**PRELIMINARY COMMENTS ON THE DRAFT BUREAU'S TEXT OF THE WHO CA+ (A/INB/5/6)
FOR THE CONSIDERATION BY THE INTERGOVERNMENTAL NEGOTIATING BODY DRAFTING GROUP IN JUNE 2023**

Overarching comments

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) increases the vulnerability of populations to pandemics in high-income and low-income countries. Some studies estimate that mortality in 60 to 90 % of COVID-19 cases is attributable to either one or more of these comorbidities.[1] At the same time emerging data suggests that people living with NCDs also experience worse health outcomes from these existing conditions during pandemics as a result of service disruptions, delays, and cancellations of essential health services.[2,3] This has already been explicitly recognised by the world's leaders in the United General Assembly resolution A/74/L.92.

We welcome continued active consultation with organisations from different segments of society and from around the world through the INB negotiations. We encourage the INB to create further pathways for civil society engagement in the negotiating and drafting of the WHO CA+, including access to relevant documents (including drafts) and right to intervene within both plenary and working group sessions of negotiations.

In response to the draft bureau text of the WHO CA+ (22nd May 2023), we request Member States:

- Reinstate "persons with health conditions" within the definition of "persons in vulnerable situations" in Art. 1(d) as originally seen in the zero draft.
- Include specific language on the continuation of essential health services across the continuum of care, particularly for people living with NCDs, during pandemic preparedness, response and recovery within the WHA CA+.
- Retain specific language on the protection of health and care workforce during pandemic preparedness, recovery and response within the WHA CA+.
- Include provisions relating to dealing with or managing conflict of interest, which may arise for a range of bodies involved including the private sector, trusts, industry associations, etc.

The COVID-19 pandemic has, and continues to, demonstrate the need for greater political commitment and allocation of resources for health, in particular the progressive achievement of Universal Health Coverage, as it underpins the social and economic wellbeing of all communities and countries. As such we call for all Member States to prioritise negotiations on the zero draft of a political declaration on Universal Health Coverage ahead of the United Nations High Level Meeting on the topic in September 2023.

Specific recommendations

Introduction:

Article 1. Use of terms

- Art. 1(d) We express concern that the definition of "persons in vulnerable situations", no longer includes reference to "persons with health conditions" as per the zero draft. Member States have already noted with concern "that people living with non-communicable diseases are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic" in the United Nations General Assembly resolution 75/130. We therefore strongly recommend that "***persons with health conditions, including non-communicable diseases***" is reinstated within the definition of "persons in vulnerable situations" and/or within a separate definition of "***individuals and groups at high / higher risk***".

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1 https://ijme.in/articles/non-communicable-disease-management-in-vulnerable-patients-during-covid-19/?galley=html

2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7248450/

3 https://www.who.int/publications/i/item/9789240010291

- Art. 1(h) We strongly encourage the use of the definition of Universal Health Coverage as included in the 2019 Political Declaration on the topic: "***UHC implies that all people have access, without discrimination to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population***".

Article 3. General principles and approaches

- Title: We recommend the term "***guiding***" principle is reinstated, rather than "general" principle to make clear that all principles included under this article must guide the implementation of all aspects of the WHO CA+.
- Art 3.1: We welcome the inclusion of "Respect for human rights" as a general principle and the specific mention for the need for due regard to ensure non-discrimination, respect for diversity, the promotion of gender equality and the protection of persons in vulnerable situations. We recommend strengthening the paragraph with the following wording: "Respect***, protect and fulfil*** human rights – The implementation of the WHO CA+ shall ***include the obligation to*** respect***, protect and fulfil*** human rights and fundamental freedoms of persons ***in accordance with the Charter of the United Nations and international human rights obligations,*** including the right to the enjoyment of the highest attainable standard of physical and mental health [...]".
- Art 3.3: We welcome the inclusion of "Equity" as a general principle. We welcome the acknowledgement that equity requires specific measures to protect persons in vulnerable situations. We encourage Member States to add reference to continued access to essential medical services under this paragraph i.e. "Equity includes the unhindered, fair, equitable and timely access to safe, effective, quality and affordable pandemic related products and services, information, pandemic-related technologies, and social support ***as well as continued access to essential medical services***." More explicit elaboration of the principle of equity is required throughout the chapters and articles that follow, specifically in terms of the absence of unfair, avoidable, or remediable differences within countries, including between groups of people.
- Art 3.4 and 3.5: We welcome the inclusion of Solidarity and Transparency as general principles, reflecting on many of the challenges faced by low- and middle-income countries in procuring medical countermeasures during the pandemic and encourage Member States to align the language in the CA+ with the WHA Resolution on Transparency (WHA 72.8)
- Art 3.6: We strongly welcome the inclusion of "Accountability" as a general principle. We encourage stronger language on the link between PPPR and countries efforts towards the progressive realisation of Universal Health Coverage i.e. "States are accountable for strengthening and sustaining their health systems' capacities and public health functions ***as part of the progressive realisation of Universal Health Coverage*** and to provide adequate health and social measures."
- We regret that the principle of "Community engagement", "Non-discrimination and respect for diversity", and "Rights of individuals at higher risk and in vulnerable situations" have been removed. We recommend they are reinstated.
- Art 3.7: We would recommend adoption of Option 7.A as an additional guiding principle but recommend that unequal development in the promotion of health and control of diseases of non-communicable diseases is explicitly mentioned alongside communicable diseases i.e. "Given the unequal development in different countries in the promotion of health and control of diseases, ~~***especially***~~ ***including*** communicable ***and non-communicable*** disease, is a common danger…."
- Art 3.9: We welcome the inclusion of "Inclusiveness". We recommend adding language adapted from Article 4.7 of the FCTC i.e. "***the participation of civil society is essential to pandemic prevention, preparedness, response and recovery of health systems and to the achievement of the objectives of the WHO CA+***."

Article 5. Strengthening pandemic prevention and preparedness through a One Health approach

- We support the inclusion of this section, particularly subsection 7 and urge the retention of these measures given the urgency of responding to the AMR crisis.

Article 6. Preparedness, readiness and resilience

- Strongly support 6.1., 6.2 and 6.4 (a), (b), (f)

- Art 6.4: We urge Member States to include civil society organisations in planning and implementation of pandemic preparedness, readiness and resilience strategies given the proactive role that many CSOs took in providing care and supporting patients and communities throughout the pandemic. "Each Party shall, in accordance with applicable laws, and supported by implementation plans, adopt policies, strategies and/or other measures, as appropriate, that seek to integrate perspectives from public and private sectors, ***civil society organisations***, and relevant agencies, consistent with relevant tools or other international agreements…"

Article 7. Health and care workforce

- Art 7.1 (a) We strongly support the call to strengthen, pre-, in-, and post-service competency-based education and training.
- Art 7.1 (c) We strongly support this text, in particular the inclusion of protection from violence and intimidation and the priority access to pandemic-related products during pandemics.
- Art 7.2 We warmly welcome the language mapping potential financial and technical support, assistance and cooperation

Article 8. Preparedness monitoring and functional reviews

- Art 8.1 We recommend adding specific text on need for regular and systematic review of health system capacities and national health burden: "Each Party, ~~***consistent with its national laws and context***~~*,* shall undertake regular and systematic capacity assessments, ***including health system capacities and national disease burden***, in order to identify capacity gaps and develop and implement comprehensive, inclusive, multisectoral, resourced national plans and strategies for pandemic prevention, preparedness and response, and health system recovery…."
- We strongly support Option 8.C Parties propose to establish a UHPR mechanism and suggest additional language to tie this process into UHC review processes: "to comprehensively review their national health emergency preparedness capacities, ***alongside progressive realisation of Universal Health Coverage***."

Article 9. Research and development

- We welcome the article, including language in subsection 3 given its alignment with the aims of the WHA resolution 72.8 'Improving the transparency of markets for medicines, vaccines, and other health products'. We urge Member States to retain the language in articles 3 and 9, particularly welcoming the reference to non-infectious diseases in part b, given the need for greater collaboration internationally on clinical trials.

Article 12. Access and benefit sharing

- We recommend that language in both options and mechanisms detailed within this article is broadened to include non-directly pandemic related products. Previous efforts to establish these kinds of mechanisms have been unsuccessful, but integrating this mechanism into health systems by utilising facilities to produce other vaccines and biologicals should help to contribute to the financial sustainability of these facilities, the retention of trained staff and support improved access to essential health products in low- and middle-income countries. Within Option 12.A"The Parties also agree that multilateral access and benefit sharing system(s) is needed for timely, effective, predictable and equitable access to s of ~~***pandemic-related***~~ ***essential health*** products, and other benefits, both monetary and non-monetary, that strengthen…."

Article 15. International collaboration and cooperation

- Recommend specific mention of cooperation for PPPR to be used towards progressive realisation of UHC: "in the formulation of cost-effective measures, procedures and guidelines for pandemic prevention, preparedness, response and recovery of health systems, ***which are supportive of the progressive realisation of Universal Health Coverage***, and to this end shall…"

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

- We welcome and support the inclusion of this Article.
- Art 16.1: We welcome this paragraph and recommend it is further strengthened as follows: The Parties recognize that pandemics begin and end in communities and **shall** adopt a whole-of-government and whole-of-society approach, including ***by engaging communities and civil society in all aspects of*** pandemic prevention,

preparedness and response ***to build trust and legitimacy and by working with all relevant sectors to effectively prevent, prepare for and mitigate the impacts of pandemics on all people*****"**

- Art 16.3: We welcome this paragraph but recommend separating the engagement of civil society from the engagement of the private sector in order to add text on safeguarding against conflict of interest for the latter.
- Art. 16.4: As prioritisation of populations for access to pandemic-related products and health services relies on adequate data, we recommend expanding this provision as follows: "(i) identify and prioritize populations access to pandemic-related products and health services***, including through the collection and use of existing medical conditions-, gender-, age-, and disability-disaggregated data***."

Article 18. Strengthening and sustaining preparedness and health systems' resilience

- We strongly welcome and support the inclusion of this Article. We encourage Member States to include additional language, recognising the importance of improving public health literacy "The parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on ***health promotion and disease prevention*** and on pandemics and their effects and drivers…"
- Art 18.4 We strongly welcome this provision ensuring financial resources to maintain and restore routine
- public health functions and essential health services. We recommend this provision be further strengthened as follows "to maintain and restore ***provision of and access to*** routine public health functions and other essential health services, ***across the continuum of care, including health promotion, prevention, screening, diagnosis, treatment, rehabilitation and palliative care*** during and in the aftermath of a pandemic response."

Article 19: Financing

- Art. 19. 1(b): We recommend the addition of language that highlights the importance of implementing financial protection as part of the achievement of UHC and pandemic recovery for patients and families."(b) plan and provide adequate financial support in line with its national fiscal capacities for: (i) strengthening pandemic prevention, preparedness, response and recovery of health systems; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and progressive realization of universal health coverage ***minimising out of pocket spending for patients and families***;"

Article 14. Protection of human rights.

- We strongly welcome and support the inclusion of this Article.
- Art 14.2(a)ii: We recommend rewording as follows in order to highlight the vital need to ensure people at high risk and persons in vulnerable situations have unrestricted access to health services across the continuum of care: "***Any restrictions are non-discriminatory, and take into account the needs of people at high risk and persons in vulnerable situations, and the targeted measures needed to ensure their equitable access to health facilities, goods and services across the continuum of care, including medical counter-measures***."

Article 20. Conference of the Parties

- Welcome the further clarity on the Conference of the Parties, including specification for civil society participation as observers. Guided by the precedent of the WHO's FCTC and multilateral environment agreements, we call for the WHO CA+ and subsequent rules of procedure established by the Parties enable broad civil society participation, including the right to intervene within Parties' plenary meetings.

Article 22. Implementation and Compliance Committee

- Welcome the further clarity on the Implementation and Compliance Committee and its relationship with the Conference of the Parties.
- We encourage mechanisms for monitoring and compliance are public and allow for input from civil society either in written or testimony form. We also encourage designated seats are reserved for civil society delegates on compliance mechanisms.

For more information on the impact of COVID-19 on people living with NCDs and solutions for resilience and recover please refer to "A Global NCD Agenda for Resilience and Recovery from COVID-19".