
Proposal by the Bureau of a Member State-led process for the development of a working draft, with possible establishment of subgroups

BACKGROUND

1. Pursuant to decision SSA2(5) (2021), paragraph 1(3), as part of its working methods, the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (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...”.

2. At the first resumed session of its first meeting, the INB Bureau presented, through document A/INB/1/5 Rev.1, a process, for consideration by the INB, regarding the process to identify the substantive elements of the instrument. The INB approved this process, and the INB Bureau will present the substantive elements at the second resumed session of its first meeting (through document A/INB/1/8), in parallel with this paper.

3. This paper presents a proposal by the INB Bureau to address the second component of the above-referenced decision, namely facilitating the process to 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.

Proposed arrangements for subgroups at this stage of the drafting process

4. As per the INB’s method of work,¹ the INB may set up a limited number of subgroups, to advance discussions on the objectives of the INB, as needed, with such subgroups open to all Member States, Associate Members, and regional economic integration organizations, and chaired by one of the four vice-chairs of the Bureau, unless otherwise agreed by the INB. The subgroup meetings will not be held in parallel.

¹ See document A/INB/1/3 Rev.1.

5. The Bureau proposes that the INB establish two subgroups at the present time, following the categorization of the substantive elements in the outline document¹ on the technical areas of “prevention”, “preparedness”, “response” and “recovery”. In particular, the Bureau proposes to establish two subgroups, as follows:

- Subgroup A, focusing on the topic and substantive elements related to pandemic prevention and preparedness; and
- Subgroup B, focusing on the topic and substantive elements related to pandemic response and recovery.

6. The Bureau proposes that each of the two subgroups have two co-chairs, each a Bureau vice-chair, who would exercise their roles and activities on an equal basis.

7. The Bureau notes that the INB may decide that additional subgroups may be warranted during further work of the INB, and this could be addressed in due course as appropriate.

Proposed working modalities up to the second meeting of the INB

8. Following the timeline and deliverables document approved by the INB at the first resumed session of its first meeting,² the Bureau proposes the following process of work leading up to the second meeting of the INB.

9. **Subgroup meetings:** During the period 14–17 June 2022,³ each subgroup would meet for two days⁴ to discuss the outline of substantive elements relating to the respective categories of pandemic prevention and preparedness (for Subgroup A) and pandemic response and recovery (for Subgroup B). These subgroup discussions could make use of, and frame their discussions around, the form of suggested guidance for subgroup discussions in the Annex to the present paper. At the end of their respective two-day meetings, the subgroup co-chairs would provide to the Bureau,⁵ a written summary of proceedings, including, if applicable and so decided, draft terms, options, clauses or modalities for the working draft.

10. **Bureau preparation of a working draft:** Following the subgroup meetings, and on receipt of the written summaries of their proceedings, the Bureau would consolidate and harmonize the subgroups’ input and prepare, with the Secretariat’s assistance, a working draft, which it would then provide to the INB in advance of its second meeting (the week starting 18 July 2022) for its consideration, consistent with decision SSA2(5).

¹ Document A/INB/1/8.

² Document A/INB/1/6 Rev.1.

³ As per the INB timeline, the subgroups are scheduled for 14–15 June 2022, to be confirmed, and a second round of public hearings is scheduled for 16–17 June 2022. The Secretariat, following discussions with the Bureau, proposes to postpone the second round of public hearings until a draft has been prepared, and as such the Bureau proposes to utilize the four days for subgroup meetings.

⁴ It is expected that Subgroup A would meet on 14–15 June 2022, and Subgroup B on 16–17 June 2022.

⁵ In addition to their reporting, as per the INB method of work, to the next meeting of the INB.

ANNEX

SUGGESTED GUIDANCE FOR SUBGROUP DISCUSSIONS

1. Subgroup A: pandemic prevention and preparedness

Prevention

Suggested guidance for the Subgroup discussions

- What actions or options could be foreseen for each proposed substantive element, guided by the strategic pillars?
- What mechanisms and/or provisions are needed to realize each proposed substantive element?
- For each proposed substantive element, what suggested language could be included in the working draft?

Prevention substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.1 Access to lifesaving, scalable and safe clinical care, including mental health care				
1.2. Access to quality, agile, and sustainable health services for universal health coverage				
1.3. Access to technology and know-how				
1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes				
1.8. Equitable representation in global networks and technical advisory groups				
1.9. Increased national, subregional and regional manufacturing capacity for pandemic response products, including medical countermeasures				
1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for R&D				
1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution				
1.12. Policy to safeguard vulnerable populations most affected by pandemics				
1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics				
1.15. Scalable scientific and technical cooperation and collaboration				

Prevention substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures				
2.1. Community readiness, resilience and engagement				
2.2. Engagement of civil society, communities and non-State actors, including the private sector, as part of a whole-of-society-approach				
2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution				
2.4. Global and national political commitment, coordination and leadership				
2.5. Global and regional governance and coordination				
2.7. Long-term development cooperation and investment in pandemic prevention, preparedness and response				
2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches				
2.9. Science and evidence-based policy decisions				
2.10. WHO coordination with UN agencies and other intergovernmental organizations				
3.3. Establishing a skilled and trained global public health emergency workforce, deployable to support affected countries				
3.4. Global and National measures to accelerate emergency approval procedures and capacity				
3.6. Global, regional and national simulation and tabletop exercises				
3.8. Intelligence and timely information sharing				
3.9. National, regional and global diagnostics medicines and vaccines research and development processes				
3.11. One-health, including surveillance and laboratory capacity				
3.12. Enhancing national capacity for pathogen and genomic sequencing and its sharing for rapid pandemic risk assessment and global alert				
3.14. Prevention strategies for epidemic-prone diseases				
3.15. Public health laboratory and diagnostic networks				
3.17. Resilient health systems for universal health coverage and health security				
3.18. Risk and vulnerability mapping				
3.19. Standards and protocols for public health laboratory biosafety and biosecurity				
3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency				

Prevention substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response				
4.2. Financing national capacity strengthening, including through enhanced domestic resources.				
4.3. Rapid and effective mobilization of adequate financial resources to affected countries, based on public health need				
4.4. Sustainable and predictable financing of global systems and tools, and global public goods				
4.5. Sustainable funding to WHO to support its work				

Preparedness

Suggested guidance for the Subgroup discussions

- What actions or options could be foreseen for each proposed substantive element, guided by the strategic pillars?
- What mechanisms and/or provisions are needed to realize each proposed substantive element?
- For each proposed substantive element, what suggested language could be included in the working draft?

Preparedness substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.1. Access to lifesaving, scalable and safe clinical care, including mental health care				
1.2. Access to quality, agile, and sustainable health services for universal health coverage				
1.3. Access to technology and know-how				
1.5. Availability of and timely access to pandemic response products, including medical countermeasures				
1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes				
1.8. Equitable representation in global networks and technical advisory groups				
1.9. Increased national, sub-regional and regional manufacturing capacity for pandemic response products, including medical countermeasures				
1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for R&D				
1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution				

Preparedness substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.12. Policy to safeguard vulnerable populations most affected by pandemics				
1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics				
1.15. Scalable scientific and technical cooperation and collaboration				
1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures				
2.1. Community readiness, resilience and engagement				
2.2. Engagement of civil society, communities and non-State actors, including the private sector, as part of a whole-of-society-approach				
2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution				
2.4. Global and national political commitment, coordination and leadership				
2.5. Global and regional governance and coordination				
2.6. Global peer review mechanism to assess national, regional and global preparedness				
2.7. Long-term development cooperation and investment in pandemic prevention, preparedness and response				
2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches				
2.9. Science and evidence-based policy decisions				
2.10. WHO coordination with UN agencies and other intergovernmental organizations				
3.1. Accelerated innovative research to detect and contain emerging diseases				
3.2. Early warning, rapid investigation, risk assessment and rapid response for emerging zoonoses				
3.3. Establishing a skilled and trained global public health emergency workforce, deployable to support affected countries				
3.4. Global and National measures to accelerate emergency approval procedures and capacity				
3.5. Global, effective and affordable supply chain and logistics networks				
3.6. Global, regional and national simulation and tabletop exercises				

Preparedness substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
3.7. Infodemic management, public information and risk communication				
3.8. Intelligence and timely information sharing				
3.9. National, regional and global diagnostics medicines and vaccines research and development processes				
3.10. Strengthening national regulatory authority				
3.11. One-health, including surveillance and laboratory capacity				
3.12. Enhancing national capacity for pathogen and genomic sequencing and its sharing for rapid pandemic risk assessment and global alert				
3.13. Preparedness assessment and national action plans				
3.15. Public health laboratory and diagnostic networks				
3.16. Rapid and scalable response systems				
3.17. Resilient health systems for universal health coverage and health security				
3.18. Risk and vulnerability mapping				
3.19. Standards and protocols for public health laboratory biosafety and biosecurity				
3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency				
4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response				
4.2. Financing national capacity strengthening, including through enhanced domestic resources				
4.3. Rapid and effective mobilization of adequate financial resources to affected countries, based on public health need				
4.4. Sustainable and predictable financing of global systems and tools, and global public goods				
4.5. Sustainable funding to WHO to support its work				

2. Subgroup B: pandemic response and recovery

Response

Suggested guidance for the Subgroup discussions

- What actions or options could be foreseen for each proposed substantive element, guided by the strategic pillars?
- What mechanisms and/or provisions are needed to realize each proposed substantive element?
- For each proposed substantive element, what suggested language could be included in the working draft?

Response substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.1. Access to lifesaving, scalable and safe clinical care, including mental health care				
1.2. Access to quality, agile, and sustainable health services for universal health coverage				
1.3. Access to technology and know-how				
1.4. Affordability of pandemic response products, including medical countermeasures				
1.5. Availability of and timely access to pandemic response products, including medical countermeasures				
1.6. Equitable access to emergency financial mechanisms				
1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes				
1.8. Equitable representation in global networks and technical advisory groups				
1.9. Increased national, sub-regional and regional manufacturing capacity for pandemic response products, including medical countermeasures				
1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for R&D				
1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution				
1.13. Prioritize access to pandemic response products, including medical countermeasures for healthcare workers				
1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics				
1.15. Scalable scientific and technical cooperation and collaboration				

Response substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures				
2.1. Community readiness, resilience and engagement				
2.2. Engagement of civil society, communities and non-State actors, including the private sector, as part of a whole-of-society-approach				
2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution				
2.4. Global and national political commitment, coordination and leadership				
2.5. Global and regional governance and coordination				
2.7. Long-term development cooperation and investment in pandemic prevention, preparedness and response				
2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches				
2.9. Science and evidence-based policy decisions				
2.10. WHO coordination with UN agencies and other intergovernmental organizations				
3.1. Accelerated innovative research to detect and contain emerging diseases				
3.2. Early warning, rapid investigation, risk assessment and rapid response for emerging zoonoses				
3.5. Global, effective and affordable supply chain and logistics networks				
3.7. Infodemic management, public information and risk communication				
3.8. Intelligence and timely information sharing				
3.9. National, regional and global diagnostics medicines and vaccines research and development processes				
3.11. One-health, including surveillance and laboratory capacity				
3.15. Public health laboratory and diagnostic networks				
3.16. Rapid and scalable response systems				
3.17. Resilient health systems for universal health coverage and health security				
3.19. Standards and protocols for public health laboratory biosafety and biosecurity				
3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency				
4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response				

Response substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
4.2. Financing national capacity strengthening, including through enhanced domestic resources.				
4.3. Rapid and effective mobilization of adequate financial resources to affected countries, based on public health need				
4.4. Sustainable and predictable financing of global systems and tools, and global public goods				
4.5. Sustainable funding to WHO to support its work				

Recovery

Suggested guidance for the Subgroup discussions

- What actions or options could be foreseen for each proposed substantive element, guided by the strategic pillars?
- What mechanisms and/or provisions are needed to realize each proposed substantive element?
- For each proposed substantive element, what suggested language could be included in the working draft?

Recovery substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.1. Access to lifesaving, scalable and safe clinical care, including mental health care				
1.2. Access to quality, agile, and sustainable health services for universal health coverage				
1.4. Affordability of pandemic response products, including medical countermeasures				
1.5. Availability of and timely access to pandemic response products, including medical countermeasures				
1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes				
1.8. Equitable representation in global networks and technical advisory groups				
1.9. Increased national, sub-regional and regional manufacturing capacity for pandemic response products, including medical countermeasures				
1.13. Prioritize access to pandemic response products, including medical countermeasures for healthcare workers				

Recovery substantive elements (online tool)	Equity	Leadership & Governance	Systems & Tools	Financing
1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics				
1.15. Scalable scientific and technical cooperation and collaboration				
2.1. Community readiness, resilience and engagement				
2.2. Engagement of civil society, communities and non-State actors, including the private sector, as part of a whole-of-society-approach				
2.4. Global and national political commitment, coordination and leadership				
2.5. Global and regional governance and coordination				
2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches				
2.9. Science and evidence-based policy decisions				
2.10. WHO coordination with UN agencies and other intergovernmental organizations				
3.7. Infodemic management, public information and risk communication				
3.8. Intelligence and timely information sharing				
3.11. One-health, including surveillance and laboratory capacity				
3.15. Public health laboratory and diagnostic networks				
3.17. Resilient health systems for universal health coverage and health security				
3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency				
4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response				
4.2. Financing national capacity strengthening, including through enhanced domestic resources				
4.3. Rapid and effective mobilization of adequate financial resources to affected countries, based on public health need				
4.4. Sustainable and predictable financing of global systems and tools, and global public goods				
4.5. Sustainable funding to WHO to support its work				

3. Subgroups A and B: additional proposed substantive elements from Member State open-ended submissions

Suggested guidance for the Subgroup discussions

- What actions or options could be foreseen for each proposed substantive element, guided by the strategic pillars?
- What mechanisms and/or provisions are needed to realize each proposed substantive element?
- For each proposed substantive element, what suggested language could be included in the working draft?

Additional proposed substantive elements from Member State open-ended submissions	Equity	Leadership & Governance	Systems & Tools	Financing
1. A mechanism for the creation of common global guidelines for laboratories handling pathogens and other samples of pandemic potential				
2. A science-policy body under the prospective treaty linking to current bodies in place to ensure the parties are advised on science and technology advancements relevant to the development and implementation of international rules and guidelines under the treaty				
3. Address backlog in diagnosis, treatment and interventions, ensure access in the case of communicable and noncommunicable diseases				
4. Address economic development and social determinants/social and environmental determinants				
5. An obligation for States to ensure that domestic laboratories handling pathogens and other samples of pandemic potential follow common global guidelines, including a mechanism for the accreditation and audit of laboratories, with annual reporting to WHO				
6. Clarity on how to monitor and track Member State commitments, and accountability measures				
7. Community disinfection which will focus on spatial disinfection, intra-domestic disinfection, disinfection of public transport				
8. Consider other global health threats (i.e. climate change or chemical contamination)				
9. Consider the possible need and advantages of establishing a dedicated external expert body, comprised of independent experts, with diversified geographical origin, expertise and gender composition, to which national and regional authorities would report regulatory actions and policy improvements (for the purpose of transparency as well as advice and technical guidance, if needed) and mandated to carry out country visits in the context of the periodic peer review				
10. Create a multidisciplinary and multisectoral platform of public health emergency operations centres at global, regional and national level				

Additional proposed substantive elements from Member State open-ended submissions	Equity	Leadership & Governance	Systems & Tools	Financing
11. Development and application of digital technologies for sanitary and quarantine control, data exchange, monitoring and forecasting of epidemics and pandemics				
12. Diversity of capabilities and assistance to emerging economies, especially with regard to the safety and distribution of vaccines, and making vaccination and immunization a routine process				
13. Emergency trade measures to respond to pandemics be used only when necessary and should be targeted, proportionate, temporary, reflect the need to protect the most vulnerable, ensure equity, not create unnecessary barriers to trade or disruption to supply chains and be consistent with existing rules established under the WTO				
14. Ensuring a transportation corridor for lifesaving commodities from source to priority countries with provisions guarding against export bans				
15. Ensuring equal footing of pathogen and genomic sequence sharing and benefit-sharing				
16. Envisaged treaty should go a step further to empower WHO to review the travel restrictions and issue binding recommendations in this regard				
17. Establish a coordinated approach to travel regulation – to ensure that countermeasures and tools reach those countries where they are most required during a period of crisis. Technical guidance on implementation for applying a risk-based scientific approach for implementing travel measures that promote coordination and incentivizing of reporting by countries				
18. Establish regional Emergency Medical Teams at WHO				
19. Establish a mechanism or a Conference of Parties to oversee implementation, review, compliance and dispute settlement				
20. Explore the possibility to establish an obligation of a State Party to request assistance when the size of pandemic significantly exceeds the national public health and health delivery systems capacity				
21. Export restrictions only be used with the utmost restraint and should not affect shipments of essential countermeasures and material necessary to support humanitarian and equitable access				
22. Facilitate technology diffusion and encouraging voluntary participation in technology sharing platforms				
23. Food and nutrition				
24. Foster health literacy/science literacy				
25. Freedom of international movement for those fighting against the pandemics				
26. Full respect for human rights, including non-discrimination				
27. Geographic representation, socioeconomic status, gender balance, non-discriminatory, prioritize vulnerable				

Additional proposed substantive elements from Member State open-ended submissions	Equity	Leadership & Governance	Systems & Tools	Financing
28. Health system recovery				
29. Human rights: The implementation of the provisions in the new agreement has to be in full respect for the dignity, human rights and fundamental freedoms of persons.				
30. Integrate infection prevention and control				
31. Integration of human rights-based approaches/or mechanisms to guard against hate or discrimination as evidenced by the COVID-19 outbreak.				
32. Interaction with GOARN (Global Communicable Disease Outbreak Alert and Response Network) and its role in the implementation of the tool				
33. International coordination in transfer and treatment of patients				
34. International travel in health emergencies, including isolation and quarantine measures under the International Health Regulations (2005) on international cruise ships and digital vaccine certificates, and antimicrobial resistance				
35. International vaccination registry for COVID-19 and all vaccines				
36. International, regional and local coordination of research and development, especially with regard to diagnosis and vaccines				
37. Long term care for patients with long-term effects				
38. Mobility and international travel				
39. Monitoring and evaluating health systems at national level				
40. More scrutiny to ensure public health measures are necessary, proportionate and non-discriminatory				
41. Multisectoral participation for the implementation of the 2030 Agenda for Sustainable Development and Sustainable Development Goals for the broad approach for the recovery, prevention and mitigation of the effects of future pandemics				
42. Multisectoral, transdisciplinary, integrated, cooperative and collaborative approach				
43. Non-discriminatory measures regarding trade and travel				
44. Only consider extraordinary financing when needed, the rest corresponds to regular WHO activities and should be dealt in the agency				
45. Pay extra attention to small island developing States (SIDS) which are often overlooked				
46. Member States must be obliged to present WHO with routine reports outlining their level of commitment to the proposed agreement				
47. Preventing epidemics due to pathogens resistant to antimicrobial agents through a One Health approach				
48. Prioritize vulnerable, or with underlying conditions				
49. Procurement of medical supplies, register and transfer to avoid black market				
50. Prohibition of restrictions and sanctions in relation to anti-epidemic technologies				

Additional proposed substantive elements from Member State open-ended submissions	Equity	Leadership & Governance	Systems & Tools	Financing
51. Provision of access to a pool of experts to provide technical assistance to Member States that requires strengthening of capacity for system preparedness and response to health emergencies				
52. Rapid and more equitable responses to pandemics and other health emergencies to save lives and promote swifter economic recovery				
53. There should be an international fund meant for the support of injured communities and societies as a result of an international pandemic. This fund shall serve as a social, economic, and health fund and provide the necessary financing for all sorts of damage incurred as a result of the pandemic				
54. Regulation of the private sector				
55. Removing intellectual property rights for tools for dealing with epidemics at the time of pandemics and epidemics without imposing legal or financial obligations				
56. Right of assistance: recognize all States' common interest in, and shared responsibility for, an effective response to pandemic health risks by providing a right of assistance to affected States in certain circumstances				
57. Set up permanent national (and, where possible, regional) multisectoral pandemic preparedness and response committees, comprising the IHR National Focal Point, and representatives from animal health, environmental health, civil protection and other relevant public bodies				
58. Special attention should be paid to vulnerable groups such as persons with disabilities				
59. Specific provisions on human rights would include reminding States of their obligation in terms of international human rights law to progressively realize the right of everyone, without discrimination of any kind, to enjoy the highest attainable standard of health, including through the prevention and treatment of infectious diseases				
60. Strengthen and accelerate the process of WHO Emergency Use Authorization of key medical countermeasures				
61. Strengthen platforms for information exchange				
62. Strengthen the institutional framework for infection prevention and control				
63. Support multistakeholder engagement including climate, environment				
64. Support sustainable financing, governance, and accountability for pandemic preparedness and response				
65. The instrument should enable the global community to ensure the hoarding of tools such as vaccines, diagnostics and therapeutics and become a norm in responses to future pandemics				
66. The necessity of the presence of regional logistics complexes in each of the regions of the six regions at the time of pandemics				

Additional proposed substantive elements from Member State open-ended submissions	Equity	Leadership & Governance	Systems & Tools	Financing
67. The word pandemic should be defined so as to separate aspects from the International Health Regulations (2005)				
68. Time-bound waivers of intellectual property of certain medical countermeasures can improve access to quality, safe, efficacious and affordable medical products				
69. Trade measures, including agriculture				
70. Traditional medicine can play an important role in the prevention and treatment of diseases				
71. Transparency in prices				
72. Transparency in spending on R&D and clinical trials				
73. Transparency in the interest of public health				
74. Use of mobile laboratories for pandemic preparedness and response				