



Geneva, 26 April 2024

Open Letter to the Director General of the World Health Organization

To
Dr. Tedros Adhanom Ghebreyesus
Director General
World Health Organization

cc.

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

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

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

In 2021, in calling for a pandemic treaty, the proponents including yourself [said](#) “Together, we must be better prepared to predict, prevent, detect, assess and effectively respond to pandemics in a highly coordinated fashion. The COVID-19 pandemic has been a stark and painful reminder that nobody is safe until everyone is safe.... We are, therefore, committed to ensuring universal and equitable access to safe, efficacious and affordable vaccines, medicines and diagnostics for this and future pandemics[...] To make this commitment a reality, we must be guided by solidarity, fairness, transparency, inclusiveness and equity.”

The draft Pandemic Agreement put forth by the Bureau and the WHO Secretariat starkly falls short of meeting these essential standards. Instead of ushering in a new era of equity and cooperation, the draft text perpetuates the status quo, entrenching discretionary, voluntary measures and maintaining inequitable access as the norm for addressing PPPR.

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

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

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

For the resumed INB session, the Bureau is also proposing multiple informal negotiations, that will be organised on an ad hoc basis, without advance notice. Such an approach prejudices smaller developing country delegations, and suggests a non-transparent, non-inclusive, undemocratic chaotic process will be

pursued at INB9 in clear violation of the UN principles and guidelines on international negotiations ([A/RES/53/101](#)).

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

We therefore call on you to take measures:

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

Signatories

Global

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

17. Women in Migration Network (WIMN)

Regional

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

National

29. 2410 Youth Organization, *Zambia*
30. Acción Internacional para la Salud, *Peru*
31. Active Help Organization (AHO), *Pakistan*
32. Afric'Mutualité, *Benin*
33. Afrihealth Optonet Association, *Nigeria*
34. AIDS Health Care Foundation (AHF), *Uganda*
35. AIDS Healthcare Foundation, *South Africa*
36. Ajuda de Desenvolvimento de Povo para Povo, *Mozambique*
37. All India Drug Action Network, *India*
38. Asociación de Profesionales de la Salud de Salta (APSADES), *Argentina*
39. Asociación Nacional de Profesionales en Enfermería (A.N.P.E.), *Costa Rica*
40. Asociación Paraguaya de Enfermería, *Paraguay*
41. Asociación Sindical de Profesionales de la Salud de la Provincia de Buenos Aires (CICOP), *Argentina*
42. Associação de Mineiros Moçambicanos, *Mozambique*
43. Associação Médica pelo Direito à Saúde, *Portugal*
44. Association Burkinabè d'Action Communautaire ONG, *Burkina Faso*
45. Association des Volontaires pour Lutter contre la Tuberculose (AVLT), *Burundi*
46. Association For Promotion Sustainable Development, *India*
47. Association for Proper Internet Governance, *Switzerland*
48. Association for Public Health Teaching, Research and Service, *Nigeria*
49. Association Nigérienne des Scouts de l'Environnement (ANSEN), *Niger*
50. Australian Fair Trade and Investment Network, *Australia*
51. Bangladesh NGOs Network for Radio and Communication, *Bangladesh*
52. Birat Nepal Medical Trust, *Nepal*
53. Cancer Alliance, *South Africa*
54. Caritas, *Tajikistan*

55. Center for Health Human Rights and Development (CEHURD), *Uganda*
56. Centre for Health Science and Law, *Canada*
57. Centre for Socioeconomic Development (CSEND), *Switzerland*
58. Child Rights Information and Documentation Centre (CRIDOC), *Malawi*
59. Chimaba Sanaa Group, *Tanzania*
60. Civil Society Coalition on Transport (CISCOT), *Uganda*
61. COAST Foundation, *Bangladesh*
62. Community and Family Aid Foundation, *Ghana*
63. Confederación de trabajadores municipales, *Argentina*
64. Confederación Nacional de Funcionarios y Funcionarias de la Salud Municipal (CONFUSAM), *Chile*
65. Crisis Home, *Malaysia*
66. Dawah Academy, *Ghana*
67. Development Aid from People to People in Zambia, *Zambia*
68. Development for Health Education, Work and Awareness Welfare Society Chakwa (DHEWA), *Pakistan*
69. Dr Uzo Adirieje Foundation (DUZAFOUND), *Nigeria*
70. Drug Action Forum - Karnataka, *India*
71. Equidad de Género: Ciudadanía, Trabajo y Familia, *Mexico*
72. Ekumenická akademie (Ecumenical Academy, *Czech Republic*
73. Federación Sindical de Profesionales de la Salud de la República Argentina, *Argentina*
74. Federação Nacional dos Enfermeiros, *Brazil*
75. FSP Farkes Reformasi, *Indonesia*
76. Fundación Arcoiris por el respeto a la diversidad sexual, *Mexico*
77. Fundación Grupo Efecto Positivo (GEP), *Argentina*
78. Fundación IFARMA, *Colombia*
79. Fundamental Human Rights & Rural Development Association (FHRRDA), *Pakistan*
80. GEMPITA (Red Ribbon Movement Independent) Foundation, *Indonesia*
81. GeneEthics Limited, *Australia*
82. Global Humanitarian Progress Corporation, *Colombia*
83. Global Justice Now, *United Kingdom*
84. Gramin Samaj Vikas Kendra, *India*
85. Health Equity Initiatives and Solution Berhad, *Malaysia*
86. Health Justice Institute, *South Africa*
87. HIV Legal Network/Réseau Juridique VIH, *Canada*
88. ICHANGE, Indonesia for Global Justice, *Indonesia*
89. Jagriti Mahila Maha Sangh (JMMS), *Nepal*
90. Janna Health Foundation, *Nigeria*
91. JPIC Kalimantan, *Indonesia*
92. Just Treatment, *United Kingdom*
93. Kamukunji Paralegal Trust, *Kenya*
94. Kenya Legal and Ethical Issues Network on HIV and AIDS, *Kenya*
95. Khulna Mukti Seba Sangstha, *Bangladesh*
96. Korean Pharmacists for Democratic Society, *Korea*
97. Madhira Institute, *Kenya*

98. Malaysian Women's Action for Tobacco Control and Health (MyWATCH), *Malaysia*
99. Masimanyane Women's Rights International, *South Africa*
100. Medicusmundi, *Spain*
101. Mongolian Anti-Tuberculosis Coalition, *Mongolia*
102. Mouvement Gabonais Pour la Promotion de la Bonne Gouvernance, *Gabon*
103. Nari Maitree, *Bangladesh*
104. Nelson Mandela TB HIV Community-Based Information CBO, *Kenya*
105. Nigerien Association for People Who Have Recovered from TB (ANIMAG/TB), *Niger*
106. Nigerian Women Agro Allied Farmers Association, *Nigeria*
107. Ong AFRICANDO, *Spain*
108. Operation Hope CBO, *Kenya*
109. Operation Young Vote, *Zambia*
110. People's Health Movement, *Kenya*
111. People's Health Movement, *South Africa*
112. People's Health Movement, *Uganda*
113. Perkumpulan Rumah Cemara, *Indonesia*
114. Plataforma por la salud y la sanidad pública de Asturias, *Spain*
115. Policy Advocacy and Research Institute, *Indonesia*
116. Public Eye, *Switzerland*
117. Public Services International, *Mexico*
118. Rekat Peduli, *Indonesia*
119. Research and Support Center for Development Alternatives (INDIAN OCEAN), *Madagascar*
120. Réseau Accès aux Médicaments Essentiels, *Burkina Faso*
121. Réseau National des Associations de lutte contre la tuberculose, *Senegal*
122. Rural Area Development Programme (RADP), *Nepal*
123. Sahita Institute (HINTS), *Indonesia*
124. Salud y Farmacos, *United States*
125. Samprity Aid Foundation, *Bangladesh*
126. Sandvik Health Empowerment Foundation, *Nigeria*
127. Save the Community TB, HIV/AIDS Foundation, *Zambia*
128. Sindicato de Profesionales de La Salud Pública Neuquén, *Argentina*
129. Sindicato de Profesionales de La Salud Pública Tierra del Fuego, *Argentina*
130. Sindicato de Trabajadores Autoconvocados de la Salud Tucuman, *Argentina*
131. Sindicato de Trabajadores de la Medicina, Hospitales y Similares (SITRAMEDHYS), *Honduras*
132. Sindicato dos Trabalhadores na Administração Pública e Autarquias do Município de São Paulo, *Brasil*
133. Sindicato Único Nacional de Empleados Públicos, Administrativos, Técnicos, Profesionales y Contratados del Ministerio Popular para la Salud, *Argentina*
134. Sisters of Charity of Nazareth, *United States*
135. Social Development through Community Action, *Kenya*
136. Sociedad de Medicina Rural Neuquén, *Argentina*
137. Southern Africa Miners Association (SAMA), *South Africa*

138. Southern and East African Trade & Negotiations Institute (SEATINI), *South Africa*
139. SOWETO Cancer Society, *South Africa*
140. Stop TB Partnership, *Kenya*
141. Stop TB Partnership, *Uganda*
142. Students for Global Health, *United Kingdom*
143. Sufabel Community Development Initiatives, *Nigeria*
144. Sustainable Development Council, *India*
145. Tank Prasad Memorial Foundation, *Nepal*
146. TB Alert, *India*
147. TBpeople Global Ltd, *United Kingdom*
148. TBPeopleUkraine, *Ukraine*
149. The Dr. Wu Lien-Teh Society, *Malaysia*
150. Towards Against Cancer (TAC), *Malaysia*
151. Treatment Action Group, *United States*
152. Trishuli Plus Community Action Group, *Nepal*
153. Uganda Peace Foundation, *Uganda*
154. UNANIMA International, *United States*
155. Unión Del Personal Civil De La Nación, *Argentina*
156. Unión de Trabajadores y Trabajadoras de la Economía Popular Somos Barrios de Pie, *Argentina*
157. Xumek, Asociación Civil Por La Defensa Y Promoción De Los Derechos Humanos, *Argentina*
158. Women and Health Together for the Future, *India*
159. Women for Fair Development, *Malawi*
160. Working Group on the Pandemic Agreement and the Amendments to the IHR, *Brazil*
161. Yolse, Santé Publique et Innovation, *Switzerland*