massnahmen auf die Bewohner in Altersheimen*
- *kein Aufschrei bei 2-G-/3-G-Regelung und die Aushebelung der Grund- und Menschenrechte, trotz Gewissheit, dass hier die Bevölkerung getäuscht und belogen wurde (s. unsere Rubrik wichtige Informationen zu Covid-"Impfstoffen")*
- *keine Kritik an Swiss mit 1-G-Regel bei ihrem Flugpersonal*

Diese Aufzählung könnte beliebig fortgeführt werden.

- Wie ist somit die Rolle der Medien heute zu verstehen? Medien, die sich vom Staat bezahlen lassen, sind sicherlich nicht mehr frei in der Themenwahl und ihrer Aufklärungsarbeit. Wir wollen aber als mündige Menschen verstanden werden und fordern deshalb:
  - **Keine meinungsbildenden und ideologisierten Informationen**
  - **Seriös recherchierte Berichterstattungen mit Quellenangaben**
  - **Nicht selektierte oder zensierte Kommentarfunktionen!** (Die Ausnahme bilden Hetze und Aufrufe zur Gewalt.)

  ***Beispiel:*** *Wer die Meinung der Regierung nicht unterstützt oder diese in Frage stellt, wird in den Medien als Verschwörungstheoretiker oder als rechtsradikal verleumdet. Die von den Regierungen bezahlten Mainstream-Medien haben es seit Jahren verpasst, ungefilterte Aufklärung und tatsächliche Informationspolitik zu betreiben. Sie haben sich immer mehr zu Meinungs- und Stimmungsmachern sowie Verbreiter von Ideologien entwickelt. Kritische Kommentare bleiben weitgehend aus und so wird die vierte Staatsgewalt zu Grabe getragen*.

- Wie werden die in der Bundesverfassung aufgeführten Grund- und Menschenrechte eingehalten und umgesetzt?
  ***Beispiel:*** *Weder der PCR-Test noch die Todesfallstatistik allein hätten für die Ausrufung des "Public health emergency of international concern" genutzt werden dürfen.*

- Diente das Epidemie- und Covid-Gesetz dazu, entgegen aller wissenschaftlichen Evidenz zu agieren?
  ***Beispiel:*** *Wo liegen die Beweise, dass Massnahmen seit Ausrufung der Covid-Pandemie tatsächlich irgendeinen Nutzen hatten? Statistiken und Studien zeigen ein ernüchterndes Bild. Bis jetzt verweigern sich jedoch die Verantwortlichen, sich an evidenzbasierte Fakten zu halten oder zu liefern.*

- Die UNO, die WHO, die GAVI Alliance und das WEF zeichnen sich dadurch aus, dass sie sich Vorteile bei den Regierungen geschaffen haben. Als Nicht-Regierungs-Organisationen nehmen sie immer mehr Einfluss auf die Gesetzgebungen von Staaten. Die Autonomie und die Souveränität der Staaten und unsere Lebensform werden immer mehr eingeschränkt.
  ***Beispiel:*** *Die Finanzierung dieser NGOs sollte untersucht werden. Die Zusage von Immunität jeglicher Art muss im Zuge der Transparenz aufgehoben werden. Organisationen, welche über Spenden- und Regierungsgelder verfügen, haben sämtliche Unterlagen jeweils bis am 1.2. j.J. auf der Internetseite zu veröffentlichen (Vor allem auch Entgelte/Spenden, Ein- und Ausgaben jeglicher Art).*

Im Januar 2023 soll die WHO an einer Kompetenzerweiterung arbeiten, welche ihr die Möglichkeit einräumen soll, die Souveränität ihrer Mitgliedstaaten im Falle einer Pandemie ausser Kraft setzen zu können. Wir sollten aus der Geschichte "Le roi, c'est moi" gelernt haben, dass ein solches Ansinnen nie von guter Energie geleitet wird und keine Regierung weltweit sich einer vom Volk nicht gewählten Organisation unterwerfen darf.

Die WHO, welche zu einem Grossteil von privaten Geldgebern und Stiftungen (Pharma-Aktienbesitzer) finanziert wird, hat zudem bereits während der Schweine- und Vogelgrippe-"Pandemie" gezeigt, dass die von ihr berechneten Prognosen keine Aussagekraft besitzen.

Als 2009 die Schweinegrippe ausbrach und ein kleines Gremium innerhalb der WHO den globalen Notstand ausrief, produzierten die Pharmariesen im Hintergrund schon ihre Impfstoffe. Mit ihren Warnungen vor der Pandemie löste die WHO eine weltweite Panik aus. Dadurch wurden wiederum die Regierungen unter Druck gesetzt, ihre Lager rasch mit Impfstoffen und Medikamenten gegen die Schweinegrippe zu füllen. (Allein die Deutsche Bundesregierung kaufte damals Impfstoffe und Grippemittel im Wert von 450 Millionen Euro). Als die Pandemie ausblieb, mussten die Medikamente vernichtet werden (in der Schweiz wurden bis Ende 2011 Impfdosen im Wert von 56,4 Millionen Franken vernichtet). Big Pharma hatte derweil Milliarden verdient.

Somit gilt es die wahren Absichten der WHO kritisch zu hinterfragen und genauer zu beleuchten.

Weshalb hat die WHO-Lockdowns, PCR-Tests und Maskentragepflicht befürwortet, obwohl bereits bei Einführung der Massnahmen viele Wissenschaftler davon abgeraten haben und den Nutzen deutlich in Frage stellten?

Weshalb hat die WHO nie darüber aufgeklärt, dass die Studie mit dem Medikament HCQ in Brasilien nur deshalb als nicht erfolgreich abgebrochen werden musste, weil irrtümlicherweise eine falsche (zu hohe) Dosierung angewandt wurde?

Weshalb hat die WHO die folgende Definition als korrekt betrachtet:
- Asymptomatische = gesunde Menschen seien gefährlich?
- Warum begründet die WHO die Aufrechterhaltung der Pandemie einzig mit der Anzahl von positiven PCR-Testergebnissen, wenn sie selbst vor dem erhöhten Risiko falscher Testergebnisse warnt. https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05
- Masken seien ungefährlich, obwohl Millionen von Menschen physisch und psychisch darunter litten?
- Isolation von Erkrankten sei zwingend nötig, obwohl die Form der Isolation als Folter gilt und die Kenntnis vorhanden ist, dass gerade erkrankte Personen Fürsorge und sozialen Kontakt benötigen?
- Die Covid-Impfstoffe seien geprüft, sicher, würden vor Ansteckungen schützen und könnten die Viren ausrotten?

vbfn, 16.02.2023

# Übersicht behandelte Themen
# Die Ver-Sprechen an die Bevölkerung

Mit Klick auf die Bezeichnung gelangen Sie direkt zu den gewünschten Beiträgen:


Ärzte-Eid

Journalistenkodex

Bundesverfassung und Vereidigung

Epidemien- und Covid-Gesetz Schweiz und deren Verordnungen

UNO-Charta

Weltgesundheitsorganisation (WHO)
Verfassung, Gesundheitsvorschriften (IHR), Pandemie-Vertrag

GAVI, die Impfallianz

WEF (Stiftung World Economic Forum)

Änderungsvorschlag der IHR (intern. Health Regulations/Internationale Gesundheitsvorschriften) der WHO, Stand 6. Februar 2023

Entwurf eines gemeinsamen Pandemie-Vertrages, mit zwingenden und verpflichtenden Vorgaben aller teilnehmender Länder, Stand 1. Februar 2023

# Ärzte-Eid

**Weltärztebund - Deklaration von Genf - Das ärztliche Gelöbnis**
https://www.bundesaerztekammer.de/fileadmin/user_upload/BAEK/Themen/Internationales/Bundesaerztekammer_Deklaration_von_Genf_04.pdf

**Schweizer Eid/Gelöbnis für Ärztinnen und Ärzte**
https://schweizer-eid.ch/
Auszug:
Ich betrachte das Wohl der Patientinnen und Patienten als vorrangig und wende jeden vermeidbaren Schaden von ihnen ab.
https://www.dialog-ethik.ch/projekte/manifest#faqnoanchor

# Journalistenkodex

**Der Schweizer Presserat diskutiert und beurteilt die eingegangenen Beschwerden auf Basis der «Erklärung der Pflichten und Rechte der Journalistinnen und Journalisten».**
https://presserat.ch/der-presserat/organisation/

**Der Journalistenkodex gilt als Richtlinien zur «Erklärung der Pflichten und Rechte der Journalistinnen und Journalisten»**
https://presserat.ch/journalistenkodex/erklaerung/
Auszug Punkt 3:
Sie veröffentlichen nur Informationen, Dokumente, Bilder, und Töne, deren Quellen ihnen bekannt sind. Sie unterschlagen keine wichtigen Elemente von Informationen und entstellen weder Tatsachen, Dokumente, Bilder und Töne noch von anderen geäusserte Meinungen. Sie bezeichnen unbestätigte Meldungen, Bild -und Tonmontagen ausdrücklich als solche.
Auszug Punkt 5:
Sie berichtigen jede von ihnen veröffentlichte Meldung, deren materieller Inhalt sich ganz oder teilweise als falsch erweist.

https://presserat.ch/journalistenkodex/richtlinien/
Auszug:
**Richtlinie 1.1 – Wahrheitssuche**
Die Wahrheitssuche stellt den Ausgangspunkt der Informationstätigkeit dar. Sie setzt die Beachtung verfügbarer und zugänglicher Daten, die Achtung der Integrität von Dokumenten (Text, Ton und Bild), die Überprüfung und die allfällige Berichtigung voraus. Diese Aspekte werden nachfolgend unter den Ziffern 3, 4 und 5 der «Erklärung der Pflichten» behandelt.
**Richtlinie 2.1 – Informationsfreiheit**
Die Informationsfreiheit ist die wichtigste Voraussetzung der Wahrheitssuche. Es obliegt allen Journalistinnen und Journalisten, dieses Grundprinzip allgemein und individuell zu verteidigen. Der Schutz dieser Freiheit wird durch die Ziffern 6, 9, 10 und 11 der «Erklärung der Pflichten» und durch die «Erklärung der Rechte» gewährleistet.
**Richtlinie 2.2 – Meinungspluralismus**
Der Meinungspluralismus trägt zur Verteidigung der Informationsfreiheit bei. Er ist notwendig, wenn sich ein Medium in einer Monopolsituation befindet.
**Richtlinie 2.3 – Trennung von Fakten und Kommentar**
Journalistinnen und Journalisten achten darauf, dass das Publikum zwischen Fakten und kommentierenden, kritisierenden Einschätzungen unterscheiden kann.

**Bundesverfassung der Schweizerischen Eidgenossenschaft vom 18. April 1999**
**(Stand am 1. Januar 2016)**
https://fedlex.data.admin.ch/filestore/fedlex.data.admin.ch/eli/cc/1999/404/20160101/de/pdf-a/fedlex-data-admin-ch-eli-cc-1999-404-20160101-de-pdf-a.pdf

**Bundesverfassung der Schweizerischen Eidgenossenschaft vom 18. April 1999**
**(Stand am 13. Februar 2022)**
https://www.fedlex.admin.ch/eli/cc/1999/404/de

**Vereidung von Ratsmitgliedern:**
Neue Ratsmitglieder (National- und Ständerat) und die von der Bundesversammlung gewählten Personen (Bundesrat, Bundeskanzler, Bundesrichter) werden vor ihrem Amtsantritt vereidigt. Statt des Eids kann ein Gelübde abgelegt werden.

Die Eides- oder Gelübdeformel wird im Nationalrat und in der Vereinigten Bundesversammlung von der Generalsekretärin oder dem Generalsekretär der Bundesversammlung vorgelesen, im Ständerat von der Ratssekretärin resp. dem Ratssekretär. Wer den Eid ablegt, spricht mit erhobenen Schwurfingern die Worte «Ich schwöre es».
Wer das Gelübde ablegt, spricht die Worte «Ich gelobe es».

**Der Eid lautet:**
*«Ich schwöre vor Gott dem Allmächtigen, die Verfassung und die Gesetze zu beachten und die Pflichten meines Amtes gewissenhaft zu erfüllen.»*

**Das Gelübde lautet:**
*«Ich gelobe, die Verfassung und die Gesetze zu beachten und die Pflichten meines Amtes gewissenhaft zu erfüllen.»*

Quelle: https://www.parlament.ch/de/%C3%BCber-das-parlament/parlamentsw%C3%B6rterbuch/parlamentsw%C3%B6rterbuch-detail?WordId=69

**Hinweis: Im Jahr 2023 feiert die Schweizer Eidgenossenschaft ihren 175. Geburtstag!**

## Epidemiengesetz:

**818.101 - Bundesgesetz über die Bekämpfung übertragbarer Krankheiten des Menschen**
(Epidemiengesetz, EpG) **vom 28. September 2012 (Stand am 1. Januar 2023)**
https://www.fedlex.admin.ch/eli/cc/2015/297/de
**Beschluss:** 28. September 2012
**Inkrafttreten:** 01. Januar 2016

## Verordnung zum Epidemiengesetz:

**818.101.1 - Verordnung über die Bekämpfung übertragbarer Krankheiten des Menschen**
(Epidemienverordnung, EpV) **vom 29. April 2015 (Stand am 1. Januar 2023)**
https://www.fedlex.admin.ch/eli/cc/2015/298/de#art_25
**Beschluss:** 29. April 2015
**Inkrafttreten:** 01. Januar 2016

## Botschaft zur Revision des Epidemiengesetzes vom 03.12.2010:

https://www.seco.admin.ch/seco/de/home/Publikationen_Dienstleistungen/Publikationen_und_Formulare/Regulierung/regulierungsfolgenabschaetzung/vertiefte-rfa/revision-des-epidemiegesetzes/botschaft--dezember-2010-.html

**Unser Lesetipp:**
- Kapitel 2.5 5. *Bekämpfung*
- Teilkapitel 2.5.1, 1. Abschnitt: *Massnahmen gegenüber einzelnen Personen* (ab S. 384)
- Teilkapitel 2.5.2 2., 2. Abschnitt: *Massnahmen gegenüber der Bevölkerung und bestimmten Personengruppen* (ab S. 392)

Im 1. Abschnitt (einzelne Personen) nimmt der damalige Bundesrat Stellung zu Art. 30 - 39 EPG und im 2. Abschnitt (Gesamtbevölkerung) zu Art. 40 EPG. Die Behörden stützen sich in ihren Entscheiden, Massnahmen anzuordnen, vorwiegend auf diese Gesetzesartikel.

Im Abschnitt zu den Massnahmen gegenüber der Bevölkerung und bestimmten Personengruppen **findet sich keinerlei Hinweis** darauf, dass man neu ganze Bevölkerungsteile als nicht mehr als gesund, sondern als ansteckungsverdächtig betrachten solle. Massnahmen wie bspw. die Massentests (mit obligatorischem Charakter) an Schulen und anderen Einrichtungen finden sich hier nicht. Solche einschneidenden Massnahmen sah der Bundesrat nur im tatsächlich begründeten Bedarfsfall gegenüber einzelnen Personen vor.

Absatz 3 hebt zudem hervor, dass Massnahmen nur so lange angeordnet werden dürfen, wie es notwendig ist, um die Verbreitung einer übertragbaren Krankheit zu verhindern. **Die zuständigen kantonalen Behörden werden darüber hinaus verpflichtet, die Massnahmen regelmässig auf ihre Berechtigung hin zu überprüfen.**

**Wichtig - unsere Stellungnahme:**
Behörden und Gerichte weichen in ihrer heutigen Interpretation dieser wichtigen Teile des Epidemiengesetzes deutlich von den Absichten des damaligen Bundesrates ab. Eine tatsächliche, regelmässige Überprüfung der angeordneten Massnahmen erfolgt nicht oder nicht in genügendem Umfange. Die Entscheide beruhen nicht auf einer evidenten Fakten- und Aktengrundlage sondern sind ohne Belege rein auf Hochrechnungen, Annahmen und Vermutungen begründet.

## Covid-Gesetz:

**818.102 - Bundesgesetz über die gesetzlichen Grundlagen für Verordnungen des Bundesrates zur Bewältigung der Covid-19-Epidemie**
(Covid-19-Gesetz) **vom 25. September 2020 (Stand am 1. Januar 2023)**
https://www.fedlex.admin.ch/eli/cc/2020/711/de
**Beschluss:** 25. September 2020
**Inkrafttreten:** 26. September 2020
**Gültig bis:** 31. Dezember 2031

## Covid-19-Verordnung:

**818.101.24 - Verordnung 3 über Massnahmen zur Bekämpfung des Coronavirus (Covid-19) (Covid-19-Verordnung 3) vom 19. Juni 2020 (Stand am 1. Januar 2023)**
https://www.fedlex.admin.ch/eli/cc/2020/438/de
**Beschluss:** 19. Juni 2020
**Inkrafttreten:** 22. Juni 2020
**Gültig bis:** 30. Juni 2024

**Hinweis:** Bis 18.09.2020 stützte sich der Bundesrat für diese Verordnung 3 auf den Artikel 185 Absatz 3 der Bundesverfassung, ab 08.10.2020 auf das neu eingeführte Covid-19-Gesetz vom 25.09.2020 und ab 21.12.2020 mit der Zulassung des ersten Covid-"Impfstoffes" auf das Covid-19-Gesetz, auf das Heilmittelgesetz vom 15.12.2000 und auf das Epidemiengesetz vom 28.09.2012.

# UNO-Charta

0.120 - AS **2003** 866; BBl **2001** 1234 - **Charta der Vereinten Nationen**
https://www.fedlex.admin.ch/eli/cc/2003/160/de
Für die Schweiz in Kraft getreten am 10. September 2002 (Stand am 23. Juni 2015)
**Beschluss:** 26. Juni 1945
**Inkrafttreten:** 10. September 2002

Abgeschlossen wurde die UNO-Charta am 26. Juni 1945 an der Konferenz in San Francisco und wurde von 50 Staaten unterzeichnet.
(Teilnehmer siehe https://de.wikipedia.org/wiki/Konferenz_von_San_Francisco)

Die vereinigte Bundesversammlung genehmigte die Charta für die Schweiz am 5. Oktober 2001. Die Schweizerische Erklärung zur Erfüllung der in der UN-Charta enthaltenen Verpflichtungen wurde am 10. September 2002 hinterlegt.

**Die Charta der Vereinten Nationen**
https://unric.org/de/charta/

***Präambel:***
*Wir, die Völker der Vereinten Nationen – fest entschlossen,*
- *künftige Geschlechter vor der Geißel des Krieges zu bewahren, die zweimal zu unseren Lebzeiten unsagbares Leid über die Menschheit gebracht hat,*
- *unseren Glauben an die Grundrechte des Menschen, an Würde und Wert der menschlichen Persönlichkeit, an die Gleichberechtigung von Mann und Frau sowie von allen Nationen, ob groß oder klein, erneut zu bekräftigen,*
- *Bedingungen zu schaffen, unter denen Gerechtigkeit und die Achtung vor den Verpflichtungen aus Verträgen und anderen Quellen des Völkerrechts gewahrt werden können,*
- *den sozialen Fortschritt und einen besseren Lebensstandard in größerer Freiheit zu fördern,*

***und für diesen Zwecke***
- *Duldsamkeit zu üben und als gute Nachbarn in Frieden miteinander zu leben,*
- *unsere Kräfte zu vereinen, um den Weltfrieden und die internationale Sicherheit zu wahren,*
- *Grundsätze anzunehmen und Verfahren einzuführen, die gewährleisten, daß Waffengewalt nur noch im gemeinsamen Interesse angewendet wird, und*
- *internationale Einrichtungen in Anspruch zu nehmen, um den wirtschaftlichen und sozialen Fortschritt aller Völker zu fördern – haben beschlossen, in unserem Bemühen um die Erreichung dieser Ziele zusammenzuwirken.*

—> ***Die Charta der Vereinten Nationen lässt uns nachdenklich werden. Welcher Frieden, welche Grundrechte der Menschen und welche Würde und Wert der menschlichen Persönlichkeit wird hier beschrieben? Seit dem Abschluss im Jahr 1945 werden Kriege geführt, die keine Rechtfertigung haben. Die UNO hat die sich selbst erarbeiteten Kriterien nicht eingehalten.***

# Weltgesundheitsorganisation (WHO)
# Verfassung, Gesundheitsvorschriften (IHR), Pandemie-Vertrag

## Verfassung:

0.810.1 - AS **1948** 1015; BBl **1946** III 703 - **Verfassung der Weltgesundheitsorganisation**
https://www.fedlex.admin.ch/eli/cc/1948/1015_1002_976/de
Für die Schweiz in Kraft getreten am 7. April 1948 (Stand am 6. Juli 2020)
**Beschluss:** 22. Juli 1946
**Inkrafttreten:** 07. April 1948
Unterzeichnet wurde die Verfassung der WHO am 22. Juli 1946 in New York.
Die vereinigte Bundesversammlung genehmigte die Verfassung am 19. Dezember 1946 und die Ratifikationsurkunde wurde von der Schweiz am 29. März 1947 hinterlegt.

**Download 12.01.2023: Schritt für Schritt Leitfaden für nationale Immunisierung Programme, das Handbuch zur Krisenkommunikation bei Impfstoffen**
WHO-EURO-2022-3471-43230-60590-eng.pdf
Vaccine crisis communication manual, a step-by-step guidance for national immunization programmes.

## Aktuell geltende Gesundheitsvorschriften der WHO (IHR):

https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1
International health regulations (IHR, englisch) der WHO, Stand 2005

In Deutsch finden Sie die aktuell noch geltenden, internationalen Gesundheitsvorschriften der WHO (IGV) auf der Publikationsplattform des Bundes, Stand 11. Juli 2016, in Kraft für die Schweiz seit 15. Juni 2007.
https://www.fedlex.admin.ch/eli/cc/2007/343/de

**Zwei aktuelle, äusserst brisante Vorhaben der WHO sind die Änderung der Gesundheitsvorschriften (IHR) und die Einführung eines neuen Pandemie-Vertrages.**

Aufgrund der grossen Sprengkraft haben wir die Änderungsvorschläge der IHR und das Konzept des neuen Pandemie-Vertrages gesichert. Sie finden die IHR ab Seite 29 und den Pandemievertrag ab Seite 81 in diesem Dokument.

**Gesundheitsvorschriften (IHR) - Abstimmung WHO Mitgliedstaaten geplant Mai 2023:**

Der **Änderungsvorschlag der IHR** (englisch) mit Stand 6. Februar 2023 findet sich unter folgendem Link (die Änderungen sind hervorgehoben):
https://apps.who.int/gb/wgihr/pdf_files/wgihr2/A_WGIHR2_7-en.pdf

Aus dieser aktuell vorliegenden Version werden wir wichtige Änderungen hervorheben:

In **Artikel 1** für die Empfehlungen der WHO wird die Definition "non binding" gestrichen. Das bedeutet, dass die **Empfehlungen der WHO für die Mitgliedstaaten** demnach **zwingende Vorschriften** werden.

Dann heben wir die **skandalöse Änderung von Artikel 3** mit einem ersten Sreenshot hervor:
**Gestrichen wird hier** (Deutsch übersetzt): **"... erfolgt unter uneingeschränkter Achtung der Würde, der Menschenrechte und der Grundfreiheiten der Personen"!**

*Article 3 Principles*

1. The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ **based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development**.

(…)

**2 bis. The States Parties shall develop and maintain capacities to implement the Regulations in accordance with their Common But Differentiate Responsibilities and Respective Capabilities (CBDR-RC), availability of international financial assistance and shared technological resources, and in this regard, primary preference shall be given to the establishment of functioning public health systems resilient to public health emergencies.**

3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease. **When implementing these Regulations, Parties and WHO should exercise precaution, in particular when dealing with unknown pathogens.**

(…)

**Die Streichung der Menschen und Grundrechte hat eine schockierende, menschenverachtende Tragweite!**

Bei **Artikel 12** wird neu definiert, dass wenn der Generaldirektor der WHO der Auffassung ist, dass auch nur schon eine **potenzielle** gesundheitliche Notlage von internationalem Belang eintritt, ein **Gesundheitsnotstand ausgerufen** werden kann.

*Article 12 Determination of a public health emergency of international concern* ***public health emergency of regional concern, or intermediate health alert***

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a **potential or actual** public health emergency of international concern is occurring, the Director-General shall **notify all States Parties and seek to** consult with the State Party in whose territory the event arises regarding this preliminary determination **and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee")**. If the Director-General **determines that the event constitutes a public health emergency of international concern,** ~~and the State Party are in agreement regarding this determination~~, the Director-General shall **notify all the States Parties**, in accordance with the procedure set forth in Article 49, seek the views of ~~the Committee established under Article 48 (hereinafter the~~ "Emergency Committee") on appropriate temporary recommendations.

~~3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event~~

Zusätzlich wird auf Seite 42 (Annex 2) ausgeführt, dass dazu auch ein Cluster (Gruppen-Ausbruch) eine potenzielle Gefahrenquelle darstellen kann, wenn eine Übertragung von Mensch zu Mensch nicht ausgeschlossen werden kann.

Darin kann nun alles Mögliche verpackt und so der Willkür folglich Tür und Tor geöffnet werden.

**Die Internationalen Gesundheitsvorschriften (IGV) sind rechtsverbindliches, internationales Recht.** Wenn die vorgeschlagenen Änderungen der 76. Weltgesundheitsversammlung vorgelegt werden, könnten sie mit einer einfachen Mehrheit der 194 Mitgliedsstaaten angenommen werden. Nach den bereits vereinbarten Regeln der IHR müssten die Mitgliedsstaaten im Falle einer Annahme keine zusätzlichen Maßnahmen ergreifen, um diese neuen Regeln in ihrem eigenen Land umzusetzen, sie würden fortan einfach gelten.

## Einführung eines Pandemievertrages, zusätzlich zu den IHR:

**Das zweite grosse Vorhaben der Weltgesundheitsorganisation (WHO) ist die Einführung eines gemeinsamen Pandemie-Vertrages mit allen 194 Mitgliedstaaten**. Dieser Pandemie-Vertrag ist selbstverständlich mit der IGV verknüpft. Dieses Vorhaben wurde im 2021 durch die WHO gestartet und im Mai 2022 wurde das erste Mal in einem speziellen Gremium derselben darüber verhandelt. Durch diesen Vertrag würde im Falle einer durch die WHO ausgerufene Pandemie weite Kompetenzen von der Landesregierung an die WHO übertragen und zu einer Entdemokratisierung der Schweiz führen.

**Die Ausarbeitung und die Verhandlung des Vertrages finden unter Ausschluss der Öffentlichkeit statt. Dennoch findet sich im Internet die Version eines konzeptionellen Entwurfs vom 1. Februar 2023:**
https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf
Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting (Deutsch übersetzt: Null-Entwurf der WHO CA+ zur Prüfung durch das Zwischenstaatliche Verhandlungsgremium auf seiner vierten Sitzung).

**Auch bei diesem Entwurf zum neuen Pandemie-Vertrag heben wir brisante Definitionen hervor (die Artikel finden Sie im Dokument ab S. 11):**

Art.6: Die WHO wird künftig die komplette globale Lieferkette und die Produktions- und Lagerorte von medizinischen Produkten definieren und anordnen.

Art. 6 und Art.7: Die WHO wird auch über die globale Forschung, das Research & Development (deutsch: Forschung und Entwicklung) und den technologischen Support entscheiden und dazu Anordnungen treffen.

Art. 9: In allen Mitgliedstaaten basiert die Pandemie-Vorsorge und Abwehr auf denselben von der WHO definierten Daten, Diagnosemitteln, Überwachungstools und Impfstoffen. Die Staaten sind verpflichtet, diese Vorgaben umzusetzen.

Art. 14 - 16: Die gesamte Zivilgesellschaft wird unter dem Titel "Gesamtstaatliche und andere sektorübergreifende Maßnahmen" eingebunden. **Die Mitgliedstaaten müssen** mit nichtstaatlichen Akteuren, dem Privatsektor und der Zivilgesellschaft zusammenarbeiten. Es soll ein allumfassender, die gesamte Regierung umfassender, multidisziplinärer Mehrebenen-Ansatz gelten. **Dazu wird bspw. in allen Staaten auch der Zugang zu Informationen und die Art und Weise, wie kommuniziert wird, künftig durch die WHO vereinheitlicht.**

(Art. 16 2 (a): *Zu diesem Zweck soll jede Vertragspartei die Öffentlichkeit informieren, Risiken kommunizieren und Infodemien über wirksame Kanäle managen, einschließlich sozialer Medien*. **Auf gut Deutsch übersetzt heisst das: Die Vertragsstaaten werden zur Zensur und Manipulation verpflichtet und informieren so, wie es die WHO vorgeben wird.**

Art. 17: Es wird nur noch eine von der WHO definierte Gesundheit gelten (One Health). Und was hier alles auch noch unter den Aspekt der Gesundheit fallen wird, findet sich im Abs. 2 (i):
"*measures to identify and integrate into relevant pandemic prevention and preparedness plans, drivers for the emergence of disease at the human–animal– A/INB/3/3 25 environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance;*"
**Auf Deutsch übersetzt:** *Massnahmen zur Ermittlung und Einbeziehung in die einschlägigen Pandemieprävention- und Bereitschaftspläne zu integrieren, die für das Auftreten von Krankheiten an der Schnittstelle Mensch-Tier A/INB/3/3 25* ***Umwelt, einschließlich****, aber nicht beschränkt auf* ***Klimawandel, Landnutzungsänderungen, Wildtierhandel, Wüstenbildung*** *und Antibiotikaresistenz.*

→ Die WHO wird also freihand definieren, was einen Notstand auslöst. Zur Durchsetzung der dann geltenden Vorgaben wird ein neues Lenkungsorgan gebildet, das mit Überwachungs- und Durchsetzungskompetenzen ausgestattet wird (Art. 20). Es wird auf diese Weise eine perfekte Maschinerie zur Selbstermächtigung, zur Herrschaft der Willkür eingeführt.

Nicht nur wir blicken sorgenvoll auf diese beiden grossen Vorhaben der WHO. Eine Annahme der Änderungen in den Gesundheitsvorschriften und des neuen Pandemie-Vertrages hätte direkte Folgen auf die uns zustehenden Bürgerrechte, welche in der Bundesverfassung verankert sind. Auch Juristen machen sich Gedanken. Als Beispiele nennen wir den Zürcher Rechtsanwalt Philipp Kruse, der dazu klare Worte findet, sowie Frau Dr. Silvia Behrendt aus Salzburg, Österreich:

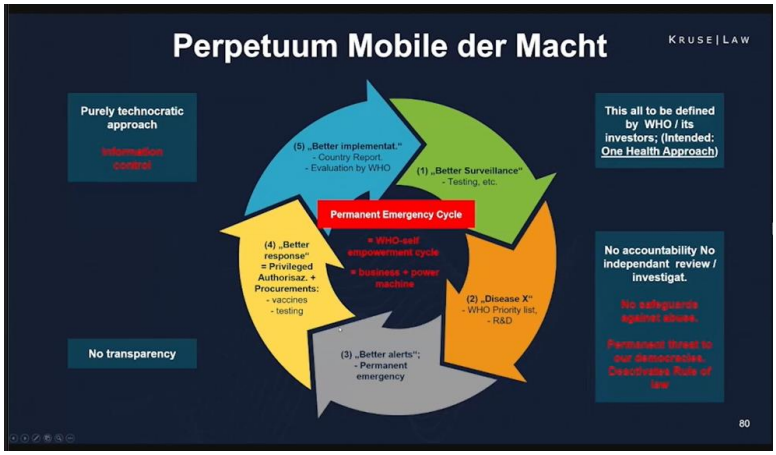
**04.02.2023 - RA Philipp Kruse im Corona Ausschuss, Sitzung 141: Es ist noch nicht vorbei**
https://odysee.com/@Corona-Ausschuss:3/Sitzung-141-Philipp-Kruse-Odysee-final:3
Rechtsanwalt Philipp Kruse wurde am 04.02.2023 in den Corona Ausschuss eingeladen und hat dort (nach einem Update zur Strafanzeige gegen Swissmedic) seine Ausführungen zur WHO präsentiert (Aufzeichnung ab Minute 38:35).

**03.01.2023 - Artikel tkp.at "Kommentar RA Philipp Kruse zu WHO Pandemievertrag: Totalitäre Dystopie ohne Grundrechte – im Namen der Gesundheit":**
https://tkp.at/2023/01/03/kommentar-ra-philipp-kruse-zu-who-pandemievertrag-totalitaere-dystopie-ohne-grundrechte-im-namen-der-gesundheit/

**04.02.2023 - Dr. Silvia Behrendt im Corona Ausschuss, Sitzung 141: Es ist noch nicht vorbei**
https://odysee.com/@Corona-Ausschuss:3/Sitzung-141-Dr.-Silvia-Behrendt-Odysee-final:9
Frau Dr. Behrendt ist Verwaltungsjuristin und Expertin für Pandemierecht und war am 04.02.2023 ebenfalls Gast im Corona Ausschuss. Sie informierte über den aktuellen Stand der Anpassung der internationalen Gesundheitsvorschriften der WHO, was das für die Mitgliedsstaaten bedeutet und welche konkreten Probleme sich aus der Immunität der WHO als private Organisation ergeben.

**→ Unsere Zusammenfassung:**
Mit diesen beiden Vorhaben kann eine einmal ausgerufene Pandemie nur noch durch die WHO beendet werden. Dabei unterliegt die WHO aber weder einer wirksamen Kontrolle oder Überwachung, noch einer Rechenschaftspflicht. Die Mitgliedstaaten können selbst keine Neubeurteilung der Lage durchführen, denn sämtliche Kompetenzen liegen bei der WHO. Die durch die Schweizerische Bundesverfassung zugesicherten Grundrechte werden beseitigt und das Selbstbestimmungsrecht der Menschen aufgehoben. Die Änderungen der Gesundheitsvorschriften und der neue Pandemie-Vertrag ermöglichen die perfekte Maschinerie der Macht für eine nicht gewählte Willkür-Herrschaft.

Dass die WHO die Voraussetzungen dazu selber schaffen kann, zeigt eine Folie aus Philipp Kruses Präsentation im Corona Ausschuss, die er von Dr. Silvia Behrendt kopierte und Perpetuum Mobile der Macht nannte:




Um diese düsteren Aussichten abzuwenden, **braucht es dringend aufgeklärte Menschen und durchsetzungsfähige Parlamentarier.** Es freut uns zu sehen, dass im schweizerischen und europäischen Parlament erste Anfragen erfolgten:

**09.03.2022 - Interpellation von Nationalrat Andreas Gafner:**
https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20223100
**07.03.2022 - Anfrage an die Kommission des EU Parlaments von Christine Anderson:**
https://www.europarl.europa.eu/doceo/document/P-9-2022-000921_DE.html

Nachfolgend weitere Stellungnahmen und Medienberichte:

**14.02.2023 - Bericht des TV-Senders AUF1: Anschlag durch WHO: Das, was jetzt auf uns zukommt, ist noch viel brutaler!**
https://auf1.tv/stefan-magnet-auf1/anschlag-durch-who-das-was-jetzt-auf-uns-zukommt-ist-noch-viel-brutaler/
In dieser Sendung spricht Stefan Magnet mit dem östereichischen Politiker Mag. Gerald Hauser und dem Arzt Dr. Hannes Strasser.

**12.01.2023 - Stellungnahme des Weltrats für Gesundheit (WCH): "Aufruf zum Handeln: JETZT ist es an der Zeit, sich gegen die WHO zu vereinen"**
https://worldcouncilforhealth.org/news/statements/unite-against-the-who/

**10.01.2023 - Artikel des Redaktionsnetzwerkes tkp.at: "Enthüllt: WHO will Änderungen der Internationalen Gesundheitsvorschriften diese Woche in Geheimverhandlungen beschließen"**
https://tkp.at/2023/01/10/enthuellt-who-will-aenderungen-der-internationalen-gesundheitsvorschriften-diese-woche-in-geheimverhandlungen-beschliessen/
Gemäss dem Artikel von tkp führte das International Health Regulations Review Committee (IHR Review Committee) der Weltgesundheitsorganisation (WHO) von Montag, 9. Januar 2023, bis Freitag, 13. Januar 2023 eine geheime Sitzung durch. Das IHR Review Committee habe an der Fertigstellung eines 46-seitigen Dokuments gearbeitet, das Änderungsvorschläge zu den Internationalen Gesundheitsvorschriften (IHR/IGV) enthält.
In seinem Substack macht der Blogger James Roguski auf das stattfindende geheim gehaltene Meeting aufmerksam. In einer ausführlichen Analyse listet er die 100 wichtigsten Gründe auf, warum diese Änderungen enormen Schaden für die Menschen anrichten werden, sieht man von den 0,01 Promille Reichsten der Welt ab.

Die vorgeschlagenen Änderungen werden:
- die Weltgesundheitsorganisation von einer beratenden Organisation, die lediglich Empfehlungen ausspricht, zu einem leitenden Organ machen, dessen Erklärungen rechtsverbindlich wären.
- den Geltungsbereich der Internationalen Gesundheitsvorschriften stark ausweiten, um Szenarien einzubeziehen, die lediglich das „Potenzial haben, die öffentliche Gesundheit zu beeinträchtigen".
- die „Achtung der Würde der Menschenrechte und der Grundfreiheiten der Menschen" aufgehoben werden.
- dem Generaldirektor der WHO die Kontrolle über die Produktionsmittel durch einen „Zuteilungsplan für Gesundheitsprodukte" geben, um die Vertragsstaaten zu verpflichten, Produkte zur Pandemiebekämpfung nach Vorschrift zu liefern.
- Erteilung der Befugnis an die WHO, medizinische Untersuchungen, den Nachweis der Prophylaxe, den Nachweis des Impfstoffs und die Durchführung von Kontaktverfolgung, Quarantäne und BEHANDLUNG zu verlangen.
- Einführung eines Systems globaler Gesundheitsbescheinigungen in digitaler Form oder auf Papier, einschließlich Testbescheinigungen, Impfstoffbescheinigungen, Prophylaxebescheinigungen, Genesungsbescheinigungen, Formulare zur Feststellung des Aufenthaltsortes von Reisenden und eine Erklärung über den Gesundheitszustand von Reisenden.
    - Umleitung von nicht näher bezeichneten Milliarden von Dollar in den pharmazeutischen Krankenhaus-Notfall-Industriekomplex ohne Rechenschaftspflicht.
    - die Weitergabe von persönlichen Gesundheitsdaten zuzulassen.
    - Die Fähigkeit der Weltgesundheitsorganisation, das zu zensieren, was sie als Fehlinformation und Desinformation ansieht, wird stark erweitert.
    - Schaffung einer Verpflichtung zum Aufbau, zur Bereitstellung und zur Wartung von IHR-Infrastrukturen an den Einreisepunkten.

Die 76. Weltgesundheitsversammlung wird vom 21. Mai 2023 bis 30. Mai 2023 stattfinden. Damit die vorgeschlagenen Änderungen auf der 76. Weltgesundheitsversammlung berücksichtigt werden können, müssen sie der Weltgesundheitsorganisation mindestens vier Monate im Voraus vorgelegt werden. Gemäss James Roguski plante das IHR Review Committee, diese Änderungsvorschläge bis Sonntag, den 15. Januar 2023, bei der WHO einzureichen.

**25.12.2022 - Artikel in der Weltwoche: "WHO als globale Pandemie-Regierung: Zum Jahresbeginn will die Gesundheits-Behörde das Wahrheits-Monopol im Kampf gegen Corona beanspruchen"**
https://weltwoche.ch/daily/who-als-globale-pandemie-regierung-zum-jahresbeginn-will-die-gesundheits-behoerde-das-wahrheits-monopol-im-kampf-gegen-corona-beanspruchen/

**08.2022 - Stellungnahme der Partei EDU - "WHO-Pandemievertrag - Wolf im Schafspelz?**
https://edu-zh.ch/politik/who-pandemievertrag-wolf-im-schafspelz

**22.05.2022 - Stellungnahme der Vereinigung Wir-für-Euch "Übereinkommen mit der WHO: Eine brandgefährliche Situation für die Souveränität der Schweiz"**
https://wirfuereuch.ch/uebereinkommen-mit-der-who-eine-brandgefaehrliche-situation-fuer-die-souveraenitaet-der-schweiz/

**25.04.2022 - Artikel von Transition News: "Pandemie-Vertrag wird der WHO die Schlüssel zur Weltregierung übergeben"**
https://transition-news.org/pandemie-vertrag-wird-der-who-die-schlussel-zur-weltregierung-ubergeben

**07.03.2022 - Offener Brief des Vereins Gesundheit für Österreich**
https://www.gesundheit-oesterreich.at/who-will-sich-jetzt-ueber-die-verfassung-ihrer-mitgliedslaender-stellen/

Als äusserst problematisch stellt sich auch immer die Finanzierung der WHO, denn sie wird mittlerweile zu 80 Prozent von privaten Geldgebern und Stiftungen finanziert. Größter privater Geldgeber ist die Bill und Melinda Gates Stiftung. Seit der Jahrtausendwende hat die Gates-Stiftung der WHO insgesamt 2,5 Milliarden Dollar gespendet. Problematisch ist, dass Bill Gates durch seine Stiftungen seine Vorstellungen von Gesundheitsförderung durchsetzt. So investiert die Gates Stiftung vor allem in technische Maßnahmen gegen Infektionskrankheiten, zum Beispiel in Impfkampagnen und die Verteilung von Medikamenten.

In diesem Zusammenhang fügen wir zur Bill & Melinda Gates Stiftung folgende Frage ein:
Bestehen Interessenkonflikte seitens Bill Gates und seiner Stiftung? Weshalb kann eine Person, nur weil sie reich ist und Spenden an ausgewählte Institutionen wie die WHO vergibt (wie auch an GAVI, Swissmedic, diverse Medienhäuser, usw.) spezielle Vereinbarungen mit Landesregierungen treffen, ohne ein Bürger und Steuerzahler des entsprechenden Landes zu sein?
https://www.admin.ch/gov/de/start/dokumentation/medienmitteilungen.msg-id-51763.html

**04.09.2020 - Artikel auf SWR2 Wissen "Die WHO am Bettelstab: Was gesund ist, bestimmt Bill Gates"**
https://www.swr.de/swr2/wissen/who-am-bettelstab-was-gesund-ist-bestimmt-bill-gates-100.html

# GAVI, die Impfallianz

**GAVI: Die Organisation**
https://www.gavi.org/

**29.01.2000 - Gründung GAVI in Davos**
https://de.wikipedia.org/wiki/Gavi,_die_Impfallianz
*"Die Allianz wurde am 29. Januar 2000 am Weltwirtschaftsforum in Davos gegründet, um den bereits seit Ende der 1990er Jahre stagnierenden, zum Teil sogar rückläufigen Impfquoten in den ärmsten Ländern der Welt zu begegnen. Die Impfallianz Gavi ist seit 2017 einer der fünf Gründungsmitglieder der NGO ID2020 Digital Identity Allianz.*

*Der schweizerische Bundesrat hat seit 1. Jan. 2009 ein Abkommen mit GAVI Alliance in Kraft gesetzt, welches teilweise Immunität und diplomatische Behandlung zusichert und die Allianz von den Steuern befreit. Im Juni 2020 bestätigt Gavi die Zusicherung über 30 Millionen CHF von Bundespräsidentin Simonetta Sommaruga im Namen der Schweiz."*

Erstaunlicherweise erleben wir seit Gründung der GAVI eine laufende Virus-Pandemie-Gefahr, die zuvor nicht stattgefunden hat. Auch sind die bisher durch die WHO ausgerufenen Pandemien nachträglich als Fehlentscheidungen einzuordnen (Vogelgrippe, Schweinegrippe). Dies gerät gerne in Vergessenheit.

Hierzu verweisen wir auf die Pandemieübung "Event 201", welche am 18. Oktober 2019, also kurz vor Ausbruch der Covid-19-Pandemie, in New York stattfand. Die Organisatoren dieser Übung waren die WHO, die John-Hopkins-Universität und die Bill & Melinda Gates Stiftung.
https://www.centerforhealthsecurity.org/our-work/exercises/event201/

Wir möchten uns zu diesem Event nicht ausführlicher äussern. Wir weisen einzig darauf hin, dass es sich hierbei um dieselben Player handelte, die auch während der Corona-Pandemie treibende Kräfte waren. Für sein Planspiel Ereignis 201 simulierte der Event einen Ausbruch eines neuartigen zoonotischen Coronavirus, das von Fledermäusen über Schweine auf Menschen übertragen wird und schließlich effizient von Mensch zu Mensch. Dies führt anschliessend zu einer schweren Pandemie. Der Unterschied zur Covid19-Pandemie war das definierte Ausbruchs-Land Brasilien (statt China).

0.192.122.818.12 - AS **2009** 4567 - **Abkommen zwischen dem Schweizerischen Bundesrat und GAVI Alliance (Global Alliance for Vaccines and Immunization) zur Regelung des rechtlichen Statuts von GAVI Alliance in der Schweiz - Immunitäts-Zusicherung**
https://www.fedlex.admin.ch/eli/cc/2009/541/de
Abgeschlossen am: 23. Juni 2009
In Kraft getreten mit Wirkung ab: 01. Januar 2009

Der Bundesrat räumt der privaten Organisation GAVI Alliance mit diesem Abkommen Rechte ein, welche sonst nur diplomatische Vertretungen ausländischer Staaten in unserem Land geniessen. Hierzu unser Verweis auf einige massgebende Artikel:

***Artikel 2: Unabhängigkeit und Handlungsfreiheit, Abs. 1***
2.1. **Der Schweizerische Bundesrat garantiert GAVI Alliance Unabhängigkeit und Handlungsfreiheit.**

***Artikel 3: Unverletzbarkeit der Räumlichkeiten***
Die Gebäude oder Gebäudeteile und das anliegende Gelände, die von GAVI Alliance für ihre eigenen Zwecke benützt werden, sind ungeachtet der herrschenden Eigentumsverhältnisse unverletzbar. **Kein Vertreter schweizerischer Behörden darf sie ohne ausdrückliche Zustimmung des Exekutivdirektors von GAVI Alliance oder der von ihm bezeichneten Person betreten.**

***Artikel 4: Unverletzbarkeit der Archive***
Die Archive von GAVI Alliance und alle ihr gehörenden oder **in ihrem Besitz befindlichen Dokumente und Datenträger** ganz allgemein **sind jederzeit und überall unverletzbar**.

***Artikel 5: Immunität von der Gerichtsbarkeit und der Vollstreckung***
5.1. **Im Rahmen ihrer Tätigkeit geniesst GAVI Alliance Immunität** von der Gerichtsbarkeit und der Vollstreckung, ausser:

a) wenn diese Befreiung im Einzelfall vom Exekutivdirektor oder durch die von ihm bezeichnete Person ausdrücklich aufgehoben worden ist;

…..

5.2. **Die Gebäude oder Gebäudeteile, das anliegende Gelände** sowie die Vermögenswerte, die sich im Eigentum von GAVI Alliance befinden oder von ihr zu ihren Zwecken benutzt werden, **sind unabhängig von ihrem Standort und ihrem Besitzer befreit von:**

a) jeglicher Form von Requisition, Beschlagnahme oder Enteignung;
b) **jeglicher Form von Zwangsvollstreckung, anderen behördlichen Zwangsmassnahmen oder Massnahmen, die einem Urteil vorausgehen,** mit Ausnahme der in Absatz 1 vorgesehenen Fälle.

***Artikel 7: Steuerliche Behandlung***
7.1. **GAVI Alliance, ihre Guthaben, Einkünfte und anderen Vermögenswerte sind von den direkten Steuern des Bundes, der Kantone und Gemeinden befreit.** Für Liegen-schaften und ihren Ertrag gilt diese Befreiung indessen nur, soweit sie Eigentum von GAVI Alliance sind und von deren Dienststellen benützt werden.
7.2. GAVI Alliance ist von indirekten Steuern des Bundes, der Kantone und Gemein-den befreit. **Insbesondere ist sie gemäss der schweizerischen Gesetzgebung bei allen Anschaffungen für den amtlichen Gebrauch und beim Bezug jeglicher Dienstleis-tungen für den amtlichen Gebrauch von der Mehrwertsteuer (MWST) befreit.**

7.3. **GAVI Alliance ist von allen Gebühren des Bundes, der Kantone und Gemeinden befreit,** soweit diese nicht als Vergütung für bestimmte Dienstleistungen erhoben werden.

***Artikel 8: Zollbehandlung***

**Die zollamtliche Behandlung** der für den amtlichen Gebrauch von GAVI Alliance bestimmten Gegenstände **erfolgt gemäss der Verordnung vom 13. November 19852 über Zollvorrechte der internationalen Organisationen, der Staaten in ihren Beziehungen zu diesen Organisationen und der Sondermissionen fremder Staaten.**

***Artikel 9: Freie Verfügung über Guthaben***

**GAVI Alliance kann jede Art von Guthaben**, Gold, sämtliche Devisen, Barbeträge und andere bewegliche Werte **in Empfang nehmen, verwahren, konvertieren, transferieren** und darüber sowohl in der Schweiz als auch in ihren Beziehungen zum Ausland frei verfügen.

***Artikel 10: Mitteilungen***

10.1. **GAVI Alliance geniesst für ihre amtlichen Mitteilungen eine mindestens ebenso günstige Behandlung, wie sie den internationalen Organisationen in der Schweiz zugesichert wird**, soweit dies mit der Konvention der Internationalen Fernmeldeunion vom 22. Dezember 19923 vereinbar ist.

10.2. **GAVI Alliance hat das Recht, für ihre amtlichen Mitteilungen Codes zu benützen. Sie hat das Recht, ihre Korrespondenz, inklusive Datenträger, durch Kuriere oder in entsprechend gekennzeichnetem Kuriergepäck zu verschicken und zu empfangen,** wobei die gleichen Vorrechte und Immunitäten gelten wie bei diplomatischen Kurieren und diplomatischem Kuriergepäck.

***Artikel 11: Pensionskasse und Spezialfonds***

11.1. **Jede offiziell zu Gunsten der Beamten von GAVI Alliance wirkende Pensionskasse oder Sozialversicherung hat in der Schweiz die gleiche Rechtsfähigkeit wie GAVI Alliance selbst.** Sie geniesst im Rahmen ihrer Tätigkeit zu Gunsten der Beamten die gleichen Vorrechte und Immunitäten hinsichtlich der beweglichen Vermögenswerte wie GAVI Alliance selbst.

***Artikel 12: Soziale Sicherheit***

**GAVI Alliance unterliegt als Arbeitgeber nicht der schweizerischen Gesetzgebung** über die Alters- und Hinterlassenenversicherung, die Invalidenversicherung, die Arbeitslosenversicherung, die Erwerbsersatzordnung, die obligatorische beruf-liche Alters-, Hinterlassenen- und Invalidenvorsorge sowie die Krankenversicherung.

***Art. 13 Vorrechte und Immunitäten der Stiftungsratsmitglieder***

13.1. **Die Stiftungsratsmitglieder von GAVI Alliance** und deren allfällige Stellvertreter die in offizieller Eigenschaft für GAVI Alliance tätig sind, geniessen **während der Ausübung ihrer Tätigkeit in der Schweiz folgende Vorrechte und Immunitäten:**

a) **Immunität von Festnahme oder Haft, ausser wenn sie auf frischer Tat ertappt werden**, und Befreiung von der Überprüfung des persönlichen Gepäcks;
b) unter Vorbehalt von Artikel 20 dieses Abkommens **auch nach Beendigung ihrer Funktion Immunität von der Gerichtsbarkeit bezüglich der von ihnen in Ausübung ihrer Funktion vorgenommenen Handlungen, einschliesslich ihrer schriftlichen und mündlichen Äusserungen**;
c) **Unverletzbarkeit aller ihrer amtlichen Schriftstücke, Datenträger und Urkunden**;

d) **Zollvorrechte und -erleichterungen gemäss der Verordnung vom 13. November 19854 über Zollvorrechte der internationalen Organisationen, der Staaten** in ihren Beziehungen zu diesen Organisationen und der Sondermissionen fremder Staaten;
e) **für sich selbst und die Personen, die durch das Eidgenössischen Departement für auswärtige Angelegenheiten berechtigt sind, sie zu begleiten, Befreiung von allen Einreisebeschränkungen, von der Meldepflicht für Ausländer** und von jeder Verpflichtung zu nationalen Dienstleistungen;

***Art. 14 Vorrechte und Immunitäten des Exekutivdirektors und der hohen Beamten von GAVI Alliance***
14.1. Unter Vorbehalt von Artikel 20 des vorliegenden Abkommens **geniessen der Exekutivdirektor oder, wenn er verhindert ist, sein Stellvertreter und die hohen Beamten die Vorrechte, Immunitäten und Erleichterungen, die diplomatischen Vertretern gemäss Völkerrecht und internationalen Gepflogenheiten eingeräumt werden.**

14.2. **Die oben genannten Personen, welche die schweizerische Staatsangehörigkeit nicht besitzen, sind von allen Bundes-, Kantons- und Gemeindesteuern auf den ihnen von GAVI Alliance ausbezahlten Gehältern, Zulagen und Entschädigungen befreit**; diese Befreiung wird, sofern GAVI Alliance eine interne Besteuerung vorsieht, auch Personen mit schweizerischer Staatsangehörigkeit gewährt.

14.4. **Zollvorrechte werden gemäss der Verordnung vom 13. November 1985 über Zollvorrechte der internationalen Organisationen, der Staaten** in ihren Beziehungen zu diesen Organisationen und der Sondermissionen fremder Staaten **gewährt.**

***Art. 22 Einreise, Aufenthalt und Ausreise***
**Die schweizerischen Behörden treffen alle zweckdienlichen Massnahmen, um die Einreise in die Schweiz, die Ausreise und den Aufenthalt aller Personen, unabhängig von ihrer Staatsangehörigkeit, zu erleichtern**, die in amtlicher Eigenschaft für GAVI Alliance tätig sind, nämlich:

a) **die Stiftungsratsmitglieder von GAVI Alliance und die Personen**, die durch das Eidgenössischen Departement für auswärtige Angelegenheiten berechtigt sind, sie **zu begleiten;**
b) **der Exekutivdirektor, die hohen Beamten und die Beamten von GAVI Alliance** sowie die Personen, die durch das Eidgenössischen Departement für auswärtige Angelegenheiten berechtigt sind, sie **zu begleiten**;
c) die **Mitglieder des Beratenden Ausschusses**;
d) die **mit einer Mission für GAVI Alliance beauftragten Experten**;
e) **jede andere Person**, ohne Rücksicht auf ihre Staatsangehörigkeit, die **in offizieller Eigenschaft von GAVI Alliance** berufen wird.

**→ Wir überlassen es dem Leser, sich eine eigene Meinung über dieses Abkommen zu bilden!**

# WEF (Stiftung World Economic Forum)

0.192.122.945.1 - AS **2015** 519 - **Abkommen zwischen dem Schweizerischen Bundesrat und der Stiftung World Economic Forum zur Festlegung des Status der Stiftung World Economic Forum in der Schweiz**
https://www.fedlex.admin.ch/eli/cc/2015/73/de#a6

Abgeschlossen am 23. Januar 2015, in Kraft getreten am 23. Januar 2015 (Stand am 23. Januar 2015)
**Beschluss:** 23. Januar 2015
**Inkrafttreten:** 23. Januar 2015
**Zuständige Behörde:** Direktion für Völkerrecht

**24.02.2021: Beitrag SRF - Das WEF zahlt mehr an die Sicherheitskosten**
https://www.srf.ch/news/schweiz/world-economic-forum-das-wef-zahlt-mehr-an-die-sicherheitskosten
Die Schweizer Bevölkerung bezahlt 2.55 Mio. Franken pro Jahr, damit sich Millionäre und Milliardäre ein Treffen leisten können, bei dem sie Einfluss auf die Politik nehmen können. Nach Kritik aus Politik und Zivilgesellschaft will sich das World Economic Forum (WEF) stärker an der Finanzierung der Sicherheitsmassnahmen beteiligen. So kann der Beitrag des Bundes an die nächsten drei Jahrestreffen auf 2.55 Millionen Franken pro Jahr gesenkt werden.
Wir staunen: 2.55 Millionen Franken unserer Steuergelder für einen "privaten" Anlass?

**05.05.2020: Interpellation 20.3289 - Was nützt das WEF der Schweizer Bevölkerung?**
https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20203289
*Kernaussage Bundesrat*: "Hinzu kommt der Nutzen aus Werbung, Reputation und Imagegewinn für den Tourismus- und Kongressstandort Schweiz".
*Diese Aussage ist eine sehr einseitige Sichtweise.* Die Frage stellt sich vielmehr, ob die WEF-Aushängeschilder nicht eher der Reputation der Schweiz schaden:

**Klaus Schwab, Organisator** (bekannt durch seine Aussage: **"Du wirst nichts besitzen und Du wirst glücklich sein**" und seine Begeisterung für **die chinesische Regierungsform**)

**Yuval Noah Harari, Historiker und gern gesehener Berater am WEF** (er bezeichnet die **Menschen als "nutzlose Klasse**")*

***03.08.2022: WEF-Elite-Berater Harari völlig übergeschnappt: Menschen bald überflüssig: "Wir sind dabei, göttliche Fähigkeiten zu erwerben – wir werden selbst zu Göttern"**
WEF-Elite-Berater Harari völlig übergeschnappt: Menschen bald überflüssig: "Wir sind dabei, göttliche Fähigkeiten zu erwerben – wir werden selbst zu Göttern" (odysee.com)
Die Menschen allgemein würden "wirtschaftlich nutzlos und politisch machtlos", die selbsternannte Elite werde sie nicht mehr benötigen, so Harari. Zudem sei die Spezies
Mensch so makelbehaftet, dass es zu ihrem eigenen Vorteil sei, die Macht den Maschinen zu übertragen.

Zitat Yuval Noah Harari:
*"Wir eignen uns diese Fähigkeiten jetzt selbst an. In der Bibel beispielsweise ist Gott der Schöpfer. Er erschafft Tiere und Pflanzen und Menschen nach seinen Wünschen.*
*Jetzt erhalten wir die Macht, Leben zu erschaffen, genau wie Gott. Und in gewisser Weise gehen wir sogar über den biblischen Gott hinaus."*

**28.02.2018 - Interpellation von Nationalrätin Mattea Meyer - Rolle des Bundes im Rahmen des WEF**
https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20183045
Auszug aus der Interpellation:
*Bereits zum 48. Mal traf sich Ende Januar 2018 die wirtschaftliche und politische Weltelite zum World Economic Forum (WEF) in Davos. Dem WEF gehören mehr als 1000 Unternehmen an, darunter auch über 100 der weltgrössten Konzerne. Die Teilnahme am privaten Anlass ist nur auf Einladung und gegen eine hohe Teilnahmegebühr möglich.*
*Für die massive Sicherheit sind die Schweizer Armee sowie Polizeikräfte zuständig. Der Bund sowie der Standortkanton und die Standortgemeinde leisten Beiträge in Millionenhöhe an diesen privaten Anlass. Protestkundgebungen vor Ort wurden dieses Jahr nicht bewilligt. Die zuständige Behörde, der Kleine Landrat von Davos, lehnte ein Gesuch für eine Demonstration auf dem Postplatz mit der Begründung ab, die Schneemassen würden eine Kundgebung nicht zulassen. Bilder belegen, dass am Tag, an dem die Demonstration hätte stattfinden sollen, besagter Platz vom Schnee freigeräumt war.*
*Zusätzlich wird von überdurchschnittlich vielen Polizeikontrollen im Rahmen des diesjährigen WEF berichtet. Die Polizeikräfte stehen in Kritik, unverhältnismässige Kontrollen ohne besonderen Anlass durchgeführt zu haben.*

**17.12.2008: Motion von Nationalrätin Susanne Leutenegger Oberholzer - WEF: Stopp der Subventionierung durch den Bund**
https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20083866
Auszug aus der Motion:
*Der Bundesrat wird beauftragt, sicherzustellen, dass ab 2010 keine Kostenbeteiligung des Bundes an die Jahresversammlung des WEF in Davos mehr erfolgt. Das gilt insbesondere auch für die ausserordentlichen Sicherheitskosten. Allenfalls vom WEF beanspruchte Dienstleistungen des Bundes sind dem WEF in Rechnung zu stellen. Allfällige Kosten für den Schutz von Staatschefs, die am WEF teilnehmen, sind im ordentlichen Budget unterzubringen.*

Auszug Begründung:
*Das jährliche Gipfeltreffen des World Economic Forum in Davos verursacht der öffentlichen Hand erhebliche zusätzliche Sicherheitskosten. Allein für den Bund sind für 2009 wiederum 4,4 Millionen Franken an Sicherheitskosten für das WEF budgetiert, davon 3,5 Millionen Franken beim Seco und 0,9 Millionen Franken Dienstleistungen des VBS.*
*Das WEF ist eine privatrechtliche Stiftung, die von über 1000 weltweit führenden Wirtschaftsunternehmen getragen wird. Die Stiftungsmitglieder müssen dabei entweder über einen Jahresumsatz von einer Milliarde US-Dollar verfügen oder eine wichtige gesellschaftliche Stellung einnehmen.*

**Der Bundesrat beantragte die Ablehnung der Motion. Am 17.12.2010 wurde sie abgeschrieben, weil sie nicht innert zwei Jahren abschliessend im Rat behandelt wurde.**

Zum World Economic Forum gibt es zahlreiche weitere Anfragen und Anträge aus dem Bundesparlament. Doch vielfach versanden sie oder wurden durch den Bundesrat ablehnend beantwortet.
https://www.parlament.ch/de/suche#k=WEF

Weshalb nehmen viele unserer Politiker an den jährlichen WEF-Treffen teil? Worüber tauschen sich die Teilnehmer tatsächlich aus? Welche Abkommen werden unter Ausschluss der Öffentlichkeit getroffen? Weshalb werden Millionen von Steuergeldern eingesetzt, um diese "selbsternannte, nicht gewählte Elite" während der WEF-Tagung durch das Schweizer Militär und die kantonalen Polizeikorps schützen zu lassen, wenn das World Economic Forum gleichzeitig durch das Abkommen mit dem Bundesrat von jeglicher Steuerpflicht befreit ist und somit keinen finanziellen Beitrag an jedwelche Staatskosten leistet. Das WEF (World Economic Forum) ist gemäss eigener Beschreibung eine Non-Profit-Organisation - ist das wirklich so? Das WEF nimmt grosse Summen von Teilnehmerbeiträgen (2023 rund CHF 230'000.- / pro Ticket) ein. In welche Taschen fliessen diese Mittel tatsächlich? Kann hier noch von "Non-Profit" gesprochen werden?

Zudem setzt sich das laut eigener Aussage auch gegen den Klimawandel und für die Umwelt ein. Viele der Teilnehmer reisen jedoch in ihren Privatjets und eigenen Luxusfahrzeugen nach Davos (wie übrigens auch bei den unzähligen "Umwelttreffen" weltweit). Dass gerade die sogenannte "Elite" gerne reist und üppig feiert, ist ebenfalls bestens bekannt, wie Medienberichte weltweit immer wieder zeigen. Für wen also sollen anschliessend die Klima-Regeln gelten, die während des WEFs besprochen werden? Welcher Sinn wird hier tatsächlich bezweckt, wenn nicht die Verabschiedung von weiteren Abgaben durch die Bevölkerung, welche dann in die Taschen von uns unbekannten NGOs wandern? Wer profitiert tatsächlich von der Globalisierung sowie dem Great Reset für einen vermeintlichen Nutzen von Natur und Weltklima?

Quellen:
https://www.nau.ch/news/schweiz/wef-2023-multi-millionar-browder-beklagt-sich-uber-teures-ticket-66395794
https://www.nzz.ch/wirtschaft/wef-2020-klimawandel-und-umwelt-ganz-oben-auf-der-sorgenliste-ld.1534194?reduced=true
https://www.blick.ch/wirtschaft/wef-2023-wef-praesident-will-ein-umweltfreundliches-wachstum-id18230348.html
https://www.tagesschau.de/wirtschaft/weltwirtschaft/global-risk-report-2023-101.html

# Änderungsvorschlag der IHR (intern. Health Regulations/Internationale Gesundheitsvorschriften) der WHO, Stand 6. Februar 2023

Wichtige Details zur WHO und diesem Vertrag erfahren Sie hier.

**Gesundheitsvorschriften (IHR) - Abstimmung WHO Mitgliedstaaten geplant Mai 2023:**

Der **Änderungsvorschlag der IHR** (englisch) mit Stand 6. Februar 2023 findet sich unter folgendem Link (die Änderungen sind hervorgehoben):
https://apps.who.int/gb/wgihr/pdf_files/wgihr2/A_WGIHR2_7-en.pdf

Aus dieser aktuell vorliegenden Version werden wir wichtige Änderungen hervorheben:

In **Artikel 1** für die Empfehlungen der WHO wird die Definition "non binding" gestrichen. Das bedeutet, dass die **Empfehlungen der WHO für die Mitgliedstaaten** demnach **zwingende Vorschriften** werden.

Dann heben wir die **skandalöse Änderung von Artikel 3** mit einem ersten Sreenshot hervor:
**Gestrichen wird hier** (Deutsch übersetzt): **"... erfolgt unter uneingeschränkter Achtung der Würde, der Menschenrechte und der Grundfreiheiten der Personen"!**

Bei **Artikel 12** wird neu definiert, dass wenn der Generaldirektor der WHO der Auffassung ist, dass auch nur schon eine **potenzielle** gesundheitliche Notlage von internationalem Belang eintritt, ein **Gesundheitsnotstand ausgerufen** werden kann.

Zusätzlich wird auf Seite 42 (Annex 2) ausgeführt, dass dazu auch ein Cluster (Gruppen-Ausbruch) eine potenzielle Gefahrenquelle darstellen kann, wenn eine Übertragung von Mensch zu Mensch nicht ausgeschlossen werden kann.

Darin kann nun alles Mögliche verpackt und so der Willkür folglich Tür und Tor geöffnet werden.

**Die Internationalen Gesundheitsvorschriften (IGV) sind rechtsverbindliches, internationales Recht.**
Wenn die vorgeschlagenen Änderungen der 76. Weltgesundheitsversammlung vorgelegt werden, könnten sie mit einer einfachen Mehrheit der 194 Mitgliedsstaaten angenommen werden. Nach den bereits vereinbarten Regeln der IHR müssten die Mitgliedsstaaten im Falle einer Annahme keine zusätzlichen Maßnahmen ergreifen, um diese neuen Regeln in ihrem eigenen Land umzusetzen, sie würden fortan einfach gelten.

Die englische Version vom 06.02.2023 können Sie aus den folgenden Seiten entnehmen.

World Health Organization

**SECOND MEETING OF THE WORKING GROUP ON AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005)**
**Provisional agenda item 6**

**A/WGIHR/2/7**
**6 February 2023**

# Article-by-Article compilation of proposed amendments to the International Health Regulations (2005) submitted in accordance with decision WHA75(9) (2022)

The Working Group on Amendments to the International Health Regulations (WGIHR) at its first meeting on 14–15 November 2022 decided that "the Secretariat shall also publish online an article-by-article compilation of the proposed amendments, as authorized by the submitting Member States, in the six official languages, without attribution of the proposals to the Member States proposing them.".[1]

In furtherance of the WGIHR's decision above, this document provides an article-by-article compilation of the proposals for amendments to the International Health Regulations (IHR) (2005) submitted in accordance with decision WHA75(9) (2022).

Proposed amendments are presented as follows:

- ~~Strikethrough~~ = proposal to delete existing text
- **Underlined and bold** = proposal to add text
- (…): existing text in the IHR (2005) in relation to which no proposals for amendments were submitted and which is therefore omitted from the compilation

The compilation is not intended to replace the proposed amendments to the IHR (2005) in the original submission.

[1] Document A/WGIHR/1/5.

# ARTICLE BY ARTICLE COMPILATION OF PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005) SUBMITTED BY STATES PARTIES IN THE CONTEXT OF DECISION WHA75(9)[1]

## Legend

~~Strikethrough~~ = delete existing text

**Underlined and bold** = new text proposed

1. = existing text in the IHR for which proposals for amendments were not submitted and thus omitted form this compilation

*Article 1 Definitions*

1. For the purposes of the International Health Regulations (hereinafter "the IHR" or "Regulations"):

(…)

**"health products" include therapeutics, vaccines, medical devices, personal protective equipment, diagnostics, assistive products, cell- and gene-based therapies, and their components, materials, or parts."**

**"health products" include medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies, and other health technologies, but not limited to this course**

**"health technologies and know-how" includes organized set or combination of knowledge, skills, health products, procedures, databases and systems developed to solve a health problem and improve quality of life, including those relating to development or manufacture of health products or their combination, its application or usage. "Health technologies" are interchangeably used as "health care technologies".**

(…)

"standing recommendation" means ~~non-binding~~ advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

"temporary recommendation" means ~~non-binding~~ advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of

[1] This compilation is published following the agreements at the first meeting of the Working Group on amendments to the International Health Regulations (2005), as per document A/WGIHR/1/5.

international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

*Article 2 Scope and purpose*

The purpose and scope of these Regulations are to prevent, protect against, **prepare,** control and provide a public health response to the international spread of disease**s including through health systems readiness and resilience** in ways that are commensurate with and restricted to ~~public health risk~~ **all risks with a potential to impact public health**, and which avoid unnecessary interference with international traffic ~~and~~ trade, **livelihoods, human rights, and equitable access to health products and health care technologies and know how**.

*Article 3 Principles*

1. The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ **based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development**.

(…)

**2 bis. The States Parties shall develop and maintain capacities to implement the Regulations in accordance with their Common But Differentiate Responsibilities and Respective Capabilities (CBDR-RC), availability of international financial assistance and shared technological resources, and in this regard, primary preference shall be given to the establishment of functioning public health systems resilient to public health emergencies.**

3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease. **When implementing these Regulations, Parties and WHO should exercise precaution, in particular when dealing with unknown pathogens.**

(…)

**New 5. The State Parties shall implement these Regulations on the basis of equity, solidarity as well as and in accordance with their common but differentiated responsibilities and respective level of development of the State Parties.**

**New 6: Exchange of information between State Parties or between State Parties and WHO pursuant to the implementation of these Regulations shall be exclusively for peaceful purposes.**

*Article 4 Responsible authorities*

1. Each State Party shall designate or establish a**n entity with the role of** National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations. **WHO shall provide technical assistance and collaborate with States Parties in capacity building of the National IHR focal points and authorities upon request of the States Parties.**

**1bis. In addition, each State Party should inform WHO about the establishment of its National Competent Authority responsible for overall implementation of the IHR that will be recognized and held accountable for the NFP's functionality and the delivery of other IHR obligations.**

**NEW (1bis) States Parties shall** / ALT **may enact or adapt legislation to provide National IHR Focal Points with the authority and resources to perform their functions, clearly defining the tasks and function of then entity with a role of National IHR Focal Point in implementing the obligations under these Regulations.**

(…)

4. States Parties shall provide WHO with contact details of their National IHR Focal Point and **National IHR Competent Authority** and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article."

*Article 5 Surveillance*

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1. **Developed State Parties and WHO shall offer assistance to developing State Parties depending on the availability of finance, technology and know-how for the full implementation of this article, in pursuance of the Article 44. This capacity will be periodically reviewed through the Universal Health Periodic Review mechanism , in replacement of the Joint External Evaluation that began in 2016 . Such review shall** / ALT **Should such review identify resource constraints and other challenges in attaining these capacities, WHO and its Regional Offices shall, upon the request of a State Party, provide or facilitate technical support and assist in mobilization of financial resources to develop, strengthen and maintain such capacities.**

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall ~~make the decision~~ **refer the issue to World Health Assembly which will then take a decision on the same**, taking into account the technical advice of the Committee established under Article 50 (hereinafter the "Review Committee"). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. **Developed State Parties and** WHO shall assist **any** States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.

4. WHO shall collect information regarding events through its surveillance activities and assess **on the basis of risk assessment criteria regularly updated and agreed with State Parties** their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate **not with an outside party but member states**

**4. (New wording) –WHO shall collect information regarding events through its surveillance activities and assess, through periodically updated assessment and risk criteria agreed with Member States, their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate";**

**New para 5: WHO shall develop early warning criteria for assessing and progressively updating the national, regional, or global risk posed by an event of known or unknown causes or sources and shall convey this risk assessment to States Parties in accordance with Articles 11 and 45 where appropriate.**

**New 5. WHO shall develop early warning criteria for assessing and progressively updating the national, regional, or global risk posed by an event of unknown causes or sources and shall convey this risk assessment to States Parties in accordance with Articles 11 and 45 where appropriate. The risk assessment shall indicate, based on the best available knowledge, the level of risk of potential spread and risks of potential serious public health impacts, based on assessed infectiousness and severity of the illness.**

**New para 5. "Strengthen the central role of national health authorities in management and coordination with political, intersectoral, interministerial and multilevel authorities for timely and coordinated surveillance and response in accordance with the international health risk indicated by the IHR, thereby consolidating the central role of national health authorities in multilevel management and coordination."**

*Article 6 Notification*

1. Each State Party, **within 48h after the Focal Point receives information about the event shall assess events occurring within its territory** by using the decision instrument in Annex 2, **within 48 hours of the National IHR Focal Point receiving the relevant information** . Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), **the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), the UN Environment Programme (UNEP) or other relevant UN entities,** WHO shall immediately notify the ~~IAEA,~~ **relevant national and UN entities**.

2. Following a notification, a State Party shall continue to communicate to WHO **by the most efficient means of communication available** timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including **genetic sequence data** , case definitions, laboratory results, **epidemiological and clinical data, as well as microbial and genomic data in case of an event caused by an infectious agent, genome sequencing data if available**, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease ~~and~~ the health measures ~~employed~~ **implemented and other related information as per request of WHO** , **genome sequence data** ; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern**, with regards to the sharing of genetic sequence data it will depend on Member States' capacity and prevailing national legislation. With the aim of fostering event related research and assessment, the WHO**

**shall make the information received available to all Parties in accordance with modalities to be adopted by the Health Assembly.**

**3. For better clarity, the provisions of Article 45 shall apply to notifications made pursuant to this Article.**

**New 3. No sharing of genetic sequence data or information shall be required under these Regulations. The sharing of genetic sequence data or information shall only be considered after an effective and transparent access and benefit sharing mechanism with standard material transfer agreements governing access to and use of biological material including genetic sequence data or information relating to such materials as well as fair and equitable sharing of benefits arising from their utilization is agreed to by WHO Member States, is operational and effective in delivering fair and equitable benefit sharing.**

**New 3: Upon receiving notification from a State Party, WHO shall not transfer the public health information received pursuant to paragraph 1 of this provision, and other information as defined in paragraph 2 of this provision to establishments, personals, non-state actors or any recipient whatsoever engaging directly or indirectly with conflict and violence elements. WHO shall also handle the information in a manner designed to avoid such actors accessing the information, directly or indirectly.**

*Article 7 Information-sharing during unexpected or unusual public health events*

(…)

**2. Following a notification pursuant to Article 6 of an event caused by an infectious agent, a State Party shall make available to WHO the microbial and genetic material and samples related to the notified event, as appropriate, not later than (…) hours after such material and samples become available.** Note: The proposal for Article 7 is offered without prejudice to further discussion and reflection on where to allocate this issue between the IHR and the pandemic agreement).

*Article 8 Consultation*

In the case of events occurring within its territory not requiring notification as provided in Article 6, ~~in particular those events for which there is insufficient information available to complete the decision instrument~~, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. **However, where available information is insufficient to complete the decision instrument in Annex 2, a State Party shall keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures within 72 hours of the National IHR Focal Point receiving the relevant information**. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.

*Article 9: Other Reports*

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. ~~Before~~

~~taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end,~~ WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.

(…)

**3. (New wording) In the recommendations made to the States Parties regarding the collection, processing and dissemination of health information, WHO could advise the following:**

**(a) To follow the WHO guidelines on criteria and analogous modes of processing and treating health information**

*Article 10 Verification*

1. **Within 24 hours of receiving the information,** WHO shall request, ~~in accordance with Article 9~~ **as soon as possible or within a specific time** verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.

2. Pursuant to the foregoing paragraph ~~and to Article 9~~ , each State Party, when requested by WHO, shall verify and provide:

(a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;

(b) within 24 hours, available public health information on the status of events referred to in WHO's request; and

(c) information to WHO in the context of an assessment under Article 6, including relevant information as described **in paragraphs 1 and 2 of** that Article.

3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall**, as soon as possible or within a specific time** offer **within 24 hours** to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

**3bis. Within 24 hours of receiving a WHO offer of collaboration, the State Party may request additional information supporting the offer. WHO shall provide such information within 24 hours. When 48 hours have elapsed since the initial WHO offer of collaboration, failure by the State Party to accept the offer of collaboration shall constitute rejection for the purposes of sharing available information with States Parties under Paragraph 4 of this section.**

4. If the State Party does not accept the offer of collaboration **within 48 hours**, WHO ~~may~~ **shall**, when justified by the magnitude of the public health risk, **immediately** share with other States Parties

the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO~~, taking into account the views of the State Party concerned.~~

*Article 11 ~~Provision of information by WHO~~* ***~~Exchange of information~~***

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant **UN and** ~~intergovernmental~~ **international and regional** organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive **or which is available in the public domain,** / ALT **or which is otherwise available and whose validity is appropriately assessed by WHO** and which is necessary to enable States Parties to respond to a public health risk. WHO ~~should~~ **shall** communicate information to other States Parties that might help them in preventing the occurrence of similar incidents. **For this purpose, WHO shall facilitate the exchange of information between States Parties and ensure that the Event Information Site For National IHR Focal Points offers a secure and reliable platform for information exchange among the WHO and States Parties and allows for interoperability with relevant data information systems.**

2. WHO shall use information received under Articles 6, ~~and~~ 8 and ~~paragraph 2 of Article~~ 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall ~~not~~ make this information generally available to other States Parties, ~~until such time as~~ **when**:

(a) the event is determined to constitute a public health emergency of international concern, **a public health emergency of regional concern, or warrants an intermediate public health alert**, in accordance with Article 12; or

(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or

(c) there is evidence that:

(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or

(ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or

(d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.

**(e) WHO determines it is necessary that such information be made available to other States Parties to make informed, timely risk assessments.**

3. WHO shall ~~consult with~~ **inform** the State Party in whose territory the event is occurring as to its intent to make information available under this Article.

**New 3 bis: State Parties receiving information from WHO pursuant to this provision shall not use it for conflict and violence purposes. State Parties shall also handle the information in a manner designed to avoid establishments, personals, non-state actors or any recipient whatsoever engaging**

**directly or indirectly with conflict and violence elements, from accessing such information, directly or indirectly.**

4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO ~~may also~~ **shall** make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

**New 5. WHO shall annually report to the Health Assembly on all activities under this Article, including instances of sharing information that has not been verified by a State Party on whose territory an event that may constitute a public health emergency of international concern is or is allegedly occurring with States Parties through alert systems.**

**New para 5 – The Director-General shall report to the World Health Assembly on all activities under this article as part of their report pursuant to Article 54, including instances of information that has not been verified by a State Party in accordance with article 10.**

*Article 12 Determination of a public health emergency of international concern* ***public health emergency of regional concern, or intermediate health alert***

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a **potential or actual** public health emergency of international concern is occurring, the Director-General shall **notify all States Parties and seek to** consult with the State Party in whose territory the event arises regarding this preliminary determination **and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee")**. If the Director-General **determines that the event constitutes a public health emergency of international concern,** ~~and the State Party are in agreement regarding this determination~~, the Director-General shall **notify all the States Parties**, in accordance with the procedure set forth in Article 49, seek the views of ~~the Committee established under Article 48 (hereinafter the~~ "Emergency Committee") on appropriate temporary recommendations.

~~3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.~~

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

(a) information provided by the State Party**, by other States Parties, available in the public domain, or otherwise available under Articles 5–10**;

(b) the decision instrument contained in Annex 2;

(c) the advice of the Emergency Committee;

(d) scientific principles as well as the available scientific evidence and other relevant information; and

(e) an assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

**4bis. The PHEIC declaration is not designed to mobilise funds in the case of an emergency event. The Director-General should use other mechanisms for this purpose**.

5. If the Director-General, following consultations with the **Emergency Committee and relevant States Parties** ~~the State Party within whose territory the public health emergency of international concern has occurred~~, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49. **If there is still a need for recommendations, he should consider convening the Review Committee to advise on issuing standing recommendations in accordance with Articles 16 and 53.**

**New para 6: Where an event has not been determined to meet the criteria for a public health emergency of international concern, but the Director-General has determined it requires heightened international awareness and a potential international public health response, the Director-General, on the basis of information received, may determine at any time to issue an intermediate public health alert to States Parties and may consult the Emergency Committee in a manner consistent with the procedure set out in Article 49.**

**New para 6: Where an event has not been determined to meet the criteria for a public health emergency of international concern, but the Director-General has determined it requires heightened international awareness and preparedness activity, the Director-General, on the basis of information received, may determine at any time to issue a World Alert and Response Notice to States Parties and may seek advice from the Emergency Committee in a manner consistent with the procedure set out in Article 49.**

**NEW (6) The Director-General, if the event is not designated as a public health emergency of international concern, based on the opinion/advice of the Emergency Committee, may designate the event as having the potential to develop into a public health emergency of international concern, communicate this and the recommended measures to States parties in accordance with procedures set out in Article 49.**

**New para 6. The Director-General may determine that an event constitutes a regional public health emergency of international concern or an intermediate public health emergency of international concern and provide guidance to the Parties as appropriate. Such determination shall be in accordance with the process set out in this Article for the determination of a public health emergency of international concern.**

**New 6. Immediately after the determination of PHEIC, the activities of WHO in relation to such PHEIC shall be in accordance with the provisions of these Regulations. The Director General shall report all the activities carried out by WHO, including references to the corresponding provisions of these Regulations pursuant to Article 54.**

**New 7. A Regional Director may determine that an event constitutes a public health emergency of regional concern and provide related guidance to States Parties in the region either before or**

**after notification of an event that may constitute a public health emergency of international concern is made to the Director-General, who shall inform all States Parties.**

**New 6. Immediately after the determination of PHEIC, the activities of the WHO in relation to such PHEIC, including through partnerships or collaborations, shall be in accordance with the provisions of these Regulations. The Director General shall report all the activities carried out by WHO, including references to the corresponding provisions of these Regulations in pursuance to Article 54.**

**New 7. In case of any engagement with non-State actors in WHO's public health response to PHEIC situation, WHO shall follow the provisions of Framework for Engagement of Non-State Actors (FENSA). Any departure from FENSA provisions shall be consistent with paragraph 73 of FENSA.**

**New 7. A Regional Director may determine that an event constitutes a public health emergency of regional concern or issue an intermediate health alert and implement related measures to provide advice and support for capacity-building to States Parties in the region either before or after notification of the event. If the event meets the criteria for a public health emergency of international concern after the notification of the event that constitutes a public health emergency of regional concern, the Director-General shall inform all States Parties.**

*Article 13 Public health response*

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities. **Developed State Parties and WHO shall offer assistance to developing State Parties depending on the availability of finance, technology and know-how for the full implementation of this article, in pursuance of the Article 44.**

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall ~~make the decision~~ **refer the issue to World Health Assembly which will then take a decision on the same**, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

**2bis. WHO shall provide to State Parties standardized forms for collaboration in the implementation of collaboration as provided in paragraph 1(a) of the Article 44 to facilitate State Parties' mutual collaboration essential for the effective implementation of public health response.** [1]

[1] In revised submission received on 28 October 2022, the submitting State Party proposes the following edits to 2bis: **2bis. WHO shall provide to States Parties standardized forms for facilitating the implementation of collaboration as provided in paragraph 1(a) of Article 44 to facilitate States Parties' mutual collaboration, which is essential for the effective implementation of public health response.**

3. ~~At the request of a State Party~~, WHO shall ~~collaborate~~ **articulate clearly defined assistance to a State Party offer assistance to a State Party** in the response to public health risks and other events by providing technical guidance**, health products, technologies, know-how, deployment of civil medical personals,** and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary**, and if required cooperate with said Member State in seeking support and international financial assistance to facilitate the containment of the risk at source. The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which WHO shall share with other States Parties. The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which the WHO shall share with other States Parties. WHO will also share any request for assistance by the affected State party that could not be met by WHO.**

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it ~~may~~ **shall** offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer. **The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which WHO shall share with other States Parties. Regarding on-site assessments, in compliance with its national law, a State Party shall make reasonable efforts to facilitate short-term access to relevant sites; in the event of a denial, it shall provide its rationale for the denial of access.**

5. When requested by WHO, States Parties ~~should~~ **shall** provide, to the extent possible, support to WHO-coordinated response activities**, including supply of health products and technologies, especially diagnostics and other devices, personal protective equipment, therapeutics, and vaccines, for effective response to PHEIC occurring in another State Party's jurisdiction and/or territory, capacity building for the incident management systems as well as for rapid response teams. Any State Party unable to fulfil such requests shall inform the reasons for the same to WHO and the Director General shall include the same in the report submitted to WHA under Article 54 of these Regulations. , including supply of health products and technologies especially diagnostics and other devices, therapeutics, and vaccines for effective response to PHEIC.**

(…)

**New 7. Measures taken by States Parties shall not create barriers to or compromise the abilities of the other States Parties to effectively respond to public health emergency of international concern, unless exceptional circumstance warrant such measures. States Parties whose abilities to respond are affected by the measures taken by other State party shall have the right to enter into consultation with the State Party implementing such measures to find a solution at the earliest considering the country interest.**

**New 7. In case of any engagement with non-State actors in WHO's public health response to PHEIC situation, WHO shall follow the provisions of Framework for Engagement of Non-State Actors (FENSA). Any departure from FENSA provisions shall be consistent with paragraph 73 of FENSA.**

***NEW Article 13A WHO Led International Public Health Response***

**1. States Parties recognize WHO as the guidance and coordinating authority of international public health response during public health Emergency of International Concern and undertake to follow WHO's recommendations in their international public health response.**

**2. WHO shall carry out an assessment of the availability and affordability of the heath products such as diagnostics, therapeutics, vaccines, personal and protective equipment and other tools required for responding to public health emergencies of international concern, including the potential increase in supply resulting form the surge and diversification of production and in cases of expected shortage of supply, WHO shall develop and allocation plan for health products so as to ensure equitable access to people of all States Parties.**

**3. WHO shall, in its allocation plan for health products, inter alia identify and prioritize the recipients of health products, including health workers, frontline workers and vulnerable populations, and determine the required quantity of health care products for effective distribution to the recipients across States Parties.**

**4. Upon request of WHO, States Parties with the production capacities shall undertake measures to scale up production of health products, including through diversification of production, technology transfer and capacity building especially in the developing countries.**

**5. Upon request of WHO, States Parties shall ensure the manufacturers within their territory supply the requested quantity of the health products to WHO or other States Parties as directed by WHO in a timely manner in order to ensure effective implementation of the allocation plan.**

**6. WHO shall develop and maintain a database containing details of the ingredients, components, design, know-how, manufacturing process, or any other information required to facilitate manufacturing of health products required for responding to the potential public health emergencies of international concern. Within two years of the entry into force of this provision, WHO shall develop this database for all PHEICs declared so far, including for the diseases identified in the IHR 1969.**

**7. In accordance with the provisions of these Regulations and in particular Article 13A (1), shall collaborate with other international organizations, and other stakeholders consistent with the provisions of FENSA, for responding to public health emergency of international concern. WHO shall report all its engagement with other stakeholders to the Health Assembly. The Director-general shall provide documents and information relating to such engagements upon request of States Parties.**

***New Article 13A: Access to Health Products, Technologies and Know-How for Public Health Response***

**1. Immediately after the determination of a public health emergency of international concern under Article 12, the Director General shall make an immediate assessment of availability and affordability of required health products and make recommendations, including an allocation mechanism, to avoid any potential shortages of health products and technologies pursuant to Article 15 or 16 as appropriate.**

**2. States Parties shall co-operate with each other and WHO to comply with such recommendations pursuant to paragraph 1 and shall take measures to ensure timely availability and affordability of required health products such as diagnostics, therapeutics, vaccines, and other medical devices required for the effective response to a public health emergency of international concern.**

**3. States Parties shall provide, in their intellectual property laws and related laws and regulations, exemptions and limitations to the exclusive rights of intellectual property holders to facilitate the manufacture, export and import of the required health products, including their materials and components.**

**4. States Parties shall use or assign to potential manufacturers, especially from developing countries, on a non-exclusive basis, the rights over health product(s) or technology(ies), when the same is/are obtained in the course of research wholly or partially funded by public sources, and is/are identified as required health product(s) or technology(ies) to respond to a PHEIC, with a view to ensure equitable, timely availability and affordability through diversification of production.**

**5. Upon request of a State Party, other States Parties or WHO shall rapidly cooperate and share relevant regulatory dossiers submitted by manufacturers concerning safety and efficacy, and manufacturing and quality control processes, within 30 days. The dossiers received by a requesting State Party shall be solely used by their regulatory authorities and manufacturers designated by the requesting State Party for the purposes of accelerating the manufacture and supply of product(s) or technology(ies) as well as expediting their regulatory approval. Requesting State Party shall take measures to prevent designated manufacturer(s) from disclosing such information to a third-party(ies) except for the purposes of producing and supplying any materials or components to the manufacturer(s) under a contract with non-disclosure provisions.**

**6. WHO shall take measures to ensure availability and accessibility through the local production of required health products including:**

**(a) develop and publish a list of required health products,**

**(b) develop and publish specifications for the production of required health products,**

**(c) develop appropriate regulatory guidelines for the rapid approval of health products of quality including development of immunogenicity co-relative protection (ICP) for vaccines,**

**(d) establish a database of raw materials and their potential suppliers,**

**(e) establish a repository for cell-lines to accelerate the production and regulatory of similar biotherapeutics products and vaccines,**

**(f) review and regularly update WHO Listed Authorities so as to facilitate appropriate regulatory approvals,**

**(g) any other measures required for the purposes of this provision.**

**7. The States Parties shall take measures to ensure that the activities of non-state actors, especially the manufacturers and those claiming associated intellectual property rights, do not conflict with the right to the highest attainable standard of health and these Regulations and are in compliance with measures taken by the WHO and the States Parties under this provision, which includes:**

**(a) to comply with WHO recommended measures including allocation mechanism made pursuant to paragraph 1.**

**(b) to donate a certain percentage of their production at the request of WHO.**

**(c) to publish the pricing policy transparently.**

**(d) to share the technologies, know-how for the diversification of production.**

**(e) to deposit cell-lines or share other details required by WHO repositories or database established pursuant to paragraph 5.**

**(f) to submit regulatory dossiers concerning safety and efficacy, and manufacturing and quality control processes, when called for by the States Parties or WHO.**

*Article 15 Temporary recommendations*

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, **or the event has a potential to become PHEIC,** the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

2. **Temporary recommendations should be as evidence-based, concise and operational as possible, and refer to existing guidance and international technical standards, when appropriate**. Temporary recommendations may include **the deployment of expert teams, as well as** health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic **and recommendations on the access and availability of health products, technologies, and know-how, including an allocation mechanism for their fair and equitable access**.

(…)

**New Para 2 bis: Temporary recommendations should be evidence based as per real time risk assessment of a potential or declared PHEIC, and the immediate critical gaps to be addressed for an optimal public health response, that shall be fair and equitable. The recommendations based on these assessments shall include:**

**(a) support by way of epidemic intelligence surveillance, laboratory support, rapid deployment of expert teams, medical countermeasures, finance as well as other requisite**

**health measures to be implemented by the State Party experiencing the Public Health Emergency of International Concern, or**

**(b) prohibitive recommendations to avoid unnecessary interference with international traffic and trade.**

(…)

*Article 16 Standing recommendations*

WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic **and recommendations on the access and availability of health products, technologies, and know how, including an allocation mechanism for their fair and equitable access**. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.

*Article 17 Criteria for recommendations*

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

(a) the views of the States Parties directly concerned;

(b) the advice of the Emergency Committee or the Review Committee, as the case may be;

(c) scientific principles as well as available scientific evidence and information;

(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;

(e) relevant international standards and instruments;

**New para (e1): Equitable access to and distribution of medical countermeasures i.e. vaccines, therapeutics and diagnostics for optimal public health response.**

(f) activities undertaken by other relevant intergovernmental organizations and international bodies; and

(g) other appropriate and specific information relevant to the event.

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.

*Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels*

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis;
- place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:

- no specific health measures are advised;
- review manifest and routing;
- implement inspections;
- review proof of measures taken on departure or in transit to eliminate infection or contamination;
- implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
- the use of specific health measures to ensure the safe handling and transport of human remains;
- implement isolation or quarantine;

- seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and

- refuse departure or entry.

- **ensure mechanisms to develop and apply a traveller's health declaration in international public health emergency of international concern (PHEIC) to provide better information about travel itinerary, possible symptoms that could be manifested or any prevention measures that have been complied with such as facilitation of contact tracing, if necessary**

**New para 3: In developing recommendations, the Director-General shall consult with relevant international agencies such as ICAO, IMO and WTO in order to avoid unnecessary interference with international travel and trade, as appropriate.**

**New 3. In Issuing such recommendation: The WHO should consult with other relevant international organization such as ICAO, IMO, WTO to avoid unnecessary interference with international travel and trade, such as the movement of essential health care workers and medical products and supplies.**

**New 4. In implementing such recommendation: State Parties shall take into consideration their obligations under relevant international law when facilitating essential health care workers movement, ensuring protection of supply chains of essential medical products in PHEIC, and repatriating of travellers.**

**NEW (3) Where States parties impose trave and/or goods and cargo restrictions, WHO may recommend that these measures not apply to movement of health personnel travelling to the State Party)ies) for a public health response and to the transport of medical immunobiological products needed for a public health response**.

**New 3. In developing temporary recommendations, the Director-General shall consult with relevant international agencies such as ICAO, IMO and WTO in order to avoid unnecessary interference with international travel and trade, as appropriate. Additionally, temporary recommendations should allow for the appropriate exemption of essential health care workers and essential medical products and supplies from travel and trade restrictions.**

**New 4: In implementing health measures pursuant to these Regulations, including Article 43, States Parties shall make reasonable efforts, taking into account relevant international law, to ensure that:**

**(a) contingency plans are in place to ensure that health care worker movement and supply chains are facilitated in a public health emergency of international concern;**

**(b) travel restrictions do not unduly prevent the movement of health care workers necessary for public health responses;**

**(c) trade restrictions make provision to protect supply chains for the manufacture and transport of essential medical products and supplies; and**

**(d) <u>the repatriation of travelers is addressed in a timely manner, given evidence-based measures to prevent the spread of diseases.</u>**

*Article 19 General obligations*

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;

(b) identify the competent authorities at each designated point of entry in its territory; and

(c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

**<u>New (d): The development of "bi-national" contingency plans with minimum content for the inclusion in plans of action where two countries share a border, for public health emergencies of international concern (PHEIC).</u>**

*Article 23 Health measures on arrival and departure*

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, **<u>whether in paper based or digital format,</u>** on arrival or departure:

(a) with regard to travellers:

(i) information concerning the traveller's destination so that the traveller may be contacted;

(ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations **<u>including documents containing information for a lab test in digital or physical format including documents containing information on a laboratory test for a pathogen and/or information on vaccination against a disease, including those provided at the request of the State Party in digital /electronic form</u>**; and/or

(iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;

(b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.

(…)

**<u>New 6. Documents containing information concerning traveller's destination (hereinafter Passenger Locator Forms, PLFs) should preferably be produced in digital form, with paper form as a residual option. Such information should not duplicate the information the traveller already</u>**

**submitted in relation to the same journey, provided the competence authority can have access to it for the purpose of contact tracing. The Health Assembly may adopt, in cooperation with the International Civil Aviation Organization (ICAO) and other relevant organisations, the requirements that documents in digital or paper form shall fulfil with regard to interoperability of information technology platforms, technical requirements of health documents, as well as safeguards to reduce the risk of abuse and falsification and to ensure the protection and security of personal data contained in such documents. Documents meeting such requirements shall be recognized and accepted by all Parties. Specifications and requirements for PLFs in digital or paper form shall take into account existing widely used systems established at the regional or international level for the issuance and verification of documents. Parties which are low and lower middle-income countries shall receive assistance in accordance with Article 44 for the implementation of this provision.**

*Article 24 Conveyance operators*

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

(a) comply with the health measures recommended by WHO and adopted by the State Party;

(b) inform travellers of the health measures recommended by WHO and adopted by the State Party for application on board; and

(c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.

**(d) implement quarantine promptly on board as necessary.**

(…)

*Article 27 Affected conveyances*

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

(a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and

(b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation of the conveyances, **and demand the conveyance operators, the pilot in command of the aircraft or the officer in command of the ship to take practicable measures on the conveyances** as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

*Article 28 Ships and aircraft at points of entry*

(…)

2. Subject to Article 43 or as provided in applicable international agreements, ships or aircraft shall not be refused *free* **or a controlled** *pratique* by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of *free* **or a controlled** *pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination.

(…)

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority. **The competent authority for the port or airport which received information pursuant to this paragraph may notify the health measures applicable to a ship or an aircraft as necessary.**

*Article 31 Health measures relating to entry of travellers*

1. Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis **whether in paper based or digital format**:

(a) when necessary to determine whether a public health risk exists;

(b) as a condition of entry for any travellers seeking temporary or permanent residence;

(c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or

(d) which may be carried out pursuant to Article 23.

(…)

*Article 35 General rule*

No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers, provided that they

meet the requirements set out in Article 23. **Digital health documents must incorporate means to verify their authenticity via retrieval from an official web site, such as a QR code.**

**2. Health documents may be produced in digital or paper form, subject to the approval by the Health Assembly of the requirements that documents in digital form have to fulfil with regard to interoperability of information technology platforms, technical requirements of health documents, as well as safeguards to reduce the risk of abuse and falsification and to ensure the protection and security of personal data contained in the health documents. Health documents meeting the conditions approved by the Health Assembly shall be recognized and accepted by all Parties. Specifications and requirements for certificates in digital form shall take into account existing widely used systems established at the international level for the issuance and verification of digital certificates. Parties which are low and lower middle-income countries shall receive assistance in accordance with article 44 for the implementation of this provision.**

*Article 36 Certificates of vaccination or other prophylaxis*

1. Vaccines and prophylaxis for travellers administered pursuant to these Regulations, or to recommendations and certificates relating thereto, shall conform to the provisions of Annex 6 and, when applicable, Annex 7 with regard to specific diseases.

2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7, shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area, unless the competent authority has verifiable indications and/or evidence that the vaccination or other prophylaxis was not effective.

**3. Other types of proofs and certificates may be used by Parties to attest the holder's status as having a decreased risk of being the disease carrier, particularly where a vaccine or prophylaxis has not yet been made available for a disease in respect of which a public health emergency of international concern has been declared. Such proofs may include test certificates and recovery certificates. These certificates may be designed and approved by the Health Assembly according to the provisions set out for digital vaccination or prophylaxis certificates, and should be deemed as substitutes for, or be complementary to, the digital or paper certificates of vaccination or prophylaxis.**

*Article 42 Implementation of health measures*

Health measures taken pursuant to these Regulations**, including the recommendations made under Article 15 and 16,** shall be initiated and completed without delay **by all State Parties**, and applied in a transparent**, equitable** and non-discriminatory manner. **State Parties shall also take measures to ensure Non-State Actors operating in their respective territories comply with such measures.**

*Article 43 Additional health measures*

1. These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:

(a) achieve the same or greater level of health protection than WHO recommendations; or

(b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1(c) of Article 31 and Article 33, provided such measures are otherwise consistent with these Regulations.

Such measures **shall be based on regular risk assessments, provide a proportionate response to the specific public health risks, be reviewed on a regular basis and** shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would ~~achieve~~ attain the ~~appropriate~~ **highest achievable** level of health protection.

2. In determining whether to implement the health measures referred to in paragraph 1 of this Article or additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2(c) of Article 31, States Parties shall base their determinations upon:

(a) scientific principles;

(b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and

(c) any available specific guidance or advice from WHO.

3. A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it. WHO shall share this information with other States Parties and shall share information regarding the health measures implemented. For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.

**New 3 bis. A State Party implementing additional health measures referred to in paragraph 1 of this Article shall ensure such measures generally do not result in obstruction or cause impediment to the WHO's allocation mechanism or any other State Party's access to health products, technologies and knowhow, required to effectively respond to a public health emergency of international concern. States Parties adopting such exceptional measures shall provide reasons to WHO.**

4. After assessing information **and public health rationale** provided pursuant to paragraph 3**, 3bis** and 5 of this Article and other relevant information **within two weeks**, WHO ~~may request that~~ **shall make recommendations to** the State Party concerned ~~reconsider~~ **to modify or rescind** the application of the **additional health** measures **in case of finding such measures as disproportionate or excessive.**
**The Director General shall convene an Emergency Committee for the purposes of this paragraph.**

(…)

6. ~~A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.~~ **Recommendations made pursuant to paragraph 4 of this Article shall be implemented by the State Party concerned within two weeks from the date of recommendation. State Party concerned may approach WHO, within 7 days from the date of recommendations made under paragraph 4 of this Article, to reconsider such recommendations. Emergency Committee shall dispose the request for reconsideration within 7 days and the decision made on**

**the request for reconsideration shall be final. The State Party concerned shall report to the implementation committee established under Article 53A on the implementation of the decision.**

7. Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution. **Parties taking measures pursuant to paragraphs 1 and 2 of this Article shall endeavour to ensure that such measures are compatible with measures taken by other Parties in order to avoid unnecessary interference with international traffic and trade while ensuring the highest achievable level of health protection. To this end, at the request of the Director-General or of any Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article, Parties so requested shall undertake consultations either bilaterally, multilaterally or at the regional level as the case may be. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measures and to find a mutually acceptable solution. The Director-General or WHO Regional Directors on his or her behalf shall:**

**(a) facilitate those consultations and propose modalities for their conduct;**

**(b) review the evidence and information supplied by the Parties;**

**(c) provide his or her views on the necessity and proportionality of the measures in question and, as appropriate, make suggestions or proposals on a mutually acceptable solution;**

**(d) report to the Health Assembly on the conduct and outcome of consultations, with particular regard to general challenges and problems revealed by them.**

(…)

*Article 44 Collaboration and assistance*

1. States Parties shall ~~undertake to~~ collaborate with **and assist** each other**, in particular developing counties States Parties, upon request,** ~~to the extent possible~~, in:

**new (a) strengthening regional planning, preparedness and response, in close cooperation with WHO Regional Offices and relevant international and regional organizations;**

(a) the detection and assessment of, and response to, events as provided under these Regulations;

(b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations **and in particular as provided in Annex 1**;

(c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; and **to establish an international financial mechanism for providing financial assistance to developing countries in the development, strengthening and maintenance of core capacities required under these Regulation sand functioning health systems resilient to the public health emergencies.**

**(c) (New) building capacity to identify emerging public health threats, including through laboratory methods and genome sequencing;**

**(c) (new) strengthening capacity to identify health threats including through surveillance, research and development cooperation, technological and information sharing.**

**(e) (new) collaborating with each other, with WHO, the medical and scientific community, laboratory and surveillance networks, to facilitate timely, safe, transparent and rapid exchange of specimens and generic sequence data for pathogens with the potential to cause pandemics and epidemics or other high-risk situations, given the relevant national and international laws, regulations, commitments and principles, including, as appropriate, the Convention on Biological Diversity, the Pandemic Influenza Preparedness Framework, and the importance of rapidly securing access to human pathogens for public health preparedness and taking response measures**

**(f) (new) strengthening cooperation and establishing mechanisms for upgrading coordinating and explaining in contiguous territories programs on health issues that are recognized of being common interest in terms of appropriate response to health risks and emergencies of international concern**

**(g) (new) developing recommendations and guidance on the use of the digital technologies to improve and modernize communication for preparedness and response to health emergencies, including to better meet the obligations of these Rules**

**(h) (new)in countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information**

(i) (d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.

**(f) (new) facilitating the provision of equitable access to medical countermeasures**

**New (e) providing equitable access to health products such as diagnostics, therapeutics, vaccines, PPE equipment and other tools required for responding to public health emergencies of international concern to frontline workers, vulnerable populations and general population of all countries in order, as well as in prioritizing access to such health products for health workers of all countries in rolling out distribution plans**

2. WHO shall collaborate with **and promptly assist** States Parties, **in particular developing countries** upon request, ~~to the extent possible~~, in:

(a) the evaluation and assessment of their public health capacities in order to facilitate the effective implementation of these Regulations;

(b) the provision or facilitation of technical cooperation and logistical support to States Parties; and

**(c) (New) implementation of the timely, secure and transparent exchange of samples and genetic sequence data of pathogens capable of causing pandemics and epidemics or other**

**high-risk situations, taking into account relevant national and international legal provisions, rules, obligations and principles, including these Regulations, as appropriate, the Convention on Biological Diversity, and the importance of rapid access to information on human pathogens for public health preparedness and response;**

**(d) (New) application of digital technologies to improve and upgrading communications for health emergency preparedness and response, including through the development of an interoperability mechanism for secure global digital exchange of health information;**

**(e) (New) countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information;**

(f)(c) the mobilization of financial resources to support developing countries in building, strengthening and maintaining the capacities provided for in Annex 1 **and Annex 6 through the financial mechanism established under Article 44A and to establish an international financial mechanism for providing financial assistance to developing countries State Parties for the said purpose**;

**(g) (New) support to States Parties in enhancing reporting capabilities in accordance with the requirements of these Regulations, including the simplification and harmonization of reporting processes by States Parties;**

**(h) (New) facilitation of the development of national public health emergency response plans by developing, disseminating and updating policy documents and technical guidance, training materials, data and science to enable response;**

**(i) (New) strengthening the capacity of Focal Points, including through regular and targeted training events and workshops, consultations;**

**(j) (New) ensuring that differences in contexts and priorities among different States Parties, respect for their sovereignty, including health system strengthening, are taken into account when developing recommendations and supporting their implementation by WHO in order to improve pandemic preparedness and effective response for public health emergencies.**

**New (d) the formulation of laws and other legal and administrative provisions for the implementation of these Regulations;**

**New (e) training health and supportive workforce in the implementation of these Regulations;**

**New (f) the facilitation of accessibility and affordability of health products, including sharing of technologies and know-how, establishment and maintenance of the local production and distribution facilities.**

**New (d) in providing equitable access to health products such as diagnostics, therapeutics, vaccines, personal protective equipment and other tools required for responding to public health emergencies of international concern to frontline workers, vulnerable populations and general public of all countries in order, as well as in prioritizing access to such health**

**products for health workers of all countries in rolling out distribution plans and production capacity.**

3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies **and if undertaken shall be reported to Health Assembly through the report submitted under Article 54**.

**New 4. WHO shall develop an evaluation matrix for assessing the contributions of States Parties to the international coordination of public health preparedness and response to health emergencies and shall make the results of such assessments publicly available within five years of entry into force of the provision, and thereafter every three years**

**New 4. The WHO, in collaboration with other international organizations as appropriate, shall provide assistance in the organization of the collaboration provided for in this Article, with particular regard to the needs of the Parties which are low or lower-middle income countries. The Parties and WHO shall report on the results obtained to the Health Assembly at least every two years.**

***New Article 44A - Financial Mechanism for Equity in Health Emergency Preparedness and Response***

**1. A mechanism shall be established for providing the financial resources on a grant or concessional basis to developing countries. Such financial mechanism shall provide the financial assistance to achieve the following purposes:**

**(i) building, developing, strengthening, and maintaining of core capacities mentioned in Annex 1;**

**(ii) strengthening of Health Systems including its functioning capacities and resilience;**

**(iii) building, developing and maintaining research, development, adaptation, production and distribution capacities for health care products and technologies, in the local or regional levels as appropriate.**

**(iv) addressing the health inequities existing both within and between States Parties such that health emergency preparedness and response is not compromised;**

**2. The WHA shall make arrangements to implement the above-mentioned provisions, within 24 months of the adoption of this provision, reviewing and taking into existing availability of funds and WHO arrangements for health emergency preparedness and response and whether they shall be maintained. Every four years thereafter, the WHA shall review the financial mechanism and take appropriate measures to improve the functioning of the mechanism. WHA shall also ensure that the financial mechanism functions under the guidance of and be accountable to States Parties, which shall decide on its policies, programme priorities and eligibility criteria.**

*Article 45 Treatment of personal data*

(…)

2. Notwithstanding paragraph 1, States Parties may **disclose to only internal and relevant personnel** and process **and disclose** personal data where essential for the purposes of assessing and managing a public health risk. **In the case where disclosure of personal data is essential for such purposes, State Parties should obtain consent from the State Party which provided the information. When processing and/or disclosing personal data,** State Parties, in accordance with national law, and WHO must ensure that the personal data are:

(a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;

(b) adequate, relevant and not excessive in relation to that purpose;

(c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and

(d) not kept longer than necessary.

(…)

**New Para 4: WHO receiving personal data, and States Parties receiving personal data from other States Parties, shall process the data in a manner such that the data is not duplicated or stored without the permission of the provider States Party.**

*Article 48 Terms of reference and composition*

1. The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:

(a) whether an event constitutes a public health emergency of international concern, **based on Articles 1, 2 and 12.4."**;

(b) the termination of a public health emergency of international concern; and

(c) the proposed issuance, modification, extension or termination of temporary recommendations.

2. The Emergency Committee shall be composed of experts **free from the conflict of interests selected** by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization, **as well as Regional Directors from any impacted region**. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable **age, gender, and** geographical representation **and gender balance and require training in these Regulations before participation. The WHO, including through the WHO Academy, shall provide them with support as appropriate.** ~~At least one member~~ **Members** of the Emergency Committee should ~~be an~~ **include at**

**least one** expert nominated by ~~a~~ **the** State Party within whose territory the event arises**, as well as experts nominated by other affected States Parties. For the purposes of Articles 48 and 49, an "affected State Party" refers to a State Party either geographically proximate or otherwise impacted by the event in question**.

3. The Director-General may, on his or her own initiative or at the request of the Emergency Committee, appoint one or more technical experts **free from the conflict of interests** to advise the Committee.

*Article 49 Procedure*

(…)

2. The Director-General shall provide the Emergency Committee with ~~the~~ **a detailed** agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance**. The agenda should include a recurrent set of standard items for consideration of the Emergency Committee aimed at ensuring specificity, completeness and coherence of the advice provided.**

(…)

**3 bis If the Emergency Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Emergency Committee's report.**

**3 ter The composition of the Emergency Committee and its complete reports shall be shared with Member States.**

4. The Director-General shall invite **affected States Parties, including** the State Party in whose territory the event arises to present ~~its~~ **their** views to the Emergency Committee. To that effect, the Director-General shall notify ~~to it~~ **States Parties of** the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party **in whose territory the event arises** ~~concerned, however~~, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.

(…)

6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public **including the reasons behind such recommendations.**

7. **Affected** States Parties ~~in whose territories the event has occurred~~ may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

**8. After the declaration of a public health emergency of international concern, the Emergency Committee should present its recommendations to relevant WHO bodies dealing with health emergency prevention, preparedness and response, such as the Standing Committee on Health Emergency Prevention, Preparedness and Response.**

***Article 53A - Establishment of an Implementation Committee***

**The State Parties shall establish an Implementation Committee, comprising of all States Parties meeting annually, that shall be responsible for:**

**(a) Considering information submitted to it by WHO and States Parties relating to their respective obligations under these Regulations, including under Article 54 and through the IHR monitoring and Evaluation framework;**

**(b) Monitoring, advising on, and/or facilitating provision of technical assistance, logistical support and mobilization of financial resources for matters relating to implementation of the regulations with a view to assisting States Parties to comply with obligations under these Regulations, with regards to**

**(1) development and maintenance of IHR core capacities;**

**(2) cooperation with WHO and State Parties in responding to outbreaks or events.**

**(c) Promote international cooperation and assistance to address concerns raised by WHO and States Parties regarding implementation of, and compliance with, obligations under these Regulations in accordance with Article 44;**

**(d) Submit an annual report to each Health Assembly**

***NEW Chapter IV (Article 53 bis-quater): The Compliance Committee***

***53 bis Terms of reference and composition***

**1. The State Parties shall establish a Compliance Committee that shall be responsible for:**

**(a) Considering information submitted to it by WHO and States Parties relating to compliance with obligations under these Regulations;**

**(b) Monitoring, advising on, and/or facilitating assistance on matters relating to compliance with a view to assisting States Parties to comply with obligations under these Regulations;**

**(c) Promoting compliance by addressing concerns raised by States Parties regarding implementation of, and compliance with, obligations under these Regulations; and**

**(d) Submitting an annual report to each Health Assembly describing:**

**(i) The work of the Compliance Committee during the reporting period;**

**(ii) The concerns regarding non-compliance during the reporting period; and**

**(iii) Any conclusions and recommendations of the Committee.**

**2. The Compliance Committee shall be authorized to:**

**(a) Request further information on matters under its consideration;**

**(b) Undertake, with the consent of any State Party concerned, information gathering in the territory of that State Party;**

**(c) Consider any relevant information submitted to it;**

**(d) Seek the services of experts and advisers, including representatives of NGOs or members of the public, as appropriate; and**

**(e) Make recommendations to a State Party concerned and/or WHO regarding how the State Party may improve compliance and any recommended technical assistance and financial support.**

**3. The Members of the Compliance Committee shall be appointed by States Parties from each Region, comprising six government experts from each Region. The Compliance Committee shall be appointed for four-year terms and meet three times per year.**

***53 ter. Conduct of business***

**1. The Compliance Committee shall strive to make its recommendations on the basis of consensus.**

**2. The Compliance Committee may request the Director-General to invite representatives of the United Nations and its specialized agencies and other relevant intergovernmental organizations or nongovernmental organizations in official relations with WHO to designate representatives to attend the Committee sessions, where appropriate to address a specific issue under consideration. Such representatives, with the consent of the Chairperson, make statements on the subjects under discussion.**

***53 quater Reports***

**1. For each session, the Compliance Committee shall prepare a report setting forth the Committee's views and advice. This report shall be approved by the Compliance Committee before the end of the session. Its views and advice shall not commit WHO, States Parties, or other entities and shall be formulated as advice to the relevant State Party.**

**2. If the Compliance Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Committee's report.**

**3. The Compliance Committee's report shall be submitted to all States Parties and to the Director-General, who shall submit reports and advice of the Compliance Committee, to the**

**Health Assembly or the Executive Board, as well as any relevant committees, for consideration, as appropriate.**

*Article 54 Reporting and review*

1. States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly.

2. The Health Assembly shall periodically review the functioning of these Regulations. To that end it may request the advice of the Review Committee**,** through the Director-General. The first such review shall take place no later than five years after the entry into force of these Regulations.

3. WHO shall periodically conduct studies to review and evaluate the functioning of Annex 2. The first such review shall commence no later than one year after the entry into force of these Regulations. The results of such reviews shall be submitted to the Health Assembly for its consideration, as appropriate.

**New 4. Apart from providing information to the State Parties and reporting to the Health Assembly in this Article, WHO shall maintain a webpage/ dashboard to provide the details of the activities carried out under the various provisions of these Regulations including Articles 5(3), 12, 13(5), 14, 15, 16, 18, 43, 44, 46, and 49.**

***New Article 54 bis – Implementation***[1]]

**1. The Health Assembly shall be responsible to oversee and promote the effective implementation of these Regulations. For that purpose, Parties shall meet every two years, in a dedicated segment during the regular annual session of the Health Assembly.**

**2. The Health Assembly shall take the decisions and recommendations necessary to promote the effective implementation of these Regulations. To this effect, it shall:**

**(i) consider, at the request of any Party or the Director-General, any matter related to the effective implementation of these Regulations and adopt recommendations and decisions as appropriate on the strengthening of the implementation of these Regulations and improvement of compliance with their obligations;**

**(ii) consider the reports submitted by Parties and the Director-General pursuant to Article 54 and adopt any recommendation of a general nature concerning the improvement of compliance with these Regulations;**

**(iii) regularly assess the implementation of the Regulation by Parties and establish a strengthened review mechanism to that effect, with the aim of continuously improving the implementation of the Regulations by all Parties. In particular, the WHO and its Regional offices, upon request of a Party, which is a low or lower-middle income country, shall**

[1] Note from the State Party submitting the proposal: The proposal for Article 54 bis is without prejudice to the discussions on the governance structure of the Pandemic Agreement. Such institutional elements would need to be considered in a complementary fashion.

**provide or facilitate technical support and assist in the mobilization of resources aimed to implement the recommendations of such a review mechanism to that Party;**

**(iv) promote, as appropriate, the development, implementation and evaluation of strategies, plans, and programmes, as well as policies, legislation and other measures by Parties;**

**(v) cooperate as appropriate with relevant WHO bodies, in particular those dealing with health emergency prevention, preparedness and response;**

**(vi) request, where appropriate, the services and cooperation of, and information provided by, competent and relevant organizations and bodies of the United Nations system and other international and regional intergovernmental organizations and nongovernmental organizations and bodies as referred to in Article 14, as a means of strengthening the implementation of these Regulations;**

**(vii) oversee the implementation by the Secretariat of its functions under these Regulations, without prejudice to the authority of the Director-General under Articles 12, 15 to 17 and 47 to 53;**

**(viii) consider other action, as appropriate, for the achievement of the objective of the Regulations in the light of experience gained in its implementation.**

**3. A Special Committee on the IHR is hereby established, as an expert committee. The Special Committee shall have (…) members, appointed in a manner to ensure equitable regional representation and gender balance. The Special Committee shall assist the Health Assembly in discharging the functions set out in this Article and report to the Assembly.**

**4. The Special Committee shall meet at least (once a year/ twice a year/ every two years/…).**

*Article 56 Settlement of disputes*

(…)

**6. WHO must communicate all complaints by Member States regarding additional measures that have not been notified by any of them or recommended by the Organization;**

**7. Member States that apply the measures referred to in the preceding paragraph must inform WHO in a timely manner of the scientific justification for their establishment and maintenance and WHO must disseminate this information;**

**8. The World Health Assembly must have the opportunity to study the reports of the Review Committee on the relevance and duration of the measures and other data referred to in (a) and (b) included in this paragraph 6 and make recommendations regarding the relevance and continuity of the additional health measures.**

# ANNEX 1

## A. CORE CAPACITY REQUIREMENTS FOR **DISEASE DETECTION,** SURVEILLANCE AND **HEALTH EMERGENCY** RESPONSE

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations **to identify public health risks**, **in accordance with principle 2bis** including with regard to:

(a) their surveillance, reporting, notification, verification, response and collaboration activities; and

(b) their activities concerning designated airports, ports and ground crossings.

**New 1 bis. Developed Countries States parties shall provide financial and technological assistance to the Developing Countries States Parties in order to ensure state-of-the-art facilities in developing countries States Parties, including through international financial mechanism as envisaged in Article 44.**

(…)

3. States Parties and WHO shall support assessments, planning and implementation processes **in building, strengthening, developing and maintaining the core capacities requirements under this Annex in accordance with Article 44. The support of States Parties and WHO shall be in accordance with Annex 10.**

**New 4. State (s) whose existing/ and or strengthened national structures and resources are not able to meet the core capacity requirements within time frame stipulated under para 2, shall be supported by WHO to fill gaps in critical capacities for surveillance, reporting, notification, verification, response.**

4. At the local community level and/or primary public health response

level. The capacities:

(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and

(b) to report all available essential information immediately to the appropriate level of healthcare response. At the community level, reporting shall be to local community healthcare institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, **microbial, epidemiological, clinical and genomic data,** sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and

(c) to implement preliminary control measures immediately.

**(d) to ensure infrastructure, personnel, technologies and access to health-care products especially PPE, diagnostics and other devices, therapeutics, and vaccines and the necessary logistics for their distribution;**

**(e) to engage and promote people's participation such as promotion of awareness and cooperation with control and response measures, social and welfare assistance to affected persons etc;**

**(f) to provide prompt and quality health care to affected persons, with the available resources**

**(g) Implement prevention measures to reduce or contain the disease outbreaks with available resources.**

5. At the intermediate public health response levels

The capacities:

(a) to confirm the status of reported events and to support or implement additional control measures; and

(b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.

**(c) to detect and identify the responsible pathogen(s), investigate the cause, and assess the preliminary risk.**

**(d) to provide support to the local community level or primary health care response level, including**

**(i) laboratory support for detection, diagnosis and epidemiological investigation;**

**(ii) clinical guidance and treatment guidelines;**

**(iii) facilitation of field level public health interventions, if necessary.**

**(iv) assessment of the social and cultural context of populations at risk, gaps and rapid needs and schemes for enhancing capacities as mentioned in paragraph 4(e);**

**(v) information dissemination through socio-culturally appropriate messages and risk communication management;**

**(vi) supply of affordable health care products and technologies, including through effective management of emergency supply chains.**

**(e) to conduct research on cause and origin of disease, symptoms, transmission roots, progression of diseases, diagnosis methods, effective prevention and control of the risks etc.**

**(f) to coordinate, supervise and ensure the provision of prompt and quality health care to affected persons with available resource.**

**(g) to assist in self-sufficiency of emergency medical teams, provide logistics and field support to response teams including secure and comfortable accommodations, functional and secure working spaces and equipment, communications capabilities, safe staff transport and effective fleet management.**

**New 5. Building capacities of the state parties (community level/ intermediate level) after consulting with concerned member state**

**(a) Collaborative surveillance networks to quickly detect public health events at human animal-environmental interface including zoonotic spills and Anti-Microbial resistance within the territory of the State Party;**

**(b) Laboratory networks including that for Genomic sequencing and diagnostics to accurately identify the pathogen/ other hazards.**

**(c) Health emergency response systems to co-ordinate and implement public health response including surge capacity and state party response capacities.**

**(d) Health workforce development to identify, track, test and treat to contain/ control the outbreak/ public health event**

**(e) Support for a Health information management system to report all available essential information immediately to the appropriate level of health-care response, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed;**

**(f) to assess and verify reported events immediately. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.**

**(g) Leverage of communication channels to communicate the risk, countering misinformation and dis-information.**

6. At the national level

*Assessment and notification*. The capacities:

(a) to assess all reports of urgent events within 48 hours; and

(b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

**(c) to isolate, identify, sequence and characterize pathogens, under appropriate biosafety conditions.**

*Public health **preparedness** response*. The capacities:

**(a) Establish governance structure to manage a potential or declared Public Health Emergency of International concern.**

(a) to determine rapidly the control measures required to prevent domestic and international spread;

(b) to provide support through specialized staff, laboratory analysis of samples**, genome sequencing** (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);

(c) to provide on-site assistance as required to supplement local investigations;

(d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;

(e) **Establish co-ordinating mechanism** to provide ~~direct liaison~~ **collaboration** with other relevant government ministries, **sub-national level entities, Country office and Regional Office of WHO, other stakeholders including NGOs and civil society**;

**(d) Leverage digital technology for collaborative surveillance networks, forecasting, laboratory networks including that for genomic sequencing, health emergency response systems, supply chain management and risk communication.**

**(e) to develop epidemiological intelligence to assess potential public health emergency of regional or international concern and determine rapidly the control measures required to prevent domestic and international spread;**

**(f) to support outbreak investigations, laboratory analysis, genomic sequencing of samples (domestically or through collaborating centres) and for quick and timely transportation of biological materials. logistical assistance (e.g. equipment, supplies and transport);**

**(g) to support timely exchange of biological materials and genetic sequence data to WHO, entities under WHO and other State Parties subject to equitable sharing of benefits derived therefrom.**

**(h) Work force development to provide emergency medical teams and specialized Rapid Response Teams including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern;**

**(j) Capacity to research, manufacture and deploy quickly medical countermeasures/ health products to respond to the health event**

**(k) For sustainable financing to develop core capacities and respond to health emergencies.**

(f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;

(g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and

(h) to provide the foregoing on a 24-hour basis.

**(i) to make available affordable health products and any other response materials**

**(j) to access and absorb technologies and knowhow for the production of health care products including diagnostics, therapeutics and vaccines ensuring their timely availability and distribution to the local community level/primary health care response level and intermediate levels**

**(k) to develop clinical guidance, tools, methods and means to meet the specific logistical needs of medical facilities, cold chain management, and laboratories at local community level and/or primary health care response level and intermediary levels.**

**(l) to invest in development of infrastructure, and capacity building of local community level and/or primary health care response level, and intermediary levels to implement control and response measures, including health care services.**

**(m) to provide logistics and field support to response teams including secure and comfortable accommodations, functional and secure working spaces and equipment, communications capabilities, safe staff transport and effective fleet management.**

**(n) to coordinate, supervise and evaluate the provision of prompt and quality health care to affected persons with the available resource.**

**(o) to ensure the implementation of available prevention measure(s) to prevent further transmission, prevent avoidable morbidity, mortality and disability.**

**New 7. Health System Capacities: States shall develop health systems capacities with a view to achieve resilience against health emergency outbreaks, including through**

**(i) state-of-art health care infrastructure and service delivery including scene care and pre-hospital services,**

**(ii) upgradation of tools and methods, trained health workforce with equitable representation of gender, cultural and linguistic groups,**

**(iii) fair and decent working conditions for health workers,**

**(iv) adoption of legal, administrative and technical measures to diversify and increase production of health products,**

**(v)** **improved distribution, and generic substitution for therapeutics,**

**(vi)** **information systems respectful of State Sovereignty over data and privacy of the personal data,**

**(vii)** **financing solutions avoiding catastrophic burdens in the housesholds,**

**(viii)** **national planning and leadership.**

**(ix)** **providing infrastructural facilities at points of entry including appropriate communication and transportation facilities.**

**New 7. Health Systems Capacities: in accordance with principle 2bis, States Parties need to build, develop and maintain health systems capacities resilient to public health emergency of international concern as stated below:**

**(i)** **health-care infrastructure and service delivery: improved number and distribution of health care infrastructure and facilities at the local community level, primary, secondary, and tertiary health care levels to the resilience levels as defined by WHO, including inpatient beds and outpatient visiting slots, geographical accessibility of sch facilities, providing general and specific services.**

**(ii)** **Upgradation of the health-care infrastructure and service: enhance the prompt and quality health care to the affected persons at the local community level and/or primary health care response level and to make available the state-of-the-art health care technologies, advanced tools and methods, acting in coordination with intermediate or national health response level.**

**(iii)** **Health workforce: improved number and distribution of trained health workers at local community level, primary, secondary and tertiary health care levels to the resilience levels as defined by WHO, including and equitable and gender specific, cultural, regional and linguistic representation, availability of generalists and specialists, and adequate yearly replenishment of reinforcement ratio.**

**(iv)** **Health information systems: establishment and maintenance of institutional mechanism in charge of health statistics, synthesis of data from different sources and validation of data from population-based and facility-based sources, periodic health systems performance assessment, health systems resource tracking, immunization coverage and periodic burden of disease studies and its dissemination, subject to national sovereignty of the State Parties and privacy of personal data**

**(v)** **Access to health products: assessment and enhancement of availability and affordability of listed health products including improved agility of the health products listing by national authorities, ease of adoption of legal, administrative and technical measures to diversify and increase production, and improve distribution and generic substitution.**

**(vi)** **Financing: health care service delivery during health emergencies shall not result in catastrophic payments, i.e that households shall not spent more than 10% of their total income on health**

**(vii) Leadership/governance: existence of national health strategy linked to national needs and priorities, including national medicines policy and health emergency preparedness and response plan, periodic updating of the same, and implementation – feedback – follow-up cycle, public confidence building measures and engagement of community participation in both agenda setting and implementation.**

**New 7. At the Global level, WHO shall strengthen capacities to:**

**(a) Provide policy document, guidelines, operating procedures epidemic intelligence, forecasting tools for managing public health emergency of international concern**

**(b) Use evaluation framework in finding critical gaps and support such state parties in attaining the core capacities.**

**(c) Facilitate sharing of Biological materials and genetic sequencing data and transparent subject to equitable access to benefits derived therefrom.**

**(d) Facilitate research, technology transfer, development and timely distribution of health products to manage public health emergencies.**

**(e) Counter misinformation and disinformation**

**(f) Co-ordinate with UN agencies, academia, non-state actors and representatives of civil society.**

**(g) Ensure sustainable financing for managing health emergencies.**

B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS

1. At all times

The capacities:

(a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;

(b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;

(c) to provide trained personnel for the inspection of conveyances;

(d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and

(e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international

concern The capacities:

(a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;

**New (b) to provide surveillance at point of entry and access to laboratory facilities for quick diagnosis of pathogens and other public health hazards.**

(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;

(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;

(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;

(e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;

(f) to apply entry or exit controls for arriving and departing travellers; and

(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

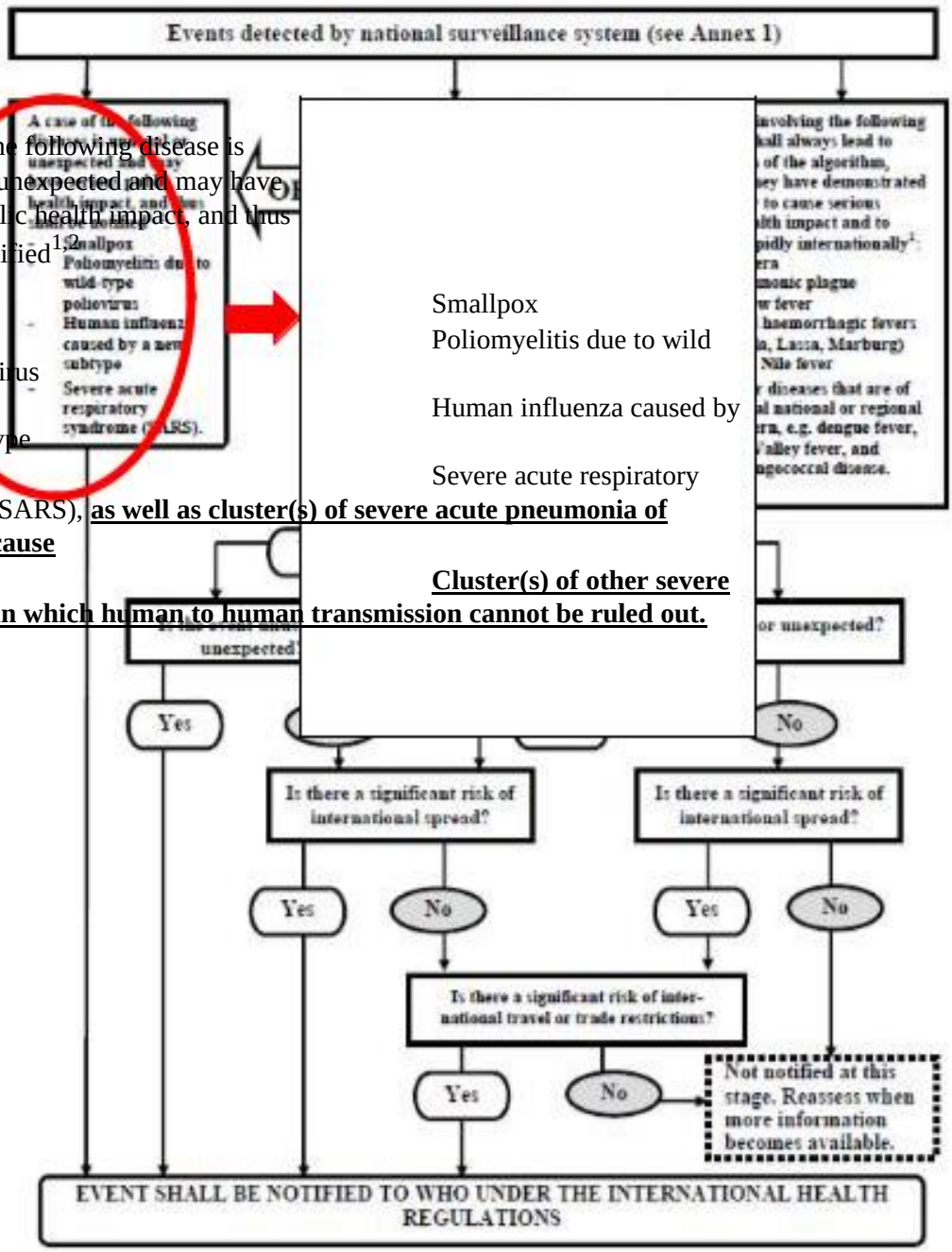
**New (i) to develop the POE work force for surveillance and POE response.**

**New (j) Leverage digital technology for harmonising reporting capabilities and for uniform certification procedures / mutual trust framework / universal credential verification system.**

**New (k) Standard SoPs for Infection prevention and control to be framed and implemented at all POEs**

ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



ANNEX 2

# DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

[The submitting State Party proposes the following model for the evaluation and notification of events that may constitute PHEIC for countries to replace Annex 2]

**Events detected by national surveillance system:**

**Questions in four areas should be considered for the decision, evaluation and notification of events that may constitute a potential PHEIC:**

**l. Geographical scope/ risk of territorial spread**

**1.1 Has the event already been notified in more than one country?**

**l.2 Has the event already been flagged by more than one unit within the national health system?**

**1.3. Has the event been the subject of national alert or international alert (disease contained in a priority list of the IHR)?**

**1.4 Is there a risk of national or intonational spread?**

**2. Characteristics of the event- whether it is rare, reemerging, presents changes in its epidemiological profile and/or has serious health impact**

**2.l. Is the event unexpected or unusual?**

**2.2. Is the event the reemergence of a previously eradicated disease?**

**2.3. Were there changes in the epidemiological clinical profile (levels of incidence, mortality, lethality) or in the alert zone ("Corresponds to the area delimited by the endemic curve itself and by the upper limit in each time unit of the calendar year")?**

**2.4. Does the event present high pathogenicity, virulence and transmissibility?**

**2.5. Is the public health impact of the event serious?**

**3. Healthcare relevance - whether the event risks compromising the delivery of healthcare and/or poses a risk to health professionals**

**3.1. Does the event impair the delivery of healthcare services, for instance, because there is no treatment available or treatment requires the use of controlled medications?**

**3.2. Is there a significant increase in treatment provision or in hospitalizations?**

**3.3. Does the event affect healthcare professionals?**

**4. Social and Economic Relevance - whether the event affects vulnerable populations, has high social impact and/or poses a risk to international travel or trade**

**4.1. Does the event affect vulnerable populations?**

**4.2. Is it a disease or public health event with high social impact (which generates fear, stigmatization or social grievance)?**

**4.3. Does the event affect social interaction?**

**4.4. Does the event affect local tourism or has a high economic impact?**

**4.5. Is there a significant risk for international travelling or trade?**

**The risk must be evaluated in accordance to the aforementioned questions, with a value of 1 for Yes and 0 for No. The sum of the value of all responses will guide the Member State regarding the decision to notify the WHO, according to Art. 6 of the RSI.**

**For the risk level, the following scores were assigned:**

**LOW: Equal to or< 5 - Keep monitoring it internally**

**AVERAGE: 5 to 11 - Potential for spread between countries - Notify WHO according to**

**Art. 6 of the RSI**

**HIGH: > 11 -Potential PHEIC - Notify the WHO according to Art. 6 of the RSI**

ANNEX 3

## MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

**To verify authenticity, scan on the official web site or as a QR code.**

**Image of the QR code or other validation application.**

**Possibly include "international river vessels" in:**

**I. The title of the ship sanitation control certificate and control exemption certificate**

**II. The articles and annexes referring to the maritime declaration**

**III. All places where the word maritime occurs**

ANNEX 4

## TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS

(…)

**3. Conveyance operators shall prepare in advance, where possible, a plan for taking appropriate measures required if evidence of a public health risk on board is found.**

ANNEX 6

## VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

**When a public health emergency of international concern has been declared, for the purposes of entry and exit of international travellers in a scenario of voluntary vaccination using products still at the research phase or subject to very limited availability, vaccination certificates should be considered approved in accordance with the normative framework of the country of origin, including with reference to the model/format of certification and the vaccination schedule (type of vaccine and schedule).**

**Conditions for digital documents:**

**Paper certificates must be assigned by the clinician indicating the administration of the vaccine or other prophylaxis, or by another duly authorized health professional. Digital certificates must incorporate a means to verify authenticity from an official web site, for example a QR code.[1]**

(…)

2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the "certificate") in ~~the~~ **digital or paper** form specified in this Annex **or in any digital format as being used in the country** .

**International certificates may be issued in digital or paper form in accordance with Article 35 and with the specifications and requirements approved and reviewed periodically by the Health Assembly. Such specifications and requirements should enable flexibility in terms of their validation and acceptance taking into account applicable national and regional rules and the need for rapid modifications due to changing epidemiological contexts. In order to enhance transparency specifications and requirements should be based on open standards and implemented as open source. The paper certificates shall be issued in the form specified in this Annex**. No departure shall be made **in the paper certificates** from the model of the certificate specified in this Annex.

---

**1** **Vaccination certificates for entry to and exit from national territory:**
**Two scenarios for the data to be included on certificates:**

**Minimum scenario:**
**Presentation of certificate/proof in paper format.**
**Irrespective of the format, the following data should be present:**

1. **First name(s) and family name**
2. **No. of national identity document/passport**
3. **Type of vaccine: for example yellow fever, poliomyelitis, measles**
4. **Vaccine batch no. (optional, if available)**
5. **Date of administration**
6. **Place of administration (vaccinator)**
7. **Official stamp (or of the health professional or institution)**

**Maximum scenario:**
**Certification of vaccination history via QR code**

1. **Vaccination history is accredited in digital or paper format, via QR code**
2. **QR code directs to the official site of the country of origin to retrieve the vaccination information.**

**Diseases in the process of elimination/eradication**

3. Certificates under this Annex **or any digital format** are valid only if the vaccine or prophylaxis used has been approved by WHO **or/and by State Parties.**

4. **For paper-based format,** Certificates must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature. **Signatures and stamps may also be appended digitally by the clinician or the administering centre, or by the health authority on their behalf, in accordance with Article 35 and with the specifications and requirements approved and reviewed periodically by the Health Assembly.**

**4bis For digital format, certificates must be presented with QR code that contains the information mentioned on the Model International Certificate of Vaccinations or Prophylaxis and should be aligned with any current guidelines or/and agreed by State Parties**

(…)

8. A parent or guardian shall sign the certificate when the child **or a person with disability** is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person's mark and the indication by another that this is the mark of the person concerned. **Such signatures shall not be required on a vaccination certificate in digital form.**

(…)

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] ....., date of birth ....., sex .....,

nationality ....., national identification document, if applicable .....

whose signature follows …….....

has on the date indicated been vaccinated or received prophylaxis against:

(name of disease or condition) …….

in accordance with the International Health Regulations.

**To confer authenticity when appropriate, scan the official site, such as the QR code or other verification method QR code image**

ANNEX 8

## MODEL OF MARITIME DECLARATION OF HEALTH

(…)

**New 10) Is there a traveler without the required vaccination in Annex 7? If not….. If yes, please provide the details in the attached form. "To verify the authenticity by scanning the official site, such as QR code or other verification method QR code image**

**FORM ATTACHED TO THE MARITIME DECLARATION OF HEALTH MODEL**

**Include the column "Vaccination according to Annex 7"**

## NEW ANNEX 10

## OBLIGATIONS OF DUTY TO COOPERATE

**1. States Parties may request collaboration or assistance from WHO or from other States Parties in any of the activities mentioned in paragraph 2 or any other activities in which collaboration or assistance with regard to health emergency preparedness and response become necessary. It shall be obligation of the WHO and States Parties, to whom such requests are addressed to respond to such request, promptly and to provide collaboration and assistance as requested. Any inability to provide such collaboration and assistance shall be communicated to the requesting States and WHO along with reasons.**

**2. WHO and States Parties collaborating and assisting with each other shall:**

**(a) with regard to surveillance capacities:**

**(i) identify, assess and update the listing of technologies for the surveillance on a periodic basis;**

**(ii) identify, assess and update the listing of best practices related to organization structure and surveillance network;**

**(iii) train human resources to detect, assess and report events under these Regulations, as according to the lists developed and maintained under the above paragraphs;**

**(iv) facilitate sharing of technologies and know-how with States Parties in need, especially those technologies obtained in the course of research, wholly or partially funded by public sources;**

**(v) facilitate adaptation of the best-practices to the national and cultural contexts of the States Parties.**

**(b) With regard to response capacities:**

**(i) develop various guidelines and protocols for prevention, control and treatment of the diseases, including standard treatment guidelines, vector control measures;**

**(ii) assist in the development of infrastructure and capacity building for the successful implementation of protocols and guidelines and provide the same to the States Parties in need;**

**(iii) provide logistical support for the procurement and supply of health products;**

**(iv) develop and publish product development protocols for the materials and health products required for the implementation of above paragraphs, including all relevant details to enhance production and access to such products;**

**(v) develop and publish technical specifications of the health products, including details of technologies and knowhow with a view to facilitate local production of diagnostics, therapeutics and vaccines, including cell-lines, raw-materials, reagents, design of devices etc.;**

**(vi) develop and maintain an agile database of health product required for various health emergencies taking into account the past experiences and the needs of the future;**

**(vii) train health workers to respond with health emergencies, including in adaptation of best practices and using of required technologies and equipment;**

**(viii) establish multidisciplinary and multisectoral rapid response teams to respond to alerts and PHEIC, swiftly acting upon request from states parties;**

**(ix) carry out research and building capabilities for implementing of the regulations including the product development;**

**(x) facilitate sharing of technologies and know-how with States Parties in need, especially those technologies obtained in the course of research wholly or partially funded by public sources.**

**(xi) building and maintaining IHR facilities in points of entry and its operations.**

**(c) With regard to legal assistance:**

**(i) take into consideration the socio-economic conditions of the States Parties concerned;**

**(ii) adopt legal and administrative arrangements to support public health response;**

**(iii) train implementation of such legal instruments.**

= = =

# Entwurf eines gemeinsamen Pandemie-Vertrages, mit zwingenden und verpflichtenden Vorgaben aller teilnehmender Länder, Stand 1. Februar 2023

Wichtige Details zur WHO und diesem Vertrag erfahren Sie hier.

**Einführung eines Pandemievertrages, zusätzlich zu den IHR:**

**Das zweite grosse Vorhaben der Weltgesundheitsorganisation (WHO) ist die Einführung eines gemeinsamen Pandemie-Vertrages mit allen 194 Mitgliedstaaten**. Dieser Pandemie-Vertrag ist selbstverständlich mit der IGV verknüpft. Dieses Vorhaben wurde im 2021 durch die WHO gestartet und im Mai 2022 wurde das erste Mal in einem speziellen Gremium derselben darüber verhandelt. Durch diesen Vertrag würde im Falle einer durch die WHO ausgerufene Pandemie weite Kompetenzen von der Landesregierung an die WHO übertragen und zu einer Entdemokratisierung der Schweiz führen.

**Die Ausarbeitung und die Verhandlung des Vertrages finden unter Ausschluss der Öffentlichkeit statt. Dennoch findet sich im Internet die Version eines konzeptionellen Entwurfs vom 1. Februar 2023:**
https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf
Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting (Deutsch übersetzt: Null-Entwurf der WHO CA+ zur Prüfung durch das Zwischenstaatliche Verhandlungsgremium auf seiner vierten Sitzung).

Die englische Version vom 01.02.2023 können Sie aus den folgenden Seiten entnehmen.

World Health Organization

**FOURTH 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 3**

**A/INB/4/3**
**1 February 2023**

# Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting

## WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response ("WHO CA+")

### BACKGROUND, METHODOLOGY AND APPROACH

1. In recognition of the catastrophic failure of the international community in showing solidarity and equity in response to the coronavirus disease (COVID-19) pandemic, the World Health Assembly convened a second special session in December 2021, where it established an Intergovernmental Negotiating Body (INB) open to all Member States and Associate Members (and regional economic integration organizations as appropriate) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to its adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB.

2. In furtherance of the above mandate, the INB established a process and systematic approach for its work and agreed, at its second meeting, that the instrument should be legally binding and contain both legally binding as well as non-legally binding elements. In that regard, the INB identified Article 19 of the WHO Constitution as the comprehensive provision under which the instrument should be adopted, without prejudice to also considering, as work progressed, the suitability of Article 21, and requested the Bureau to develop and present to the INB a conceptual zero draft of the instrument (referred to herein as the "WHO CA+") for discussion.

3. At its third meeting, the INB agreed that the Bureau, with support from the WHO Secretariat, would prepare the zero draft of the WHO CA+, based on the conceptual zero draft and input received during the third meeting of the INB, with legal provisions. The INB further agreed that the zero draft would be considered at its fourth meeting as a basis for commencing negotiations at that meeting, it being understood that the zero draft will be without prejudice to the position of any delegation and following the principle that "nothing is agreed until everything is agreed".

4. Accordingly, the Bureau has prepared this zero draft of the WHO CA+ for consideration by the INB at its fourth meeting.

# Contents


The world together equitably ..... 8

Chapter I. Introduction ..... 9

Article 1. Definitions and use of terms ..... 9

Article 2. Relationship with other international agreements and instruments ..... 9

Chapter II. Objective, guiding principles and scope ..... 10

Article 3. Objective ..... 10

Article 4. Guiding principles and rights ..... 10

Article 5. Scope ..... 13

Chapter III. Achieving equity in, for and through pandemic prevention, preparedness, response and recovery of health systems 13

Article 6. Predictable global supply chain and logistics network ..... 13

Article 7. ... Access to technology: promoting sustainable and equitably distributed production and transfer of technology and know-how 14

Article 8. Regulatory strengthening ..... 15

Article 9. Increasing research and development capacities ..... 15

Article 10. WHO Pathogen Access and Benefit-Sharing System ..... 17

Chapter IV. ... Strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems 19

Article 11. Strengthening and sustaining preparedness and health systems' resilience ..... 19

Article 12. Strengthening and sustaining a skilled and competent health and care workforce ..... 20

Article 13. Preparedness monitoring, simulation exercises and universal peer review ..... 20

Article 14. Protection of human rights ..... 21

Chapter V. ... Coordination, collaboration and cooperation for pandemic prevention, preparedness, response and health system recovery 22

Article 15. Global coordination, collaboration and cooperation ..... 22

Article 16. Whole-of-government and whole-of-society approaches at the national level ..... 22

Article 17. Strengthening pandemic and public health literacy ..... 23

Article 18. One Health ..... 24

Chapter VI. Financing for pandemic prevention, preparedness, response and recovery of health systems 25

Article 19. Sustainable and predictable financing ..... 25

Chapter VII. Institutional arrangements ..... 26

Article 20. Governing Body for the WHO CA+ ..... 26

Article 21. Consultative Body for the WHO CA+ ..... 27

Article 22. Oversight mechanisms for the WHO CA+ ..... 27

Article 23. Assessment and review ..... 28

Article 24. Secretariat ..... 28

| | | |
|---|---|---|
| Chapter VIII. | Final provisions | 28 |
| Article 25. | Reservations | 28 |
| Article 26. | Confidentiality and data protection | 28 |
| Article 27. | Withdrawal | 29 |
| Article 28. | Right to vote | 29 |
| Article 29. | Amendments to the WHO CA+ | 29 |
| Article 30. | Adoption and amendment of annexes to the WHO CA+ | 29 |
| Article 31. | Protocols to the WHO CA+ | 30 |
| Article 32. | Signature | 30 |
| Article 33. | Ratification, acceptance, approval, formal confirmation or accession | 30 |
| Article 34. | Entry into force | 31 |
| Article 35. | Provisional application by the Parties, and actions to give effect to the provisions of the WHO CA+ by the World Health Assembly | 31 |
| Article 36. | Settlement of disputes | 31 |
| Article 37. | Depositary | 32 |
| Article 38. | Authentic texts | 32 |

## ZERO DRAFT, FOR THE CONSIDERATION OF THE INTERGOVERNMENTAL NEGOTIATING BODY AT ITS FOURTH MEETING

The Parties to this WHO CA+,[1]

1. *Reaffirming* the principle of sovereignty of States Parties in addressing public health matters, notably pandemic prevention, preparedness, response and health systems recovery,

2. *Recognizing* the critical role of international cooperation and obligations for States to act in accordance with international law, including to respect, protect and promote human rights,

3. *Recognizing* that all lives have equal value, and that therefore equity should be a principle, an indicator and an outcome of pandemic prevention, preparedness and response,

4. *Recalling* the preamble to the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger,

5. *Recognizing* the central role of WHO, as the directing and coordinating authority on international health work, in pandemic prevention, preparedness, response and recovery of health systems, and in convening and generating scientific evidence, and, more generally, fostering multilateral cooperation in global health governance,

6. *Noting* that a pandemic situation is extraordinary in nature, requiring States Parties to prioritize effective and enhanced cooperation with development partners and other relevant stakeholders to address extraordinary challenges,

7. *Recognizing* that the international spread of disease is a global threat with serious consequences for public health, human lives, livelihoods, societies and economies that calls for the widest possible international cooperation and participation of all countries and relevant stakeholders in an effective, coordinated, appropriate and comprehensive international response,

8. *Recalling* the International Health Regulations of the World Health Organization and the role of States Parties and other stakeholders in preventing, protecting against, controlling and providing a public health response to the international spread of disease in ways that are commensurate with, and restricted to, public health risks, and which avoid unnecessary interference with international traffic and trade,

9. *Recognizing* that national action plans for pandemic prevention, preparedness, response and recovery of health systems should take into account all people, including communities and persons in vulnerable situations, places and ecosystems,

10. *Recognizing* that the threat of pandemics is a reality and that pandemics have catastrophic health, social, economic and political consequences, especially for persons in vulnerable situations, pandemic prevention, preparedness, response and recovery of health systems must be systemically integrated into

[1]The Bureau proposes, consistent with Member State submissions, that the preambular section be discussed at the appropriate point in the negotiations.

whole-of-government and whole-of-society approaches, to ensure adequate political commitment, resourcing and attention across sectors, and thereby break the cycle of "panic and neglect",

11. *Reflecting* on the lessons learned from coronavirus disease (COVID-19) and other outbreaks with global and regional impact, including, inter alia, HIV, Ebola virus disease, Zika virus disease, Middle East respiratory syndrome and monkeypox/mpox, and with a view to addressing and closing gaps and improving future response,

12. *Recognizing* that urban settings are especially vulnerable to infectious diseases and epidemics, and the important role that communities have in preventing, preparing for and responding to health emergencies,

13. *Noting* with concern that the COVID-19 pandemic has revealed serious shortcomings in preparedness – especially at city and urban levels – for timely and effective prevention and detection of, as well as response to, potential health emergencies, indicating the need to better prepare for future health emergencies,

14. *Noting* that in 2021 women comprised more than 70% of the global health and care workforce and an even higher proportion of the informal health workforce, and during the COVID-19 response were disproportionately impacted by the burden of the pandemic, notably on health workers,

15. *Reaffirming* the importance of diverse, gender-balanced and equitable representation and expertise in pandemic prevention, preparedness, response and health system recovery decision-making, as well as in the design and implementation of activities,

16. *Expressing* concern that those affected by conflict and insecurity are particularly at risk of being left behind during pandemics,

17. *Recognizing* the synergies between multisectoral collaboration – through whole-of-government and whole-of-society approaches at the country and community level – and international, regional and cross-regional collaboration, coordination and global solidarity, and their importance to achieving sustainable improvements in pandemic prevention, preparedness and effective response,

18. *Acknowledging* that the repercussions of pandemics, beyond health and mortality, on socioeconomic impacts in a broad array of sectors, including economic growth, employment, trade, transport, gender inequality, food insecurity, education, environment and culture, require a multisectoral whole-of-society approach to pandemic prevention, preparedness, response and recovery of health systems,

19. *Acknowledging* the impacts of determinants of health across different sectors and communities on the vulnerability of communities, especially persons in vulnerable situations, to the spread of pathogens and the evolution of an outbreak,

20. *Underscoring* that multilateral and regional cooperation and good governance are essential to prevent, prepare for, respond to, and recovery of health systems from, pandemics that, by definition, know no borders and require collective action and solidarity,

21. *Emphasizing* that policies and interventions on pandemic prevention, preparedness, response and recovery of health systems should be supported by the best available scientific evidence and adapted to take into account resources and capacities at subnational and national levels,

22. *Reaffirming* the importance of access to timely information, as well as efficient risk communication that manages to counteract pandemics,

23. *Understanding* that most emerging infectious diseases originate in animals, including wildlife and domesticated animals, then spill over to people,

24. *Recognizing* the importance of working synergistically with other relevant areas, under a One Health approach, as well as the importance and public health impact of growing possible drivers of pandemics, which need to be addressed as a means of preventing future pandemics and protecting public health,

25. *Noting* that antimicrobial resistance is often described as a silent pandemic and that it could be an aggravating factor during a pandemic,

26. *Reaffirming* the importance of a One Health approach and the need for synergies between multisectoral and cross-sectoral collaboration at national, regional and international levels to safeguard human health, detect and prevent health threats at the animal and human interface, in particular zoonotic spill-over and mutations, and to sustainably balance and optimize the health of people, animals and ecosystems,

27. *Acknowledging* the creation of the Quadripartite (WHO, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme) to better address any One Health-related issue,

28. *Reiterating* the need to work towards building and strengthening resilient health systems to advance universal health coverage, as an essential foundation for effective pandemic prevention, preparedness, response and recovery of health systems, and to adopt an equitable approach to prevention, preparedness, response and recovery activities, including to mitigate the risk that pandemics exacerbate existing inequities in access to services,

29. *Recognizing* that health is a precondition for, and an outcome and indicator of, the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development,

30. *Recognizing* that pandemics have a disproportionately heavy impact on frontline workers, notably health workers, the poor and persons in vulnerable situations, with repercussions on health and development gains, in particular in developing countries, thus hampering the achievement of universal health coverage and the Sustainable Development Goals, with their shared commitment to leave no one behind,

31. *Recognizing* the need to enhance global solidarity and effective global coordination, as well as accountability and transparency, to avoid serious negative impacts of public health threats with pandemic potential, especially on countries with limited capacities and resources,

32. *Acknowledging* that there are significant differences in countries' capacities to prevent, prepare for, respond to and recover from pandemics,

33. *Deeply concerned* by the gross inequities that hindered timely access to medical and other COVID-19 pandemic-related products, notably vaccines, oxygen supplies, personal protective equipment, diagnostics and therapeutics,

34. *Reiterating* the determination to achieve health equity through resolute action on social, environmental, cultural, political and economic determinants of health, such as eradicating hunger and poverty, ensuring access to health and proper food, safe drinking water and sanitation, employment and decent work and social protection in a comprehensive intersectoral approach,

35. *Emphasizing* that, in order to make health for all a reality, individuals and communities need: equitable access to high quality health services without financial hardship; well-trained, skilled health workers providing quality, people-centred care; and committed policy-makers with adequate investment in health to achieve universal health coverage,

36. *Emphasizing* that improving pandemic prevention, preparedness, response and recovery of health systems relies on a commitment to mutual accountability, transparency and common but differentiated responsibility by all States Parties and relevant stakeholders,

37. *Recalling* the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and reiterating that the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) does not and should not prevent Members of the World Trade Organization from taking measures to protect public health,

38. *Reaffirming* that the TRIPS Agreement can and should be interpreted and implemented in a manner supportive of the right of Members of the World Trade Organization to protect public health and, in particular, to promote access to medicines for all,

39. *Reaffirming* that Members of the World Trade Organization have the right to use, to the full, the TRIPS Agreement and the Doha Declaration on the TRIPS Agreement and Public Health of 2001, which provide flexibility to protect public health including in future pandemics,

40. *Recognizing* that protection of intellectual property rights is important for the development of new medical products, but also recognizing concerns about its effects on prices, as well as noting discussions/deliberations in relevant international organizations on, for instance, innovative options to enhance the global effort towards the production of, timely and equitable access to, and distribution of health technologies and know-how, by means that include local production,

41. *Recognizing* that protection of intellectual property rights is important for the development of new medicines, and also recognizing concerns about the negative effect on prices and on the production of, timely and equitable access to, and distribution of vaccines, treatments, diagnostics and health technologies and know-how,

42. *Recognizing* that intellectual property protection is important for the development of new medicines, and also recognizing concerns about its effect on prices, as well as noting discussions on enhancing global efforts towards the production of, timely and equitable access to, and distribution of health technologies and products,

43. *Recognizing* the concerns that intellectual property on life-saving medical technologies continues to pose threats and barriers to the full realization of the right to health and to scientific progress for all, particularly the effect on prices, which limits access options and impedes independent local production and supplies, as well as noting structural flaws in the institutional and operational arrangements in the global response to the COVID-19 pandemic, and the need to establish a future pandemic prevention, preparedness and response mechanism that is not based on a charity model,

44. *Reaffirming* the flexibilities and safeguards contained in the TRIPS Agreement and their importance for removing barriers to production of, and access to, pandemic-related products, as well as sustainable supply chains for their equitable distribution, while also recognizing the need for sustainable mechanisms to support transfer of technology and know-how to support the same,

45. *Reaffirming* the flexibilities and safeguards contained in the TRIPS Agreement and their importance for ensuring access to technologies, knowledge and full transfer of technology and know-how for production and supply of pandemic-related products, as well as their equitable distribution,

46. *Recalling* resolution WHA61.21 (2008) on the global strategy and plan of action on public health, innovation and intellectual property, which lays out a road map for a global research and development system supportive of access to appropriate and affordable medical countermeasures, including those needed in a pandemic,

47. *Recognizing* that publicly funded research and development plays an important role in the development of pandemic-related products and, as such, requires conditionalities,

48. *Underscoring* the importance of promoting early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens, as well as the fair and equitable sharing of benefits arising therefrom, taking into account relevant national and international laws, regulations, obligations and frameworks, including the International Health Regulations, the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, and the Pandemic Influenza Preparedness Framework, and also mindful of the work being undertaken in other relevant areas and by other United Nations and multilateral organizations or agencies,

49. *Acknowledging* that pandemic prevention, preparedness, response and recovery of health systems at all levels and in all sectors, particularly in developing countries, require predictable, sustainable and sufficient financial, human, logistical and technical resources,

*Have* agreed as follows:

## The world together equitably

***Vision*:** The WHO CA+[1] aims for a world where pandemics are effectively controlled to protect present and future generations from pandemics and their devastating consequences, and to advance the enjoyment of the highest attainable standard of health for all peoples, on the basis of equity, human rights and solidarity, with a view to achieving universal health coverage, while recognizing the sovereign rights of countries, acknowledging the differences in levels of development among countries, respecting their national context and recognizing existing relevant international instruments. The WHO CA+ aims to achieve greater equity and effectiveness for pandemic prevention, preparedness and response through the fullest national and international cooperation.

[1]At its second meeting in July 2022, the INB identified that Article 19 of the WHO Constitution is the comprehensive provision under which the WHO CA+ should be adopted, without prejudice to also considering, as work progressed, the suitability of Article 21.

## Chapter I. Introduction

### Article 1. Definitions and use of terms

1. For the purposes of this WHO CA+:

   a. "genomic sequences" means the order of nucleotides identified in a molecule of DNA or RNA. They contain the full genetic information that determines the biological characteristics of an organism or a virus;

   b. "pandemic" means the global spread of a pathogen or variant that infects human populations with limited or no immunity through sustained and high transmissibility from person to person, overwhelming health systems with severe morbidity and high mortality, and causing social and economic disruptions, all of which require effective national and global collaboration and coordination for its control;[1]

   c. "pandemic-related products" means products that may be needed for pandemic prevention, preparedness, response and/or recovery, and which may include, without limitation, diagnostics, therapeutics, medicines, vaccines, personal protective equipment, syringes and oxygen;

   d. "persons in vulnerable situations" includes indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women, infants, children and adolescents, and those living in fragile areas, such as Small Island Developing States;

   e. "pathogen with pandemic potential" means…;

   f. "One Health approach" means…;

   g. "One Health surveillance" means…;

   h. "infodemic" means…;

   i. "inter-pandemic" means…;

   j. "current health expenditure" means…;

   k. "universal health coverage" means…; and

   l. "recovery" means…

### Article 2. Relationship with other international agreements and instruments

1. The implementation of the WHO CA+ shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization. The WHO CA+ and other relevant international instruments, including the International Health Regulations, should be interpreted so as to be

[1]The INB is encouraged to conduct discussions on the matter of the declaration of a "pandemic" by the WHO Director-General under the WHO CA+ and the modalities and terms for such a declaration, including interactions with the International Health Regulations and other relevant mechanisms and instruments. In this connection see Article 15.2 hereof.

complementary, compatible and synergistic, and the WHO CA+ should be interpreted in a manner that promotes and supports the implementation and operationalization of the International Health Regulations and other relevant international instruments.[1] In the event that any part of the WHO CA+ addresses areas or activities that may bear on the field of competence of other organizations or treaty bodies, appropriate steps will be taken to avoid duplication and promote synergies, compatibility and coherence, with a common goal of strengthened pandemic preparedness, prevention, response and health system recovery.

2. The provisions of the WHO CA+ shall not affect the rights and obligations of any Party under other existing international instruments and shall respect the competencies of other organizations and treaty bodies.

3. The provisions of the WHO CA+ shall in no way affect the right of Parties to enter into bilateral or multilateral instruments, including regional or subregional instruments, on issues relevant or additional to the WHO CA+, provided that such instruments are compatible with their obligations under the WHO CA+. The Parties concerned shall communicate such instruments to the Governing Body for the WHO CA+ through the Secretariat.

## Chapter II. Objective, guiding principles and scope

### Article 3. Objective

The objective of the WHO CA+, guided by equity, the vision, principles and rights set out herein, is to prevent pandemics, save lives, reduce disease burden and protect livelihoods, through strengthening, proactively, the world's capacities for preventing, preparing for and responding to, and recovery of health systems from, pandemics. The WHO CA+ aims to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels, through substantially reducing the risk of pandemics, increasing pandemic preparedness and response capacities, progressive realization of universal health coverage and ensuring coordinated, collaborative and evidence-based pandemic response and resilient recovery of health systems at community, national, regional and global levels.

### Article 4. Guiding principles and rights

To achieve the objective of the WHO CA+ and to implement its provisions, the Parties will be guided, inter alia, by the principles and rights set out below:

1. **Respect for human rights** – The implementation of the WHO CA+ shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and each Party shall protect and promote such freedoms.

2. **The right to health** – The enjoyment of the highest attainable standard of health, defined as a state of complete physical, mental and social well-being, is one of the fundamental rights of every human being without distinction of age, race, religion, political belief, economic or social condition.

3. **Sovereignty** – States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to determine and manage their approach to public

[1]The INB is encouraged to conduct discussions on the matter of making explicit the synergies and concrete complementarity of the WHO CA+ with the International Health Regulations and other relevant mechanisms and instruments.

health, notably pandemic prevention, preparedness, response and recovery of health systems, pursuant to their own policies and legislation, provided that activities within their jurisdiction or control do not cause damage to their peoples and other countries. Sovereignty also covers the rights of States over their biological resources.

4. **Equity** – The absence of unfair, avoidable or remediable differences, including in their capacities, among and within countries, including between groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality, is central to equity. Effective pandemic prevention, preparedness, response and recovery cannot be achieved without political will and commitments in addressing the structural challenges in inequitable access to fair, equitable and timely access to affordable, safe and efficacious pandemic-related products and services, essential health services, information and social support, as well as tackling the inequities in terms of technology, health workforce, infrastructure and financing, among other aspects.

5. **Solidarity** – The effective prevention of, preparedness for and response to pandemics requires national, international, multilateral, bilateral and multisectoral collaboration, coordination and cooperation, through global unity, to achieve the common interest of a fairer, more equitable and better prepared world.

6. **Transparency** – The effective prevention of, preparedness for and response to pandemics depends on transparent, open and timely sharing, access to and disclosure of accurate information, data and other relevant elements that may come to light (including biological samples, genomic sequence data and clinical trial results), for risk assessment and control measures, and development of pandemic-related products and services, notably through a whole-of-government and whole-of-society approach, based on, and guided by, the best-available scientific evidence, consistent with national, regional and international privacy and data protection rules, regulations and laws.

7. **Accountability** – States are accountable for strengthening and sustaining their health systems' capacities and public health functions to provide adequate health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness, response and recovery of health systems. All Parties shall cooperate with other States and relevant international organizations, in order to collectively strengthen, support and sustain capacities for global prevention, preparedness, response and recovery of health systems.

8. **Common but differentiated responsibilities and capabilities in pandemic prevention, preparedness, response and recovery of health systems** – All States are responsible for the health of their people, including pandemic prevention, preparedness, response and recovery, and previous pandemics have demonstrated that no one is safe until everyone is safe. Given that the health of all peoples is dependent on the fullest cooperation of individuals and States, all Parties are bound by the obligations of the WHO CA+. States that hold more resources relevant to pandemics, including pandemic-related products and manufacturing capacity, should bear, where appropriate, a commensurate degree of differentiated responsibility with regard to global pandemic prevention, preparedness, response and recovery. With the aim of supporting every Party to achieve the highest level of proven and sustained capacity, full consideration and prioritization are required of the specific needs and special circumstances of developing country Parties, especially those that (i) are particularly vulnerable to adverse effects of pandemics; (ii) do not have adequate capacities to respond to pandemics; and (iii) potentially bear a disproportionately high burden.

9. **Inclusiveness** – The active engagement with, and participation of, all relevant stakeholders and partners across all levels, consistent with relevant and applicable international and national guidelines,

rules and regulations (including those relating to conflicts of interest), is fundamental for mobilizing resources and capacities to support pandemic prevention, preparedness, response and health systems recovery.

10. **Community engagement** – Full engagement of communities in prevention, preparedness, response and recovery of health systems is essential to mobilize social capital, resources, adherence to public health and social measures, and to gain trust in government.

11. **Gender equality** – Pandemic prevention, preparedness, response and recovery of health systems will be guided by and benefit from the goal of equal participation and leadership of men and women in decision-making with a particular focus on gender equality, taking into account the specific needs of all women and girls, using a country-driven, gender responsive/transformative, participatory and fully transparent approach.

12. **Non-discrimination and respect for diversity** – All individuals should have fair, equitable and timely access to pandemic-related products, health services and support, without fear of discrimination or distinction based on race, religion, political belief, economic or social condition.

13. **Rights of individuals and groups at higher risk and in vulnerable situations** – Nationally determined and prioritized actions, including support, will take into account communities and persons in vulnerable situations, places and ecosystems. Indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women, infants, children and adolescents, for example, are disproportionately affected by pandemics, owing to social and economic inequities, as well as legal and regulatory barriers, that may prevent them from accessing health services.

14. **One Health** – Multisectoral and transdisciplinary actions should recognize the interconnection between people, animals, plants and their shared environment, for which a coherent, integrated and unifying approach should be strengthened and applied with an aim to sustainably balance and optimize the health of people, animals and ecosystems, including through, but not limited to, attention to the prevention of epidemics due to pathogens resistant to antimicrobial agents and zoonotic diseases.

15. **Universal health coverage** – The WHO CA+ will be guided by the aim of achieving universal health coverage, for which strong and resilient health systems are of key importance, as a fundamental aspect of achieving the Sustainable Development Goals through promoting health and well-being for all at all ages.

16. **Science and evidence-informed decisions** – Science, evidence and findable, accessible, interoperable and reusable data should inform all public health decisions and the development and implementation of guidance for pandemic prevention, preparedness, response and recovery of health systems.

17. **Central role of WHO** – As the directing and coordinating authority on global health, and the leader of multilateral cooperation in global health governance, WHO is fundamental to strengthening pandemic prevention, preparedness, response and recovery of health systems.

18. **Proportionality** – Due consideration should be given, including through regular monitoring and policy evaluation, to ensuring that the impacts of measures aimed at preventing, preparing for and

responding to pandemics are proportionate to their intended objectives and that the benefits arising therefrom outweigh costs.

### Article 5. Scope

The WHO CA+ applies to pandemic prevention, preparedness, response and health systems recovery at national, regional and international levels.

## Chapter III. Achieving equity in, for and through pandemic prevention, preparedness, response and recovery of health systems

### Article 6. Predictable global supply chain and logistics network

1. The Parties, recognizing the shortcomings of the preparedness for and response to the COVID-19 pandemic, agree on the need for an adequate, equitable, transparent, robust, agile, effective and diverse global supply chain and logistics network for pandemic prevention, preparedness, response and recovery.

2. The WHO Global Pandemic Supply Chain and Logistics Network (the "Network") is hereby established.

3. The Parties shall support the Network's development and operationalization, and participate in the Network, within the framework of WHO, including through sustaining it in inter-pandemic times as well as appropriate scale-up in the event of a pandemic. In that regard, the Parties shall:

    a. determine the types and size of products needed for robust pandemic prevention, preparedness and response, including costs and logistics for establishing and maintaining strategic stockpiles of such products, by working with relevant stakeholders and experts, guided by scientific evidence and regular epidemiological risk assessments;

    b. assess anticipated demand for, and map sources of, manufacturers and suppliers, including raw materials and other necessary inputs, for sustainable production of pandemic-related products (especially active pharmaceutical ingredients), including manufacturing capacities, and identify the most efficient multilateral and regional purchasing mechanisms, including pooled mechanisms and in-kind contributions, as well as promoting transparency in cost and pricing of all elements along the supply chain;

    c. develop a mechanism to ensure the fair and equitable allocation of pandemic-related products based on public health risks and needs;

    d. map existing delivery and distribution options, and establish or operationalize, as appropriate, international consolidation hubs, as well as regional staging areas, to ensure that transport of supplies is streamlined and uses the most appropriate means for the products concerned; and

    e. develop a dashboard for pandemic-related product supply capacity and availability, with regular reporting, and conduct regular tabletop exercises to test the functioning of the Network.

4. The Parties commit not to impose regulations that unduly interfere with the trade in, or of, pharmaceutical raw materials and ingredients, mindful of the need for unhindered access to pandemic-related products.

5. The Parties commit to safeguard the humanitarian principles of humanity, neutrality, impartiality and independence, and to facilitate the unimpeded access of humanitarian staff and cargo. The commitment to facilitate such access is understood to be legally binding and to apply in all circumstances, consistent with humanitarian principles.

6. The Parties, working through the Governing Body for the WHO CA+, shall take all appropriate measures to establish and start functioning of the Network no later than XX. It is understood that giving effect to this Article immediately upon adoption of the WHO CA+ shall be considered pursuant to, and within the meaning of, Article 35 of the WHO CA+.

## Article 7. Access to technology: promoting sustainable and equitably distributed production and transfer of technology and know-how

1. The Parties recognize that inequitable access to pandemic-related products (including but not limited to vaccines, therapeutics and diagnostics) should be addressed by increased manufacturing capacity that is more equitably, geographically and strategically distributed.

2. The Parties, working through the Governing Body for the WHO CA+, shall strengthen existing and develop innovative multilateral mechanisms that promote and incentivize relevant transfer of technology and know-how for production of pandemic-related products, on mutually agreed terms, to capable manufacturers, particularly in developing countries.

3. During inter-pandemic times, all Parties commit to establish these mechanisms and shall:

    a. coordinate, collaborate, facilitate and incentivize manufacturers of pandemic-related products to transfer relevant technology and know-how to capable manufacturer(s) (as defined below) on mutually agreed terms, including through technology transfer hubs and product development partnerships, and to address the needs to develop new pandemic-related products in a short time frame;

    b. strengthen coordination, with relevant international organizations, including United Nations agencies, on issues related to public health, intellectual property and trade, including timely matching of supply to demand and mapping manufacturing capacities and demand;

    c. encourage entities, including manufacturers within their respective jurisdictions, that conduct research and development of pre-pandemic and pandemic-related products, in particular those that receive significant public financing for that purpose, to grant, on mutually agreed terms, licences to capable manufacturers, notably from developing countries, to use their intellectual property and other protected substances, products, technology, know-how, information and knowledge used in the process of pandemic response product research, development and production, in particular for pre-pandemic and pandemic-related products; and

    d. collaborate to ensure equitable and affordable access to health technologies that promote the strengthening of national health systems and mitigate social inequalities.

4. In the event of a pandemic, the Parties:

    a. will take appropriate measures to support time-bound waivers of intellectual property rights that can accelerate or scale up manufacturing of pandemic-related products during a pandemic, to the extent necessary to increase the availability and adequacy of affordable pandemic-related products;

b. will apply the full use of the flexibilities provided in the TRIPS Agreement, including those recognized in the Doha Declaration on the TRIPS Agreement and Public Health of 2001 and in Articles 27, 30 (including the research exception and "Bolar" provision), 31 and 31bis of the TRIPS Agreement;

c. shall encourage all holders of patents related to the production of pandemic-related products to waive, or manage as appropriate, payment of royalties by developing country manufacturers on the use, during the pandemic, of their technology for production of pandemic-related products, and shall require, as appropriate, those that have received public financing for the development of pandemic-related products to do so; and

d. shall encourage all research and development institutes, including manufacturers, in particular those receiving significant public financing, to waive, or manage as appropriate, royalties on the continued use of their technology for production of pandemic-related products.

5. For purposes of this Article, "capable manufacturer" refers to an entity that operates in a manner that is consistent with national and international guidelines and regulations, including biosafety and biosecurity standards.

## Article 8. Regulatory strengthening

1. The Parties shall strengthen the capacity and performance of national regulatory authorities and increase the harmonization of regulatory requirements at the international and regional level, including, as applicable, through mutual recognition agreements.

2. Each Party shall build and strengthen its country regulatory capacities and performance for timely approval of pandemic-related products and, in the event of a pandemic, accelerate the process of approving and licensing pandemic-related products for emergency use in a timely manner, including the sharing of regulatory dossiers with other institutions.

3. The Parties shall, as appropriate, monitor and regulate against substandard and falsified pandemic-related products, through existing Member State mechanisms on substandard and falsified medical products.

## Article 9. Increasing research and development capacities

1. The Parties recognize the need to build and strengthen capacities and institutions for innovative research and development for pandemic-related products, particularly in developing countries, and the need for information sharing through open science approaches for rapid sharing of scientific findings and research results.

2. With a view to promoting greater sharing of knowledge and transparency, each Party, when providing public funding for research and development for pandemic prevention, preparedness, response and recovery of health systems, shall, taking into account the extent of the public funding received:

a. promote the free, public dissemination of the results of publicly and government-funded research for the development of pandemic-related products;

b. endeavour to include terms and conditions on prices of products, allocation, data sharing and transfer of technology, as appropriate, and publication of contract terms;

c. ensure that promoters of research for pandemic-related products assume an appropriate level of the associated risk;

d. promote and incentivize technology co-creation and joint venture initiatives; and

e. establish appropriate conditions for publicly funded research and development, including on distributed manufacturing, licensing, technology transfer and pricing policies.

3. Parties shall increase the transparency of information about funding for research and development for pandemic-related products by:

a. disclosing information on public funding for research and development of potential pandemic-related products and provisions to enhance the availability and accessibility of the resulting work, including freely available and publicly accessible publications and public reporting of the relevant patents;

b. making it compulsory for manufacturers that receive public funding for the production of pandemic-related products to disclose prices and contractual terms for public procurement in times of pandemics, taking into account the extent of the public funding received; and

c. encouraging manufacturers that receive other funds, external to the manufacturer, for the production of pandemic-related products to disclose prices and contractual terms for public procurement in times of pandemics.

4. Each Party should encourage non-State actors to participate in and accelerate innovative research and development for addressing novel pathogens, pathogens resistant to antimicrobial agents and emerging and re-emerging diseases with pandemic potential.

5. The Parties shall establish, no later than XX, with reference to existing models, a global compensation mechanism for injuries resulting from pandemic vaccines.

6. Pending establishment of such global compensation mechanism, each Party shall, in contracts for the supply or purchase of pandemic-related products, endeavour to exclude buyer/recipient indemnity clauses of indefinite or excessive duration.

7. In the conclusion of contracts for the supply or purchase of pandemic-related products, each Party shall endeavour to exclude confidentiality provisions that serve to limit disclosure of terms and conditions.

8. Each Party shall, as applicable, implement and apply international standards for, oversight of and reporting on laboratories and research facilities that carry out work to genetically alter organisms to increase their pathogenicity and transmissibility, in order to prevent accidental release of these pathogens, while ensuring that these measures do not create any unnecessary administrative hurdles for research.

9. The Parties are encouraged to promote and strengthen knowledge translation and evidence-based communication tools and strategies relating to pandemic prevention, preparedness, response and recovery, at local, national, regional and international levels.

10. The Parties acknowledge the need to take steps, individually and collectively, to develop strong, resilient national, regional and international clinical research ecosystems. In that regard, the Parties, as appropriate, commit to:

    a. fostering and coordinating clinical research and clinical trials, including, as appropriate, through existing coordination mechanisms;

    b. ensuring equitable access to resources (funding or in-kind), clinical research and clinical trials, so that resources are deployed optimally and efficiently;

    c. supporting transparent and rapid reporting of clinical research and clinical trial results, to ensure evidence is available in a timely manner to inform national, regional and international decision-making; and

    d. disclosing disaggregated information, for instance by gender and age, to the extent possible and as appropriate, on the results of clinical research and clinical trials relating to pandemic prevention, preparedness, response and recovery.

## Article 10. WHO Pathogen Access and Benefit-Sharing System

1. The need for a multilateral, fair, equitable and timely system for sharing of, on an equal footing, pathogens with pandemic potential and genomic sequences, and benefits arising therefrom, that applies and operates in both inter-pandemic and pandemic times, is hereby recognized. In pursuit thereof, it is agreed to establish the WHO Pathogen Access and Benefit-Sharing System (the "PABS System") under this WHO CA+. The Parties are mindful that the PABS System, or parts thereof, could be adopted under Article 21 of the WHO Constitution, should such an approach be agreed. The terms of the PABS System shall be developed no later than XX with a view to their provisional application consistent with Article 35 hereof.

2. The PABS System shall cover all pathogens with pandemic potential, including their genomic sequences, as well as access to benefits arising therefrom, and ensure that it operates synergistically with other relevant access and benefit-sharing instruments.

3. The PABS System shall include the following elements and shall be regulated as follows:

***Access to pathogens with pandemic potential***

    a. Each Party, through its relevant and authorized laboratories, shall, in a rapid, systematic and timely manner: (i) provide pathogens with pandemic potential from early infections due to pathogens with pandemic potential or subsequent variants to a laboratory recognized or designated as part of an established WHO coordinated laboratory network; and (ii) upload the genomic sequence of such pathogens with pandemic potential to one or more publicly accessible databases of its choice. For purposes hereof, "rapid" shall be understood to mean within XX hours from the time of identification of a pathogen with pandemic potential;

    b. The PABS System will be consistent with international legal frameworks, notably those for collection of patient specimens, material and data, and will promote effective, standardized, real-time global and regional platforms that promote findable, accessible, interoperable and reusable data available to all Parties;

c. Access shall be accorded expeditiously by the laboratory recognized or designated as part of an established WHO coordinated laboratory network, subject to conclusion of a Standard Material Transfer Agreement, developed for the purposes of the PABS System, with the recipient in accordance with subsection (i) below. Any such access shall be subject to applicable biosafety and biosecurity rules and standards, and free of charge, or, when a fee is charged, it shall not exceed the minimal cost involved;

d. Recipients of materials shall not claim any intellectual property or other rights that limit the facilitated access to pathogens with pandemic potential, or their genomic sequences or components, in the form received; and

e. Access to pathogens with pandemic potential protected by intellectual and other property rights shall be consistent with relevant international agreements and with relevant national laws.

***Fair and equitable benefit-sharing***

f. The Parties agree that benefits arising from facilitating access to pathogens with pandemic potential shall be shared fairly and equitably in accordance with the provisions of the PABS System. Accordingly, it is understood that production of pandemic vaccines or other pandemic-related products, irrespective of the technology, information or material used, implies use of pathogens with pandemic potential, including the genomic sequence;

g. Facilitated access shall be provided pursuant to a Standard Material Transfer Agreement, the form of which shall be set out in the PABS System and that shall contain the benefit-sharing options available to entities accessing pathogens with pandemic potential; and

h. Such options shall include, but not be limited to: (i) real-time access by WHO to 20% of the production of safe, efficacious and effective pandemic-related products, including diagnostics, vaccines, personal protective equipment and therapeutics, to enable equitable distribution, in particular to developing countries, according to public health risk and need and national plans that identify priority populations. The pandemic-related products shall be provided to WHO on the following basis: 10% as a donation and 10% at affordable prices to WHO; (ii) commitments by the countries where manufacturing facilities are located that they will facilitate the shipment to WHO of these pandemic-related products by the manufacturers within their jurisdiction, according to schedules to be agreed between WHO and manufacturers.

***Recognition of the PABS System as a specialized international instrument***

i. The PABS System, adopted under the WHO Constitution, is established with a view to its recognition as a specialized international access and benefit-sharing instrument within the meaning of the Nagoya Protocol;

j. Upon adoption, each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures to give effect to such recognition at the domestic level and/or with respect to its relations with all other States and regional economic integration organizations, as appropriate; and

k. The Parties shall support the further development and operationalization of the PABS System, including appropriate governance mechanisms, and participate in its operation, including

through sustaining it in inter-pandemic times as well as appropriate scale-up in the event of a pandemic.

4. The Parties, working through the Governing Body for the WHO CA+, shall develop and finalize additional elements and tools necessary to fully implement, operationalize and sustain the PABS System, no later than XX.

## Chapter IV. Strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems

### Article 11. Strengthening and sustaining preparedness and health systems' resilience

1. The Parties recognize the need for resilient health systems, rooted in universal health coverage, to mitigate the shocks caused by pandemics and to ensure continuity of health services, thus preventing health systems from becoming overwhelmed.

2. The Parties are encouraged to enhance financial, technical and technological support, assistance and cooperation, in particular to developing countries, to strengthen health emergency prevention and preparedness consistent with the goal of universal health coverage. The Parties shall strive to accelerate the achievement of universal health coverage.

3. The Parties are encouraged to establish global, regional and national collaborative genomics networks that are dedicated to epidemiological genomic surveillance and the global sharing of emerging pathogens with pandemic potential.

4. Each Party shall, in accordance with national law, adopt policies and strategies, supported by implementation plans, across the public and private sectors and relevant agencies, consistent with relevant tools, including, but not limited to, the International Health Regulations, and strengthen and reinforce public health functions for:

a. continued provision of quality routine and essential health services during pandemics, including clinical and mental health care and immunization, with a focus on primary health care and community-level interventions, and management of the backlog of and waiting lists for the diagnosis and treatment of, and interventions for, other illnesses, including care for patients with long-term effects from the pandemic disease;

b. strengthening human resource capacities during inter-pandemic times and during pandemics;

c. surveillance (including using a One Health approach), outbreak investigation and control, through interoperable early warning and alert systems;

d. sustained laboratory capacity for genomic sequencing, as well as for analysing and sharing such information;

e. prevention of epidemic-prone diseases, and emerging, growing or evolving public health threats with pandemic potential, notably at the human-animal-environment interface;

f. post-emergency health system recovery strategies;

g. strengthening public health laboratory and diagnostic capacities, and national, regional and global networks, including standards and protocols for infection prevention and control, and public health laboratory biosafety and biosecurity; and

h. creating and maintaining up-to-date, universal platforms and technologies for forecasting and timely information sharing, through appropriate capacities, including building digital health and data science capacities.

## Article 12. Strengthening and sustaining a skilled and competent health and care workforce

1. Each Party shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce, at all levels, in a gender-responsive manner, with due protection of its employment, civil and human rights and well-being, consistent with international obligations and relevant codes of practice, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining essential health services. This includes, subject to national law:

    a. strengthening in- and post-service training, deployment, remuneration, distribution and retention of the health and care workforce, including community health workers and volunteers; and

    b. addressing gender disparities and inequalities within the health and care workforce, to ensure meaningful representation, engagement, participation and empowerment of all health and care workers, while addressing discrimination, stigma and inequality and eliminating bias, including unequal remuneration, and noting that women still often face significant barriers to taking leadership and decision-making roles.

2. The Parties are encouraged to enhance financial and technical support, assistance and cooperation, in particular to developing countries, to strengthen and sustain a skilled and competent health and care workforce at the national level.

3. The Parties shall invest in establishing, sustaining, coordinating and mobilizing an available, skilled and trained global public health emergency workforce that is deployable to support Parties upon request, based on public health need, in order to contain outbreaks and prevent an escalation of small-scale spread to global proportions.

4. The Parties will support the development of a network of training institutions, national and regional facilities and centres of expertise in order to establish common guidance to enable more predictable, standardized, timely and systematic response missions and deployment of the aforementioned public health emergency workforce.

## Article 13. Preparedness monitoring, simulation exercises and universal peer review

1. Each Party shall undertake regular and systematic capacity assessments in order to identify capacity gaps and develop and implement comprehensive, inclusive, multisectoral national plans and strategies for pandemic prevention, preparedness and response, based on relevant tools developed by WHO.

2. Each Party shall periodically assess the functioning, readiness and gaps of its preparedness and multisectoral response, logistics and supply chain management, through appropriate simulation or

tabletop exercises, that include risk and vulnerability mapping. Such exercises may consist of after-action reviews of actual public health emergencies that can support identifying gaps, share lessons learned and improve national pandemic prevention, preparedness and response.

3. The Parties will convene multi-country or regional tabletop exercises every two years, with technical support from the WHO Secretariat, with an aim to identify gaps in multi-country response capacity.

4. Each Party shall provide annual (or biennial) reporting, building on existing relevant reporting where possible, on its pandemic prevention, preparedness, response and health systems recovery capacities.

5. The Parties shall develop and implement a transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system, which includes targets and national and global standardized indicators, with necessary funding for developing countries for this purpose.

6. The Parties should establish, regularly update and broaden implementation of a universal peer review mechanism to assess national, regional and global preparedness capacities and gaps, by bringing nations together to support a whole-of-government and whole-of-society approach to strengthen national capacities for pandemic prevention, preparedness, response and health systems recovery, through technical and financial cooperation, mindful of the need to integrate available data and to engage national leadership at the highest level.

7. The Parties shall endeavour to implement the recommendations generated from review mechanisms, including prioritization of activities for immediate action.

## Article 14. Protection of human rights

1. The Parties shall, in accordance with their national laws, incorporate non-discriminatory measures to protect human rights as part of their pandemic prevention, preparedness, response and recovery, with a particular emphasis on the rights of persons in vulnerable situations.

2. Towards this end, each Party shall:

    a. incorporate into its laws and policies human rights protections during public health emergencies, including, but not limited to, requirements that any limitations on human rights are aligned with international law, including by ensuring that: (i) any restrictions are non-discriminatory, necessary to achieve the public health goal and the least restrictive necessary to protect the health of people; (ii) all protections of rights, including but not limited to, provision of health services and social protection programmes, are non-discriminatory and take into account the needs of people at high risk and persons in vulnerable situations; and (iii) people living under any restrictions on the freedom of movement, such as quarantines and isolations, have sufficient access to medication, health services and other necessities and rights; and

    b. endeavour to develop an independent and inclusive advisory committee to advise the government on human rights protections during public health emergencies, including on the development and implementation of its legal and policy framework, and any other measures that may be needed to protect human rights.

## Chapter V. Coordination, collaboration and cooperation for pandemic prevention, preparedness, response and health system recovery

### Article 15. Global coordination, collaboration and cooperation

1. The Parties recognize the need to coordinate, collaborate and cooperate, in the spirit of international solidarity, with competent international and regional intergovernmental organizations and other bodies in the formulation of cost-effective measures, procedures and guidelines for pandemic prevention, preparedness, response and recovery of health systems, and to this end shall:

    a. promote global, regional and national political commitment, coordination and leadership for pandemic prevention, preparedness, response and recovery by means that include establishing appropriate governance arrangements;

    b. support mechanisms that ensure global, regional and national policy decisions are science and evidence-based;

    c. develop, as necessary, and implement global policies that recognize the specific needs, and ensure the protection of, persons in vulnerable situations, indigenous peoples, and those living in fragile environments or areas, such as Small Island Developing States, who face multiple threats simultaneously, by gathering and analysing data, including data disaggregated by gender, to show the impact of policies on different groups;

    d. promote equitable gender, geographical and socioeconomic status, representation and participation, as well as the participation of youth and women, in global and regional decision-making processes, global networks and technical advisory groups;

    e. ensure solidarity with, and prevent stigmatization of, countries that report public health emergencies, as an incentive to facilitate transparency and timely reporting and sharing of information; and

    f. facilitate WHO with rapid access to outbreak areas within the Party's jurisdiction or control, including through the deployment of rapid response and expert teams, to assess and support the response to emerging outbreaks.

2. Recognizing the central role of WHO as the directing and coordinating authority on international health work, and mindful of the need for coordination with regional organizations, entities in the United Nations system and other intergovernmental organizations, the WHO Director-General shall, in accordance with terms set out herein, declare pandemics.[1]

### Article 16. Whole-of-government and whole-of-society approaches at the national level

1. The Parties recognize that pandemics begin and end in communities and are encouraged to adopt a whole-of-government and whole-of-society approach, including to empower and ensure communities' ownership of, and contribution to, community readiness and resilience for pandemic prevention, preparedness, response and recovery of health systems.

[1]Reference is made to footnote 3 (Article 1), which invites the INB to propose and consider the development of modalities and terms for this provision.

2. Each Party shall establish, implement and adequately finance an effective national coordinating multisectoral mechanism with meaningful representation, engagement and participation of communities.

3. Each Party should promote effective and meaningful engagement of communities, civil society and non-State actors, including the private sector, as part of a whole-of-society response in decision-making, implementation, monitoring and evaluation, as well as effective feedback mechanisms.

4. Each Party shall develop, in accordance with its national context, comprehensive national pandemic prevention, preparedness, response and recovery plans pre-, post- and inter-pandemic that, inter alia: (i) identify and prioritize populations for access to pandemic-related products and health services; (ii) support timely and scalable mobilization of multidisciplinary surge capacity of human and financial resources, and facilitate timely allocation of resources to the frontline pandemic response; (iii) review the status of stockpiles and surge capacity of essential public health and clinical resources, and surge capacity in production of pandemic-related products; (iv) facilitate rapid and equitable restoration of public health capacities following a pandemic; and (v) promote collaboration with non-State actors, the private sector and civil society.

5. Each Party will take steps to address the social, environmental and economic determinants of health, and vulnerability conditions that contribute to the emergence and spread of pandemics, and prevent or mitigate the socioeconomic impacts of pandemics, including but not limited to, those affecting economic growth, the environment, employment, trade, transport, gender equality, education, social assistance, housing, food insecurity, nutrition and culture, and especially for persons in vulnerable situations.

6. Each Party should strengthen its national public health and social policies to facilitate a rapid, resilient response, especially for persons in vulnerable situations, including mobilizing social capital in communities for mutual support.

## Article 17. Strengthening pandemic and public health literacy

1. The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation. In that regard, each Party is encouraged to:

    a. promote and facilitate, at all appropriate levels, in accordance with national laws and regulations, development and implementation of educational and public awareness programmes on pandemics and their effects, by informing the public, communicating risk and managing infodemics through effective channels, including social media;

    b. conduct regular social listening and analysis to identify the prevalence and profiles of misinformation, which contribute to design communications and messaging strategies for the public to counteract misinformation, disinformation and false news, thereby strengthening public trust; and

    c. promote communications on scientific, engineering and technological advances that are relevant to the development and implementation of international rules and guidelines for pandemic prevention, preparedness, response and recovery of health systems, based on science and evidence.

2. The Parties will contribute to research and inform policies on factors that hinder adherence to public health and social measures, confidence and uptake of vaccines, use of appropriate therapeutics and trust in science and government institutions.

3. The Parties shall promote science and evidence-informed effective and timely risk assessment, including the uncertainty of data and evidence, when communicating such risk to the public.

## Article 18. One Health

1. The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, to promote and implement a One Health approach that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of existing instruments and initiatives.

2. The Parties, with an aim of safeguarding human health and detecting and preventing health threats, shall promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify, conduct risk assessment of and share pathogens with pandemic potential at the interface between human, animal and environment ecosystems, while recognizing their interdependence.

3. The Parties will identify and integrate into relevant pandemic prevention and preparedness plans interventions that address the drivers of the emergence and re-emergence of disease at the human-animal-environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance.

4. The Parties commit to regularly assess One Health capacities, insofar as they relate to pandemic prevention, preparedness, response and recovery of health systems, and to identify gaps, policies and the funding needed to strengthen those capacities.

5. The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of pandemics, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the human-animal-environment interface due to human activities.

6. The Parties commit to strengthen multisectoral, coordinated, interoperable and integrated One Health surveillance systems and strengthen laboratory capacity to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spill-over events, mutations and the risks associated with zoonotic neglected tropical and vector-borne diseases, with a view to preventing small-scale outbreaks in wildlife or domesticated animals from becoming a pandemic.

7. Each Party shall:

    a. implement actions to prevent pandemics from pathogens resistant to antimicrobial agents, taking into account relevant tools and guidelines, through a One Health approach, and collaborate with relevant partners, including the Quadripartite;

    b. foster actions at national and community levels that encompass whole-of-government and whole-of-society approaches to control zoonotic outbreaks (in wildlife and domesticated animals), including engagement of communities in surveillance that identifies zoonotic outbreaks and antimicrobial resistance at source;

c. develop and implement a national One Health action plan on antimicrobial resistance that strengthens antimicrobial stewardship in the human and animal sectors, optimizes antimicrobial consumption, increases investment in, and promotes equitable and affordable access to, new medicines, diagnostic tools, vaccines and other interventions, strengthens infection prevention and control in health care settings and sanitation and biosecurity in livestock farms, and provides technical support to developing countries;

d. enhance surveillance to identify and report on pathogens resistant to antimicrobial agents in humans, livestock and aquaculture that have pandemic potential, building on the existing global reporting systems; and

e. take the One Health approach into account at national, subnational and facility levels in order to produce science-based evidence, and support, facilitate and/or oversee the correct, evidence-based and risk-informed implementation of infection prevention and control.

## Chapter VI. Financing for pandemic prevention, preparedness, response and recovery of health systems

### Article 19. Sustainable and predictable financing

1. The Parties recognize the important role that financial resources play in achieving the objective of the WHO CA+ and the primary financial responsibility of national governments in protecting and promoting the health of their populations. In that regard, each Party shall:

    a. cooperate with other Parties, within the means and resources at its disposal, to raise financial resources for effective implementation of the WHO CA+ through bilateral and multilateral funding mechanisms;

    b. plan and provide adequate financial support in line with its national fiscal capacities for: (i) strengthening pandemic prevention, preparedness, response and recovery of health systems; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and progressive realization of universal health coverage;

    c. commit to prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate, domestic funding by allocating in its annual budgets not lower than 5% of its current health expenditure to pandemic prevention, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health coverage; and

    d. commit to allocate, in accordance with its respective capacities, XX% of its gross domestic product for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, particularly for developing countries, including through international organizations and existing and new mechanisms.

2. The Parties shall ensure, through innovative existing and/or new mechanisms, sustainable and predictable financing of global, regional and national systems, capacities, tools and global public goods, while avoiding duplication, promoting synergies and enhancing transparent and accountable governance of these mechanisms, to support strengthening pandemic prevention, preparedness, response and recovery of health systems, based on public health risk and need, particularly in developing countries.

3. The Parties shall promote, as appropriate, the use of bilateral, regional, subregional and other appropriate and relevant channels to provide funding for the development and strengthening of pandemic prevention, preparedness, response and health system recovery programmes of developing country Parties.

4. The Parties will facilitate rapid and effective mobilization of adequate financial resources, including from international financing facilities, to affected countries, based on public health need, to maintain and restore routine public health functions during and in the aftermath of a pandemic response.

5. The Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties to support them in meeting their obligations under the WHO CA+, without limiting their participation in or membership of these organizations.

## Chapter VII. Institutional arrangements

### Article 20. Governing Body for the WHO CA+

1. A governing body for the WHO CA+ is established to promote the effective implementation of the WHO CA+ (hereinafter, the "Governing Body").

2. The Governing Body shall be composed of:

    a. the Conference of the Parties (COP), which shall be the supreme organ of the Governing Body, composed of the Parties and constituting the sole decision-making organ; and

    b. the Officers of the Parties, which shall be the administrative organ of the Governing Body.

3. The COP, as the supreme policy setting organ of the WHO CA+, shall keep under regular review every three years the implementation and outcome of the WHO CA+ and any related legal instruments that the COP may adopt, and shall make the decisions necessary to promote the effective implementation of the WHO CA+. The COP shall:

    a. be composed of delegates representing Parties;

    b. convene regular sessions of the Governing Body; the first of which shall take place not later than one year after the date of entry into force of the Convention, at a time and place to be determined by the WHO Secretariat, with the time and place of subsequent ordinary sessions to be determined by the COP upon a proposal of the Officers of the Parties;

    c. convene special sessions of the Governing Body at such other times as may be deemed necessary by the COP, or at the written request of any Party, provided that, within 30 days of such a request being communicated to the Party/Parties by the Secretariat, it is supported by at least one third of the Parties; and

    d. adopt its rules of procedure, as well as those of the other bodies of the Governing Body, which shall include decision-making procedures. Such procedures may include specified majorities required for the adoption of particular decisions.

4. The Officers of the Parties, as the administrative organ of the Governing Body, shall:

    a. be composed of two Presidents, four Vice-Presidents and two rapporteurs, serving in their individual capacity and elected by the COP for XX years; and

    b. endeavour to make decisions by consensus; however, if efforts to reach consensus are deemed by the Presidents to be unavailing, decisions may be taken by voting by the President and Vice-Presidents.

5. The Governing Body may further develop proposals for consideration by the WHO Executive Board, including to promote coordination and synergies between its Standing Committee on Health Emergency Prevention, Preparedness and Response and the Governing Body for the WHO CA+.

## Article 21. Consultative Body for the WHO CA+

1. A consultative body for the WHO CA+ (the "Consultative Body") is established to provide advice and technical inputs for the decision-making processes of the COP, without participating in any decision-making.

2. The Consultative Body will provide opportunity for broad, fair and equitable input to the COP for the decision-making processes of the COP. Further, the Consultative Body will provide opportunity for facilitation of implementation of COP decisions through modalities to be established by the COP. For the avoidance of doubt, it is understood that the Consultative Body will not participate in any decision-making, whether by consensus, voting or otherwise, of the COP.

3. The Consultative Body shall be composed of (i) delegates representing Parties; and (ii) representatives of the United Nations and its specialized and related agencies, as well as any State Member thereof or observers thereto not Party to the WHO CA+. Further, representatives of any body or organization, whether national or international, governmental or nongovernmental, private sector or public sector, which is qualified in matters covered by the WHO CA+, may be admitted upon formal application, in accordance with terms and conditions to be adopted by the COP, renewable every three years, unless at least one third of the Parties object.

4. The Consultative Body shall be subject to the oversight of the COP, including rules of procedure adopted by the COP.

## Article 22. Oversight mechanisms for the WHO CA+

1. The Governing Body, at its first meeting, shall consider and approve cooperative procedures and institutional mechanisms to promote compliance with the provisions of the WHO CA+ and also address cases of non-compliance.

2. These measures, procedures and mechanisms shall include monitoring provisions and accountability measures to systematically address the achievement and gaps of capacities for prevention, preparedness, response and recovery of health systems, and the impact of pandemics, by means that include submission of periodic reports, reviews, remedies and actions, and to offer advice or assistance, where appropriate. These measures shall be separate from, and without prejudice to, the dispute settlement procedures and mechanisms under the WHO CA+.

### Article 23. Assessment and review

The Governing Body shall establish a mechanism to undertake, three years after the entry into force of the WHO CA+, and thereafter every three years and upon modalities determined by the Governing Body, an evaluation of the relevance and effectiveness of the WHO CA+, and recommend corrective measures, including, if deemed appropriate, amendments to the text of the WHO CA+.

### Article 24. Secretariat

1. A Secretariat for the WHO CA+ shall be provided by the Director-General of the World Health Organization. Secretariat functions shall be:

    a. to make arrangements for sessions of the Governing Body and any subsidiary bodies and to provide them with services as required;

    b. to transmit reports received by it pursuant to the WHO CA+;

    c. to provide support to the Parties, on request, in the compilation and communication of information required in accordance with the provisions of the WHO CA+;

    d. to prepare reports on its activities under the WHO CA+ under the guidance of the Governing Body, and submit them to the Governing Body;

    e. to ensure, under the guidance of the Governing Body, the necessary coordination with the competent international and regional intergovernmental organizations and other bodies;

    f. to enter, under the guidance of the Governing Body, into such administrative or contractual arrangements as may be required for the effective discharge of its functions; and

    g. to perform other secretariat functions specified by the WHO CA+ and such other functions as may be determined by the Governing Body.

## Chapter VIII. Final provisions

### Article 25. Reservations

1. No reservations or exceptions may be made to this WHO CA+ unless expressly permitted by other articles of this WHO CA+.

2. A reservation incompatible with the object and purpose of the WHO CA+ shall not be permitted.

3. Reservations that are receivable in accordance with the above, once made, may be withdrawn at any time by notification to this effect addressed to the Depositary, who shall then inform all Parties thereof. Such notification shall take effect on the date on which it is received.

### Article 26. Confidentiality and data protection

Any exchange of data or information by the Parties pursuant to the WHO CA+ shall respect the right to privacy, including as such right is established under international law, and will be consistent with each Party's national law, as applicable, regarding confidentiality and privacy.

## Article 27. Withdrawal

1. At any time after two years from the date on which the WHO CA+ has entered into force for a Party that Party may withdraw from the WHO CA+ by giving written notification to the Depositary.

2. Any such withdrawal shall take effect upon expiry of one year from the date of receipt by the Depositary of the notification of withdrawal, or on such later date as may be specified in the notification of withdrawal.

3. Any Party that withdraws from the WHO CA+ shall not be considered as having also withdrawn from any protocol to which it is a Party, or from any related instrument, unless such a Party formally withdraws from such other instruments, and does so in accordance with the relevant terms, if any, thereof.

## Article 28. Right to vote

1. Each Party to the WHO CA+ shall have one vote in the COP, except as provided for in paragraph 2 of this Article.

2. Regional economic integration organizations, in matters within their competence, shall exercise their right to vote with a number of votes equal to the number of their Member States that are Parties to the WHO CA+. Such an organization shall not exercise its right to vote if any of its Member States exercises its right, and vice versa.

## Article 29. Amendments to the WHO CA+

1. Any Party may propose amendments to the WHO CA+. Such amendments will be considered by the COP, which may invite views of the Consultative Body.

2. Amendments to the WHO CA+ shall be adopted by the COP. The text of any proposed amendment to the WHO CA+ shall be communicated to the Parties by the Secretariat at least three months before the session at which it is proposed for adoption. The Secretariat shall also communicate proposed amendments to the signatories of the WHO CA+ and, for information, to the Depositary.

3. The Parties shall make every effort to reach agreement by consensus on any proposed amendment to the WHO CA+. If all efforts at consensus have been exhausted, and no agreement reached, the amendment shall as a last resort be adopted by a two-thirds majority vote of the Parties present and voting at the session. For purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote. Any adopted amendments shall be communicated by the Secretariat to the Depositary, who shall circulate it to all Parties for acceptance.

4. An amendment adopted in accordance with paragraph 3 of this Article shall enter into force, for those Parties having accepted it, on the ninetieth day after the date of receipt by the Depositary of an instrument of acceptance by at least two-thirds of the Parties.

5. The amendment shall enter into force for any other Party on the ninetieth day after the date on which that Party deposits with the Depositary its instrument of acceptance of the said amendment.

## Article 30. Adoption and amendment of annexes to the WHO CA+

1. The COP may adopt annexes to the WHO CA+ and amendments thereto.

2. Annexes to the WHO CA+ shall form an integral part thereof and, unless otherwise expressly provided, a reference to the WHO CA+ constitutes at the same time a reference to any annexes thereto.

3. Annexes shall be restricted to lists, forms and any other descriptive material relating to procedural, scientific, technical or administrative matters, and shall not be substantive in nature.

## Article 31. Protocols to the WHO CA+

1. Any Party may propose protocols to the WHO CA+. Such proposals will be considered by the COP, which may invite the views of the Consultative Body.

2. The COP may adopt protocols to the WHO CA+. In adopting these protocols every effort shall be made to reach consensus. If all efforts at consensus have been exhausted and no agreement reached, the protocol shall as a last resort be adopted by a two-thirds majority vote of the Parties present and voting at the session. For the purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote.

3. The text of any proposed protocol shall be communicated to the Parties by the Secretariat at least three months before the session at which it is proposed for adoption.

4. States that are not Parties to the WHO CA+ may be Parties to a protocol thereof, provided the protocol so provides.

5. Any protocol to the WHO CA+ shall be binding only on the Parties to the protocol in question. Only Parties to a protocol may take decisions on matters exclusively relating to the protocol in question.

6. The requirements for entry into force of any protocol shall be established by that instrument.

## Article 32. Signature

The WHO CA+ shall be open for signature by all Members of the World Health Organization, any States that are not Members of the World Health Organization but are members of the United Nations, and by regional economic integration organizations, at the World Health Organization headquarters in Geneva, immediately following its adoption by the World Health Assembly at the Seventy-seventh World Health Assembly, from XX May 2024 to XX July 2024, and thereafter at United Nations Headquarters in New York, from XX August 2024 to XX November 2024.

## Article 33. Ratification, acceptance, approval, formal confirmation or accession

1. The WHO CA+ shall be subject to ratification, acceptance, approval or accession by States, and to formal confirmation or accession by regional economic integration organizations. It shall be open for accession from the day after the date on which the WHO CA+ is closed for signature. Instruments of ratification, acceptance, approval, formal confirmation or accession shall be deposited with the Depositary.

2. Any regional economic integration organization that becomes a Party to the WHO CA+ without any of its Member States being a Party shall be bound by all the obligations under the WHO CA+. In the case of those organizations, where one or more of its Member States is a Party to the WHO CA+, the organization and its Member States shall decide on their respective responsibilities for the performance of their obligations under the WHO CA+. In such cases, the organization and the Member States shall not be entitled to exercise rights under the WHO CA+ concurrently.

3. Regional economic integration organizations shall, in their instruments relating to formal confirmation or in their instruments of accession, declare the extent of their competence with respect to the matters governed by the WHO CA+. These organizations shall also inform the Depositary, who shall in turn inform the Parties, of any substantial modification in the extent of their competence.

## Article 34. Entry into force

1. The WHO CA+ shall enter into force on the thirtieth day following the date of deposit of the thirtieth instrument of ratification, acceptance, approval, formal confirmation or accession with the Depositary.

2. For each State that ratifies, accepts or approves the WHO CA+ or accedes thereto after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the WHO CA+ shall enter into force on the thirtieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession.

3. For each regional economic integration organization depositing an instrument of formal confirmation or an instrument of accession after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the WHO CA+ shall enter into force on the thirtieth day following the date of its depositing of the instrument of formal confirmation or of accession.

4. For the purposes of this Article, any instrument deposited by a regional economic integration organization shall not be counted as additional to those deposited by Member States of the Organization.

## Article 35. Provisional application by the Parties, and actions to give effect to the provisions of the WHO CA+ by the World Health Assembly

1. The WHO CA+ may be applied provisionally, in whole or in part, by a signatory and/or Party that consents to its provisional application by so notifying the Depositary in writing at the time of signature of the instrument, or signature or deposit of its instrument of ratification, acceptance, approval, formal confirmation or accession. Such provisional application shall become effective from the date of receipt of the notification by the Secretary-General of the United Nations.

2. Provisional application by a signatory and/or Party shall terminate upon the entry into force of the WHO CA+ for that Party or upon notification by that signatory and/or Party to the Depositary in writing of its intention to terminate its provisional application.

3. Provisions of the WHO CA+ may be given effect as recommendations for all Member States of the World Health Organization under Article 23 of the WHO Constitution, and given effect as policies of the World Health Organization, understood as authoritative with respect to the Director-General, under Articles 18(a), 28(a) and 31 of the WHO Constitution.

## Article 36. Settlement of disputes

1. In the event of a dispute between two or more Parties concerning the interpretation or application of the WHO CA+, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach agreement by good offices, mediation or conciliation shall not absolve Parties to the dispute from the responsibility of continuing to seek to resolve it.

2. When ratifying, accepting, approving, formally confirming or acceding to the WHO CA+, or at any time thereafter, a Party may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory *ipso facto* and without special agreement, in relation to any Party accepting the same obligation: (i) submission of the dispute to the International Court of Justice; and/or (ii) ad hoc arbitration in accordance with procedures to be adopted by consensus by the Governing Body.

3. The provisions of this Article shall apply with respect to any protocol as between the Parties to the protocol, unless otherwise provided therein.

## Article 37. Depositary

The Secretary-General of the United Nations shall be the Depositary of the WHO CA+ and amendments thereto and of protocols and annexes adopted in accordance with the terms of the WHO CA+.

## Article 38. Authentic texts

The original of the WHO CA+, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

= =