



WORLD HEALTH ORGANIZATION

WORLD HEALTH ASSEMBLY SECOND SPECIAL SESSION

GENEVA, 29 NOVEMBER–1 DECEMBER 2021

**DECISIONS
ANNEX**

SUMMARY RECORDS

**GENEVA
2021**

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

| | | | |
|-------|---|--------|--|
| ASEAN | – Association of Southeast Asian Nations | UNAIDS | – Joint United Nations Programme on HIV/AIDS |
| FAO | – Food and Agriculture Organization of the United Nations | UNCTAD | – United Nations Conference on Trade and Development |
| IAEA | – International Atomic Energy Agency | UNDP | – United Nations Development Programme |
| IARC | – International Agency for Research on Cancer | UNEP | – United Nations Environment Programme |
| ICAO | – International Civil Aviation Organization | UNESCO | – United Nations Educational, Scientific and Cultural Organization |
| IFAD | – International Fund for Agricultural Development | UNFPA | – United Nations Population Fund |
| ILO | – International Labour Organization (Office) | UNHCR | – Office of the United Nations High Commissioner for Refugees |
| IMF | – International Monetary Fund | UNICEF | – United Nations Children’s Fund |
| IMO | – International Maritime Organization | UNIDO | – United Nations Industrial Development Organization |
| INCB | – International Narcotics Control Board | UNODC | – United Nations Office on Drugs and Crime |
| IOM | – International Organization for Migration | UNRWA | – United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| ITU | – International Telecommunication Union | WFP | – World Food Programme |
| OECD | – Organisation for Economic Co-operation and Development | WIPO | – World Intellectual Property Organization |
| OIE | – World Organisation for Animal Health | WMO | – World Meteorological Organization |
| PAHO | – Pan American Health Organization | WTO | – World Trade Organization |

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The Second special session of the World Health Assembly was held in a hybrid format, using video conference technology and coordinated from WHO headquarters, Geneva, from 29 November to 1 December 2021, in accordance with the decision of the Executive Board at its 149th session.¹

¹ Decision EB149(11) (2021).

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¹ In line with the special procedures adopted by the Second special session of the World Health Assembly in decision SSA2(1), summary rather than verbatim records were made of the public plenary meetings of the Second special session.

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 3. Closure of the Health Assembly
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¹ Adopted at the first plenary meeting.

LIST OF DOCUMENTS

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| SSA2/1 Rev.1 | Agenda ¹ |
| SSA2/1 Add.1 | Preliminary daily timetable |
| SSA2/2 | Special procedures |
| SSA2/3 | Report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly |
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¹ See page ix.

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES^{1,2}

President

Ms Dechen WANGMO (Bhutan)

Vice-Presidents

Professor Benjamin HOUNKPATIN (Benin)³

Mr Enkhbold SEREEJAV (Mongolia)

Dr Hanan M. AL-KUWARI (Qatar)

Mr Tanel KIIK (Estonia)

Dr Francisco José COMA MARTÍN
(Guatemala)⁴

Secretary

Dr Tedros Adhanom GHEBREYESUS,
Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Andorra, Australia, Cameroon, Haiti, Iceland, Mali, Monaco, Namibia, Panama, Singapore, Somalia and Thailand.

Chair: H.E. Ms Carole LANTERI (Monaco)

Vice-Chair: Dr Lyn JAMES (Singapore)

Secretary: Mr Xavier DANNEY, Senior Legal Officer

¹ In addition, the list of delegates and other participants is contained in document SSA2/DIV./1 Rev.1.

² As per decision SSA2(1), all business of the Second special session was conducted in plenary. Accordingly, the General Committee, the main committees and subcommittees were not established.

³ Vice-President acting as President at the Second special session.

⁴ Elected by the Second special session in decision SSA2(2) (2021), which was adopted at the first plenary meeting.

PART I
DECISIONS
ANNEX

DECISIONS

SSA2(1) Special procedures

The Second special session of the World Health Assembly, having considered the report on special procedures,¹

Decided to adopt the special procedures set out in the Annex to this decision in order to regulate the conduct of hybrid meetings of the Second special session of the World Health Assembly, opening on 29 November 2021 and closing no later than 1 December 2021.

ANNEX

SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF HYBRID MEETINGS OF THE SECOND SPECIAL SESSION OF THE WORLD HEALTH ASSEMBLY

RULES OF PROCEDURE

1. The Rules of Procedure of the Health Assembly shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Health Assembly's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary in accordance with Rule 122 of the Rules of Procedure of the Health Assembly.²

ATTENDANCE

2. Member States and Associate Members shall, where possible and subject to capacity and other limitation due to public health considerations, be physically present for the purposes of the session.

3. Attendance by delegates from Member States and Associate Members who, for any reason, are not able to be physically present for the purposes of the session, as well as of Observers, invited representatives of the United Nations and of other participating intergovernmental organizations, and non-State actors shall be through a secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the meeting remotely.

¹ Document SSA2/2.

² This will affect notably the relevant provisions of the following Rules of Procedure of the World Health Assembly as they appear in the 49th edition of Basic documents:

- Rules 30–42 (General Committee, main committees and subcommittees), as well as the relevant provisions of Rule 13 and Rules 44–48 insofar as they refer to these committees;
- Rules 73, 78–79 and 81 through 86 (voting by show of hands and secret ballot);
- Rules 90 and 92–95 (records of the Health Assembly); and
- Rule 121 (amendments and additions to the Rules of Procedure) insofar as these special procedures may be regarded as additions to the Rules of Procedure and to the extent that Rule 121 requires receipt and consideration of a report thereon by an appropriate committee.

QUORUM

4. It is understood that virtual attendance of Member States shall be taken into account when calculating the presence of a quorum.

ADDRESSING THE HEALTH ASSEMBLY

5. Member States, Associate Members, Observers, invited representatives of the United Nations and of other participating intergovernmental organizations as well as, at the invitation of the presiding officer, non-State actors in official relations with the Organization, shall be provided with the opportunity to take the floor.

6. Member States and Associate Members shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three minutes, and regional and group statements of no more than four minutes. Pre-recorded video statements should be submitted in advance of the opening of the session. The video statements so submitted shall be broadcast in lieu of a live intervention.

7. Any Member State wishing to raise a point of order or exercise a right of reply in relation to either an oral or a pre-recorded video statement made at the Health Assembly should signal their intention to do so. It is understood that, in accordance with well-established practice, any right of reply to either an oral or a pre-recorded video statement shall be exercised at the end of the relevant meeting.

COMMITTEES

8. All business of the Second special session shall be conducted in plenary. Accordingly, the General Committee, the main committees and subcommittees shall not be established. Matters normally determined by the General Committee under Rule 32 shall be determined by the plenary. Notwithstanding the foregoing, the Committee on Credentials shall be appointed to assess the credentials of Member States and Associate Members in accordance with Rule 24 of the Rules of Procedure of the World Health Assembly.

DECISION-MAKING

9. All decisions of the Second special session of the Health Assembly should, as far as possible, be taken by consensus. In any event, no decision shall be taken by show of hands or secret ballot.

10. In the event that a vote is required, voting shall take place by roll call. Delegations whose Chief Delegate, or other Delegate or Alternate designated to vote, are not physically present for the purposes of the session will be called to vote through the virtual system.

11. During a roll-call vote, should any delegate fail to cast a vote for any reason, that delegate shall be called upon a second time after the conclusion of the initial roll call. Should the delegate fail to cast a vote on the second call, the delegation concerned shall be recorded as absent.

OFFICIAL RECORDS

12. Summary records of all the public plenary meetings of the Second special session of the World Health Assembly shall be made available in English only. No verbatim records will be made of public plenary meetings of the Second special session.

SCOPE OF THESE SPECIAL PROCEDURES

13. The procedures set out above are adopted for the purpose of the Second special session of the World Health Assembly only, as exceptional measures to enable the work of the Organization to continue during the extraordinary situation arising from the COVID-19 pandemic, and should not be considered as setting a precedent for future Health Assemblies.

(First plenary meeting, 29 November 2021)

SSA2(2) Election of officer at the Second special session of the World Health Assembly

The Second special session of the World Health Assembly elected the following officer:

Vice-President: Dr Francisco José Coma Martín (Guatemala)

(First plenary meeting, 29 November 2021)

SSA2(3) Composition of the Committee on Credentials

The Second special session of the World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Andorra, Australia, Cameroon, Haiti, Iceland, Mali, Monaco, Namibia, Panama, Singapore, Somalia, Thailand.

(First plenary meeting, 29 November 2021)

SSA2(4) Verification of credentials

The Second special session of the World Health Assembly accepted the credentials presented by the following 173 Member States as being in conformity with the Rules of Procedure of the World Health Assembly: Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Chad; Chile; China; Colombia; Congo; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czechia; Democratic People's Republic of Korea; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Eswatini; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Namibia; Nauru; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; North Macedonia; Norway; Oman; Pakistan; Panama; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Somalia; South Africa; Spain; Sri Lanka; Sudan; Suriname; Sweden; Switzerland; Syrian Arab Republic; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United

States of America; Uruguay; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

(Fifth plenary meeting, 1 December 2021)

SSA2(5) The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response¹

The Second special session of the World Health Assembly,

Recalling resolution WHA74.7 (2021) and decision WHA74(16) (2021), and welcoming the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR);² expressing appreciation for the ongoing work of the WGPR under resolution WHA74.7, including to identify the tools to implement the recommendations that fall under the technical work of WHO and further develop proposals to strengthen the International Health Regulations (IHR (2005)) including potential targeted IHR (2005) amendments, and elements that may most effectively be addressed in other venues; acknowledging the need to address gaps in preventing, preparing for, and responding to health emergencies, including in development and distribution of, and unhindered, timely and equitable access to, medical countermeasures such as vaccines, therapeutics and diagnostics, as well as strengthening health systems and their resilience with a view to achieving universal health coverage; emphasizing the need for a comprehensive and coherent approach to strengthen the global health architecture, and recognizing the commitment of Member States to develop a new instrument for pandemic prevention, preparedness and response with a whole-of-government and whole-of-society approach, prioritizing the need for equity; stressing that Member States should guide their efforts to develop such an instrument by the principle of solidarity with all people and countries, that should frame practical actions to deal with both causes and consequences of pandemics and other health emergencies,

1. Decided:

(1) to establish, in accordance with Rule 41 of its Rules of Procedure, an intergovernmental negotiating body open to all Member States and Associate Members³ (the “INB”) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB;

(2) that the first meeting of the INB shall be held no later than 1 March 2022, in order to elect two co-chairs, reflecting a balance of developed and developing countries, and four vice-chairs, one from each of the six WHO regions, and to define and agree on its working methods and timelines, consistent with this decision and based on the principles of inclusiveness, transparency, efficiency, Member State leadership and consensus;

(3) that as part of its working methods, the INB shall determine an inclusive Member State led process, to be facilitated by the co-chairs and vice-chairs, to first identify the substantive elements of the instrument and to then begin the development of a working draft to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no

¹ See Annex for the financial and administrative implications for the Secretariat of this decision.

² Document SSA2/3.

³ And regional economic integration organizations as appropriate.

later than 1 August 2022, at the end of which the INB will identify the provision of the WHO Constitution under which the instrument should be adopted in line with paragraph (1);

(4) that the process referred to in paragraph (3) should be informed by evidence and should take into account the discussions and outcomes of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, considering the need for coherence and complementarity between the process of developing the new instrument and the ongoing work under resolution WHA74.7, particularly with regard to implementation and strengthening of the IHR (2005);

(5) that the INB shall submit its outcome for consideration by the Seventy-seventh World Health Assembly, with a progress report to the Seventy-sixth World Health Assembly;

2. Requested the Director-General to support the INB by:

(1) convening its first meeting no later than 1 March 2022, and subsequent meetings at the request of the co-chairs as frequently as necessary;

(2) holding public hearings, in line with standard WHO practice, prior to the second meeting of the INB to inform its deliberations;

(3) facilitating the participation, to the extent the INB so decides, in accordance with relevant Rules of Procedure and resolutions and decisions of the Health Assembly, of representatives of organizations of the United Nations system and other intergovernmental organizations with which WHO has established effective relations, Observers, representatives of non-State actors in official relations with WHO, and of other relevant stakeholders and experts as decided by the INB, recognizing the importance of broad engagement to ensure a successful outcome;

(4) providing the INB with the necessary services and facilities for the performance of its work, including complete, relevant and timely information and advice.

(Fifth plenary meeting, 1 December 2021)

ANNEX

ANNEX

Financial and administrative implications for the Secretariat of decisions adopted by the Health Assembly

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| Decision: | The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response |
| A. Link to the approved Programme budget 2022–2023 | |
| 1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute: | 4.2.1. Leadership, governance and external relations enhanced to implement GPW13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform |
| 2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | 29 months (January 2022–May 2024). |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total resource requirements to implement the decision, in US\$ millions: | US\$ 2.84 million. |
| 2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions: | US\$ 2.24 million. |
| 2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions: | Not applicable. |
| 3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions: | US\$ 0.60 million. |
| 4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: | Not applicable. |

PART II
SUMMARY RECORDS

FIRST MEETING

Monday, 29 November 2021, at 10:00

President: Professor B. HOUNKPATIN (Benin)

- 1. OPENING OF THE HEALTH ASSEMBLY:** Item 1 of the provisional agenda (documents SSA2/2 and SSA2/5)

Opening of the session

The PRESIDENT declared open the Second special session of the World Health Assembly.

Mr TOKAYEV (President, Kazakhstan) said that the fact that WHO was holding a special session of the World Health Assembly for only the second time in its history reflected the critical importance of the fight against the coronavirus disease (COVID-19) pandemic. WHO had played a leading role in the global public health crisis, which had touched all Member States. With the emergence of new and dangerous variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), such as the Omicron variant of SARS-CoV-2 (B.1.1.529) recently identified by South African researchers, the number of cases of COVID-19 was expected to rise.

The pandemic had highlighted many shortcomings in international cooperation and had forced governments to reassess the social fabric at all levels. It had also confirmed the need for a new global approach and a more effective system for confronting biological challenges, prioritizing efforts to close the gaps that had made the world vulnerable to COVID-19. Accordingly, the special session would consider the development of a WHO convention or international instrument on pandemic preparedness and response. His Government supported that goal. He thanked the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and expressed support for WHO and the Director-General as partners in the fight against the COVID-19 pandemic.

However, the pandemic was not simply a health emergency. It had exposed not only structural weaknesses within countries and national health systems but also systemic inequalities at the global level. His Government would continue to encourage and contribute to the equitable global allocation of vaccines, and supported the strategy to achieve global COVID-19 vaccination by mid-2022. He highlighted the contribution of the QazVac (QazCovid-in) vaccine in Central Asia, including against the Delta variant of SARS-CoV-2 (B.1.617.2).

The prosperity and wealth of all peoples depended on health, which in turn depended on solidarity and a global coordinated response to common threats. He urged all Member States to unite in achieving that goal, under the stewardship of WHO.

The PRESIDENT invited the Health Assembly to watch a video¹ outlining the highlights of WHO's COVID-19 response.

Mr BERSET (Federal Councillor, Switzerland) said that the special session of the World Health Assembly provided an opportunity to reflect on the devastation of the COVID-19 pandemic, nearly two years after it had begun. The world had been caught off-guard, more than 5 million people had lost their

¹ Highlights of WHO's COVID-19 response [video]. Geneva: World Health Organization; 2021 (https://www.youtube.com/watch?v=W42bgM_eIjA, accessed 3 February 2022).

lives and no country had been spared from its health, social and economic impacts. Inequalities in vaccine access remained a crucial issue, and the Omicron variant was a reminder that the pandemic was not over. Only by working together could the international community avoid another pandemic. It was the responsibility of all Member States to address existing gaps and weaknesses and ensure a better level of preparedness, because more global health risks in the future were inevitable. Actions must be stronger, faster and more equitable; resources should be better distributed; and there should be more investment in prevention at the national and international levels. The COVID-19 pandemic had demonstrated the importance of a strong, efficient, universal and sustainable WHO. WHO must remain at the centre of global health governance, and be well equipped to play its role as the leader and coordinator of global health measures.

In May 2021, the Seventy-fourth World Health Assembly had not been ready to decide how to strengthen WHO. Since then, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies had met several times to consider the advantages of developing a new international instrument, and his Government fully supported its recommendations. Although Member States were not all in agreement on how to proceed, the stakes were high and a decision must be taken. A legally binding international instrument, drawn up under the auspices of WHO, was required in order to strengthen global health emergency preparedness and response. The International Health Regulations (2005) should also be better applied, and his Government was willing to work constructively towards a consensus decision in that regard.

Member States must seek the pragmatic solutions eagerly awaited by their citizens through open dialogue and joint efforts under the transparent and credible framework provided by WHO. The world was watching, and Member States should be audacious in their discussions and decision-making.

Ms MERKEL (Chancellor, Germany) said that the COVID-19 pandemic had highlighted deficiencies but had also revealed a spirit of solidarity. WHO played a central role in coordinating global health initiatives, including in implementing international health provisions, providing scientific experts to research the origins of viruses and infection outbreaks, and shaping a fund for global health security. WHO required reliable financing to carry out its important role and must be able to act swiftly in a crisis and set new priorities as required. In that regard, she encouraged Member States to increase the non ear-marked portion of their assessed contributions to 50% of the total. Viruses did not recognize national borders and a binding pandemic treaty should be developed, which contained measures to improve the prevention and early detection of and response to pandemics and other health emergencies. Member States had to work together with WHO to counter future threats to global health.

Mr PIÑERA (President, Chile) said that the special session of the Health Assembly was a pivotal moment in the history of WHO and in the history of humankind's efforts to effectively control the spread of contagious diseases. The Health Assembly had before it an unprecedented challenge but also an unprecedented opportunity to make a real difference between life and death. He commended the tireless work of WHO and its personnel during the COVID-19 pandemic, including through the publication of key guidelines and recommendations. WHO's invaluable advice had helped his Government to shape the COVID-19 response in Chile through strengthening the health system, implementing a test, trace and isolation strategy, and launching a step-by-step plan and a successful vaccination programme.

However, those heroic efforts had been insufficient because the pandemic preparedness and response system had been inadequate. WHO had not had the tools and resources it required to fulfil the role expected of it, and the international community had paid a high price for that. Steps must be taken to ensure that, when the next pandemic came, WHO and Member States would be better prepared with stronger institutions, more resources and a better infrastructure. It was the responsibility of the Health Assembly to take the first step towards that goal. He welcomed the proposals provided by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, particularly those related to developing a convention, treaty or other form of international instrument on pandemic preparedness and response.

Member States could not keep using the same methods and instruments and expect different results. Non-binding instruments did not go far enough. The world had already lost enough in the previous two years: freedom, opportunities, well-being, quality of life, and, more importantly, lives. It was time to begin the process towards a better instrument, to ensure that a lack of transparency, cooperation, solidarity and coordination never again caused avoidable human suffering and such a high death toll. Although the Assembly faced a difficult mission, Member States should not be discouraged and should, on the contrary, become more ambitious and determined to develop a binding treaty on pandemic preparedness and response. The sacrifices made during that process would be easier to bear than facing the next pandemic without improvements to the current system. The development of a convention or treaty would improve that global system, strengthen the global health architecture, create new channels for information sharing, and promote scientific and technological progress to increase cooperation and solidarity between countries.

HRH PRINCE SALMAN BIN HAMAD AL KHALIFA (Bahrain), speaking on behalf of the King of Bahrain, said that for decades the global community had ignored the urgent warnings of public health experts regarding the gaps in global health systems and the glaring health disparities between and within nations. While mourning the loss of over 5 million COVID-19 victims and, while beginning the difficult task of rebuilding, it was time to listen and to act. The COVID-19 pandemic had exposed the world's lack of preparedness and had exploited its interconnected nature. Without a global plan of action, countries around the world had turned inwards and, as a result, early detection and alert systems had broken down, there had been no standardized containment protocols, misinformation had proliferated, and markets and supply chains had been disrupted, leaving many people without ready access to essential goods, diagnostic tools, treatments and vaccines. The international community must not be lulled into complacency in the belief that the current pandemic was an anomaly. It must enact real change and approach global pandemic preparedness with the same determination given to geopolitical threats. Only then could it build a global health system that could serve as the first and most effective line of defence against the emergence of communicable diseases.

The Government of Bahrain had realized the importance of preparedness and collaboration before the first case of COVID-19 had been detected in the country, and it had established a nerve centre to coordinate containment efforts and marshal resources, initiating a whole-of-country response. A policy of radical transparency had been adopted, fostering a sense of public trust and collective responsibility. Community leaders, medical practitioners, policy-makers, citizens and residents had come together to form one team that had united around a firm sense of shared purpose, with over 50 000 citizens volunteering in different fields. Hospitals, whose capacity had been increased, had also been equipped with personal protective equipment, ventilators and medicines, housing had been secured for those living in crowded accommodation, and a world-leading test, trace and treat system had been implemented. As a result, Bahrain had one of the highest recovery rates in the world; 93% of the eligible population had been vaccinated, of whom 50% had received a booster dose. The coordination team had prioritized health alongside the economy and mental health, and had avoided a national lockdown.

Effective national-level responses were no substitute for a global public health system that was capable of stopping a pathogen in its tracks. However, they demonstrated the importance of preparedness and early intervention, and the value of transparency, collaboration and an enduring commitment to data-driven, science-led policy-making. Those principles should guide the discussions during the special session.

None of the challenges caused by COVID-19 were insurmountable if Member States were willing to work together, as evidenced by the rapid development of COVID-19 vaccines. However, access to such game-changing innovations must be equal, particularly in the context of emerging variants of SARS-CoV-2. Global vaccination coverage currently stood at 40%, but that figure fell to below 3% in some countries, while others had large stocks of unused vaccines. Governments must look outwards and join together to learn the lessons from COVID-19 and protect present and future generations from the scourge of pandemics.

Mr AINGIMEA (President, Nauru) said that many developing countries remained without adequate supplies to fight the COVID-19 pandemic. Nauru remained free of COVID-19, and had been fortunate to receive vaccines from its key development partners and the COVID-19 Vaccine Global Access (COVAX) Facility. A whole-of-government approach to COVID-19 had been instigated to address, capture, contain and mitigate the risk of the pandemic to Nauru. The approach had been coordinated by a national task force, mandated by the Government to determine, implement, and regulate the COVID-19 response, which included stringent border and health security measures. The Government's quick and sustained actions would not have been possible without the support provided by its partners. Intersectoral and intergovernmental cooperation were essential for a successful global response and preparedness to COVID-19 and future pandemics. Any intergovernmental process must be diverse and inclusive and engage all stakeholders, not only Member States. Continuing to omit the Republic of China, Taiwan,¹ created a gap that undermined global preparedness and response to health emergencies.

Acknowledging the efforts of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, he agreed with the general consensus that several key aspects of health emergency preparedness and response could not be addressed solely within the scope of the International Health Regulations (2005) and might be best addressed either through a new instrument or through other normative policy or programmatic tools available through WHO. There was a need for clarity on the way forward with an early decision to strengthen the Regulations or to develop a new instrument on health security and pandemic preparedness and response, or to do both. Due consideration should be given to the global inequitable access to vaccines, diagnostic tools, personal protective equipment, medical consumables and essential medicines, including new approved drug regimes. The pandemic had highlighted the need for sharing data and lessons learned. No one was safe until the whole world was safe.

Nauru, like many other small island developing States, struggled to sustain its health system, especially given the increasing burden of communicable and noncommunicable diseases. Therefore, the need to enhance surge capacity should be considered at both the country and regional levels. He supported the call for sustainable financing of WHO. However, when embracing a One Health approach, health must be recognized as an economic good, and stronger engagement with international financial institutions, private enterprises and developed economies was required. He supported all efforts to strengthen global health governance and requested that future governance arrangements should support WHO regions in ensuring an inclusive dialogue with all stakeholders, particularly across Pacific island States. The special interests of island nations must be adequately considered.

Leaving no one behind was a global responsibility. The COVID-19 pandemic and future health emergencies could be overcome only through unity and inclusiveness.

Mr MICHEL (President, European Council) congratulated WHO for its courage and ambition in organizing the special session of the World Health Assembly and expressed the hope that history would be made. The world was facing yet another wave of COVID-19, which was a clear reminder of the duty of Member States to their citizens and to each other, and of the collective responsibility to ensure that another pandemic would never find the world unprepared or uncoordinated, with nations working in isolation. The outcome of the special session was vital for future cooperation and for prevention, preparedness detection, and response in connection with future health threats. As a strong advocate for an international treaty or legally binding instrument on pandemic preparedness, he said that it was time for a change in the global health architecture. He thanked the Director-General, leaders of nations and international organizations for their cooperation, which should remain at the forefront of global efforts. The international community must show that it could cooperate, build bridges and find solutions. It was not easy to manage the challenges of global health threats, but when countries worked together, human ingenuity knew no bounds, as the development of COVID-19 vaccines in just ten months had shown.

¹ World Health Organization terminology refers to "Taiwan, China".

It was time for the Health Assembly to provide the legal framework for sustainable solutions, including guaranteeing that, in the event of another pandemic, vaccines and other countermeasures would be available and accessible on an equitable basis. Existing inequalities could not be allowed to continue. The One Health approach represented a unique opportunity to get to the heart of pandemic prevention and must be translated into concrete action and tangible instruments. As 70% of future pandemics were expected to stem from zoonotic diseases, a better understanding of the links between human, animal, and environmental health was essential.

Expressing appreciation of all the efforts to improve global health governance, overcome the COVID-19 pandemic and prevent the next pandemic, he urged Member States to take bold and decisive action. It was time to capitalize on the current momentum and make the world a safer place for all citizens.

Ms VON DER LEYEN (President, European Commission) commended the Director-General and his team for their tireless efforts to uphold the multilateral framework that was essential for global health security. Collective action was the only robust answer to fighting the current and future pandemics and some of that work had begun at the Global Health Summit 2021 in May 2021, where a commitment had been made to work together to ensure that COVID-19 was the last global pandemic. Through the Rome Declaration (2021), the leaders of the G20 and other States had committed to learning lessons from the COVID-19 pandemic and to being better prepared for the future. She therefore welcomed the Health Assembly's decision to begin negotiations towards an international instrument to strengthen pandemic prevention, preparedness and response, alongside targeted improvements to the International Health Regulations (2005), an overall strengthening of WHO, and the establishment of a new financial intermediary fund at the World Bank for global health security and pandemic preparedness. She looked forward to the launch of inclusive multilateral negotiations in 2022.

Urgent tasks remained in the COVID-19 response, with the global community now facing the threat of the highly transmissible Omicron variant. However, it was clear that lessons had been learned, and she commended the leadership of the President of South Africa. His country's analytical work and transparency in sharing the results had been indispensable for a swift global response. South Africa's actions had saved many lives and offered an example of how international cooperation should work in the face of cross-border health threats. Only collective, effective and immediate responses could work against viruses that did not respect either borders or good intentions.

At the Global Health Summit, the G20 leaders had agreed to uphold the principles of equity and good governance, and to make multilateral cooperation and solidarity the only viable way forward. The European Union was committed to that pledge, which had been reiterated at the G20 summit in Rome in October 2021. The European Union and its Member States would work hard to achieve the global vaccination target of 70% in 2022 and to support capacity-building for sequencing, testing, treatments and vaccination. The Member States of the European Union aimed to share at least 700 million doses of COVID-19 vaccines with low- and middle-income countries by mid-2022. She recalled that the European Union had helped to establish the Access to COVID-19 Tools (ACT) Accelerator, and had provided €3 billion, notably for global vaccination through the COVAX Facility. Furthermore, the European Union was investing in vaccine manufacturing in Africa and engaging in that area with South America.

The European Union would continue to work with its partners to overcome the COVID-19 pandemic and ensure that the world was better prepared for the future.

Dr HATCHETT (Chief Executive Officer, Coalition for Epidemic Preparedness Innovations), speaking on behalf of the organizations comprising the ACT-Accelerator, said that when the special session of the World Health Assembly had been planned, it had not been expected to take place at a time of impending crisis that epitomized its importance and the need for a global pandemic preparedness and response framework. The emergence of the Omicron variant had fulfilled the predictions of scientists who had warned that the elevated transmission of SARS-CoV-2 in areas with limited access to vaccines and low vaccination rates would provide a fertile environment for its evolution, highlighting the inequity

that had characterized the global COVID-19 response. The cases had, however, been identified because of the diagnostic and testing capacities in Botswana and South Africa, which, while low compared to many other countries, were among the highest on the continent. Moreover, the first-rate genomic sequencing capabilities in South Africa had quickly identified the potential dangers of the Omicron variant. The efficient national surveillance, detection and warning systems in Botswana and South Africa, and the commitment of those Governments to information sharing, had granted the world precious time to implement containment and other preparedness measures. The ACT-Accelerator's industry partners had begun to investigate whether current vaccines had been compromised and to develop new vaccines, in consultation with regulators and WHO.

The world was at a crossroads. Future global infectious disease emergencies and potential pandemic threats were a certainty, but it was up to WHO and its Member States to determine what would happen when those threats materialized. A global framework or convention on pandemic preparedness and response was essential in order to prevent future pandemics, accelerate the global availability of critical medical countermeasures, and ensure outcomes fairer than those achieved with COVID-19. The commonly used phrase, "no one is safe unless everyone is safe", should be supplemented with, "unless all are prepared to respond, and to act in accordance with globally agreed norms, when new threats emerge". Epidemics and pandemics were one of the greatest threats facing the world in the 21st century, after climate change. The global community must learn from the COVID-19 pandemic and must not rely on the uncoordinated actions of States. It was time to strengthen existing institutions, including the technical agencies working under the umbrella of the ACT-Accelerator, and to agree on principles for the sharing of data, specimens and countermeasures, including vaccines.

Dr FISHER (Global Outbreak Alert and Response Network) thanked the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme for acknowledging in their reports the work done by the Network's partners. Outbreaks exposed vulnerabilities related to governance, resources or systems, irrespective of the setting or capacity. Outbreak resilience was built on sound preparedness with robust health systems. Building emergency capabilities required coordination to enable States to quickly scale up core capacities, including clinical care, surveillance, contact tracing, quarantine and isolation, alongside other critical systems such as laboratory services, logistics, and infection prevention and control, while maintaining essential health services.

Community engagement was repeatedly underestimated in outbreaks, and continued to be a notable challenge in the COVID-19 pandemic. Leaders required a better understanding of the basic elements of outbreak response in order to engage the right outbreak responders, public health experts and scientists to support the implementation of response measures. The Network had been involved in all major outbreaks over the previous 21 years, and had deployed over 3500 experts through WHO to support response activities. Trust, credibility and expertise had been built based on the personal integrity, ethics and commitment of individual experts, with support from their primary institutions. The Network's robust technical and scientific skills could provide a foundation for preparedness, networking, and strengthening international solidarity, as well as acute response. Investments in national public health institutions, technical institutions and networks would benefit all nations, if carried out within the spirit of global collaboration. He encouraged building block investment in community and national capacities, strengthening national health authorities, technical agencies and multisectoral stakeholders with the support of partners from the Network.

Global health security required enhanced governance. Equity, greater accountability, and adherence to international norms and standards were essential for effective outbreak response, and to protect and support the most vulnerable. The operational capacities of the Network's technical partners could be leveraged to help develop better systems and expand the emergency health workforce at the country and international levels. That would require investment in those partners and increased technical collaboration and coordination.

The DIRECTOR-GENERAL,¹ thanking previous speakers for their contributions, recalled the words of Albert Camus, “Everybody knows that pestilences have a way of recurring in the world. There have been as many plagues as wars in history, yet always plagues and wars take people equally by surprise”. Outbreaks, epidemics and pandemics were a fact of nature and a recurring feature of recorded history. However, the world was not helpless to prevent them, prepare for them or mitigate their impact. The global community currently had the ability to anticipate pandemics, to prepare for them, to unravel the genetics of pathogens, to detect them at their earliest stages, to prevent them spiralling into global disasters and to respond to them. However, it was now entering the third year of the most acute health crisis in a century.

The COVID-19 pandemic continued to cast a long shadow over the world, and the present special session of the World Health Assembly was taking place in the face of a fresh wave of cases in Europe, and untold deaths around the world. No region, no country, no community and no individual was safe until all people were safe. The emergence of the Omicron variant underscored the precarity of the current situation, and the authorities in South Africa should be thanked, not penalized, for detecting, sequencing and reporting the variant. Furthermore, it demonstrated the need for a new accord on pandemics because the current system disincentivized countries from alerting others to international threats.

Scientists at WHO and around the world were working urgently to determine the transmissibility and severity of the Omicron variant, the emergence of which was a reminder that the pandemic was not over. The world was living through a cycle of panic and neglect and hard-won gains could vanish in an instant. The world’s ability to end the current pandemic was a test of the collective ability to prevent and respond effectively to future pandemics, through courageous and compassionate leadership; fidelity to science; generosity in sharing the fruits of research; and an unshakeable commitment to equity and solidarity. If those principles could not be applied to tame COVID-19, how would history be prevented from repeating?

The COVID-19 pandemic would not end until the vaccine crisis had been solved. In less than one year, almost 8 billion vaccines had been administered. More than one year earlier, before the first vaccines had been approved, WHO and its partners had established the ACT-Accelerator, the COVAX Facility and the COVID-19 Technology Access Pool (C-TAP) to facilitate equitable access to vaccines, tests, treatments and personal protective equipment; and those mechanisms were working. COVAX had shipped more than 550 million vaccine doses, and C-TAP and the Medicines Patent Pool had finalized the first licensing agreement with the Spanish National Research Council the previous week. He thanked the Presidents of Spain and Costa Rica for their leadership in initiating C-TAP. A technology transfer hub for messenger RNA (mRNA) vaccines had been established in South Africa to facilitate local production and regional self-reliance.

However, many bilateral deals had been struck with manufacturers, which had led to the poorest and most vulnerable populations being left behind. More than 80% of the world’s vaccines had gone to G20 countries; low-income countries, most of them in Africa, had received just 0.6% of all vaccines. Recognizing every government’s responsibility to protect its own people, he said vaccine equity was not charity, it was in the best interests of every country. No country could vaccinate its way out of the pandemic alone. The longer vaccine inequity persisted, the more opportunity the virus would have to spread and evolve. He called on every Member State to support the vaccine targets set by WHO, noting that the States at risk of missing those targets were those that had not been able to access sufficient vaccines. With emerging evidence of some waning vaccine immunity against infection, it was clear that in the future, countries would need tailored booster strategies. However, WHO’s position remained that health workers, older people and people in other at-risk groups must be vaccinated first in all countries before those at low risk of serious disease were vaccinated, and before boosters were given to already-vaccinated healthy adults. It was true that high vaccination rates had led to a decoupling between cases and deaths in some countries, but in many others, there was an ongoing need to access vaccines and other tools. Vaccines saved lives, but they did not fully prevent infection or transmission. Until high levels of vaccination were achieved in all countries, a tailored and comprehensive package of measures

¹ The full text of the Director-General’s opening remarks can be found in document SSA2/5.

was required to suppress transmission and protect the most vulnerable members of communities, with lockdowns a last resort.

The impact of the COVID-19 pandemic could not be counted only in the number of deaths. An unknown number of people were living with post-COVID-19 condition; health systems were still overwhelmed; millions of people had not received essential health services; progress against communicable diseases had stalled; and millions of children had missed out on vaccinations and education. The pandemic had also had economic effects, and political divisions had deepened at the national and global levels. Inequalities had widened, science had been undermined and misinformation had abounded. The world must work together to ensure that those things did not happen again. The pandemic response had been hindered by a lack of sharing of information, data, biological samples, personal protective equipment, tests, vaccines, technology, know-how, intellectual property and other tools. The lack of a consistent and coherent global approach had resulted in a splintered and disjointed response, breeding misunderstanding, misinformation and mistrust. COVID-19 had exposed and exacerbated fundamental weaknesses in the global architecture for pandemic preparedness and response; complex and fragmented governance; inadequate financing; and insufficient systems and tools. Voluntary mechanisms had not solved those challenges. Rather, they would best be addressed through a legally binding agreement between nations; an accord forged from the recognition that the only future was a common future. Compromise would be required, but that was preferable to so many people missing out on what they needed.

In 2005, the WHO Framework Convention on Tobacco Control had come into force, the first international treaty negotiated under WHO. An independent impact assessment in 2016 had found that the Framework Convention had contributed to significant and rapid progress in protecting people from exposure to tobacco smoke; in regulating the packaging and labelling of tobacco products; in education, communication, training and public awareness; in banning sales to and by minors; and in reporting and exchanging information. It had become the legal bedrock of tobacco control, which countries had used to implement new measures and to defend those measures from legal challenges. It had helped to save more than 37 million lives, and global prevalence of tobacco use had declined from almost 33% in 2000 to 22% today. The impact assessment had found that without the Framework Convention, it was unlikely that those tobacco control measures would have been implemented in such a comprehensive, coordinated and effective manner. That description could not be applied to the global response to the COVID-19 pandemic.

Governments had united to negotiate treaties against the human-made threat of tobacco; the destructive potential of nuclear, chemical and biological weapons; the existential threat of climate change; and so many other threats to the world's shared security and well-being. Surely the time had come for governments to agree on a common, binding approach to a threat from nature that could not be fully controlled or prevented. He commended all Member States for the spirit of solidarity and the inclusive process that had resulted in the agreed text of the draft decision to be discussed by the Health Assembly, and thanked the representatives of Australia and Chile for leading the consultations on the draft decision. He thanked the representatives of Indonesia and the United States of America, and the other members of the Bureau, for their leadership of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

He also thanked the President of the European Council for proposing the idea of a binding agreement on pandemics. Although that task was urgent, it would require patience, negotiation, compromise and time. A convention, agreement or other international instrument would not solve every problem but would provide the overarching framework to foster greater international cooperation, and provide a platform for strengthening global health security in four key areas.

First, better governance. The governance of global health security was complex, fragmented and had failed to ensure effective collective action and equitable access to vaccines and other tools. High-level threats needed high-level political engagement, and for that reason the Secretariat supported the idea of a Heads of State council anchored in WHO, as proposed by the Independent Panel for Pandemic Preparedness and Response, to provide high-level political leadership for rapid and coordinated action. Such a council could be supported by a ministerial standing committee under the

Executive Board. That proposal was awaiting approval during the forthcoming 150th session of the Executive Board.

Second, better financing. Cycles of panic and neglect had created an unstable and unpredictable financing ecosystem for global health security. Strengthening the world's defences demanded financing that was truly additional, predictable, equitable and aligned with national, regional and global priorities. A mechanism funded solely from voluntary development assistance would only increase competition for already scarce resources. WHO supported the idea of a financial intermediary fund housed at the World Bank, supported by a WHO-based secretariat, and financed by countries and regional organizations on a burden-sharing basis.

Third, better systems and tools to predict, prevent, detect and respond rapidly to outbreaks with epidemic and pandemic potential. The Secretariat had already taken steps to start building some of those systems and tools. The WHO Hub for Pandemic and Epidemic Intelligence, a new centre designed to enhance global surveillance by harnessing the power of collaborative and artificial intelligence and other cutting-edge technologies, had opened in September 2021 in Berlin. Other initiatives were in development, including the WHO BioHub System, which was intended to provide a reliable, safe, predictable and transparent mechanism for countries to share novel biological materials. Several Member States were piloting the Universal Health and Preparedness Review, a peer-review mechanism for enhancing national preparedness, modelled on the universal periodic review used by the United Nations Human Rights Council, which had been suggested by the representative of the Central African Republic. The Scientific Advisory Group for the Origins of Novel Pathogens, a new, permanent body to establish a more systematic way of identifying the source of new outbreaks, had held its first meeting. At the same time, existing tools must also be used and enhanced, including the Global Outbreak Alert and Response Network, the Global Influenza Surveillance and Response System, and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits.

Fourth, a strengthened, empowered and sustainably financed WHO, at the centre of the global health architecture. WHO had unique expertise, a unique global mandate, unique global reach and unique global legitimacy. However, over several decades, it had been progressively weakened by a debilitating imbalance between assessed contributions and voluntary earmarked contributions that distorted its budget and constrained its ability to deliver what Member States expected of it. The widening mismatch between the expectations of WHO and its resources was well-known, and COVID-19 must be the catalyst to rectify that situation. He asked all Member States to support the proposals in the draft report of the Working Group on Sustainable Financing. One of the greatest risks to global health security would be to further weaken WHO or to further fragment the global health architecture.

The COVID-19 pandemic was a powerful demonstration that health was not a luxury, but a human right; not a cost, but an investment; not simply an outcome of development, but the foundation of social, economic and political stability and security. It was time for all governments to make the choice to invest in a healthier, safer and fairer future for all. Global health security was too important to be left to chance, goodwill, shifting geopolitical currents, or to the vested interests of companies and shareholders. Member States must therefore remain committed to universal health coverage, built on the foundation of primary health care, and he thanked the Government of Kazakhstan for its leadership in that area of work.

The WHO Constitution was itself a treaty: a binding pact between nations and a vision that recognized that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every person. Furthermore, it affirmed that the health of all peoples was fundamental to the attainment of peace and security, and was dependent upon the fullest cooperation of individuals and States. He turned once again to the words of Albert Camus, "What is true of all the evils in the world is true of the plague as well. It helps men (and women) to rise above themselves". In the aftermath of the Second World War, the United Nations and the World Health Organization had been founded. It was now time to look beyond the pandemic and rise above isolationism, rivalry, suspicion, mistrust, politics and media, and to build on the legacy from which all Member States had benefited in order to leave a

new legacy for future generations. Members of the international community must act now to make the world a healthier, safer, and fairer place.

The PRESIDENT said that he was honoured to preside over the Second special session of the World Health Assembly in the context of the COVID-19 pandemic, which had left no country untouched. The emergence of the Omicron variant highlighted the need for an integrated and united response, in particular equitable access to vaccination, and he welcomed WHO's initiatives in that regard, particularly for the African Region. He reaffirmed Member States' support for the Director-General and his leadership of the global response. The COVID-19 pandemic had demonstrated the importance of building shared capacity to respond to international health emergencies, and he looked forward to considering the benefits of an international instrument on pandemic preparedness and response. He thanked the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies for their proposals. A coordinated global approach was the best way to face global health challenges and the only way to attain the Sustainable Development Goals.

Organization of work

The PRESIDENT invited the Health Assembly to consider the special procedures to regulate the conduct of the hybrid meetings of the Second special session of the World Health Assembly, contained in the Annex to document SSA2/2. In the absence of any objections, he took it that the Health Assembly wished to adopt the draft decision.

The decision was adopted.¹

Election of Vice-President

The CHAIR drew attention to a proposal by the Member States of the Region of the Americas to elect Dr Coma Martín (Guatemala) as Vice-President of the World Health Assembly, replacing Dr Flores (Guatemala), who was no longer able to serve in the role. He took it that the proposal was acceptable to the Health Assembly.

It was so agreed.²

Adoption of the agenda: Item 1.1 of the provisional agenda (documents SSA2/1, SSA2/1 Add.1 and SSA2/INF./1)

The PRESIDENT took it that the Health Assembly wished to adopt the provisional agenda, contained in document SSA2/1.

The agenda was adopted.

The representative of SLOVENIA, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the World Health Assembly as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the Second

¹ Decision SSA2(1).

² Decision SSA2(2).

special session of the Health Assembly and its subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The PRESIDENT took it that the Health Assembly wished to accede to the request.

It was so agreed.

Credentials: Item 1.2 of the agenda (document SSA2/4)

The PRESIDENT proposed appointing a Committee on Credentials to be composed of delegates of the following Member States: Andorra, Australia, Cameroon, Haiti, Iceland, Mali, Monaco, Namibia, Panama, Singapore, Somalia and Thailand. He took it that the Health Assembly agreed to that proposal.

It was so agreed.¹

(For continuance of the discussion, see the summary records of the third meeting, section 1.)

- 2. CONSIDERATION OF THE BENEFITS OF DEVELOPING A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE WITH A VIEW TOWARDS THE ESTABLISHMENT OF AN INTERGOVERNMENTAL PROCESS TO DRAFT AND NEGOTIATE SUCH A CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE, TAKING INTO ACCOUNT THE REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES:** Item 2 of the agenda (documents SSA2/3 and SSA2/INF./2)

The PRESIDENT drew the Health Assembly's attention to the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly, contained in document SSA2/3, and to the summary of the Secretariat analysis prepared for the consideration of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, contained in document SSA2/INF./2.

Furthermore, the Health Assembly had before it a draft decision entitled The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response, proposed by Albania, Argentina, Australia, Bangladesh, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Egypt, Fiji, Georgia, Iceland, India, Indonesia, Israel, Japan, Member States of the African Group, Member States of the European Union, Mexico, Monaco, Montenegro, Nepal, New Zealand, Norway, Pakistan, Panama, Paraguay, Peru, Republic of Korea, Republic of Moldova, Serbia, Singapore, Switzerland, Thailand, Trinidad and Tobago, Tunisia, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Vanuatu, which read:

The Second special session of the World Health Assembly,

PP1. Recalling resolution WHA74.7 and decision WHA74(16), and welcoming the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR),²

¹ Decision SSA2(3).

² Document SSA2/3.

PP2. Expressing appreciation for the ongoing work of the WGPR under resolution WHA 74.7, including to identify the tools to implement the recommendations that fall under the technical work of WHO and further develop proposals to strengthen the International Health Regulations (IHR (2005)) including potential targeted IHR (2005) amendments, and elements that may most effectively be addressed in other venues;

PP3. Acknowledging the need to address gaps in preventing, preparing for, and responding to health emergencies, including in development and distribution of, and unhindered, timely and equitable access to, medical countermeasures such as vaccines, therapeutics and diagnostics, as well as strengthening health systems and their resilience with a view to achieving UHC;

PP4. Emphasizing the need for a comprehensive and coherent approach to strengthen the global health architecture, and recognizing the commitment of Member States to develop a new instrument for pandemic prevention, preparedness and response with a whole-of-government and whole-of-society approach, prioritizing the need for equity;

PP5. Stressing that Member States should guide their efforts to develop such an instrument by the principle of solidarity with all people and countries, that should frame practical actions to deal with both causes and consequences of pandemics and other health emergencies.

OP 1. DECIDES:

(1) to establish, in accordance with Rule 41 of its Rules of Procedure, an intergovernmental negotiating body open to all Member States and Associate Members¹ (the “INB”) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB;

(2) that the first meeting of the INB shall be held no later than 1 March 2022, in order to elect two co-chairs, reflecting a balance of developed and developing countries, and four vice-chairs, one from each of the six WHO regions, and to define and agree on its working methods and timelines, consistent with this decision and based on the principles of inclusiveness, transparency, efficiency, Member State leadership and consensus;

(3) that as part of its working methods, the INB shall determine an inclusive Member State led process, to be facilitated by the co-chairs and vice-chairs, to first identify the substantive elements of the instrument and to then begin the development of a working draft to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no later than 1 August 2022, at the end of which the INB will identify the provision of the WHO Constitution under which the instrument should be adopted in line with OP1.1;

(4) that the process referred to in OP1.3 should be informed by evidence and should take into account the discussions and outcomes of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, considering the need for coherence and complementarity between the process of developing the new instrument and the ongoing work under resolution WHA74.7, particularly with regard to implementation and strengthening of the IHR (2005);

(5) that the INB shall submit its outcome for consideration by the Seventy-seventh World Health Assembly, with a progress report to the Seventy-sixth World Health Assembly;

OP 2. REQUESTS the Director-General to support the INB by:

(1) convening its first meeting no later than 1 March 2022, and subsequent meetings at the request of the co-chairs as frequently as necessary;

(2) holding public hearings, in line with standard WHO practice, prior to the second meeting of the INB to inform its deliberations;

¹ And regional economic integration organizations as appropriate.

- (3) facilitating the participation, to the extent the INB so decides, in accordance with relevant Rules of Procedure and resolutions and decisions of the Health Assembly, of representatives of organizations of the United Nations system and other intergovernmental organizations with which WHO has established effective relations, Observers, representatives of non-State actors in official relations with WHO, and of other relevant stakeholders and experts as decided by the INB, recognizing the importance of broad engagement to ensure a successful outcome;
- (4) providing the INB with the necessary services and facilities for the performance of its work, including complete, relevant and timely information and advice.

The financial and administrative implications for the Secretariat of the adoption of the draft decision were:

| | |
|------------------|---|
| Decision: | The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response |
| A. | Link to the approved Programme budget 2022–2023 |
| 1. | Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted: 4.2.1. Leadership, governance and external relations enhanced to implement GPW13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform |
| 2. | Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023: Not applicable. |
| 3. | Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023: Not applicable. |
| 4. | Estimated time frame (in years or months) to implement the decision: 29 months (January 2022–May 2024). |
| B. | Resource implications for the Secretariat for implementation of the decision |
| 1. | Total resource requirements to implement the decision, in US\$ millions: US\$ 2.84 million. |
| 2.a. | Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions: US\$ 2.24 million. |
| 2.b. | Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions: Not applicable. |

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| 3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions: |
| US\$ 0.60 million. |
| 4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: |
| Not applicable. |
| 5. Level of available resources to fund the implementation of the decision in the biennium 2022–2023, in US\$ millions |
| – Resources available to fund the decision in the biennium 2022–2023: |
| US\$ 2.24 million. |
| – Remaining financing gap in the biennium 2022–2023: |
| Not applicable. |
| – Estimated resources, not yet available, if any, which would help to close the financing gap in the biennium 2022–2023: |
| Not applicable. |

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Table. Breakdown of estimated resource requirements (in US\$ millions)

| Biennium | Costs | Region | | | | | | Headquarters | Total |
|---|------------|--------|--------------|-----------------|--------|-----------------------|-----------------|--------------|-------|
| | | Africa | The Americas | South-East Asia | Europe | Eastern Mediterranean | Western Pacific | | |
| 2022–2023 resources already planned | Staff | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Activities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.24 | 2.24 |
| | Total | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.24 | 2.24 |
| 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| 2024–2025 resources to be planned | Staff | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Activities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.60 | 0.60 |
| | Total | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.60 | 0.60 |
| Future bienniums resources to be planned | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |

The CO-CHAIRS OF THE MEMBER STATES WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES, speaking in turn to present their report, recalled that the Working Group had been created pursuant to decision WHA74(16) (2021) to consider the findings and recommendations of the three independent review bodies: the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and to assess the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. The Working Group had met five times between July and

November 2021. The report, reflected the consensus opinion of Member States, as did the draft decision, and would serve as a basis for the Health Assembly's discussions of next steps.

The report highlighted nine key aspects of emergency preparedness and response that might be best addressed through a new instrument: equity; a One Health approach; prevention, rapid risk assessment, detection and response; compliance and accountability with obligations under the International Health Regulations (2005); finance; resilient and rapid response to pandemics by enhancing surge capacity; sample sharing; structural solutions to promote a whole-of-government and whole-of-society approach to pandemic prevention, preparedness and response; and misinformation and disinformation.

An emerging consensus had evolved on the need for Member States to continue discussing how to implement the recommendations made, in particular by developing a new international instrument, strengthening the International Health Regulations (2005) and exploring the use of existing tools and mechanisms available under WHO. The Working Group would continue to review the contributions of the three review bodies and would submit recommendations to the Seventy-fifth World Health Assembly. It was ready to launch a survey to collect the views of Member States and other stakeholders on the 131 recommendations issued by the three independent review bodies. The results of that survey would help to guide the Group's work in the run up to the next Health Assembly.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the priorities outlined in the Working Group's report, which included equity, strengthening implementation of and compliance with the International Health Regulations (2005), sustainable financing and promoting a whole-of-government and whole-of-society approach to health emergency prevention, preparedness and response. The COVID-19 pandemic had revealed the weakness of current global pandemic preparedness and response mechanisms, further deepened inequalities and placed the multilateral system under scrutiny. The African Region had suffered disproportionately in terms of access to essential countermeasures. Only 2.78% of the world's COVID-19 vaccines had been administered in Africa and only 6.6% of the eligible population was fully vaccinated, meaning that some 1.8 billion vaccine doses would be needed in the Region to attain WHO's 70% vaccine target for mid-2022. Equity must remain both a guiding principle and an outcome, which would require mechanisms to support increased regional and local production capacity, technology transfer and strengthened health systems to deliver emergency response measures. In that way, Member States would be able to respond rapidly to a public health emergency, without reliance on aid.

The International Health Regulations (2005) were essential in strengthening national health system capacities and preventing the international spread of diseases. However, they lacked sufficient provisions relating to critical issues such as accelerating innovation, pathogen and benefit sharing, local production and manufacturing capacity, global supply chains, and access and distribution of diagnostics, therapeutics and vaccines. In addition, funding must be sufficient, equitable and accessible during a global health crisis and must support regional pandemic preparedness and response mechanisms. WHO's role as the leading authority in global health emergency response should be further strengthened. In that regard, the Member States of the African Region supported the development of a WHO convention, agreement or other international instrument on pandemic preparedness and response, and the establishment of an intergovernmental negotiating body open to all Member States. Any such international legal instrument should be negotiated and ratified under the WHO Constitution. Negotiations should be guided by the principles of transparency, inclusivity and solidarity, and the need for equitable geographical representation should be respected. The relationship between a legal instrument and the International Health Regulations (2005) must also be clearly defined, ensuring that the two instruments were not contradictory or in competition.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the International Health Regulations (2005) should be urgently strengthened through targeted amendments rather than a renegotiation of the Regulations as a whole, and the process should be discussed at future meetings of the Working Group. However, as some important aspects of health emergency preparedness and response might not be addressed completely

by the Regulations, a new instrument might be required. Of the potential benefits of a new legally binding instrument identified by the Working Group, priority should be given to addressing gaps in governance and leadership, adequate and sustainable financing, and the important issue of equity, particularly concerning unrestricted, equitable and timely access to medical countermeasures and vaccines. The Member States in his Region supported establishing an intergovernmental negotiating body to launch a clear, transparent, inclusive and Member State-led process to identify the substantive elements and modalities of negotiations within a realistic time frame, taking into account the need to address the potential risks identified by the Working Group. He looked forward to the ongoing discussions within the Working Group and its report to the Seventy-fifth World Health Assembly.

The representative of FIJI, speaking on behalf of the Member States of the Western Pacific Region, said that the valuable lessons learned from previous health emergencies, which had resulted in the strengthening of capacities for infection prevention, control and response, community resilience and the rapid application of proven public health measures, had been instrumental in the pandemic response. He supported the establishment of an intergovernmental negotiating body to draft and negotiate a global instrument on pandemic prevention, preparedness and response under the WHO Constitution, and recognized the need to bring regional experiences to the global discussion. Noting the importance of emergency planning and system readiness, he highlighted the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, which was used to implement the International Health Regulations (2005) in his Region, and the importance of strengthened disease surveillance using a One Health approach. WHO must remain at the centre of the global health system, recognizing Member States' reliance on its normative and operational functions. Any future instrument must be built on solidarity and equity.

The representative of SLOVENIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. The COVID-19 pandemic was one of the greatest health emergencies in recent history, and he acknowledged the significant efforts that had led to convening the special session of the Health Assembly. The European Union and its Member States remained committed to strengthening the global health architecture, with an empowered and sustainably financed WHO at the centre. It supported the development of a new ambitious instrument on pandemic prevention, preparedness and response under Article 19 of the WHO Constitution to address inequities in the pandemic response, shortcomings of the current legal framework and key issues such as a One Health approach, the early development of and equitable access to pandemic countermeasures, and data and sample sharing. It was important to ensure compliance with the instrument and its coherence with other areas of work. An ambitious process should be followed in its development but not at the expense of inclusivity or equality.

The representative of BRAZIL, speaking on behalf of the members of the Southern Common Market (MERCOSUR) said that, in strengthening the global preparedness and response system for health emergencies, the negotiation process should be transparent and inclusive, ensuring that consensus decisions were the result of wide consultations that respected the principles of representation of all Member States. In the interest of constructive participation in the process, he said that one of the members of MERCOSUR stood ready to serve on the Bureau of the intergovernmental negotiating body. Efforts must be made to ensure coordination between the work of the intergovernmental negotiating body and the Working Group. Discussions regarding negotiating a new international instrument and strengthening the International Health Regulations (2005) should prioritize making national health systems strong and resilient and ensuring equitable access to countermeasures. MERCOSUR had recently launched initiatives to expand regional manufacturing capacity for medicines, vaccines and health technologies. He welcomed the fact that entities in Argentina and Brazil had been selected by PAHO as regional hubs for the development and production of mRNA-based vaccines, and looked forward to technical support in that regard from WHO and PAHO. Reaffirming his commitment to

discussions on strengthening the international alert, preparedness and response system for health emergencies, he said that parties should prioritize the recommendations of the three independent review bodies and that WHO should remain ready to implement the recommendations that were its sole responsibility.

The representative of the RUSSIAN FEDERATION, speaking on behalf of the Union State of Russia and Belarus, said that the COVID-19 pandemic had revealed weaknesses in the international preparedness and response system. There was a need to strengthen global health emergency prevention and response capacity, including the accompanying international legal framework. That task could be achieved only on the basis of an integrated approach and in-depth expert analysis; forcing the issue would be counterproductive. Supporting WHO's leadership role in multilateral pandemic preparedness and response efforts, he resolutely opposed the creation of mechanisms that would duplicate the work of WHO or claimed a global coordinating role in epidemic response. He supported the strengthening of and compliance with the International Health Regulations (2005), which should remain a key element of the preparedness and response system. Any proposed amendments must be discussed and justified. He welcomed the consensus reached in the Working Group regarding the development of a convention, agreement or other international instrument on pandemic preparedness and response, and was pleased that the International Health Regulations (2005) had been acknowledged as the key legally binding document for health emergency preparedness. No new instrument should weaken, change or duplicate the provisions of any existing mechanisms or agreements. He would support the establishment of an intergovernmental negotiating body open to all Member States to develop a new convention or instrument. Over the months ahead, its priorities should be to agree on its terms of reference and working methods, define clearly the mandate of the co-chairs and vice-chairs, identify modalities for the participation of observers from nongovernmental organizations, and establish the principle of consensus for decision-making. The intergovernmental process of developing a WHO agreement or instrument must be inclusive, transparent and effective. The Government of the Russian Federation wished to be added to the list of sponsors of the draft decision.

The representative of PORTUGAL said that the COVID-19 pandemic had proven that health was an essential pillar of development, and thus, that prevention, preparedness and response to health threats must be a global priority. A renewed political commitment was required to face the challenges ahead and correct the shortcomings identified. She recognized the consensus reached on the centrality of WHO in the global health architecture and the need for a stronger WHO with a leadership role. All health questions should be tackled using a human rights approach, prioritizing the needs of vulnerable populations and mental health. Work must continue to develop a legally binding instrument that would guarantee that the lessons learned from the current pandemic were applied, alongside efforts to update the International Health Regulations (2005). Finally, the ongoing work on the Universal Health and Preparedness Review would complement any decision taken by the Health Assembly and would help to build global capacities through a whole-of-society and whole-of-government approach with a focus on national progress in the health sector.

The representative of SLOVENIA said that the COVID-19 pandemic was far from over and continued to challenge national health systems. Strong primary health care was important, but the ongoing pandemic response had an impact on access to essential services with the relocation of health care personnel and the required capacity for severe cases of infection. The prolonged state of emergency was contributing to growing inequities among countries, and investment, not only of a financial nature, would be needed to strengthen health emergency preparedness and response capacities. Of particular concern were the unjustified inequalities in access to COVID-19 countermeasures, particularly in developing countries. Admirable acts of solidarity, such as the ACT-Accelerator and the COVAX Facility had proven insufficient, and innovative ways of working together must be found to respond better to future global crises. Serious gaps had been identified in the global health architecture since the start of the COVID-19 pandemic. The international community now had a historic opportunity to develop a new legally binding instrument, which would address many aspects of pandemic

prevention, preparedness and response, including a One Health approach, sample sharing, the health emergency health workforce and access to countermeasures, and would institutionalize its commitment to equity and solidarity.

The representative of KENYA said that it was at best delusional and at worst dangerous to presume that any one nation could deal with COVID-19 and other pandemics singlehandedly. The international community must therefore work together to combat pandemics using all the tools in its arsenal to ensure a sustainable and effective response. A paradigm shift was required and equity should be at the centre of the response, both as a guiding principle and a goal. That would begin with a new legally binding treaty and a global approach to current and future health challenges. Discussions on such a treaty should address equitable access to and distribution of medical and other countermeasures as global public goods; global coordination and funding for research and development; establishment of mechanisms for sharing information and technology, including to scale up regional and local manufacturing; and lifting unnecessary trade, travel and other barriers to effective prevention and response measures. Member States should take the bold step of negotiating a legally binding pandemic treaty and support the strengthening of WHO.

The meeting rose at 13:10.

SECOND MEETING

Monday, 29 November 2021, at 14:05

President: Professor B. HOUNKPATIN (Benin)

CONSIDERATION OF THE BENEFITS OF DEVELOPING A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE WITH A VIEW TOWARDS THE ESTABLISHMENT OF AN INTERGOVERNMENTAL PROCESS TO DRAFT AND NEGOTIATE SUCH A CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE, TAKING INTO ACCOUNT THE REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES: Item 2 of the agenda (documents SSA2/3 and SSA2/INF./2) (continued)

The representative of ECUADOR commended the extensive and timely efforts of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. The extensive health, social and economic repercussions of the coronavirus disease (COVID-19) pandemic had demonstrated the existing weaknesses and fragility of health systems around the world, which had impacted the pandemic response. Nevertheless, the international community henceforth had an opportunity to develop a framework for action that set out specific measures and mechanisms for the medium and long term, based on principles including mutual responsibility and respect, transparency, resilience and solidarity. There was a need for greater commitment to equitable access to, and availability of countermeasures, including by increasing local and geographically diversified production. He drew attention to the importance of technology transfer, technical collaboration and the sharing of regulatory experience in that regard. His Government would join the consensus on the draft decision, recognizing the need to strengthen the leading role of WHO in the global health architecture to manage and coordinate effectively global preparedness and response to health emergencies, and the central objective of developing resilience, solidarity and better tools for future generations.

The representative of the UNITED STATES OF AMERICA said the COVID-19 death toll explained the urgency of collective action, including the ambitious targets set by President Biden to support WHO's goal of ensuring that at least 70% of the world's population were vaccinated by mid-2022. His Government, which had undertaken to provide 1.2 billion COVID-19 vaccine doses to those in greatest need, had already provided 260 million doses to 110 countries, and was joining key partners to support frontline health care workers. It was also committed to working with Member States to take forward the recommendations of the Working Group, including on developing a new WHO convention, agreement or other international instrument, and making targeted amendments to the International Health Regulations (2005) to improve their effectiveness and agility. The recent discovery of the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, variant B.1.1.529) had further shown that COVID-19 would not be easily defeated. New variants could be discovered at any time, in any country, and Member States must act swiftly and transparently in the best interests of the global population; he was grateful to the Government of South Africa for having done so. The current special session provided an opportunity for Member States to demonstrate their willingness to strengthen WHO, advance global public health and show their commitment to one another. The international community had the knowledge, responsibility and power to build a stronger health system that could prevent a future pandemic, but would only be able to do so through collaboration.

The representative of SOUTH AFRICA, speaking also on behalf of Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia and Zimbabwe, supported strengthening WHO's leadership role in pandemic prevention, preparedness and response. The group of countries endorsed the adoption of the draft decision on the establishment of an intergovernmental negotiating body, noting the importance of a globally coordinated response, guided by the principles of mutual responsibility, accountability, solidarity and equity. The special session was taking place shortly after the discovery of the Omicron variant during routine genomic surveillance in Botswana and South Africa, with cases identified in the African Region being reported as showing mild to moderate symptoms. He emphasized that the location of first detection and reporting did not necessarily equate to origin, and countries in other regions were reporting cases of the new variant with no connection to travel in southern Africa. Noting the ongoing efforts to determine characteristics of the variant, including transmissibility, effect on vaccines and case severity, the group of countries called for the COVID-19 response to be grounded in scientific evidence, transparent reporting and collective action. Throughout the pandemic, meaningful results had been achieved from proven public health measures, not from the imposition of travel bans. It was therefore disappointing that some Member States had imposed bans on people travelling from certain African countries, which were not only unjustified but also discriminatory, as they had not been imposed on other countries where the same variant had been identified. The early identification of the variant in the Region should be supported and rewarded, not punished with measures that had negative economic implications. The group of countries therefore called for the immediate lifting of the travel bans imposed on people travelling from certain countries in the African Region, which had prevented some ministers from attending the special session, and for implementation of the recommendations of the Technical Advisory Group on SARS-CoV-2 Virus Evolution that would facilitate more informed, evidence-based decisions.

The representative of PERU said that the COVID-19 pandemic had highlighted shortcomings in preparedness and response, which had a serious impact on health systems and jeopardized the sustainability of many existing achievements. The Government of Peru recognized the need to learn lessons from COVID-19 and to refrain from making the same mistakes in tackling future pandemics. The report of the Working Group set out a number of important elements on strengthening the International Health Regulations (2005) and developing a new international instrument. Those endeavours were closely linked and must complement each other. A new instrument must have the principle of equity at its core in order to promote universal access to medical countermeasures, including vaccines, without discrimination, and must also address related issues such as research and development, intellectual property, technology transfer and scaling up local and regional manufacturing capacity. The Government of Peru would continue to strengthen emergency preparedness and response capacity and ensure the appropriate application of the Regulations. The COVID-19 crisis required a comprehensive global response, and his Government would continue to support the strengthening of multilateralism in order to improve capacity to respond to future health emergencies.

The representative of PAKISTAN said that the pandemic had illustrated the COVID-19 vaccine divide between developed and developing countries, exposed weaknesses and gaps in global health security governance and the legal framework, and highlighted challenges of resource and capacity constraints. As a sponsor of the draft decision, his Government looked forward to participating in the work of an intergovernmental negotiating body with a view to developing a framework or instrument on pandemic prevention, preparedness and response based on the principles of solidarity and equity. Given the pace, nature and quality of the international response to the current pandemic, however, the task was a daunting one. He endorsed the Director-General's concerns that the lack of sharing of COVID-19-related medical countermeasures had hindered the collective ability to prevent infections and save lives. Countries opposing a waiver under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) should reconsider their position. The future framework or instrument must be driven by lessons learned from the COVID-19 pandemic and the implementation of the International Health Regulations (2005), including to address gaps in the core capacities required and to overcome systemic deficiencies in the Regulations. It must prioritize equity and public interest

over other considerations in the event of a global health emergency and strike a balance between the rights and obligations of States. It should also provide for a sustainable and adequate financing mechanism and assess compatibility with WHO's existing governance and financing model. The international community should reaffirm its commitment to a fully equipped and adequately resourced global health security architecture that responded effectively to future pandemics and contributed to achieving the goal of universal health coverage by the end of the decade.

The representative of NEW ZEALAND said that the international community must act quickly and work together to improve pandemic prevention, preparedness and response and avoid another health emergency of the magnitude of COVID-19. Although the global health system had many sound elements, such as the International Health Regulations (2005), existing rules lacked coherence and there were significant gaps to be addressed. The improved international system should be guided by the key principles of equity, a One Health approach, prevention of harm, transparency, regulatory coherence and precaution. The new instrument should be fit for purpose and build on existing elements of the global health system. It should mobilize political will and empower WHO to take action. It should also be flexible, support strengthened health systems, enable improved whole-of-government coordination, and deliver more equitable access to medical countermeasures. He welcomed the efforts to advance global health security through increased political leadership and supported the establishment of an intergovernmental negotiating body to develop a new legally binding instrument, together with the improvement of existing elements.

The representative of AUSTRIA encouraged all Member States to seize the unique opportunity to establish a process for substantive and results-oriented negotiations on an urgently required legally binding pandemic treaty. Woefully insufficient supplies of much-needed materials continued to thwart the sterling efforts of frontline health care workers to save lives and must be remedied. Such poor global coordination could not be allowed to continue and there could not be a return to the way in which global health affairs had been conducted before the pandemic. The international community should enter a new era of health diplomacy that sought to rectify previous shortcomings and failures. There should be legally binding obligations and commitments to share essential information about human and animal health threats and technologies for better preparedness and response, empowering countries to act in a manner that safeguarded the supply of medicines or vaccines. The challenge of incentivizing research and development of innovative medicines or vaccines must also be addressed in any global pandemic framework. Member States should strengthen WHO's pandemic emergency governance by adopting a decision at the 150th session of the Executive Board in January 2022 on setting up a standing committee on pandemic preparedness and response as a committee of the Board.

The representative of FRANCE said that it was a moral imperative to succeed in controlling SARS-CoV-2 in 2022. From the outset, his Government had supported an inclusive global health approach and was strongly involved in the Access to COVID-19 Tools (ACT) Accelerator initiative and the COVID-19 Vaccine Global Access (COVAX) Facility, having already provided more than €1 billion in financial support and 60 million vaccines. A health emergencies committee of the Executive Board could help to strengthen WHO health emergencies governance. He thanked the Working Group for its recommendations, noting that political dialogue, improved identification of risk, renewed confidence in science and sufficient financial resources at the national and international levels were required in order to ensure better preparedness, equitable distribution of medical countermeasures and efficient decision-making mechanisms. He supported the development of a new legally binding instrument that would also strengthen areas in need of further development, such as the One Health approach, and would welcome targeted amendments to the International Health Regulations (2005). International health security depended on the robustness of the health systems of each Member State and, in order to combat future health crises, the new health architecture at the national, regional and global levels should be based on the core values of transparency, equity, solidarity and responsibility. Consideration also had to be given to the collective capacity to finance common goods and to the need for high-level engagement.

The representative of GHANA said that the inequities in access to medical countermeasures, notably vaccines, contributed to SARS-CoV-2 being still far from under control two years into the pandemic. Despite WHO's target to vaccinate 40% of the population in every country by the end of 2021, vaccination coverage in Africa stood at around 2%. Furthermore, the hasty travel restrictions imposed on people travelling from several southern African countries following the discovery of the Omicron variant were unacceptable and discriminatory, not based on science and contrary to the International Health Regulations (2005). They must be lifted immediately if other countries were to be encouraged to follow the example of South Africa and Botswana in alerting the world. The emergence of major variants stemmed from the hoarding of vaccines by certain countries and their failure to support a time-limited waiver of intellectual property rights for COVID-19 vaccines and facilitate vaccine production in other parts of the world. Any new binding instrument on pandemic preparedness and response and targeted amendments to the International Health Regulations (2005) should address the public health concerns of all countries and regions, including Africa. The new instrument should make effective provision for building local production capacity for vaccines and countermeasures in developing countries. It should also incorporate a better alert system and a mechanism for the fair, timely and equitable sharing of data and information, particularly samples, as well as a research and development model built on public investment and free from intellectual property constraints. Attention should also be given to applying a One Health approach, to ensuring coherence with the Regulations and other relevant international instruments, and to strengthening WHO's role through sufficient, predictable, flexible and sustainable financing.

The representative of FINLAND, noting the devastating and unprecedented impact of the pandemic on health, society and the economy, said that there was a clear need for a new WHO convention, agreement or other international instrument to cover areas of preparedness and response not sufficiently addressed by the International Health Regulations (2005) or by other arrangements. In addressing each recommendation and proposal in that regard, it was important to be mindful of the balance between the responsibility of States to protect their citizens and the importance of continued global cooperation and solidarity, including the open exchange of information and best practices; action from different actors at the national, regional and global levels was required. She welcomed the draft decision and was committed to the process outlined therein. Continued efforts were urgently required to strengthen the International Health Regulations (2005) and to implement recommendations to be addressed by World Health Assembly decisions or recommendations. Collaboration on the sustainable financing of WHO was also needed to strengthen the Organization's health emergency preparedness and response capacity.

The representative of ARGENTINA said that the COVID-19 pandemic had not only had social, economic and health consequences in developed and developing countries but had also challenged the global system of preparedness and response to health emergencies. The international community should join efforts to improve preparedness and response capacities, including by strengthening the International Health Regulations (2005). The lack of equitable access to essential goods, such as medicines, vaccines, personal protective equipment, diagnostics and other technological innovations was an important lesson learned from the pandemic. In order to succeed in adopting an effective international instrument that increased political attention and promoted a whole-of-government and whole-of-society approach to pandemic preparedness and response while addressing weaknesses identified during the current pandemic, the process must be transparent, inclusive, consensus based, respect the needs and sovereignty of all Member States, take account of resource availability and be conducted over a realistic time frame. She welcomed the efforts of Member States to produce the first report of the Working Group but was concerned that consideration of the recommendations from the three review bodies and the negotiation of a new binding instrument had been decoupled. The Working Group should focus on a comprehensive analysis of the recommendations in order to obtain a greater understanding of aspects that could be addressed through amendments to the International Health Regulations (2005), a new instrument, or by other means such as resolutions or decisions of the Health Assembly.

The representative of EGYPT said that the COVID-19 pandemic had exposed the fragility of health systems and revealed many shortcomings in the international response to health emergencies, including failure to adhere to relevant international agreements, lack of data sharing and inequitable distribution of medical countermeasures. It had also highlighted the need to strengthen the International Health Regulations (2005) and to address areas not covered by the Regulations. The need to uphold the values of equity and justice was greater than ever, and his Government called for the provision of all the supplies necessary to tackle epidemics and pandemics and for efforts to strengthen the One Health approach. It supported the development of a legally binding agreement through a comprehensive approach to be agreed by all Member States and reaffirmed its strong support for WHO's independence and for capacity-building efforts enabling the Organization to play its leading role in global health.

The representative of AUSTRALIA said that the death toll from COVID-19 would have been much worse had it not been for the incredible sacrifices of frontline staff and the development of safe and effective vaccines, which had provided a way forward. Australia was proud to be playing its part in the largest vaccine roll-out in modern history and had committed to providing 60 million doses to countries across the Western Pacific Region by the end of 2022. It had also contributed 130 million Australian dollars to the COVAX Advance Market Commitment and millions more to support countries in the Region. More could be done, however, and the international community must seize the opportunity to ensure that all countries were better prepared for future pandemics. His Government would welcome the negotiation of an international instrument that would pave the way for a global health system that was stronger, more resilient and able to respond to future health threats. Any such instrument must be coherent, flexible and inclusive and empower a stronger, more independent WHO with robust pandemic response powers. It must also enhance global surveillance and alerts across the human, animal and environmental sectors to reduce zoonotic disease risk, and enhance prevention and preparedness capabilities, including through better measurement and strong accountability mechanisms. His Government called for action to strengthen the implementation of the International Health Regulations (2005), support strong WHO operations on the ground, and accelerate the next phase of the scientific studies into the origins of COVID-19 in order to help to prevent future pandemics.

The representative of ITALY said that the pandemic had shown the current health architecture to be fragmented and insufficient, and high-level political attention should be given to developing new architecture based on better coordination and stronger international relationships. The current special session was the right time to respond to new global challenges and the international community should negotiate and develop a new instrument as soon as possible. His Government supported WHO's role and the Director-General's leadership and called for the swift adoption of an international and intergenerational approach with a view to developing a new global health governance.

The representative of GERMANY said that, while some questions remained regarding the development of a new instrument on pandemic preparedness and response under Article 19 of the WHO Constitution, it was clear that the benefits significantly outweighed potential disadvantages. If the international community did not act now, he wondered when it would decide to do so. Since the idea of a pandemic treaty had first been launched at the end of 2020, there had been an extensive process of reflection, which had clarified the relationship to existing arrangements such as the International Health Regulations (2005) and the outline of a potential instrument. Although a new legally binding instrument would not be a silver bullet in terms of global pandemic preparedness and response, it had the potential to be a game changer for future pandemics. The international community was cognizant of its responsibility and should start the process of developing a new instrument without further delay. His Government had consistently – although not uncritically – supported WHO, including in financial terms, and was convinced that a safer world would not be possible without a stronger WHO. However, that could not be achieved without addressing the challenge of sustainable financing. Member States could show that their words on strengthening WHO were backed by tangible action by increasing their assessed contributions.

The representative of COSTA RICA expressed appreciation for the tireless efforts of health care staff around the world to combat the pandemic. Scientific and technological progress should serve as the foundation for putting the common good above political and economic considerations and for overcoming the main obstacles to an effective multilateral response to current challenges. Member States should seek to develop a legally binding international pandemic instrument to overcome the lack of effective global responses, with access to high standards of health, cooperation, equity and solidarity serving as guiding principles in that regard. It was time to move from words to actions, in particular concerning restrictions on access to information and medical countermeasures. It was unacceptable that decisions relating to access, distribution and procurement of vaccines were the preserve of a limited group of companies and countries, whose priorities and hoarding practices were far removed from a concerted, stable and lasting solution to the pandemic that left no one behind and paid particular attention to the most vulnerable populations. Sharing knowledge and innovation and supporting the development of global public health capacities were essential for preparedness. Recognizing the importance of technology transfer and of the voluntary sharing of licences for COVID-19 medicines, treatments and therapeutics, he welcomed the recent licensing agreement between WHO's COVID-19 Technology Access Pool and the Spanish National Research Council.

The representative of PARAGUAY said that the COVID-19 pandemic had highlighted weaknesses in essential public health functions, which must be rectified, and action must be taken to strengthen national, regional and global alert and response capacities. The special session and the establishment of an intergovernmental negotiating body open to all Member States constituted an historic opportunity and paved the way for a legally binding instrument under Article 19 of the WHO Constitution. The development of such an instrument, together with targeted amendments to the International Health Regulations (2005), were key actions to strengthen the global health emergency preparedness and response system. The new instrument should reflect the special needs of countries at different levels of development and ensure equitable, effective and timely access to, and distribution of, the goods, services and technologies required during a pandemic. It should also give particular consideration to structural inequalities among countries, particularly those affecting landlocked developing countries. Only by engaging in solidarity and cooperation and leaving aside nationalist strategies could governments restore confidence in the global health system.

The representative of ALGERIA paid tribute to the victims of COVID-19 and to all those involved in fighting the pandemic. His Government had implemented extensive response measures in accordance with its national preparedness and response strategy and sought to strengthen its institutional, regulatory and operational mechanisms in that regard. Highlighting the importance of solidarity and interdependence, he said that the international community had a unique opportunity to take a strong decision and deepen dialogue on lessons learned from the pandemic response, including the need for health systems strengthening, further efforts to achieve the Sustainable Development Goals and universal health coverage and the importance of ensuring unhindered, rapid and equitable access to health products and technologies, notably vaccines. Welcoming the consensus on a draft decision, he said that the preparation and negotiation of an international instrument should be driven by Member States in a transparent, inclusive and consensus-based manner. A holistic and gradual approach should be taken to ensure that all lessons were learned from the pandemic, and that the end result was game-changing in terms of pandemic prevention, preparedness and response.

The representative of NORWAY said that world leaders must commit themselves to preventing a crisis like the COVID-19 pandemic from happening again. Action must be taken to correct inequities and injustices, be prepared for future health threats, invest in WHO and multilateralism, and reinforce the principles of solidarity, transparency and unity. Member States must be willing to be bound by a clear set of rules and principles and be held to account, and should therefore decide to develop a new legally binding instrument. All stakeholders should contribute to that process to ensure its success. Member States should also ensure that WHO was sustainably financed; an increase in assessed contributions was long overdue.

The representative of TURKEY said that the international community had paid dearly in the COVID-19 pandemic for the lack of preparedness and the absence of the required international mechanisms. However, henceforth it had an historic opportunity not to leave future generations defenceless against inevitable future pandemics, and to move forward with a mechanism that built on lessons learned. Member States should not avoid their responsibilities in that regard. Such a mechanism would, furthermore, help to make WHO stronger, an objective that his Government had consistently supported. As a member of the group of friends of the pandemic treaty, Turkey supported discussion of international solutions and the development of a legally binding international instrument. Concerns over lengthy negotiations were justified and stakeholders should focus their efforts on a swift finalization of the process in view of the urgency of the matter.

The representative of POLAND said that his country was currently experiencing a fourth wave of the pandemic, with cases increasing, particularly among the unvaccinated. Efforts should focus on providing access to vaccines and his Government was actively involved in global collaboration in that regard. It had also not forgotten noncommunicable diseases during the pandemic and its health care system remained resilient. The discussions in the Working Group had not been easy, and he thanked all concerned for their tireless efforts to reach a consensus to be endorsed by the special session. Noting the importance of prevention, preparedness, response and recovery, he called on Member States to engage in constructive, inclusive and consensus-based negotiations. Global solidarity, transparency, information sharing and strong leadership were crucial in preventing and fighting global health threats. WHO must remain a leader in global health safety.

The representative of BURKINA FASO said that the COVID-19 pandemic had underscored the limits of global emergency response capacity and highlighted the urgent need for WHO to be adequately resourced, if it were to safeguard global public health and prevent health crises. His Government welcomed the proposal to develop an international instrument on emergency preparedness and, noting the importance of inclusivity, said that the opinion of all Member States, regardless of their level of development, should be sought. At the outset, however, it was important to ensure that Member States complied with existing public health rules and agreements, and that an additional instrument would not go unheeded. Noting the emergency preparedness measures in his country's health architecture, he said that all countries must comply with the International Health Regulations (2005), the strengthening of which was essential for global health protection and preservation. Going forward, Member States should, regardless of their level of development, be helped to strengthen their health systems and emergency response capacities. His Government would welcome a new legally binding instrument on pandemic preparedness and response and supported the establishment of an intergovernmental negotiating body.

The representative of BRAZIL expressed appreciation for WHO's leadership and coordinating role. The COVID-19 pandemic had highlighted the need to ensure universal access to health and to make national health systems stronger, more resilient and inclusive, particularly at the primary health care level. While his Government had managed to fully vaccinate over 75% of its target population, some countries in the Region of the Americas had faced difficulties in vaccine procurement. Furthermore, although COVID-19 vaccines should be considered a global public good, only 5.2% of the population in low-income countries had received at least one vaccine dose. His Government had strongly supported discussions and initiatives aimed at strengthening national and regional production capacity for medicines and other health technologies with a view to increasing equitable access to vaccines and supplies. Although the International Health Regulations (2005) provided a solid legal framework, there were implementation challenges. His Government therefore supported improvement of the Regulations in order to achieve the full implementation of basic preparedness and response capacities, capacity-building, and advanced mechanisms for verification, risk assessment, alert and surveillance. It also remained open to the possibility of a new international treaty to further strengthen health emergency preparedness and response capacities.

The representative of BELGIUM said that there were positive and encouraging signs for further discussion and called on all Member States to demonstrate openness and flexibility. As a member of the group of friends of the pandemic treaty, his Government strongly supported an efficient and timely process to draft the new instrument and underscored the importance of prevention, preparedness and equity. As the cost of responding to a pandemic would always be much greater than the cost of prevention, the new instrument should contain key obligations concerning prevention, early detection and intervention, through the adoption of a One Health approach. In order to improve preparedness and response capacities, efforts must be encouraged to strengthen health systems, achieve universal health coverage, embrace a Health in All Policies approach and improve the public health of populations in general. Equity should be at the heart of the new instrument, which should provide a framework for action towards achieving the common goal of global and universal access to pandemic countermeasures.

The representative of SPAIN welcomed the opportunity for Member States to draw up a road map for an international pandemic treaty. Such an instrument offered huge potential in many areas, including equitable access to essential supplies, medical countermeasures, epidemiological surveillance and capacity-building for global production and distribution. It would also help to strengthen compliance with the International Health Regulations (2005) and WHO's leadership in the global health architecture. Its development under Article 19 of the WHO Constitution would represent an important step in the multilateral COVID-19 response. Her Government, which belonged to the group of friends of the pandemic treaty, was playing an active role in the pandemic response, including through its commitment to donate 50 million vaccine doses to the COVAX Facility by the first quarter of 2022 and through the recent licensing agreement between the Spanish National Research Council and WHO's COVID-19 Technology Access Pool for the first transfer of diagnostic technology. Efforts should be made to approve a treaty as soon as possible and to do so from a whole-of-government and One Health perspective.

The representative of MALDIVES said that, as Maldives was a resource-deficient and import dependent small island developing State, his Government had experienced daunting challenges associated with the COVID-19 pandemic, which had been managed by a whole-of-government and whole-of-society approach and unconventional, but bold, policy decisions. His country had been among the first to have reopened its borders for tourists; the infection rate was low and vaccination coverage high. The most important lesson learned from the pandemic included the realization that the global public health architecture was in need of reform. Although the International Health Regulations (2005) had proven an essential mechanism in building preparedness and response capacities and in preventing and controlling cross-border transmission, the pandemic had shown the importance of political commitment, international collaboration, equity and emergency financial resources, which were not within the remit of the Regulations. Although WHO's competence and technical prowess had remained unquestionably robust at all times, some new developments within the global public health sphere involving non-State actors and business entities that worked for profit had the potential to undermine the long-standing primacy of WHO with respect to global public policies and know-how. It was therefore timely to negotiate a more robust international agreement that not only strengthened current systems but also addressed global commitment, accountability, readily available resources and equity within and across countries.

The representative of INDONESIA said that experience in tackling the COVID-19 pandemic had shown a multilateral process to be the best way to ensure that Member States would be better equipped to face future emergencies, and that the current global response to the emerging new variant clearly showed that the status quo could not be allowed to persist. It had been an honour for a representative of Indonesia to co-chair the Working Group, the report of which had clearly set out the benefits of a new legal instrument to address gaps with regard to equity, coherence, solidarity and cooperation, and to build an unfragmented global health architecture with WHO at its centre. In order to make the preparedness and response system even more equitable, adaptable, accountable and agile, efforts should be made to strengthen the resilience of the global health system by establishing a sustainable resource

pooling and mobilization mechanism and improving the global data-sharing platform. Global norms and standards, in particular on cross-border health protocols, should be made more coherent. Action should be taken to support the improvement, development and diversification of essential medical countermeasures by promoting technology transfer and know-how to enhance equity and improve national and regional resilience. The Health Assembly must achieve consensus on providing a clear and predictable solution on pandemic preparedness and response through the development of a new legally binding instrument.

The representative of MOROCCO reiterated his Government's support for the Director-General to serve a second term of office. A new legally binding text should complement existing legal tools and mechanisms, some of which required further strengthening, while avoiding any duplication and overlap with the International Health Regulations (2005). It should ensure that WHO played a proactive role in interventions, set out simple mechanisms for decision-making and governance for better responsiveness to threats, and provide for timely support from other entities, where necessary. The text should be drawn up in accordance with a clearly defined agenda in a spirit of responsibility and flexibility in order to reach a consensus on its form, content and scope and build a more equitable and inclusive world. His Government had established an institutional and organizational framework for preparedness and response to public health emergencies under a One Health approach, and he said that the national and regional centres and laboratory services linked to that framework required continuous strengthening and improvement. WHO's work should be guided by human values, solidarity and cooperation and must not, under any circumstances, be subject to politicization, which would endanger lives.

The representative of BOTSWANA said that the COVID-19 pandemic had revealed the weakness of current global pandemic preparedness and response mechanisms, had further deepened inequalities and had placed the multilateral system under scrutiny. COVID-19 pandemic response measures should follow a risk-based and scientific approach guided by the principles of multilateral cooperation, solidarity, transparency and data sharing, while ensuring equitable access to and distribution of medical countermeasures. Member States should be united and coordinated in seeking to launch a process of establishing an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response.

The Omicron variant had been identified in Botswana among four imported cases on 11 November 2021 as part of routine genomic sequencing of SARS-CoV-2 and had been reported by the authorities. To date 84% of cases of the Omicron variant were imported. All patients had reported mild to moderate symptoms. Over the previous three months, there had been a steady decline in the number of new cases in Botswana and a significant reduction in mortality. At the beginning of the pandemic, his Government had invested in detection and response capacity in order to contribute to the growing scientific knowledge on genomic sequencing and evolution of variants in the country and had therefore been able to identify many virus lineages, some of which had been classified by WHO as variants of concern and of interest. However, people travelling from Botswana and neighbouring States had recently been subject to travel and flight restrictions following the transparent and timely reporting of the new SARS-CoV-2 variant. His Government categorically condemned those restrictions, which would continue to place a significant burden on the society and economy that had only just begun to recover. It called for the restrictions to be lifted, noting WHO's observation that travel restrictions had played only a small role in averting the spread of COVID-19 infections. It was important to incentivize scientific progress, in particular in developing countries, and not to subject those countries to discriminatory policies.

The representative of DENMARK said that the COVID-19 pandemic had emphasized WHO's crucial role in the global response to health emergencies. Although there had been collective successes in the joint response to the ongoing pandemic, significant shortcomings had also been highlighted. The international community should use the current momentum to strengthen global prevention, preparedness and response to future health emergencies through multilateral cooperation and his Government strongly supported the development of a legally binding instrument under the auspices of

WHO. Lessons learned from the current pandemic must be integrated into all levels of preparedness and response, and a whole-of-government and whole-of-society approach must be taken. Any solution must also build upon the core principles of human rights, equity and a One Health approach, and capacity-building and equitable access to medical countermeasures must be prioritized. Member States must also continue to implement and strengthen the core capacities required by the International Health Regulations (2005), and the new instrument must be coherent with and complementary to the Regulations. He welcomed the draft decision, which would provide a constructive foundation for forthcoming discussions. His Government looked forward to contributing to an efficient, transparent and Member State-led process, with input from experts and clear timelines, to ensure that the world was not caught unprepared for future pandemics.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that the illegal, unilateral and coercive measures imposed on her country by the United States of America had been affecting the health of the Venezuelan people for years, and their intensification was preventing access to medicines, health equipment and supplies, notably COVID-19 vaccines. There was an ethical imperative for WHO to consider that issue.

Historically, the management of actions to prevent the international spread of diseases had been a key responsibility of WHO. However, the pandemic had shown the fragility and limitations of the mechanisms available to WHO, such as the International Health Regulations (2005). In other health crises, it had become evident that WHO was losing authority, and in the COVID-19 response, some Member States had disregarded WHO's recommendations, creating parallel mechanisms that undermined the invaluable role of WHO and had serious repercussions on the health of the populations of low-and middle-income countries. Her Government was strengthening bilateral relations to access COVID-19 treatments and emergency use vaccines, and was deeply grateful to friendly governments, including Cuba, China, India, the Islamic Republic of Iran, the Russian Federation and Turkey. She asked whether a new treaty would contain provisions that put the right to health above the interests of the pharmaceutical and financial industries. There should be equity in access to technologies, vaccines, treatments and health knowledge, which should be considered global public goods; hence the important role of WHO. Before moving forward with the adoption of an international treaty on pandemic preparedness and response, the current pandemic should be comprehensively and transparently managed, and continued efforts should be made to identify priority threats, including new variants of SARS-CoV-2. Reiterating support for WHO, she called for the adoption of any decision that would help to overcome the huge health inequalities in the world.

The representative of MOZAMBIQUE said that a global response, based on scientific evidence, equity and solidarity was the only way to safeguard the health of all populations. He therefore strongly condemned the discriminatory travel ban recently imposed on countries in southern Africa, including Mozambique. His Government was on track to meet WHO's target of vaccinating at least 40% of the population by the end of 2021, with 38% of those eligible having already received at least one vaccine dose. Expressing support for WHO as the foremost technical institution in the field of global health emergency response, he reiterated the importance of global implementation of and compliance with the International Health Regulations (2005). However, scientific capacities in public health at the national and regional levels needed to be strengthened. His Government would therefore welcome the development of a legally binding WHO convention, agreement or other international instrument on pandemic preparedness and response, and the improvement of the International Health Regulations (2005).

The representative of SOUTH AFRICA said that SARS-CoV-2 continued to devastate lives, livelihoods and economies and had reversed hard-won developmental gains. Inequity persisted, with new variants further exacerbating shortages of medical countermeasures. The attempts to ascribe the newest Omicron variant to certain States that were committed to transparency and sharing health information and data within the framework of multilateralism, were regrettable and he called for the immediate lifting of the unjustified and punitive travel restrictions. A new international instrument on

pandemic prevention, preparedness and response should address such critical matters. Equitable access to vaccines, therapeutics and diagnostics, and technology transfer to increase local production and manufacturing capacity remained priority issues for most Member States. However, noting that current actions lacked urgency and commitment, he said that the most important lesson learned from the COVID-19 pandemic was the need for better preparedness and adequate, effective response.

The representative of LITHUANIA said that the unprecedented COVID-19 crisis had highlighted weaknesses in the response to public health threats and that there were numerous lessons to be learned. There was a clear and urgent need to address gaps in health emergency prevention, preparedness and response, to continue strengthening health systems to make them more resilient, and to ensure equity. He welcomed the consensus reached on the draft decision, which showed a common desire to make populations safer and which would facilitate the development of a new legally binding instrument on pandemic preparedness and response.

The representative of MEXICO said that COVID-19 had shown that the determinants of epidemics and pandemics were primarily socioeconomic, which resulted in inequalities in terms of risks, damage and ability to recover, and he highlighted the limited capacity and resilience of public health systems, the precarious health of populations, and an economic model characterized by wealth concentration, erosion of the welfare state and corruption. Citizens were seeking effectiveness, solidarity and transparency from their governments and a long-term vision to avoid the recurrence of new crises. While international organizations and Member States repeatedly called for solidarity, equity and coordination, actions were not always conducive to those objectives and it was clear that States Parties had moved away from the conceptual principles and requirements of the International Health Regulations (2005). The immediate response to a pandemic should be prompt, measured and consistent. While uncertainty was to be expected with emerging diseases, science-based strategies and lessons learned from other epidemics should help to prevent mistakes. Equitable access to vaccines, medicines, technologies and other essential supplies must be ensured. Selective travel and trade restrictions had been shown to be ineffective and their implementation was regrettable.

In order to be better prepared for future emergencies, Member States should focus on improving global health governance, including strategies to improve the implementation of and compliance with existing instruments. The prolonged process of developing another binding agreement could mean that sufficient progress would not have been made prior to the next emergency. Although the idea of a new instrument had merit, it was important to recognize the failure to comply with existing commitments, the weakening of the multilateral system, and the need to strengthen sustainable financing for health emergency preparedness and response, taking into account the need for transparency and to guard against conflicts of interest. A consensus must be reached on the need to adjust structural realities, while protecting States' sovereignty and equality. Coordination among United Nations agencies and programmes should also be strengthened. The drafting and negotiation of any new legally binding instrument must be based on the principles of transparency, solidarity and equity and involve all Member States.

The representative of HUNGARY said that, although there remained many uncertainties regarding the COVID-19 pandemic, it was clear that vaccination provided a solution. Vaccines were tools to save lives and should be judged exclusively on a professional and scientific basis, leaving political considerations aside. In that context, six different COVID-19 vaccines from the East and West had been approved for use in Hungary and more than 68% of the population had already been vaccinated. The Government had also been able to procure sufficient vaccines to help others, and had donated 2.4 million doses to 10 countries and sold another 11 million doses to four countries. Experience had shown that Member States needed to build their own national strategic capacities and capabilities, otherwise they would be defenceless against future emergencies. Vaccine supply depended on manufacturing capacity and his Government was mindful of its responsibility in that regard. A vaccine plant was under construction and would be ready for production in the second half of 2022. Discussions had begun with Russian and Chinese authorities about the production of their vaccines and his

Government was willing to offer its production capacities to others. He expressed support for the development of a new pandemic preparedness and response treaty and said that his Government would welcome the Director-General's continued leadership of WHO.

The representative of CHINA said that his Government firmly supported multilateralism, the leading role of WHO in global health governance and reform of the global health governance architecture to better adapt it to global public health threats. Recognizing the need for international legal safeguards, his Government would support amending the international legal system for health with the International Health Regulations (2005) at its core and integrating universality, equity, a One Health approach, and a whole-of-government and whole-of-society pandemic response model into the amendment of the Regulations. It also agreed in principle with further strengthening compliance, financing, data sharing and information management through the amendment process. Receptive to all options that would strengthen global solidarity and coordination in combating future pandemics, his Government stood ready to work with all parties on developing a WHO convention, agreement or other international instrument, within the United Nations and WHO framework, avoiding politicization and stigmatization.

The representative of CUBA said that the absence of global coordinated efforts to the COVID-19 pandemic had exacerbated its deadly impact and compounded structural inequities, as had the lack of prioritization of the human right to health on the global agenda. There was an indisputable need to be better prepared for future pandemics. While the International Health Regulations (2005) constituted an effective tool for building the core capacities of States Parties, the current epidemiological situation had shown their limitations, which must be rectified. WHO should strengthen its work, focusing more on the protection of life and equal access to health for all. A consensus on strengthening international cooperation should be reached, taking into account the existing structural differences among and within countries. Developed States must commit to correcting the huge disparities between health systems in the North and the South, and support must be given to help resource-poor governments to build their health emergency response capacity. His Government would participate actively in ongoing negotiations, which should lead to a real and consensus-based commitment on dealing with future pandemics. Inaction, selfishness, politicization and the imposition of one proposal over another would not lead to a better future. As COVID-19 had shown, all nations and governments had to work together in order to be safe.

The representative of JAMAICA said that inequitable access to vaccines, other medical countermeasures and much needed resources to bolster the COVID-19 response had highlighted the worsening inequities within and among countries and had underscored the importance of health systems strengthening and a multistakeholder and whole-of-government approach in pandemic response. She supported efforts to strengthen the international legal architecture for public health, noting the clear need for standards and guidance for rapid action in the event of a public health emergency of international concern. All options should be explored, with due regard to the special circumstances and differing capacities of Member States, in particular developing countries. While her Government remained open to a new convention under Article 19 of the WHO Constitution, it was important not to lose sight of the other pragmatic and normative solutions available under the WHO Constitution. The International Health Regulations (2005) remained the cornerstone of international public health and health security law, although their effectiveness had waned due to the lack of enforcement mechanisms, and the potential to make targeted amendments to the Regulations would be useful. Her Government wished to be added to the list of sponsors of the draft decision and emphasized that any process to develop a pandemic prevention, preparedness and response instrument must adhere to the principles of consensus, equity, solidarity, inclusivity, transparency and respect for national sovereignty.

The representative of CHILE said that the pandemic, although very difficult, also provided an opportunity for the international community to review its health emergency response measures. High-level political commitment and a whole-of-government and whole-of-society approach from all Member

States would be required to develop a new international instrument. There was a need to strengthen WHO and address equitable access to countermeasures such as vaccines, therapeutics and diagnostics. A new instrument would facilitate progress in strengthening local vaccine production and he welcomed the inclusion of equity as an important pillar of a new pandemic response instrument. A representative of Chile had co-chaired negotiations on the draft decision, which had been sponsored by more than 110 Member States and was an important achievement based on lessons learned from the current pandemic, recognizing that no one would be safe until everyone was safe.

The representative of EL SALVADOR outlined his Government's coordinated intersectoral response to the COVID-19 pandemic, which had involved the development of a national health plan with containment, response and transition phases, each with multiple strategies. The main lesson learned was that strong leadership, political will and an intersectoral approach were necessary to address such an emergency. Action was required to develop a global system based on the principles of solidarity and equity and a secure chain of detection and protection coordinated at the national and global levels in order to protect people all over the world and reduce inequities in access to equipment, medicines, vaccines, diagnostics and other non-pharmaceutical interventions. Member States should develop a legal instrument that went beyond a political declaration or resolution and reflected a shared will to address future emergencies with greater solidarity. It was hoped that consensus could be reached on key aspects, using the International Health Regulations (2005) as a basis.

The representative of ANGOLA briefly described the containment measures taken by her Government in response to the COVID-19 pandemic, noting that vaccination of at-risk groups had begun only three months after the first vaccines had been authorized for emergency use. As availability increased, vaccination had subsequently been extended to all eligible people aged 18 and over and 42% of the adult population had received at least one vaccine dose, although coverage was higher in areas with a high concentration of COVID-19 cases. Digital pre-registration for vaccination was being supported by public and private companies and individuals on a voluntary basis. The COVAX Facility was the main mechanism for accessing safe and effective vaccines, complemented by government purchases and bilateral donations.

The representative of NIGERIA said that his Government supported the development of a WHO convention, agreement or other international instrument on pandemic preparedness and response and the launch of an intergovernmental process to that end. The COVID-19 pandemic had revealed critical gaps in global preparedness and response strategies and capacities. While Governments were responsible for national health security, core capacities at the national level under the International Health Regulations (2005) varied, and WHO must improve its coordination role and develop tools to support States in their first response to public health events. Equity, including with respect to public health services and access to diagnostic tools, medicines and vaccines, remained a serious challenge, particularly for developing countries. Accordingly, there was a greater need than ever before for solidarity among nations, particularly between developed and developing countries. Noting supply chain challenges in the procurement of essential countermeasures for the pandemic response, he joined others in calling on WHO to support Member States and regions in developing capacity to manufacture life-saving countermeasures. Certain Member States identified for support should serve as regional hubs so that supply chain and travel restrictions and further lockdowns did not adversely affect the availability of supplies. Member States should also be supported in retaining minimum workforce requirements and transportation logistics.

The representative of MONACO reaffirmed her Government's commitment to strengthening the global health architecture. The international community must work together to build solid foundations for pandemic response on the basis of consensus and transparency. Noting that the Working Group had set out initial considerations, she emphasized the need to strengthen the International Health Regulations (2005), especially compliance with and implementation of the Regulations, through targeted amendments, and to reinforce health systems, universal health coverage and equity through a new

instrument. Her Government had made a number of specific proposals in the Working Group, including the development of a codex to promote achievement of the One Health approach.

The representative of MALTA expressed support for the development of a binding pandemic instrument within a reasonable time frame and welcomed the consensus reached prior to the special session. The ongoing nature of the COVID-19 pandemic further highlighted the need for all Member States to come together and reach agreement on an effective, global, transparent and equitable instrument, and he looked forward to the establishment of an intergovernmental negotiating body. Having emphasized the importance of collaboration at the regional level and beyond, he said that the international community must carefully examine the shortcomings identified during the pandemic and build on successes, including flexibility and innovation which had been instrumental in maintaining health systems' resilience. There was a need to prioritize other public health issues such as noncommunicable diseases, including mental health, and antimicrobial resistance, which also required global political action. Member States should act swiftly to put words into action and ensure that the world was better prepared to deal more effectively with the next pandemic.

The representative of the UNITED STATES OF AMERICA, exercising her right of reply, said that it was regrettable to use a multilateral forum to spread disinformation. The Venezuela-related sanctions imposed by her Government included broad exemptions and authorizations allowing for the provision of humanitarian assistance and the commercial sale and export of food, agricultural commodities, medicines and medical devices to the Bolivarian Republic of Venezuela. Earlier in 2021, her Government had expanded long-standing humanitarian exemptions, exceptions and authorizations to cover additional COVID-19-related transactions and activities, including those involving the delivery of facemasks, ventilators and oxygen tanks, vaccines and their production, COVID-19 tests, air filtration systems and field hospitals for COVID-19 patients. The United States should be advised of any specific instance in which excessive compliance with sanctions was preventing the provision of humanitarian aid to the Bolivarian Republic of Venezuela, in which case the United States would take appropriate steps to facilitate the flow of aid. The United States, international partners and the interim government of the Bolivarian Republic of Venezuela were proactively responding to the COVID-19 pandemic in the country and she said that her Government had provided more than US\$ 1.2 billion in humanitarian, health, economic and development assistance since 2017.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, exercising her right of reply, said that regrettably, the enormous damage inflicted by the Government of the United States of America through the imposition of illegal unilateral coercive measures was greatly affecting her country, particularly in the areas of health and science. It was also regrettable that the Government of the United States continued to repeat falsehoods. The most recent report of the United Nations Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights had drawn particular attention to the effect of those measures on the people of the Bolivarian Republic of Venezuela.

(For continuation of the discussion, see the summary records of the third meeting, section 2.)

The meeting rose at 17:10.

THIRD MEETING

Tuesday, 30 November 2021, at 10:05

President: Professor B. HOUNKPATIN (Benin)

1. OPENING OF THE HEALTH ASSEMBLY: Item 1 of the agenda (continued)

Credentials: Item 1.2 of the agenda (document SSA2/4) (continued from the first meeting, section 1)

The PRESIDENT invited the Second special session of the World Health Assembly to approve the report of the Committee on Credentials contained in document SSA2/4.

The report was approved.

The PRESIDENT said that, in addition to the report on credentials which had just been approved by the World Health Assembly, since the meeting of the Committee on Credentials, credentials had been received from Eritrea and Trinidad and Tobago, which had not previously submitted credentials. In accordance with Rule 24 of the Rules of Procedure of the World Health Assembly, he had examined the credentials of those Member States and found them to be in conformity with the Rules of Procedure. He therefore recommended that the Health Assembly accept Eritrea and Trinidad and Tobago as having submitted valid credentials.

It was so agreed.

(For continuation of the discussion and approval of the draft decision, see the summary records of the fifth meeting, section 1.)

2. CONSIDERATION OF THE BENEFITS OF DEVELOPING A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE WITH A VIEW TOWARDS THE ESTABLISHMENT OF AN INTERGOVERNMENTAL PROCESS TO DRAFT AND NEGOTIATE SUCH A CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE, TAKING INTO ACCOUNT THE REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES: Item 2 of the agenda (documents SSA2/3 and SSA2/INF./2) (continued from the second meeting)

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that recent evaluations of the response to the coronavirus disease (COVID-19) pandemic in the Eastern Mediterranean Region had revealed two important findings: first, that national health security action plans were generally not being implemented, due largely to inadequately empowered National IHR Focal Points and insufficient political commitment to endorsing and financing such plans; and, second, that the International Health Regulations (2005) did not address some capacities relevant to pandemic preparedness, such as responsible leadership, equity, a multisectoral approach and supply chain

management. The core capacities required by the Regulations were, although necessary, insufficient for emergency and pandemic preparedness and response. He urged Member States to share their knowledge and experience and design a new instrument that would complement the International Health Regulations (2005) and address critical needs. It should promote stewardship, coordination, accountability, high-level political commitment, and a comprehensive multisectoral approach, and ensure an adequate financing system. It should also improve compliance with and accelerate implementation of the International Health Regulations (2005).

The REGIONAL DIRECTOR FOR EUROPE said that only multilateral, community-centric action could help the world to emerge from the pandemic and prepare for future emergencies. By forging regional and interregional partnerships, the ultimate goal of the Regional Office for Europe was the same as that of Member States – to provide humanity with the greatest possible chance of successfully preventing, detecting, responding to and recovering from future emergencies, leaving no one behind. Whether it be through strengthened International Health Regulations (2005), or a more ambitious convention or treaty, of key importance was to ensure that any new or strengthened architecture provided transparency and the disclosure of health information and data in real time; permitted unfettered mobility and access to provide country support; and held Member States accountable for non-compliance. The tools were available to control transmission and mitigate impacts as a means to shift from a counterproductive on and off emergency mode to a continued path towards stabilization. Ultimately, the only way out of the current acute phase of the COVID-19 pandemic was for politicians, scientists and the general public to pull together in the same direction.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the Second special session offered an historic opportunity to strengthen WHO's health emergency preparedness and response. An integrated approach to targeted amendments or adjustments to the International Health Regulations (2005), the development of a complementary new instrument, and other measures, could prove beneficial. Such initiatives must better enable the transparent and immediate sharing of data on outbreaks and pathogens, strengthen National IHR Focal Points, their authority and roles, and enhance global coordination. In that regard, access to pandemic countermeasures such as medicines, vaccines, diagnostics and medical equipment must be strengthened, including through technology transfer, voluntary licensing and flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), and sustainable, predictable and flexible financing for global health security. There should also be increased investment in building strong health systems oriented towards primary health care. Keeping the world safe called for a stronger WHO with greater resources, which would require regional and country offices to be strengthened and empowered.

The representative of THAILAND said that COVID-19 had uncovered the limitations of the International Health Regulations (2005) in providing effective responses to pandemics. The crisis had also highlighted the need for a new legally binding instrument to forge political commitment and ensure wider stakeholder involvement. Creating a new instrument and strengthening the International Health Regulations (2005) should be undertaken in parallel to ensure that they were coherent and mutually reinforcing while not overlapping. WHO should continue to be the key coordinating authority for the negotiation of the new legally binding instrument, which should aim to build trust and ensure inclusivity. Importantly, the new instrument should be negotiated through a science-based policy platform that addressed other substantive issues informed by a parallel review process for the International Health Regulations (2005).

The representative of SINGAPORE agreed with the Director-General that the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, variant B.1.1.529) had demonstrated the need for a new accord on pandemics because the current system disincentivized countries from alerting others to threats. The proposed instrument should include the ability to strengthen implementation of and compliance with the International Health Regulations (2005). While not perfect, the Regulations remained the only legally binding framework that defined States Parties' rights and

obligations in handling public health emergencies. Furthermore, he agreed with the need for vaccine equity. In a global pandemic, until every country in the world had access to vaccines to fight the virus, no one was safe. Beyond the Omicron variant, other variants would inevitably emerge and, eventually, one would be life-threatening to the whole world. Therefore, the global health architecture for pandemic preparedness and response had to be strengthened; health ministers at the forefront of fighting global pandemics should work with other sectors of government, including ministers of finance, to ensure that progress was made in that regard.

The representative of ALBANIA said that her Government supported a new international legally binding instrument for better pandemic prevention, preparedness and response. By adopting a decision establishing an intergovernmental negotiating body, WHO Member States were taking a bold step in response to the call for political leadership at the highest level to catalyse transformative change for pandemic preparedness and response, guided by solidarity, fairness, transparency, inclusiveness and equity. With further waves of COVID-19 and variants of SARS-CoV-2 expected to emerge, the devastation would continue; therefore, Member States should work together to do everything possible to put an end to the pandemic. A WHO treaty on pandemic prevention, preparedness and response represented a step towards stronger and swifter collective defence. It was a chance to build an equitable and coherent global health architecture and to fundamentally transform the international system for pandemic preparedness and response.

The representative of COLOMBIA said that multilateralism would be a key factor in building a safer world and preventing future consequences similar to those experienced during the COVID-19 pandemic. An inclusive, transparent and complementary process based on consensus would promote new instruments that complemented existing measures, in order to provide sustainable solutions to manage future outbreaks. The Working Group's discussions had concluded that existing key, legally binding international instruments on pandemic preparedness and response, primarily the International Health Regulations (2005), had shown limitations in terms of building regional and national capacities. As such, the Regulations should be strengthened through targeted amendments and efforts should be made to strengthen their implementation, compliance and evaluation, as well as to build regional and national capacities and improve financing. COVID-19 had highlighted the need for a multisectoral response, based on a spirit of solidarity. Only in that way could challenges be overcome and access to medical countermeasures guaranteed, including by promoting a One Health approach, achieving universal health coverage and strengthening health systems. Member States should continue working together to draft recommendations and identify substantive elements and mechanisms, including adequate financing and other key elements, so as to have more clarity in terms of the content, form and legal nature of the new instrument.

The representative of CÔTE D'IVOIRE noted that there were several key aspects of health emergency preparedness and response that were not addressed under the International Health Regulations (2005), which merited developing either a new WHO instrument or another regulatory, policy or programmatic tool. He also noted the risks identified in the report associated with initiating a process to develop a new instrument. He supported the Working Group's approach of developing recommendations in a comprehensive, inclusive, flexible and coherent manner and encouraged the Health Assembly to establish an intergovernmental negotiating body; outline the process, modalities and timelines for negotiating the new instrument; and continue to support the Working Group.

The representative of AZERBAIJAN said that a multisectoral approach, which should go beyond the health sector to address the social and economic determinants of health, was crucial to responding to public health threats and better mitigating risk. Increased domestic and global investment in health and emergency risk management was also required. Investing in health and health systems should not be considered as a cost, but as the foundation for a productive, vibrant and stable economy. Fundamental gaps in public health should be addressed, and key resources to implement the International Health Regulations (2005) more efficiently should be leveraged, which would help to make health systems

more resilient to future threats. The current crisis had also highlighted the need to integrate pandemic-related issues into strategic operational planning policies to strengthen the response to and recovery from large-scale crises. International coordination and cooperation with partners at the global, regional and country levels should be a part of the management of any package of health emergency response measures. Existing global inequalities in access to vaccines, combined with inconsistent public health interventions, underscored the need for global WHO preparedness and response mechanisms.

The representative of the REPUBLIC OF KOREA said that his Government would be committing US\$ 200 million to the COVAX Advance Market Commitment mechanism by the end of 2022 and, having declared its intention for the Republic of Korea to become a global hub for vaccines, was preparing a strategy for developing and increasing vaccine supplies. His Government agreed on the need to expand the vaccine manufacturing capacity and workforce of low- and middle-income countries to solve global vaccine inequity. It was evident that the world had not been ready to respond to the pandemic and there was growing recognition of the need for a new instrument that covered areas not addressed in the International Health Regulations (2005) as the best way to effectively prevent and respond to a pandemic. His Government therefore welcomed the draft decision and looked forward to its adoption by consensus. In addition to developing a new instrument, WHO governance should be strengthened and targeted amendments should be made to the International Health Regulations (2005), thereby ensuring a systematic and united approach to pandemic response.

The representative of CYPRUS said that it was evident that the current and future health emergencies could only be addressed by collective action; enhanced multilateralism and international solidarity were therefore vital. The ongoing pandemic had revealed that the current global public health architecture had certain limitations. Any new international instrument should therefore build a more resilient and robust system to respond to pandemics and should incorporate compliance as an essential component. In that regard, her Government would support establishing a reporting and monitoring mechanism through which Member States could identify gaps and apply targeted measures to address them. The new instrument should also provide for an enhanced structure for sharing information, biological samples, technologies, genetic data and statistics, allowing for a more rapid detection of viruses and trends. A new multisectoral and inclusive framework aimed at strengthening national and regional capacities to prevent pandemics should also be established. In addition, her Government agreed with the need to re-evaluate the methodology to provide for the responsive delivery of vaccines and other medical supplies, recognizing that it was vital to ensure universal, equitable and affordable access to vaccines, diagnostics and therapeutics. While the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility had been effective, there should be a more institutionalized approach to all vaccine delivery, aimed at quickly dispatching adequate quantities of vaccines and other medical countermeasures to as many countries as possible, as soon as possible.

The representative of TUNISIA welcomed the fact that Member States had agreed to work together to: create effective health structures that would protect future generations and ensure that countries were better prepared for pandemics; create the diagnostic tools required for the earlier detection of infectious diseases and pandemics; and improve preparedness for future health emergencies and pandemics. Supporting the creation of a new international legally binding instrument, he called for adherence to all international instruments that enhanced health security, given that the right to health was one of the most fundamental human rights. Solidarity and cooperation were the only effective weapons in the fight to ensure that health systems were able to respond to the needs of the people and were fair, transparent and inclusive.

The representative of GABON welcomed the consensus on the need to create an intergovernmental negotiating body to develop a new international convention, agreement or other instrument that would address the key aspects of health emergency preparedness and response beyond the current scope of the International Health Regulations (2005), some of the provisions of which should also be strengthened. The COVID-19 pandemic had accentuated the inequalities between the countries

in the northern and southern hemispheres. Equity should drive all actions in the prevention, preparedness and response to health emergencies, with particular regard to capacity-building, access to countermeasures, research and development, intellectual property, technology transfer and vaccine production. In addition, WHO needed adequate and sustainable financial resources in order to carry out its mandate more effectively in emergency situations. The new instrument must therefore take into account both equity so that no Member State or region was disadvantaged in times of health emergencies, and sustainable financing to enable WHO to play its full coordinating role in global health.

The representative of the DOMINICAN REPUBLIC said that his country had been hard hit by the COVID-19 pandemic but that, thanks to concerted efforts and social and economic sacrifices, his Government had helped to ensure the health of its population, including by implementing a national vaccination plan, through which approximately 13.7 million vaccine doses had been administered. Furthermore, in solidarity with the countries of the Region, his Government had donated around 820 000 vaccine doses. His Government was committed to achieving equity, which should be a guiding principle, and supported the proposed temporary exemption of intellectual property rights for vaccines and other medical products. He welcomed WHO's ongoing work to strengthen preparedness and response to health emergencies including the establishment of an intergovernmental negotiating body, in which all Member States should participate proactively, on an equal footing, to ensure the effective implementation of the International Health Regulations (2005).

The representative of ZAMBIA said that, in order to restore democratic multilateralism and provide an opportunity to better deal with future health emergencies and crises, the focus should be on addressing problematic political and economic structures. The Working Group's report paved the way for Member States to work on both strengthening the International Health Regulations (2005) and developing a new international legally binding instrument to address areas of pandemic preparedness and response that could not be addressed in the Regulations. An implementation mechanism should be established that clearly defined the specific roles of each instrument and at what stage one or the other would be triggered, to avoid the two instruments running concurrently when responding to the same global health emergency. He proposed that the new instrument should focus on: proactively encouraging inclusive technological innovation such as digital contact tracing, predictive modelling, vaccination tracking and public health surveillance tools during pandemics and public health emergencies; promoting effective policies, standards, benchmarks, regulation and legislation to govern the design and implementation of digital innovation; and strengthening the scope and capacity of the International Health Regulations (2005) to guide the effective usage of digital technologies and data while predicting, preventing, preparing for and responding to pandemics and other public health emergencies.

The representative of NAMIBIA, expressing support for the establishment of an intergovernmental negotiating body that would develop a new international legally binding instrument, said that there were many benefits to developing a new WHO pandemic treaty because some critical areas related to health emergency preparedness and response could not be addressed by the International Health Regulations (2005). The new treaty should prioritize the One Health, whole-of-government and whole-of-society approaches. The principle of equity was central to ensuring access to and the distribution of medical countermeasures including diagnostics, therapeutics and vaccines, the challenges to which should be addressed in the new instrument. He therefore urged Member States to support collaboration and solidarity towards achieving equity.

His Government expressed its strong disappointment with Member States that had imposed a ban on people travelling from southern African States following the emergence of the Omicron variant, particularly as people who had contracted the variant but who had not travelled to southern Africa were exempt. Member States must be guided by WHO when responding to health emergencies and not introduce measures that were grounded in politics rather than in the effective reduction of transmission.

The representative of the UNITED REPUBLIC OF TANZANIA agreed that the International Health Regulations (2005) remained a primary tool for guiding public health emergency preparedness

and response. She called for multilateral cooperation to support their implementation, particularly through predictable and sustainable financing at the national and subnational levels. Inequities in access to medical countermeasures were morally indefensible, threatening to prolong the COVID-19 pandemic and contributing to further preventable deaths and social and economic disruption; collaboration was therefore essential to enhance equitable access, including the sharing of technology and know-how. The international community must continue to address challenges posed by misinformation during the pandemic and prevent unnecessary panic among the population. She welcomed the establishment of an intergovernmental negotiating body and underscored the importance of taking on board Member States' views when developing substantive elements of the new instrument. Her Government reiterated the call for the immediate lifting of bans on people travelling from those southern African States that had reported cases of COVID-19 resulting from the Omicron variant.

The representative of MAURITANIA said that inequitable access to pandemic emergency preparedness and response countermeasures posed a heightened risk for certain populations in the world and for global control and prevention. His Government had developed a COVID-19 response and action plan and established a solidarity fund to finance the plan, which had helped to reduce the number of deaths from the virus in his country and had led to more than 20% of the population being vaccinated. However, it continued to be difficult to access response mechanisms and his Government was therefore keen to see the adoption of efficient and equitable global measures. The new instrument under consideration must complement the International Health Regulations (2005) and must be swiftly implemented across the world. The aim should be to ensure universal access to the information needed to guarantee health security and to measures to respond to health epidemics and disasters. The involvement in the negotiation process of producers of medical equipment and products was essential, as they would be able to ensure that Member States were prepared to rapidly adapt and respond to emergency situations.

The representative of FIJI said that WHO, as the leading global health institution, must play its part in bringing the pandemic to an end, and Member States must play their part in empowering the Organization to achieve its mandate. While vaccination coverage in Fiji had reached 90%, the most vulnerable population groups in the country, like in other small island developing States, remained at risk because the COVID-19 pandemic had been exacerbated by the additional challenges posed by climate change, natural disasters, tropical diseases and noncommunicable diseases. His Government therefore supported the creation of a new international legally binding instrument for pandemic preparedness and response that would address the gaps left by other instruments. The benefits of developing such an instrument far outweighed any risk involved. Looking forward to the establishment of an intergovernmental negotiating body to lead the process, he invited all Member States to support that work.

The representative of ESTONIA said that the health crisis resulting from COVID-19 had highlighted the interdependence of the world, the linkages between different sectors and the interplay between the environment and human and animal health. Furthermore, it had demonstrated the need to strengthen the global health architecture, including empowering WHO in its leading role, and ensure the development of core capacities at the national level. Existing global instruments had been insufficient in responding effectively to a health and socioeconomic crisis of such global magnitude or in ensuring equal access to the necessary tools and resources. A new legally binding instrument would pave the way for a more cohesive international framework, complementing and reinforcing existing instruments in a multisectoral and whole-of-government approach. Moreover, an accord was needed on the sustainable funding of pandemic preparedness and response at the global level, including for WHO core functions. Supporting the establishment of an intergovernmental negotiating body to draft the new instrument, he emphasized that, while the instrument would address areas not covered by the International Health Regulations (2005), there should nevertheless be a critical review of the Regulations to strengthen their implementation and accountability mechanisms.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, while his Government had dedicated much of its G7 Presidency to its ambition to vaccinate the world in 2022, including a collective commitment to share and finance 1 billion vaccine doses, it was clear that long-term change was needed. It was therefore right that the Second special session of the World Health Assembly should be used to consider the benefits of a convention or agreement that would bring Member States closer to the creation of a global pandemic treaty. The treaty should apply to all kinds of threats, including antimicrobial resistance, which represented an existential threat as big as climate change. Three things were of immediate importance: One Health should be the default approach; data sharing should be improved, by establishing new surveillance networks and international norms; and there should be an ever-greater spirit of sharing, learning and transparency when not in a state of emergency to ensure strong and effective relationships between stakeholders. A new legally binding instrument would provide the opportunity to reach those goals, bring the different strands of an effective pandemic response under one comprehensive agreement, and give Member States a clear model to which they were all accountable.

The representative of GEORGIA said that the COVID-19 pandemic had shown that the International Health Regulations (2005) and other existing instruments were insufficient. Strengthening the Regulations was therefore critical, not only for the health sector but also for other sectors. There was general agreement that certain aspects of health emergency preparedness and response went beyond the scope of the Regulations and could be better addressed by a potential new instrument. Such an instrument should include developing governance and financing systems for pandemic preparedness and response. In addition, more efforts were needed to ensure the timely mobilization of resources, including adequate financial resources for annual health care budgets at the national level, human resources and ongoing human resource training.

The representative of CANADA commended the swift response to the recently identified Omicron variant but highlighted the need to accelerate equitable vaccine distribution. She welcomed the important consensus reached on the need for a new international instrument to enhance pandemic prevention, preparedness and response. A multilateral response with a strong and inclusive WHO at the centre of the global health security architecture was essential, and Member States must strive for a more efficient, effective, relevant and accountable WHO at all levels of the Organization. From the response to COVID-19 to prevention and preparedness for a future pandemic, the Secretariat must redouble its efforts to integrate a gender and equity lens at all levels of the Organization in its work to build resilience and improve health for all, including closing the gender gap among staff involved in health emergencies. Moreover, the Director-General must ensure a practical and robust approach to preventing sexual exploitation and abuse and sexual harassment, and to ensuring the safety and protection of workers, regardless of their identity, expression, class or employment status. Her Government was ready to work with others to make progress on those critical issues, including on efforts to design the new instrument to ensure that it had a real impact on the health and safety of people around the world. It was also important to improve existing tools by strengthening WHO and the International Health Regulations (2005).

The representative of ETHIOPIA, expressing support for the recommendations in the Working Group's report, said that the unprecedented and devastating pandemic called for a coordinated and concerted effort and for solidarity. Governments of countries in the African Region had long been voicing their concern about vaccine equity. Global coordination mechanisms, such as the COVAX Facility and the African Union, had been the cornerstone of the vaccine roll-out in Ethiopia. She encouraged all Member States to collaborate to vaccinate the disadvantaged high-risk populations left out because of vaccine inequity and to strengthen laboratory testing and genomic sequencing capacities. Using the lessons learned during the COVID-19 response, there should be continued commitment to building a better system that created the required capacity for global health security, solidarity and mandatory compliance on reporting. The Government of Ethiopia supported the draft decision and was committed to complying with the obligations therein.

The representative of BANGLADESH, emphasizing the importance of global cooperation and solidarity in fighting the pandemic, said that the timing of the Second special session of the World Health Assembly was very apt. The COVID-19 pandemic had hit all countries, but people in developing countries, particularly in least-developed countries, had suffered the most. It was a matter of concern that vaccine nationalism and vaccine hoarding had led to many low-income countries being unable to vaccinate even their vulnerable populations and frontline health workers. Developing a new instrument was therefore crucial not only for the present but also for the future; it was an opportunity to strengthen the global public health architecture and place WHO at the centre of global efforts to fight health crises. The instrument must enable Member States to safeguard public health measures beyond national and commercial interests. In addition, it must address waiving intellectual property rights, technology transfer, capacity-building, diversification of the production of vaccines and therapeutics, vaccine equity and financing for developing countries, without which it would merely be a political commitment, not an effective tool.

The representative of the NETHERLANDS said that the past two years had shown that the world was in dire need of a strong, comprehensive global health security system that effectively incorporated the existing International Health Regulations (2005). Setting up an intergovernmental negotiating body was a good first step in that direction. His Government looked forward to working with others towards a legally binding instrument that would help to address the lessons learned from the COVID-19 pandemic and other health threats such as HIV and tuberculosis, on the basis of the principles of equity, solidarity and human rights. However, such an instrument should not be regarded as a panacea for pandemics; much more should be done for better prevention, preparedness and response to current and future health emergencies. For that to be a success, there was a need to ensure proper financing at the global and national levels, to improve Member State-led governance for global health, and to ensure functioning national health systems.

The representative of CABO VERDE said that the COVID-19 pandemic was a global problem that required coordinated and timely global responses and, above all, solidarity. The inequalities between developed and developing countries must be addressed by building response capacities and ensuring equitable access to resources. International, bilateral and multilateral cooperation was paramount. His Government was aware of the constraints faced in many countries, particularly on the African continent, where there was inequitable access to essential countermeasures, such as COVID-19 vaccines. The international response could not continue to rely on goodwill; it required solidarity and a negotiated agreement supported by Member States. Whatever kind of legal instrument was adopted, it was essential to consider its financing mechanisms. He suggested asking governments to make a political commitment to allocating at least 15% of their health budgets to create a global fund, which would finance improvements to national, regional and international health systems. There could be no strong international response with weak national health systems.

The representative of LUXEMBOURG said that her Government fully supported the call for a legally binding convention, agreement or other international instrument on pandemic preparedness and response. Member States should unite in solidarity to help to protect the world's population and prevent further global health crises by developing an ambitious instrument that reflected international consensus. The world must be able to respond to, prevent and be better prepared for future pandemics. The commitment requested of Member States called for effective multilateralism. Aware that Member States held different views, she made an urgent call for WHO, its Member States and other stakeholders and partners to make an historic commitment; too much time had been wasted already.

The representative of BURUNDI said that, in line with the WHO goal of health for all, her Government supported the One Health approach to epidemic preparedness and response. It therefore agreed on the need to establish an intergovernmental negotiating body to develop a new international WHO instrument that would be inclusive and based on equality and equity.

The representative of SWEDEN said that a pandemic treaty would build and sustain political commitment to preparedness and response and address the failures of the current international system. First, there must be fair and equal access to medical countermeasures, including vaccines. As the largest per capita donor to the COVAX Facility, her Government urged more Member States to donate to achieve better health equity. WHO reform and strengthening, including more sustainable financing, was equally important, as was the need to develop better surveillance of infectious diseases including those of zoonotic origin, and to ensure that technical and normative standards under the One Health approach were followed. In addition, data and sample sharing must increase to enable further development of research and policy actions. Noting that the ACT-Accelerator had been crucial to the COVID-19 pandemic response, it should be reviewed and adjusted to suit the world's needs going forward. The surging global threat of antimicrobial resistance was another of the greatest health threats in modern times; the risk could be mitigated by acting together and including antimicrobial resistance preparedness in the pandemic treaty. Verification of core capacities for preparedness and response was a key component of global health security. Implementation of the International Health Regulations (2005) had been unacceptably slow for many years and must be addressed, together with the gaps in global health security. The Swedish Government was committed to developing a treaty that increased joint health security.

The representative of IRELAND said that his Government supported the establishment of an international negotiating body to draft a new international instrument to address and improve global pandemic preparedness and response, and urged other Member States to recognize the potential benefits of an international pandemic treaty and to adopt a process for its negotiation. His Government also supported strengthening existing international measures such as the International Health Regulations (2005), as part of an overarching framework for global health security. However, it was important not to create unnecessary duplication of work or overlapping structures. The many lessons learned from the response to the COVID-19 pandemic across the world must be taken forward as part of any discussions on the treaty. His Government strongly supported a comprehensive approach to pandemic preparedness and response, including the One Health and other multisectoral approaches.

The representative of ISRAEL said that the COVID-19 crisis served as a reminder that resilient health systems were the backbone of societies and economies and that close collaboration was imperative in ensuring health for all. Existing international tools were not strong enough to prevent future pandemics and there was a need for a more coordinated response from institutions, countries and international organizations. The proposed new instrument was a necessary step and it should focus on pandemic prevention, while also improving global preparedness for and response to future pandemics. His Government looked forward to taking part in the negotiations to design the new instrument. As a small country with advanced information technology and logistics capabilities allowing for a smooth and successful vaccine roll-out, his Government would continue to share with the international community the lessons learned from its vaccination efforts.

The representative of GUATEMALA expressed support for the draft decision and said that his Government wished to be added to the list of sponsors. It was vital to strengthen preparedness and response capacities at the national, regional and global levels. As a priority, a revision of the International Health Regulations (2005) must begin as soon as possible in order to establish standards and implement specific measures for equitable access to vaccines, new medicines, diagnostic tests and technology, as well as for the provision of training and protection for health workers who were on the front line of pandemic response. It was essential to identify the substantive elements to be included in the new instrument and to decide on its nature, in line with the provisions of the WHO Constitution. He emphasized the importance of a relevant, inclusive, effective and universal instrument that would ensure the implementation of solutions that would have a real impact in the prevention of, preparedness for and response to pandemics and other health emergencies.

The representative of SURINAME said that, given the limitations of the International Health Regulations (2005) and their inadequate implementation by Member States, his Government supported developing a new WHO convention, agreement or other international instrument on pandemic preparedness and response. He highlighted the many benefits of a new instrument outlined in detail in the Working Group's report and supported its three proposals on intergovernmental negotiation, the nature of the process for developing a new instrument and the need to support the ongoing efforts of the Working Group.

The representative of SENEGAL said that robust, coherent systems were needed to ensure better prevention and preparedness and a more comprehensive and coordinated response to epidemics, which should include overcoming fear and misinformation and better supporting health professionals. The negotiation of a new legal instrument would enable Member States to begin a new era of pandemic management. In particular, an international treaty, negotiated under the auspices of WHO, would raise the issue of pandemic preparedness and response at the highest level, promote cross-sectoral mobilization, and increase resources and the involvement of other health security stakeholders. Other benefits would be the development of technology transfer and the local production of medicines and vaccines, and the establishment of inclusive governance at the global level. His Government supported strengthening the global health architecture and had repeatedly called for the lifting of barriers to the production of vaccines and for greater solidarity in the management of the COVID-19 pandemic. Her Government supported the draft decision and encouraged other Member States to follow suit.

The representative of KUWAIT expressed support for the Working Group's recommendation that the current situation resulting from COVID-19 required urgent and sustained political commitment across all areas of government at the highest level. The COVID-19 pandemic response must be guided by the spirit of solidarity, fairness and equity. An international legally binding instrument for pandemic preparedness and response was worth considering, with the International Health Regulations (2005) as the cornerstone. Her Government agreed with the following areas of action: ensuring a high level of political commitment and a whole-of-government and whole-of-society approach; strengthening the leading and coordinating role of WHO; addressing equitable access to countermeasures such as vaccines, therapeutics and diagnostics; sharing data samples, technology and other benefits to ensure pandemic preparedness and response; and supporting the strengthening of strong, resilient and inclusive health systems.

The representative of ARMENIA said that her Government supported a new legally binding instrument on pandemic preparedness and response in principle, as the arguments presented in the Working Group's report in favour of the adoption of a convention were well-founded. However, the lessons of the COVID-19 pandemic had not been sufficiently studied and required more in-depth examination. It had taken many years to devise the International Health Regulations (2005) and implement them in the Member States, and it would take significant effort and resources to adapt national health systems to revised rules and procedures. Before taking the decision to approve a legally binding instrument, the Regulations and their implementation must be reviewed at the national level, especially in developing countries. Any potential new instrument should be all-encompassing to ensure that, after investing time and resources, it did not leave challenges unaddressed. Her Government therefore supported the proposal to establish an intergovernmental body that would address all those challenges and decide on the scope, content, structure and final status of a new international instrument.

The representative of BELARUS said that there was wide agreement that, in view of the impact of the COVID-19 pandemic on the socioeconomic and sustainable development of all countries, the status quo had to change. In that connection, his Government supported the draft decision on the development of a new international instrument on pandemic preparedness and response. The Working Group's report had shown that there were benefits to having a new WHO convention, agreement or other international instrument to help to bolster global health preparedness and response. His Government supported the Working Group's conclusions in the report on those benefits and noted the

risks identified in developing a new instrument. The intergovernmental negotiating body should take those risks into account, alongside the different views expressed during the current special session. The Government of Belarus stood ready to participate actively in the negotiations to develop a new international instrument and in the efforts to strengthen WHO's central role in the global health architecture.

The representative of JORDAN said that there was an urgent need to amend the International Health Regulations (2005) to bridge any gaps and ensure that they were more flexible, enabling the international community to be better prepared to face future pandemics, which were a threat to the whole of humanity. He underscored that vaccines remained the main tool to protect people worldwide from deadly diseases; all countries must therefore have equitable access to vaccines and other countermeasures to fight against pandemics. The particular circumstances of Member States requiring special support should be taken into consideration, especially those with the burden of hosting large numbers of migrants, with a focus on building capacities to ensure the equitable implementation of measures. The Working Group had shown that progress in developing medical products to fight against the pandemic was crucial, as well as ensuring their equitable distribution.

The representative of TONGA said that COVID-19 deaths had highlighted that several key areas of health emergency preparedness and response could not be addressed solely by the International Health Regulations (2005). Equity was a key issue and the lack of equitable access to preparedness and response countermeasures, including tests, personal protective equipment and vaccines, had not been fully addressed in the COVID-19 pandemic. Nevertheless, she acknowledged the generosity and support from higher income countries to lower income countries during the pandemic, which had saved lives. More consideration should be given to the vulnerability of those Member States where health and human resources were limited to ensure that policies were implemented in a logical manner to make the biggest difference. Her Government supported the three proposals submitted by the Working Group on the need for intergovernmental negotiation, a transparent process of developing a new instrument, and tools to implement the recommendations.

The representative of MADAGASCAR said that the COVID-19 pandemic had shown the importance of strengthening unified global health governance and the need for reform in certain aspects of coordination beyond the existing International Health Regulations (2005). The establishment of an intergovernmental negotiating body would facilitate the process of ownership and validation of the proposed new instrument. His Government agreed with the need to establish a framework for sustainable and equitable financing to strengthen fragile health systems weakened by recurrent epidemics in general and the COVID-19 pandemic in particular. Investments in the fight against pandemics benefited low-income countries, including strengthening pharmaceutical industries through research on traditional pharmacopoeias. The African continent had a variety of medicinal plants and the Malagasy Government had invested in research into improved traditional remedies for COVID-19, including undertaking a clinical trial of the CVO+ remedy which would be produced in Madagascar. Better preparedness and investment in health systems were the key to a safer world and to preventing epidemics from developing into pandemics.

The representative of UKRAINE said that, during the past two years, the global community had tried to strengthen global and national health systems and build national capacities. However, the COVID-19 pandemic continued to spread, mainly because of a lack of access to countermeasures such as vaccines, diagnostics, testing and treatment. His Government advocated for the equal distribution of vaccines worldwide and called for increased funding for the COVAX Facility to procure and deliver vaccines to low- and middle-income countries. In the fight against the pandemic, the cooperation of Member States and their mutual responsibility remained important: such global threats could not be dealt with alone. His Government was ready to cooperate further to ensure the development of a comprehensive treaty achieved through solidarity between Member States, working in coordination and partnership to prevent future pandemics.

The representative of MALAWI applauded the South African and Botswanan authorities for spearheading the COVID-19 genomic sequencing work that had led to the discovery of the Omicron variant for which the Governments and citizens of those countries should not be punished. She also applauded efforts to secure vaccines for all, especially for least-developed countries. However, more efforts were needed to increase vaccine uptake and reduce vaccine hesitancy, which was due mainly to misinformation. Huge lessons had been learned from the COVID-19 pandemic, which should be shared to strengthen the preparedness of all Member States. The limitations of the International Health Regulations (2005) were well-known, coupled with the fact that many States Parties had yet to fully implement them. Her Government therefore supported the proposal to consider the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response with a view to establishing an intergovernmental body to draft and negotiate such an instrument. It would help Member States to be better prepared for pandemics, disasters and emergencies but must be tailored to complement national strategies or interventions. Her Government supported the way forward proposed in the Working Group's report.

The representative of RWANDA welcomed the information concerning the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response highlighted in the Working Group's report, which would address the gaps that had been identified. His Government reiterated its full support for: strengthening WHO to ensure that it played an effective role as a leading authority in global health emergency response; establishing an intergovernmental negotiating body to develop a legally binding WHO convention, agreement or other international instrument on pandemic preparedness and response; reviewing and improving the International Health Regulations (2005); and ensuring equitable access to funding and resources at the global level to support regional mechanisms. By working together in global solidarity, Member States could shape a new, more efficient, effective and equitable mechanism for pandemic prevention, preparedness and response.

The representative of the GAMBIA said that the COVID-19 pandemic had taken a turn for the worse, adding more pressure on Member States to put aside national interests and work in unison to ensure the equitable provision and distribution of vaccines and health-related services. Average vaccination rates in most African countries were appalling, standing at around 2%. The WHO global targets to sufficiently vaccinate populations had not, and would not, be achieved. His Government wished to highlight two issues of concern. First, the recent ban on people travelling from southern African countries because of the Omicron variant was unfortunate and unwarranted. The fact that the variant already existed in many other countries of the world made such travel bans discriminatory and unfair. They were not evidence- or science-based and were contrary to WHO guidance. The second concern was some States' passive resistance to legally binding instruments for managing the current and future pandemics. His Government would consider a degree of flexibility if there were clear language and a commitment to converting words into action. It would also be flexible in welcoming a combination of non-legally binding and legally binding mechanisms focused on international cooperation, collaboration, and genuine and balanced partnerships. He commended the efforts to transfer technology to facilitate vaccine production in places like Ghana and Senegal and called for its scale-up across the marginalized countries and regions of the world. Any WHO treaty or international instrument must be financially sustainable and multisectoral in nature.

The representative of the SYRIAN ARAB REPUBLIC said that the measures taken to address the current and future pandemics should include reinforcing WHO's leadership role, ensuring sustainable financing, and strengthening the optimization of the financial resources of Member States. Other important measures included establishing a transparent and coordinated system of data sharing at the national, regional and global levels; securing supply chains for medical products worldwide, as well as locally; and combining efforts and bolstering international cooperation and coordination to remove barriers to an effective response to crises that had prevented equitable access to health products. Unilateral economic or trade measures that ran counter to international law and the United Nations

Charter must not be adopted. Establishing an intergovernmental negotiating body and creating a convention, agreement or other international instrument on pandemic preparedness and response was essential, as they would lead to a more coordinated response to health crises. The negotiation process should be transparent and take the situations of all Member States into account to ensure that consensus could be achieved on a text.

The representative of the PHILIPPINES expressed support for international efforts to strengthen global preparedness and response to public health emergencies. In that regard, equitable access to countermeasures, technologies and innovations such as vaccines was urgent, especially for people with inadequate means and capacities. National capacities for detecting, testing, monitoring and containing pathogens should be bolstered and guided by the One Health and whole-of-government and whole-of-society approaches. He called on the international community to reinforce the International Health Regulations (2005) through sustainable financing and pre-emptive interventions to effectively control diseases from spreading. There was a need for clear criteria and indicators that would trigger defensive action protocols and stronger transparency mechanisms for information sharing to allow for rapid response. Revitalizing the two-way link between global and local initiatives was also important. Strengthening health security capacities that were compliant with the International Health Regulations (2005) at the local level was the only way to contain the spread of a pathogen at its source. It was important to continue developing an effective global public health security architecture based on sound domestic policies and fully enabled community-level responses.

The meeting rose at 13:00.

FOURTH MEETING

Tuesday, 30 November 2021, at 15:10

President: Dr H.M. AL-KUWARI (Qatar)

CONSIDERATION OF THE BENEFITS OF DEVELOPING A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE WITH A VIEW TOWARDS THE ESTABLISHMENT OF AN INTERGOVERNMENTAL PROCESS TO DRAFT AND NEGOTIATE SUCH A CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE, TAKING INTO ACCOUNT THE REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES: Item 2 of the agenda (documents SSA2/3 and SSA2/INF./2) (continued)

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, expressed appreciation for the efforts of the Bureau of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and support for the development of a WHO convention, agreement or other international instrument on pandemic preparedness and response. Equity was critical to global health; addressing the glaring inequities highlighted by the coronavirus disease (COVID-19) pandemic must therefore be a priority. A new legally binding international instrument was needed to address the gaps in the International Health Regulations (2005) exposed by the pandemic.

Any new instrument should remove barriers to the development and distribution of medical countermeasures and address related issues, including research and development, intellectual property rights, technology transfer and the scaling up of local and regional manufacturing capacity during emergencies. It should strengthen existing frameworks while recognizing the differing development and capacities of WHO Member States. In developing countries, governments and development partners should focus on strengthening public health infrastructure and national and subnational preparedness and response capacities. The establishment of strong national capacities in research and development for essential medical products, and in manufacturing and regulations was critical. Procurement tools to enable access to essential medical products and innovations were also needed. The countries of the Region were firmly committed to building back better, including by developing an international instrument, and to taking all necessary measures to prevent future pandemics based on solidarity, inclusiveness, transparency and consensus, leaving no one behind.

The representative of SAO TOME AND PRINCIPE said that the COVID-19 pandemic had highlighted vulnerabilities in all countries and had shown that none had the capacity to provide a comprehensive response to outbreaks. It had also revealed inequality of access to essential medical products, capacity shortages and developing States' dependence on imports. His delegation supported the establishment of an intergovernmental negotiating body to develop a legally binding instrument on pandemic preparedness and response, with equity in access to pandemic countermeasures as a guiding principle. Collaborative strategies were crucial to improving access, including through the exchange of experience and technological know-how. Greater solidarity was needed to facilitate implementation of the International Health Regulations (2005). Any new legally binding instrument should include a code of conduct for States and the media during health emergencies. Pandemic preparedness, response and recovery required sustainable financing to ensure that all countries were better prepared for future health

emergencies. The One Health approach should be strengthened to enable a comprehensive response to health emergencies that took account of the environmental dimension of health at all levels.

The representative of NIGER said that his Government supported the establishment of an intergovernmental negotiating body to develop a legally binding international instrument on pandemic preparedness and response. With the constant emergence and rapid global expansion of new variants, the direction of the COVID-19 pandemic remained unclear and, unlike in earlier pandemics, the socioeconomic fallout was in itself difficult to overcome. His country was at the start of an even more deadly third wave at a time when it was eager to reboot the economy. Strong political commitment was needed at the highest level to control the pandemic and prepare for future health emergencies. A new instrument should enable preparedness, prevention and control of infections and effective case management, while promoting enhanced, well-structured international collaboration. It should entail the sharing of experiences and best practice and help build institutional and technical capacities in less resilient health systems. WHO's leadership in health, health financing and access to medical know-how and technology must be taken into account in order to ensure coherent approaches and global resilience and to reduce the gap in health system performance between developed and developing countries. Vaccination and health system strengthening were crucial pillars of pandemic prevention and control.

The representative of KAZAKHSTAN said that the development of an international instrument on pandemic preparedness and response under the auspices of WHO was key to the global health agenda. She supported the establishment of an intergovernmental negotiating body as a platform for developing such an instrument and stood ready to participate actively in the negotiations. In response to WHO's call for global solidarity to combat the COVID-19 pandemic, doses of the QazVac (QazCovid-in) vaccine had recently been delivered to Kyrgyzstan, and negotiations with interested governments were ongoing as part of efforts to reach the vaccination target for the end of 2021.

The representative of JAPAN said that lifestyle changes had helped to balance effective domestic infection control with the healthy functioning of society. The Tokyo 2020 Paralympic Games, held from 24 August to 5 September 2021, had proven to be a symbol of global unity, and his Government was grateful to WHO for its advice on effective infection control. His country had also hosted the seventy-second session of the Regional Committee for the Western Pacific, at which Member States had discussed action to tackle COVID-19 in the Region. Universal health coverage was critical to strong health systems and equitable access to medical countermeasures and must be a key element of any new instrument. Strengthening the International Health Regulations (2005) was equally important and his Government would continue to engage with the Secretariat and other Member States to rebuild the global health architecture.

The representative of EQUATORIAL GUINEA said that tackling rising COVID-19 infection rates and ever-emerging mutations was a complex endeavour associated with tremendous economic cost, the collapse of health systems and loss of lives. With just over 30% of the population vaccinated and an infection rate of 2.6 per 100 000, the situation in his country was largely under control. The COVID-19 response had involved taking early warning action and activating contingency response structures; making human resources and supplies available for clinical case management; and updating the national case management protocol. The establishment and expansion of COVID-19 diagnostic capacities, enhanced epidemiological surveillance, contact tracing, mass testing, community intervention strategies, social mobilization and the COVID-19 vaccination campaign had helped to gain control of the situation. Given the uncertain global situation, however, there was no room for complacency and national measures would be sustained and strengthened. The lessons learned from pandemic response thus far must be harnessed to enable a gradual return to a new normality.

The representative of IRAQ said that the review of the International Health Regulations (2005) should be a priority, with a view to strengthening national capacities and commitments and facilitating better exchange of information, samples and data. It was equally important to implement decisions

relating to WHO governance and expertise, which would help strengthen the Organization as a whole and the capacities of each Member State. There was also a need for greater equity to ensure fair access to diagnostic tools and vaccines. He supported the establishment of an intergovernmental negotiating body to develop an international instrument to enhance health emergency preparedness and response; such an instrument would strengthen the role of WHO and complement the amendment of the International Health Regulations (2005). It was also important to ensure sustainable financing. Member States should work together and avoid any politicization of efforts.

The representative of URUGUAY said that the COVID-19 pandemic had posed unprecedented challenges and put national health systems and emergency response capacities to the test. Barriers to manufacturing and access to vaccines and medical supplies had gradually been resolved through collaborative responses. Joint responses were also needed to address current challenges, prepare for the post-pandemic era and strengthen the global health architecture, with WHO as the lead agency. He supported the updating of existing international instruments. Pandemic responses should focus on containment, protection and public health solutions, and should aspire to remedy inequities that put everyone's health at risk. Based on lessons learned, Member States must work on solutions that included elements absent from the International Health Regulations (2005), promoted intergovernmental cooperation and the recognition of regional and national capacities, and offered the flexibility to bring everyone on board. Negotiations would provide an opportunity to enhance cooperation and interconnectedness, and identify the most appropriate instruments to respond more effectively to health emergencies.

The representative of SAUDI ARABIA said that the need for resilient health systems, coordinated efforts and global initiatives to help all countries overcome the COVID-19 pandemic was widely recognized. A stronger international mandate and global leadership were needed to improve States' preparedness for future outbreaks. The early detection, reporting and notification of all public health events were essential to a proactive response to outbreaks of disease. He firmly supported the International Health Regulations (2005), which should be strengthened through implementation, compliance and support for its core strategies. A holistic view, based on the One Health approach, should be taken to reduce the risk of emerging diseases of zoonotic origin. In the context of the COVID-19 pandemic, his Government had assisted low- and middle-income countries through direct support and international initiatives such as the COVID-19 Vaccine Global Access (COVAX) Facility.

The representative of TIMOR-LESTE, expressing appreciation for WHO's leadership in the global fight against the COVID-19 pandemic, welcomed discussion of the development of an international legally binding instrument on pandemic preparedness and response. While the International Health Regulations (2005) were a powerful instrument for preventing, detecting and containing disease outbreaks and had played an important role in the COVID-19 response, their limitations needed to be addressed. A new instrument should cover all aspects of pandemic preparedness and response and unite Member States in solidarity with a focus on equity. It must build global, regional and national capacities and foster multistakeholder collaboration based on the One Health approach. Resilient health systems were at the core of pandemic preparedness and States must strengthen their health workforce, systems and infrastructure. Sustainable funding was needed to enable WHO to perform its central role in global health.

The representative of SRI LANKA said that the COVID-19 pandemic, as a protracted disaster that had engendered a global economic crisis with a disproportionate impact on low- and middle-income countries, had given rise to reflection on the support available for Member States' pandemic response. The pandemic had increased demand everywhere for hospital facilities, medical equipment and treatment, testing and vaccines, which had adversely affected the national economy and people's livelihoods. Although WHO had taken commendable measures to facilitate equitable access to COVID-19 diagnostics, treatment and vaccines, hopes of achieving that through the COVAX Facility had been dashed. Inequities must be addressed through improved cooperation within the United Nations

system. Timely sharing of know-how and technology was crucial to emergency preparedness and response and to ensuring that the digital divide did not worsen already poor health, education and social outcomes. Health systems must be further strengthened, with strong primary health care and access to universal health coverage at their core. The International Health Regulations (2005), while relevant, needed to be improved.

The representative of REPUBLIC OF MOLDOVA said that the COVID-19 pandemic had exposed the fault lines in health systems and continued to place pressure on her country's already overburdened public health system. Although the pandemic had evolved differently in different regions, a successful response required joint action. True cross-sectoral and cross-country collaboration was needed to build resilience to prevent future outbreaks and respond effectively to them. A new international instrument should provide for better pandemic awareness and alerts; the need for close surveillance had been highlighted by the emergence of the Omicron variant (B.1.1.529) of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Global health security could only be achieved through international cooperation, including the sharing of virus sequencing equipment and vaccines. Her Government was grateful that it had been able to procure vaccines through the COVAX Facility, which, complemented by vaccines purchased by the Government, were sufficient to protect the population. Widespread vaccine hesitancy – created by an avalanche of misinformation – had however resulted in only 27% of the population accepting the vaccination. An international treaty could facilitate better communication and tackle such misinformation. As a recipient and provider of international assistance, her Government firmly supported the establishment of an intergovernmental negotiating body on an international instrument to promote cooperation and solidarity in a coordinated international response to health emergencies.

The representative of MONTENEGRO said that bold decisions and decisive action were needed to close the gaps that continued to leave countries highly vulnerable to variants of SARS-CoV-2. The decision to strengthen the legal framework for pandemic preparedness and response illustrated Member States' commitment to moving forward with a heightened sense of urgency, solidarity and common purpose. A new instrument had great potential to address inequities in pandemic response and shortcomings in the current legal framework. It should address the need for early development and equitable access to pandemic countermeasures, data and sample sharing, and the implementation of a One Health approach. Almost two years had passed, and the end of the COVID-19 pandemic remained elusive; infection rates were on the rise and new variants presented a growing risk. Since different countries were affected to varying degrees and the most vulnerable were the worst affected, a coherent and comprehensive strengthening of the global health architecture was needed, with an adequately equipped, empowered and sustainably funded WHO at its core. She called on the international community to seize the opportunity to advance multilateral commitment to building a system that would provide a rapid, effective and equitable global response to future health crises with pandemic potential.

The representative of NEPAL said that, while the scientific community had developed life-saving tools that had allowed socioeconomic activity to continue during the COVID-19 pandemic, various gaps in the International Health Regulations (2005) had been exposed. Those insights must be used to develop better global legal and policy frameworks that promoted a collective response to public health emergencies, sharing and transparency, and fairer access to improved tools and technologies. Universal health coverage and protection from financial risk were critical. The issue of equity in access to new tools and technologies was absent from the Regulations and must be integrated into any future instrument on pandemic preparedness and response. Such an instrument should tackle areas not covered in the Regulations and provide clear guidance and a framework for pandemic preparedness and response that promoted health system resilience, multilateral cooperation and a One Health approach.

The representative of ANDORRA said that the COVID-19 pandemic, while highlighting vulnerabilities in individuals, nations and organizations, had also shown that it was possible to emerge better and stronger from crises by working together. The most vulnerable were the hardest hit by crises,

which deepened health and socioeconomic inequalities, and the pandemic had given rise to a wave of solidarity with those in the greatest need. He supported the findings of the Working Group and the proposal to review the International Health Regulations (2005) and develop a new international instrument to respond to future pandemics. Such an instrument should contain elements of preparedness and response not covered by the Regulations, taking into account the specific circumstances of small States like his. The focus must be on consensus and multilateralism; WHO was the right forum for establishing effective mechanisms for pandemic preparedness and response. Equitable access to vaccines, personal protective equipment and diagnostic tests was crucial as the world could not afford to leave anyone behind. Solidarity was needed to move towards a more equitable future, based on a One Health approach.

The representative of MALAYSIA said that COVID-19 would remain a global threat so long as SARS-CoV-2 continued to mutate and spread. Battered by repeated lockdowns, governments were reluctant to impose harsh restrictions to contain the Omicron variant. The emergence of that variant and an apparently uncoordinated global response underlined the urgent need for strengthened global preparedness and response mechanisms. An international agreement on pandemic response must be inclusive, accountable, equitable and transparent. The tools to fight the pandemic were available, but inequitably distributed. The proposed targeted amendment of the International Health Regulations (2005) and the concurrent development of a new WHO instrument would promote stronger health systems and better international pandemic preparedness and response. While the amendment of the Regulations might be a complex and lengthy process, a concerted effort should be made to clarify their legal and binding nature and strengthen their compliance mechanisms, alongside the strengthening of the WHO Constitution. With regard to the new instrument, the comparative benefits of preparing a convention, regulations or recommendations, under Articles 19, 21 or 23, respectively, of the WHO Constitution, should be studied carefully to enable an informed decision. The Regulations were a key component of the global health architecture, which could be complemented and strengthened by a new instrument that focused on equity and universal access.

The representative of ROMANIA expressed support for the development of a legally binding instrument on pandemic prevention, preparedness and response that would strengthen the capacity of WHO to detect, assess and respond to future pandemics. Strengthening the authority and independence of WHO and binding international agreements would be the most effective way to enhance pandemic management. The international community must use the momentum provided by the COVID-19 pandemic to secure collective interests. The experience of the past two years had shown the need for countries across the globe to identify common mechanisms to respond to health emergencies and ensure equal access to pandemic countermeasures.

The representative of SUDAN said that an international instrument on pandemic preparedness and response would strengthen and complement the International Health Regulations (2005) and could bridge the gap between existing international agreements. It could play a major role in ensuring Member States' adherence to global preparedness and response plans, harmonize multilateral cooperation and help States to bring health and other sectors under one umbrella. Although the Ministry of Health of Sudan had coordinated its COVID-19 pandemic response with other government sectors and non-governmental stakeholders, the impact of the pandemic had been dramatic and the country's fragile health system had barely been able to keep up. Clear guidelines on preparedness and response would provide for better overall outcomes and help to coordinate responses at all levels. A legally binding agreement could provide a clear governance framework, enhance commitment and ensure equitable access to and more equitable distribution of countermeasures. Existing inequities had hampered pandemic response efforts in low-income countries. A treaty could also facilitate long-term solutions, including by establishing infrastructure for the local production of vaccines and medicines. A review of the Regulations would not suffice to garner the required level of commitment. Future-proof solutions were needed. The process of developing a treaty on pandemic preparedness and response must be

inclusive and integrate contributions from low- and middle-income countries, which carried the heaviest burden of the COVID-19 pandemic.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the global health community was at a critical juncture as it evaluated its work and sought the most appropriate way forward. The continued suffering caused by the COVID-19 pandemic showed that the world could not afford to remain idle until the next deadly outbreak struck. Preparedness and response capacities needed to be enhanced and WHO must be strengthened so that it could fulfil its crucial role in global health security and emergency response. The International Health Regulations (2005) remained an essential tool, but their effectiveness depended on Member States' capacity and commitment to their implementation, which required predictable and sustainable financial support. The relationship between the Regulations and any new instrument should be clearly articulated and a new instrument should complement, and not overlap, the Regulations. A common global agenda for building societies that were more resilient to future health emergencies required equal access for developing countries, which had suffered disproportionately from the consequences of the pandemic, equal access to COVID-19 tools and vaccines, the fair supply of medical countermeasures, and streamlined technology transfer to developing countries. The way forward should be based on consensus and the shared goals of consolidating WHO's leadership and strengthening the response to future pandemics and health emergencies.

The representative of INDIA, welcoming the draft decision on the proposed establishment of an intergovernmental negotiating body, said that the draft elements of a future instrument on pandemic prevention, preparedness and response must be delineated carefully. An exhaustive compilation of proposals made by Member States should be prepared as a basis for negotiations, which should also draw on the report of the Working Group. Equity must be at the core of a new instrument, which should address barriers to the development and distribution of medical countermeasures and enable international support to strengthen public health infrastructure in developing countries. A future instrument should also include the prevention and management of zoonotic disease risks as part of a One Health approach. While negotiating the future instrument, high priority should also be accorded to the implementation of recommendations relating to WHO reform. His Government was contributing to the global pandemic response, including by supplying medical countermeasures to more than 150 countries.

The representative of HAITI said that his country was struggling with the dual challenge of the COVID-19 pandemic and the devastating effects of the August 2021 earthquake. Based on the lessons learned from successive epidemics and natural disasters, his Government was keenly aware of the need to strengthen the global health architecture and develop a universal, rational and harmonized approach to health emergencies. The COVID-19 pandemic had highlighted the need for resilient national health systems based on solidarity and universal health coverage. He fully supported the proposed review of the International Health Regulations (2005) and the development of a new instrument, which should provide for universal and equitable access to vaccines, medicines and diagnostics and help to strengthen health systems. The world must be better equipped to prevent, detect, evaluate and respond to pandemics. Given that the COVID-19 pandemic had been a cruel reminder that no one was safe until everyone was safe, it was regrettable that Taiwan¹ was not participating in the current discussion.

The representative of SLOVAKIA said that the current health crisis required urgent and transformational action. The crisis had been marked by geopolitical divides, inequities and fragmentation. Member States must engage meaningfully in order to secure a strong mechanism to tackle current and future health emergencies and avoid perpetuating existing divisions. A comprehensive, legally binding instrument was needed to mobilize and facilitate compliance, combined with a targeted reassessment of the International Health Regulations (2005), as a crucial component of the global health architecture. Evidence-based approaches and coordinated action were critical to

¹ World Health Organization terminology refers to "Taiwan, China".

tackling misinformation and stigmatization, which seriously undermined public health. WHO's leadership role in global health governance must be accompanied by coherent, complementary processes and further progress on WHO reform.

The representative of SWITZERLAND, speaking on behalf of the Member States of the European Region, expressed support for the draft decision and appreciation for the tireless efforts of all those involved in the Working Group. The consensus reached on the draft decision was an important step towards strengthening pandemic prevention, preparedness and response globally.

The representative of CAMBODIA said that her country's experience of responding to the COVID-19 pandemic reflected the critical importance of investment in core public health capacities for rapid assessment, detection and response. Successful roll-out of the COVID-19 vaccine had been based on political commitment, multilateral, bilateral and private sector cooperation and community mobilization. The seventy-second session of the Regional Committee for the Western Pacific had provided a useful forum for sharing experiences and best practices. Strengthening the International Health Regulations (2005) was preferable to developing a new instrument that may be a duplication. Existing mechanisms should be enhanced by investing in national core capacities and the global system for health emergencies, including through good governance and WHO support. She welcomed discussions on additional mechanisms to complement the Regulations and reinvigorate pandemic preparedness and response efforts at the global, regional and country levels. Adequate and sustainable financing, the promotion of whole-of-government, whole-of-society approaches, multilateralism, and concerted efforts to combat misinformation would be crucial.

The representative of BELIZE said that global unity was more important than ever. Inequality, which had become glaringly obvious in the distribution of COVID-19 vaccines, must end. A more inclusive pandemic response was needed as the COVID-19 pandemic had become a pandemic of the unvaccinated and the race for vaccines had left less developed countries at a disadvantage, while the cost of treating COVID-19 patients weighed on their economies. The health and socioeconomic consequences of the pandemic had set back global efforts towards the Sustainable Development Goals. Combating the COVID-19 pandemic required a multisectoral, One Health approach, which Belize had already embraced prior to the pandemic.

The exclusion of Taiwan¹ from WHO for political reasons had damaged global cooperation on pandemic prevention and control. In order to combat the pandemic and build a better post-pandemic future, all countries must be included in the global health system. The pandemic had demonstrated that Taiwan¹ was an indispensable part of the global health network with a critical role in global surveillance and alert mechanisms.

The representative of the CENTRAL AFRICAN REPUBLIC said that his Government was far from achieving WHO's COVID-19 vaccination target for the end of 2021. Limited manufacturing capacities in Africa and the associated unequal access to essential supplies, vaccines and personal protective equipment had resulted in a heavy reliance on imported medical countermeasures, with a negative impact on timely availability. Equity in access to medical countermeasures and tools in the context of a pandemic must be the guiding principle of global emergency preparedness and response. Collaborative action was needed to enhance the sharing of technology and know-how and incentivize vaccine manufacturing. While the International Health Regulations (2005) remained the main guidance tool for public health emergency preparedness and response and the management of disease outbreaks, a common standard was needed to prevent the application of discriminatory policies in international travel, as had been the case during the COVID-19 pandemic. In his country, underinvestment in pandemic preparedness and response capacities had been compounded by decades of political and social instability resulting from the protracted security crisis. More than half the population was in need of humanitarian assistance. His Government relied on effective global solidarity to respond to multiple

¹ World Health Organization terminology refers to "Taiwan, China".

disease outbreaks, including COVID-19. Every effort should be made to align and support existing health emergency financing structures and ensure equitable distribution of resources. Economic and political power should unite, not divide.

The representative of SERBIA, expressing support for the development of a legally binding international instrument on pandemic preparedness and response, said that the COVID-19 response in his country had focused on protecting the population and health workers and supporting global efforts to contain the spread of the disease. National efforts to tackle the pandemic had included the building of three new COVID-19 hospitals, the allocation of €2 million for vaccine development and more than €5 million for the COVAX Facility, alongside the donation of vaccines to developing and neighbouring countries, and the provision of financial support to mitigate the economic impact of the pandemic. His Government had supported the initiative to develop a pandemic treaty from the start. A new international instrument would be an expression of true political will to act collectively to tackle the global challenges posed by pandemics and other health emergencies. A new instrument should include a One Health approach in order to lend a preventive dimension to global efforts to combating pandemics that was not included in the current system.

The representative of OMAN said that the convening of the Second special session of the World Health Assembly bore testimony to the international community's commitment to strengthening global health governance. He supported the Working Group's comprehensive and clear recommendations on the need for both a review of the International Health Regulations (2005) and the development of a new, complementary instrument. The Organization had demonstrated great leadership during the COVID-19 crisis and had facilitated the sharing of best practice and lessons learned. An international instrument would help make the Organization fit for the needs of a globalized world and must be aimed at consolidating fragmented efforts and streamlining international health governance. Any new instrument and the revised Regulations must enable better monitoring and compliance mechanisms, with an emphasis on prevention, health system strengthening, universal health coverage and multisectoral approaches. Member States must strive for common ground on the way forward, despite their differing views. A cross-sectoral and comprehensive approach should be incorporated into national health systems.

The representative of BARBADOS said that, even in the current situation of uncertainty and fear, there were opportunities for clarity of thought, unity of direction and strength in purpose. Latin America and the Caribbean had carried the heaviest burden of the COVID-19 pandemic globally, with great loss of lives and a rise in unemployment. His Government was focusing on the sharing of knowledge and experience, using public health principles to inform economic decision-making, retaining open borders, and protecting its people through safe and effective medicines, vaccines and technologies. In the second year of the pandemic, vaccine inequity and vaccine hesitancy had further weakened countries' already stretched and underfunded health systems at high societal cost. Global leadership, investment, and cooperation in a spirit of solidarity were needed to reverse the tide of inequity and social disruption. Global leadership involved making difficult decisions: delaying boosters while others had no access to vaccines; sharing human resources and expertise; and creating a pool of knowledge to minimize the loss of lives and maintain productivity. He therefore fully supported the adoption of an international instrument to ensure preparedness for future pandemics.

The representative of QATAR said that the COVID-19 pandemic had revealed the need for stronger international cooperation on epidemic prevention and control, led by WHO. Current tools and instruments, while useful, had their limitations. Although repeated reference had been made to the One Health approach during the crisis, it had not been truly implemented. Early information sharing on suspected cases and potential threats, and transparency and collaboration were crucial. National interests must be put aside to prevent delays in the global response. WHO must be fully independent and equipped with legal, sustainable financial and human resources. The pandemic had revealed both shortcomings and opportunities. Its human, social and economic impact was unprecedented and no country was in a

position to face another crisis of such dimensions. He therefore supported the establishment of an intergovernmental negotiating body to develop a WHO convention, agreement or other international instrument on pandemic preparedness and response.

The representative of TOGO said that the pandemic had exposed shortcomings in preparedness and response and in health security and equity. Health systems had been tested and weaknesses had been revealed in the implementation of the International Health Regulations (2005). It was encouraging that the Working Group's report had highlighted the crucial role of equity, the One Health approach, respect for the requirements of the Regulations and financing. He expressed support for coordinated national and global measures to strengthen pandemic preparedness and response through the development of a new WHO instrument. A mechanism based on the highest political commitment developed with the engagement of all public and social stakeholders was urgently needed. WHO's leadership and coordinating role must be further strengthened and emphasis must be placed on equitable access to countermeasures, medicines and diagnostic tools, and on building stronger, more resilient and inclusive health systems.

The representative of the UNITED ARAB EMIRATES expressed support for the proposed development of a new instrument to improve pandemic preparedness and response; it should reflect a shared political and financial commitment to ensuring health equity as a global goal, taking into account Member States' varying capacities. Any future instrument should support the International Health Regulations (2005) and provide for the development of a mechanism to centralize the different initiatives to unify efforts, in order to avoid squandering resources and prevent duplication. The One Health approach should be included, with due priority given to the animal health sector.

The representative of NICARAGUA, noting that vaccination and the maintenance of essential health services were two key components of her country's efforts to combat the COVID-19 pandemic, said that pandemic response measures must be inclusive and non-discriminatory. The Government and people of Nicaragua were grateful for the solidarity extended by others in the form of vaccines and personal protective equipment. She supported the proposal to develop an international instrument on preparedness and response, supported by enhanced governance. That instrument must address the issues of finance for capacity-building and universal health coverage as matters of urgency, which would require the commitment of the international community as a whole.

The observer of the HOLY SEE said that the Second special session of the World Health Assembly was an acknowledgement of the need for a coordinated response to global health emergencies at the local, national, regional and global levels. Societies had a duty to respect human dignity that translated into an obligation for governments to adopt the necessary measures based on reliable scientific data, and an obligation for all to act responsibly to protect their own health and that of others. Receiving medically approved vaccinations was a concrete act of love that contributed directly to the common good. The COVID-19 pandemic had demonstrated that access to universal health care was at the core of human development. It had also provided evidence of the collective moral imperative to share resources, information and technologies, especially in places where the distribution of countermeasures had remained scarce, inequitable and untimely, and where health systems were weak. A new international instrument to complement existing instruments and mechanisms would only be beneficial if it was based on solidarity.

The observer of PALESTINE said that contagious diseases did not stop at borders and health must be valued above all else. Most people on the planet remained deprived of vaccinations and other pandemic countermeasures, which illustrated the wide gap between rich and poor that was also evident in the occupied Palestinian territory. It was high time to translate words into deeds. It was unfortunate that Palestine had not been invited to participate in the preparation of the draft decision in its capacity as an observer, and had only been able to participate in the Working Group. He requested that Palestine should be officially invited to participate in the work of the Assembly in line with United Nations

General Assembly resolution 52/250 (1998) on the participation of Palestine in the work of the United Nations and resolution WHA53.13 (2000) on collaboration with the United Nations system and with other intergovernmental organizations. The Secretariat deserved support for its efforts to tackle the pandemic and develop an international instrument on pandemic preparedness and response.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the COVID-19 response had been severely impaired by gaps in global cooperation and inequities that affected those most in need. Any new legal instrument must include a firm commitment to equity in access to health services, resources and recovery efforts; a whole-of-society approach to public health emergencies; and a clear commitment to strengthening domestic legal frameworks. National red cross and red crescent societies had a mandate to assist governments with legal preparedness for disasters including health emergencies, and to work alongside public authorities and communities in responding to humanitarian needs. They stood ready to strengthen that work and to support a transformative pandemic treaty.

The observer of GAVI, THE VACCINE ALLIANCE, said that the emergence of the Omicron variant had reaffirmed that a global pandemic required a coordinated, rapid response and early at-risk investment in rapid and equitable access to essential medical interventions. The COVAX Facility had been created as a global networked solution to the pandemic and, despite many challenges, had delivered over 555 million vaccine doses to 144 economies. When considering a new instrument on pandemic preparedness and response, Member States should adopt a global approach; support and amplify existing global efforts; ensure rapid and agile contingency financing; strengthen long-term investment in routine immunization and primary health care; and diversify and expand manufacturing.

The representative of UNEP said that the COVID-19 pandemic had been a reminder of the intricate linkages between the health of people and the health of the planet. The risk of pandemics was increasing rapidly, driven by anthropogenic changes. The way in which humans interacted with nature posed a risk to human, animal and planetary well-being. There was thus a need to reinforce the environmental dimensions of the One Health approach. Multisectoral, transdisciplinary and systemic approaches were needed to halt the planetary crisis while promoting health and well-being for all. Human, animal and planetary health were indivisible and pandemic prevention required collective efforts to support all three dimensions.

The representative of FAO said that the COVID-19 pandemic and its profound impact on human health, societies and economies had highlighted the interconnectedness of human health, ecosystems and nature. Future pandemics would emerge more often, spread rapidly, affect the world economy and kill more people. The challenge was to ensure equitable access to health care and nutritious food, secure a healthy environment, end the COVID-19 pandemic, and work towards more effective pandemic prevention and preparedness. His Organization, OIE and WHO had renewed their commitment as tripartite partners, working together with UNEP, to achieve the change needed across sectors and systems to mitigate the impact of health emergencies. The One Health approach went beyond the scope of the International Health Regulations (2005), strengthening cross-sectoral capacities. A new international instrument for pandemic preparedness and response should enable coordination, prevent the fragmentation of resources and help governments to enhance implementation of the One Health approach. The tripartite partners were developing a joint One Health global plan of action and working to mobilize investment in pandemic prevention, including through cooperation with the World Bank.

The representative of OIE, echoing the remarks made by the representatives of UNEP and FAO regarding the importance of the One Health approach in preventing future pandemics, said that his Organization was committed to working with UNEP and its tripartite partners FAO and WHO to support its implementation. The tripartite partners and UNEP were currently developing a joint One Health global plan of action, as requested in resolution WHA74.7 (2021). OIE had a history of supporting WHO and the public health sector in pandemic preparedness. A mechanism was already in place for sharing

biological materials and scientific data on avian influenza and such existing expertise and platforms should be harnessed and built upon. Any future legal instrument on pandemic preparedness and response must include the One Health approach as a key principle. He welcomed the draft decision on the establishment of an intergovernmental negotiating body and stood ready to contribute to that process. When negotiating the new instrument, due consideration must be given to animal health and the important role of veterinary services and animal health management in pandemic prevention and preparedness.

The representative of the WORLD BANK said that the COVID-19 pandemic had made the economic, social and health effects of global public health emergencies painfully clear; no country was safe until all were safe. He welcomed discussions on strengthening preparedness, equity and accountability. The World Bank had mobilized the fastest and largest crisis response in its history for the pandemic by making available more than US\$ 160 billion for resilience, response and recovery measures. Priorities for the twentieth replenishment process of the International Development Association included supporting countries on pandemic control through the roll-out of COVID-19 vaccination, health system strengthening and pandemic preparedness. Resources would also be made available for strengthening the One Health approach.

The representative of UNAIDS, paying tribute to all those who had succumbed to HIV/AIDS and COVID-19, welcomed the chance to share his Organization's experience of tackling the HIV/AIDS pandemic. Five core elements of the Global AIDS Strategy 2021–2026 could be useful for strengthening global pandemic prevention, preparedness and response architecture, namely: supporting and funding community-led and community-based infrastructure; ensuring equitable access to medicines, vaccines and health technologies; supporting workers on the pandemic front lines; putting human rights at the centre of pandemic response; and building people-centred data systems capable of highlighting inequalities. Equity, whole-of-government and whole-of-society approaches, public financing, and mainstreaming health system resilience across countries were equally important. Extending his solidarity to the southern African countries affected by the repercussions of the detection and reporting of the Omicron variant, he commended South Africa and Botswana for their transparency and their excellent sequencing and surveillance capabilities, which had been built on the back of investment in combating the HIV pandemic.

The representative of the SOUTH CENTRE said that, in the context of the COVID-19 pandemic, getting vaccines and other essentials to those in need was the most pressing priority. Redoubling efforts to help the countries that struggled the most to respond to the pandemic was an ethical imperative and would help contain the global spread of SARS-CoV-2 and its emerging variants. The absence of effective international solidarity and action to advance global health outcomes and economic recovery was prolonging the pandemic. The supply of vaccines had been dominated by commercial interests, rather than the common good; a new framework was needed to ensure that vaccines and other tools were considered global public goods. Countermeasures must be implemented on an equitable basis through effective global coordination, including by sharing technology and building manufacturing capacities. Developing countries must receive the support they needed to face health emergencies and all Member States must participate on an equal footing in the forthcoming intergovernmental negotiations.

The representative of the ORGANISATION OF ISLAMIC COOPERATION said that the world had been ill prepared to handle the COVID-19 pandemic and the lessons learned must be used to establish strategies and mechanisms that would allow rapid responses to future threats. The international community must show solidarity by providing access to vaccines for all countries and waiving intellectual property rights. Her organization and its affiliated institutions had launched a series of initiatives to assist its member States with confronting the health and socioeconomic impact of COVID-19. Health was central to socioeconomic and human development and it was essential to strengthen health systems and preparedness for and response to disease outbreaks.

The representative of IAEA said that the Agency had contributed to the COVID-19 response by delivering diagnostic and personal protective equipment to 130 countries and territories, and providing laboratories and health care providers with virtual learning material on the collection, handling and processing of samples. Beyond the impact of the virus itself, the pandemic had had dramatic consequences for the care of patients with noncommunicable diseases. Surveys and webinars had been conducted to guide radiology imaging and diagnostic centres on maintaining access to clinical services during the pandemic. The Zoonotic Disease Integrated Action (ZODIAC) initiative, established in 2020, supported veterinary laboratories in Member States to build their capacity to detect zoonotic diseases. The Agency collaborated with partner organizations to enhance preparedness for future pandemics and would continue to contribute its expertise in that area.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the PRESIDENT, said that the International Health Regulations (2005), while important, were not sufficient to ensure adequate preparedness for and response to health emergencies. A new treaty would reaffirm the legitimacy of WHO by enabling a comprehensive health surveillance system with independent verification of State reports. Such a treaty could facilitate not only the establishment of mechanisms for adequate supply and equitable distribution of health resources across countries but also the development and production of medical supplies through intellectual property exemptions, knowledge sharing, technology transfer and the expansion of industrial capacities.

The representative of MÉDICINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the PRESIDENT, said that a principled, people-centred approach was needed that prioritized the meaningful participation of affected communities. While the drive to using an equity lens was commendable, it must be followed up with action. A better response was needed to health emergencies and their collateral impact, which included the diversion of resources. Any new outbreak response mechanism should include humanitarian actors, take into account humanitarian principles and be based on evidence, flexibility, the duty of care and the avoidance of harm. An open, transparent and inclusive process was needed, in which civil society organizations could participate.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the PRESIDENT, said that both WHO strengthening and the development of a new instrument rooted in the WHO Constitution would drive coordination on global health security and governance. In that process, the Working Group should continue to engage transparently with non-State actors; support the Director-General's transformation agenda to benefit the Organization's preparedness and response capacities; acknowledge International Health Regulations (2005) system gaps; and collaborate with the Working Group on Sustainable Financing to ensure that evolving emergency preparedness requirements received long-term financing and evaluate the feasibility of increasing assessed contributions and flexible funds.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the PRESIDENT, said that many health workers remained without access to vaccines and a great number had died from COVID-19 as a result of insufficiencies and failures in existing processes for health emergency preparedness and response. If the promises to support, strengthen and protect health workers were to be kept, a new instrument on pandemic preparedness must safeguard the health workforce; ensure equity in access to medical countermeasures; maintain high-level political commitment; and ensure transparent and collective leadership.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the PRESIDENT, said that, while the efforts of Member States and the Secretariat regarding a pandemic treaty that would complement the International Health Regulations (2005) were commendable, the current process failed to include young people and civil society in a meaningful way. WHO must ensure an enabling environment for youth engagement in the

development of such a historic convention and at all other high-level meetings. As one of the biggest demographics in the world, young people's unique perspective was essential to ensure a safer world.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the PRESIDENT, said that the COVID-19 response had demonstrated the value of the rapid development and manufacture of vaccines and treatments. More needed to be done to ensure equitable and fair access to pandemic products around the world. Member States must focus on what mattered most: building strong health systems; securing sustainable financing; ensuring effective pandemic procurement; and fostering regulatory agility and harmonization. Industry should be an active participant in collaborative efforts to design fit-for-purpose global health emergency infrastructure that was informed by the COVID-19 experience; the private sector should be part of any negotiations on a relevant instrument.

The representative of MEDICUS MUNDI INTERNATIONAL NETWORK HEALTH FOR ALL, speaking at the invitation of the PRESIDENT, said that his organization stood ready to engage with efforts to develop a new international instrument, so long as there was hope that it would better protect people, their rights and livelihoods, and the planet. It should also strengthen multilateralism and prevent future health and societal emergencies by addressing their root causes. The intergovernmental negotiating body must ensure transparent and inclusive negotiations since broad engagement was critical to a successful outcome. Such engagement should go well beyond allowing brief input from organizations in official relations with WHO.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the PRESIDENT, said that negotiators should address policy failures in the current pandemic response and create a better global framework for cooperation. The sharing of rights and know-how from government-funded technologies, mandatory intellectual property exceptions, global norms for financing research and development, and concrete obligations for transparency were essential. The funding and management of clinical trials should be reformed to provide the public with transparent and unbiased information on the relative effectiveness and safety of countermeasures. Regulatory pathways needed to be more efficient in responding to emergencies.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the PRESIDENT, said that the way in which the current pandemic was addressed would shape any future pandemic treaty. It was thus crucial to put health before wealth, including through the temporary suspension of intellectual property rights for vaccines and other pandemic products, and the inclusion in the new instrument of an automatic trigger for intellectual property rights waivers. The substantive elements of such an instrument should be informed by the full realization of the right to health and the recognition that strong, well-funded and adequately staffed universal public health systems were the bulwark for crisis preparedness.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the PRESIDENT, said that his organization supported the establishment of an international instrument on pandemic preparedness and response. Frontline health care workers had knowledge of the territory and could contribute to surveillance, public education and early action in the event of a pandemic. Since they also managed the aftermath and long-term consequences of health crises in their communities, global networks of primary health care professionals should play an active role in the planning, implementation and evaluation of future intergovernmental initiatives and health emergency risk management programmes.

The representative of THE COCHRANE COLLABORATION speaking at the invitation of the PRESIDENT, said that building and strengthening systems to produce reliable, relevant and timely evidence would be crucial for responding to future global health emergencies. During the COVID-19 pandemic, the evidence response had been inequitable, research methods, tools and processes had been

pushed to the limit, and the communication of uncertainties and gaining of trust had been challenging. Any future instrument must therefore prioritize the production, use and communication of evidence, accompanied by sustained investment in the systems and people who performed that vital role.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the PRESIDENT and also on behalf of the International Federation on Ageing, said that ageist responses had been a death sentence for many older persons during the COVID-19 pandemic. The failure to collect, report and use data disaggregated by age, sex and disability had left millions invisible. Any future instrument must prohibit the use of age as grounds for discrimination and include measures to ensure inclusive approaches to preparedness and response. At present, vaccine apartheid meant that many of those most at risk in low- and middle-income countries were unvaccinated. Older persons who were living in poverty or were socially or geographically isolated were being left behind. Such inequity must end and any future instrument must ensure that it was never repeated.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the PRESIDENT, said that proposals to strengthen the International Health Regulations (2005) must take children's health into account. Any new instrument on pandemic preparedness and response should reflect the importance of routine immunization and accessible COVID-19 vaccines and medicines for children; recognize the effects of school closures on mental health; consider the need for access to services for patients with chronic and noncommunicable diseases; and integrate 24-hour activity guidelines for children and adolescents. Surveillance systems must be improved and epidemiological data must be shared equally with all countries.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the PRESIDENT, said that future pandemic preparedness and response regulations must be legally binding and reinforce health as a fundamental human right. They must address risk factors for noncommunicable diseases and the social, economic and environmental dimensions of health. They should also provide for strengthening the health workforce and maintaining services for persons with pre-existing conditions, setting forth ethical and methodological guidelines for hospitals and health workers. Engagement with all stakeholders was critical to leverage their evidence-based resources.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the PRESIDENT, said that ensuring a strong medicine supply chain was key to addressing pandemics, which exposed and exacerbated vulnerabilities in supply chains. His organization supported the development of an international agreement and increased global cooperation between all stakeholders on pandemic preparedness and response. Member States and global stakeholders should: strengthen regulatory systems, including by adopting guidelines for emergency use authorization; expand local production capabilities to foster greater resilience and equitable supply chains; and enhance global cooperation through increased information sharing and recognition and use of agreements to accelerate access to quality-assured medicines.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the PRESIDENT, called for the adoption of a framework convention or a similar binding instrument to mitigate the impact of future pandemics on patients. Such an instrument should focus on building resilient health systems through enhanced spending and policies to tackle noncommunicable disease risk factors. It should include indicators on circulatory disease in measures of pandemic readiness; ensure access to essential health services for people living with circulatory conditions and in low-resource settings; enable priority vaccination for at-risk groups; and identify new models for delivering quality care.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the PRESIDENT, said that a convention or other instrument on pandemic preparedness and response was long overdue. In order to ensure the best

possible patient outcomes, such an instrument should recognize the importance of well-functioning and adequately funded health systems, the central role of anaesthesiologists in non-clinical pandemic management, and the resuscitation and critical care management of severely ill patients during pandemics. It should also provide for the ongoing management of health problems other than COVID-19.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the PRESIDENT, said that patients and their families should be involved in the consideration of the benefits of a new instrument. In the light of the exponential rise in global patient harm and the fragmented response to health worker and patient safety during the COVID-19 pandemic, the global patient safety action plan 2021–2030 must be integrated into the new instrument and triggered and implemented during pandemics.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the PRESIDENT, said that during negotiations on a future instrument, Member States should reflect on how to build stronger national health systems, particularly primary and community systems; ensure adequate water, sanitation and hygiene services in all health care facilities; adopt multisectoral, inclusive and whole-of-government approaches; and develop partnerships that included civil society and integrated community perspectives into governance processes.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the PRESIDENT, said that the COVID-19 pandemic had taken a heavy toll on the health workforce and caused an intolerably high number of deaths. Any future WHO instrument must be grounded in equity in the prevention of, preparedness for and response to health emergencies and the reinforcement of health systems. By agreeing on the urgent need for a robust legally binding instrument, Member States would demonstrate their commitment and readiness to work together for the health and well-being of all people. Health professionals must be fully engaged in negotiations on that instrument.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the PRESIDENT, said that persons living with dementia had been disproportionately affected by the COVID-19 pandemic and in some countries had accounted for 41% of COVID-19 deaths. The unpreparedness of health systems had meant that persons living with dementia were at best forgotten and at worst disregarded. A future instrument on pandemic preparedness and response must ensure that dementia diagnostic and support services remained accessible. It was crucial to draw on the lessons learned from the current pandemic to ensure that, in future, lives were not lost before their time.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the PRESIDENT, said that the COVID-19 pandemic had highlighted the urgent need to step up policy action and investment in noncommunicable disease and obesity prevention, treatment and management, and to integrate obesity into global health security efforts. Any instrument on preparedness for future pandemics must contain safeguards to protect vulnerable populations, such as the allocation of health system resources to ensure continuity of care for persons living with obesity and noncommunicable diseases in health emergencies; the inclusion of prevention policies for obesity and other noncommunicable diseases; and adequate training for the health workforce on treating vulnerable populations in a culturally-sensitive, non-stigmatizing way.

The representative of the WORLD CONFEDERATION FOR PHYSICAL THERAPY, speaking at the invitation of the PRESIDENT, said that inaction and underinvestment in health systems and the health workforce had resulted in a deterioration of working conditions, staff shortages and service disruptions. The pandemic had demonstrated that decent, safe and responsive working conditions were essential to delivering good health outcomes and overcoming health and economic crises. WHO must invest in and engage with health professionals on the way forward.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the PRESIDENT, said that the efforts made by WHO to establish a better mechanism to respond to future health emergencies were commendable. Young people must be included in decision-making on emergency preparedness and response and should be offered practical training opportunities and inclusive curricula that would deliver generations of health professionals who were prepared for the future. Since young people would be the ones to face future emergencies, they must be involved in the drafting of any new instrument.

The representative of the INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the PRESIDENT, said that young people with life-threatening diseases must be included in pandemic response planning. Successful and cost-effective childhood cancer treatment had improved survival rates, but the COVID-19 pandemic had hampered progress and even reversed gains as treatment interruptions, late diagnoses and workforce shortages had contributed to suboptimal outcomes and avoidable loss of life. Yet, health workers in Ghana and Nigeria had demonstrated that it was possible to strengthen cancer services, even during the pandemic. The protection of health care workers was essential to counter the emotional and physical pressure in short-staffed units with minimal access to vaccines and personal protective equipment.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the PRESIDENT, said that, in order to boost the potential benefits of a new instrument to strengthen pandemic preparedness and response, the equitable delivery of palliative care must be included at all levels of the health care system. The pandemic had revealed training deficits and shortages in palliative care specialists and essential palliative care medicines in health systems across the globe.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the PRESIDENT, said that a framework convention or similar binding instrument was needed to mitigate the impact of future pandemics on patients. It could play a key role in tackling the global burden of kidney disease through the preparation for and prevention of global health emergencies. To that end, it was important to build resilient health systems by increasing spending and developing specific policies to tackle risk factors. Indicators of kidney disease should be included in measures of pandemic readiness, access to essential health services must be guaranteed, and vaccination for those with underlying risk factors should be prioritized.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the PRESIDENT, said that the needs of persons with epilepsy had not been well integrated into the COVID-19 response. A third of patients on anti-seizure medication had been unable to access supplies during the initial wave and increases in seizure frequency had been reported by one-quarter of patients. Pandemic preparedness, response and recovery efforts must place greater emphasis on maintaining essential health services. Investment in telehealth was crucial for the continuation of medical and psychosocial support during lockdowns.

The PRESIDENT said that she took it that the Health Assembly wished to note the report contained in document SSA2/3.

The Health Assembly noted the report.

The representative of CHINA, exercising his right of reply, said that a minority of delegates had chosen to ignore the consensus and had brought up the so-called issue of Taiwan,¹ much to his Government's dismay. The participation of Taiwan, China in the work of international organizations

¹ World Health Organization terminology refers to "Taiwan, China".

was subject to the one-China principle and the making of appropriate arrangements. Since the authorities of Taiwan, China refused to accept the one-China principle, the political prerequisite for its participation in the World Health Assembly was no longer met. Since the outbreak of the pandemic, the Chinese Government had communicated all relevant information to that region and had included Taiwanese experts in WHO technical activities. Allegations of a gap in the global fight against COVID-19 or a lack of communication or access to countermeasures in Taiwan, China were baseless. Those false claims were used to push for the separation of Taiwan¹ from China, and Member States should not lend their support to such division. Solidarity and cooperation were the only way forward.

The representative of ISRAEL, exercising his right of reply, said that the COVID-19 pandemic had shown that SARS-CoV-2 did not respect borders, distinguish between people or take sides in disputes. It was in his Government's interest to ensure that its closest neighbours had the tools to fight the pandemic, share its findings and benefit from WHO's expertise and technical support. Since the outbreak of the pandemic, his Government had shared supplies, facilitated training and provided vaccines to Palestine. Israel had not objected to Palestine's participation in the current process as observers, because professional discussions on public health benefited everyone.

(For continuation of the discussion and approval of the draft decision, see the summary records of the fifth meeting, section 2.)

The meeting rose at 18:10.

¹ World Health Organization terminology refers to "Taiwan, China".

FIFTH MEETING

Wednesday, 1 December 2021, at 10:15

President: Professor B. HOUNKPATIN (Benin)

1. OPENING OF THE HEALTH ASSEMBLY: Item 1 of the agenda (continued)

The PRESIDENT invited the Health Assembly to stand in silence to honour those who had died due to coronavirus disease (COVID-19) and, recalling that 1 December was World AIDS Day, invited the Health Assembly to remember those who had lost their lives to AIDS and to commemorate the health workers and activists who had dedicated their lives to fighting that disease.

The Health Assembly stood in silence.

Credentials: Item 1.2 of the agenda (document SSA2/4) (continued from the third meeting, section 1)

The PRESIDENT said that, since the report on credentials had been approved by the World Health Assembly, credentials had been received from Grenada. In accordance with Rule 24 of the Rules of Procedure of the World Health Assembly, he had examined the credentials of that Member State and found them to be in conformity with the Rules of Procedure. He therefore recommended that the Health Assembly accept Grenada as having submitted valid credentials.

It was so agreed.¹

2. CONSIDERATION OF THE BENEFITS OF DEVELOPING A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE WITH A VIEW TOWARDS THE ESTABLISHMENT OF AN INTERGOVERNMENTAL PROCESS TO DRAFT AND NEGOTIATE SUCH A CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE, TAKING INTO ACCOUNT THE REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES: Item 2 of the agenda (documents SSA2/3 and SSA2/INF./2) (continued from the fourth meeting)

The PRESIDENT recalled that the Health Assembly had before it a draft decision entitled The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response.

The representative of CHILE, speaking in his capacity as co-chair of the negotiations on the draft decision, said that it had been an honour to co-chair the negotiations with the representative of Australia. He thanked the Secretariat for its technical support and Member States for their active commitment, their flexibility and their spirit of collaboration, and for the proposals that had led to a draft decision

¹ Decision SSA2(4).

with more than 120 sponsors, which reflected the priorities and concerns of all Member States. The draft decision demonstrated the urgency and importance of the work ahead and marked the start of a transparent and inclusive process of negotiation, which would identify the elements and provisions of the new instrument. Negotiations would be based on the principles of equity, cooperation and solidarity in order to ensure that the world was able to face future pandemics more effectively. Pandemics did not respect borders, and it was time to come together and demonstrate a joint commitment to strengthening pandemic prevention, preparedness and response.

The representative of AUSTRALIA, speaking in her capacity as co-chair of the negotiations on the draft decision, said that she had been honoured to work with the representative of Chile on the draft decision, which built on Chile's leadership, together with others, towards the development of a new global pandemic instrument to address the gaps made starkly evident by the COVID-19 pandemic, complementing and reinforcing the International Health Regulations (2005). She reiterated the thanks expressed by her co-chair to all delegations for their commitment, time, and the constructive and collaborative spirit brought to the negotiations, and also recognized the hard work of the representatives of Indonesia and the United States of America and that of other members of the Bureau of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, which had laid the foundation for the draft decision. The text was the product of extensive discussions, frank exchanges and compromises, but above all, of a shared commitment to an ambitious, coordinated, whole-of-government and whole-of-society effort to strengthen pandemic prevention, preparedness and response, reflecting the lessons that the world had learned, and was still learning, from the COVID-19 pandemic. It represented, as it was titled, the world together. The Second special session of the World Health Assembly was a historic moment, one that her Government was proud to be part of, but it was only the end of the beginning, and she urged Member States to move forward together in solidarity to do the hard work ahead.

The PRESIDENT invited the Health Assembly to adopt the draft decision entitled *The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response*.

The draft decision was adopted.¹

The representative of SLOVENIA, speaking on behalf of European Union and its Member States, thanked the Secretariat for arranging a successful and safe session of the Health Assembly, the efficient agenda management of which set a benchmark for future governing bodies meetings. The adoption of the decision was a victory for multilateralism and global health but would require the goodwill of all Member States to ensure its swift implementation. The decision provided a clear path forward but provided for flexibility if necessary. The Members of the European Union would engage with Member States to develop a new legally binding pandemic agreement that complemented the International Health Regulations (2005) and other existing mechanisms, and to ensure a more coherent global health architecture.

The representative of COSTA RICA, speaking on behalf of the group of friends of the pandemic treaty, recognized the historic nature of the Second special session of the World Health Assembly, in the second year of a pandemic that had turned the world upside down, affecting health systems and economies. Member States were fighting increasing infection rates and new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and the lives and livelihoods of the world's most vulnerable populations were being devastated. The status quo would only worsen existing structural inequalities: solidarity and international cooperation were required. As the pandemic continued, Member States continued to learn lessons. Challenges, such as unequal access to and distribution of vaccines and medical countermeasures, should be considered at the highest level and lead to a timely,

¹ Decision SSA2(5).

coherent and coordinated response by all Member States. Future pandemics could be avoided, if Member States worked together. The group of friends of the pandemic treaty, which agreed that the way forward should be through a process led by Member States, guided by the principles of equity, solidarity and inclusion and based on science, had therefore proposed a draft decision to create an intergovernmental negotiating body that would begin the development of an instrument under Article 19 of the WHO Constitution.

She welcomed the decision to develop a new ambitious international instrument, which would enable Member States to prevent future pandemics, prepare for outbreaks with pandemic potential and ensure an equitable, efficient and effective response to future health emergencies. The new instrument should strengthen the One Health approach, which should be a priority since zoonotic diseases were the most probable source of future pandemics. It should also address equitable access to health products and clarify matters relating to the exchange of biological samples and genomic sequences. The consensus decision just adopted would benefit the whole international community and was the first step towards building a safer and healthier future for all.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the decision just adopted demonstrated what could be achieved when Member States worked together towards a common goal. The new instrument should also focus on the recovery phase of pandemics, as well as the agreed priorities of ensuring equitable access to and distribution of vaccines, diagnostics and therapeutics; the sharing of technology and intellectual property to scale up local and regional manufacturing; the strengthening of the International Health Regulations (2005), and their implementation and compliance; sustainable financing for WHO; and the promotion of a whole-of-government and whole-of-society approach to health emergency prevention, preparedness and response. The negotiations should be guided by the principles of transparency, inclusivity and solidarity, and with a view to reaching consensus. Multiple parallel workstreams should be avoided so that smaller delegations could participate actively. Furthermore, any new obligations should be considered alongside benefits and incentives in order to ensure compliance. She supported strengthening WHO's leadership role in pandemic prevention, preparedness and response and said that the Member States of the African Region were committed to working with other Member States to fulfil the new mandate.

She reiterated the concerns expressed by the Minister of Health of South Africa on behalf of a group of southern African States, regarding the disappointing imposition of travel restrictions following the timely reporting of the emergence of the Omicron variant of SARS-CoV-2 (B.1.1.529). In a globalized world, it was dangerous, ineffective and unsustainable to restrict movement from a particular subregion. Recalling that, under the International Health Regulations (2005), Member States should inform WHO of proposed travel-related measures and provide a scientific and public health rationale for their implementation, she called for the travel restrictions on countries in southern Africa to be lifted.

The representative of SOUTH AFRICA welcomed the adoption of the landmark decision, which would not have been possible without the commitment and compromise demonstrated by all Member States. The new mechanism, to be developed by the intergovernmental negotiating body, would ensure equity, fairness, transparency and effective emergency management. A legally binding international instrument would not only fill the gaps in existing health regimes but would also provide the appropriate legal framework for solidarity, effective collaboration and accountability.

The representative of the PHILIPPINES, noting that the current global health security architecture did not encompass the goals of solidarity and equity, welcomed the adoption of the decision as a first step in rectifying those shortcomings. Her Government wished to be added to the list of sponsors of the decision.

The observer of PALESTINE congratulated Member States on reaching consensus on the decision that they had just adopted. However, it was regrettable that Palestine had not been invited to participate in or observe the negotiations on the decision. The Palestinian authorities would continue to work positively and constructively to achieve health for all, without barriers.

The representative of ECUADOR commended the adoption of the decision by consensus, which would be the first step towards strengthening the pandemic and emergency preparedness and response framework. She reiterated the need for equity, solidarity and representation within global health governance. The creation of an intergovernmental negotiating body demonstrated the universal determination to ensure a more effective response to future health threats, which affected all people but which had a disproportionate impact on those in developing countries. Any mechanism must include medium- and long-term provisions to promote the development, production and scaling up of pandemic countermeasures, and ensure equitable access to them.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) thanked Member States for their leadership and guidance during the historic Second special session of the World Health Assembly, and thanked observers and representatives of non-State actors and other organizations of the United Nations system for their interventions. The message of the Health Assembly had been clear: maintaining the status quo was not an option. Member States had shown a strong and unwavering commitment to strengthening the global public health architecture for pandemic preparedness and response and ensuring preparedness at the country and global levels through a whole-of-government and whole-of-society approach. Timely and equitable access to vaccines and medical countermeasures remained the cornerstones of controlling the current COVID-19 pandemic and preparing for future ones. The principle of solidarity should frame practical action to tackle the causes and consequences of pandemics and other health emergencies.

He welcomed Member States' support for the ongoing central role of the WHO Secretariat through its existing functions and through any new processes to be developed. He commended the efforts of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the co-chairs of the negotiations on the draft decision. The Secretariat was ready to support Member States in the three workstreams that had been identified: to establish an intergovernmental negotiating body to develop a WHO convention, agreement or other international instrument on pandemic preparedness and response; to support the Working Group in its ongoing considerations; and to develop a proposal to strengthen the International Health Regulations (2005) through a targeted amendment.

3. CLOSURE OF THE HEALTH ASSEMBLY: Item 3 of the agenda

The DIRECTOR-GENERAL thanked the Secretariat for its work to ensure a successful and safe meeting and Member States for their overwhelming support for a new accord on pandemic preparedness and response. He welcomed the decision that had been adopted and the commitment to an inclusive, transparent and efficient process led by Member States and based on consensus, which would begin no later than 1 March 2022. He noted that the intergovernmental negotiating body would submit its outcomes for consideration to the World Health Assembly in 2024. The Secretariat was committed to supporting that process. While the adoption of the decision was cause for celebration, there was a long road ahead. The International Health Regulations (2005) remained an essential governance tool for the prevention, preparedness and response of public health emergencies, and he urged Member States to continue to abide by their provisions. He recognized that the COVID-19 pandemic had revealed shortcomings in the implementation and application of the Regulations that would best be addressed in a new instrument. It would not be possible to strengthen the global health security architecture without strengthening WHO, and he urged Member States to support the proposals and recommendations set out in the draft report of the Working Group on Sustainable Financing, including increasing assessed contributions to 50% of the base programme budget.

It was clear that the COVID-19 pandemic was not going to simply disappear, but he highlighted the many vaccines and tools that had already been developed to fight the disease. In order to end the pandemic, he called on Member States: to achieve the global vaccination targets; update schedules for the delivery of vaccines to the COVID-19 Vaccine Global Access (COVAX) Facility and the African

Vaccine Acquisition Trust; scale up vaccine production through technology and knowledge sharing and waiving intellectual property rights; fully fund the Access to COVID-19 Tools (ACT) Accelerator; implement a comprehensive, tailored and layered combination of public health and social measures to reduce transmission and reduce the pressure on health systems; strengthen and optimize clinical pathways; support and protect health workers; intensify and target risk communication, strengthen community engagement, empowerment and support, and combat misinformation; increase surveillance, testing, sequencing and reporting; and refrain from penalizing countries acting in compliance with the International Health Regulations (2005).

The representative of QATAR, speaking in her capacity as Vice-President of the Second special session of the World Health Assembly, said that the emergence of the Omicron variant had raised new concerns, and congratulated the Health Assembly for the decision that it had adopted. Steps must be taken to address the shortcomings of the global health architecture, highlighted by Member States in their interventions. The flexibility shown in negotiating the decision would need to continue in the work of the new intergovernmental negotiating body to ensure its effectiveness. The advocacy of non-State actors continued to be crucial in drawing attention to policies and practices that exacerbated inequities between people and countries. Her Government remained committed to WHO and would engage actively with the intergovernmental negotiating body. She looked forward to the new convention to protect the health of current and future generations being finalized.

The PRESIDENT said that the world had changed significantly over the previous two years. Global restrictions had meant that it had been impossible to meet in person, and WHO had held meetings online or, latterly, in a hybrid format under strict safety protocols. Those restrictions reflected the limits on social interaction placed on the whole world; no one was unaffected. It had therefore been encouraging to hear Member States say that they were ready to unite to reduce the risk of such a pandemic ever happening again. Member States had decided to develop a binding treaty and to strengthen WHO, ensuring that it had the authority and financial resources required to protect the health of all people during the current pandemic and in the future. WHO and its Member States would, of course, face challenges in those efforts, and he highlighted the importance of the outcomes of the fifth meeting of the Working Group on Sustainable Financing, which would take place in December 2021. That Working Group should be bold and ambitious in its recommendations, and Member States should carefully consider the proposed increase in assessed contributions, noting that such an increase would be implemented gradually. He hoped that the success of the Second special session would lead to the real change that was necessary in the world.

After the customary exchange of courtesies, the PRESIDENT declared the Second special session of the World Health Assembly closed.

The meeting rose at 11:15.
