

PRELIMINARY COMMENTS ON THE DRAFT BUREAU'S TEXT OF THE WHO PANDEMIC AGREEMENT FOR THE CONSIDERATION BY THE INTERGOVERNMENTAL NEGOTIATING BODY IN MARCH 2024

Written statement (500 words):

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) can increase the vulnerability of populations to pandemics in high-income and low-income countries. 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^{1,2}.

The Non-Communicable Diseases Alliance (NCDA) welcomes continued active consultation with organisations from different segments of society and from around the world through the INB negotiations and **encourages** the INB to create further pathways for civil society engagement in the negotiating and drafting of the WHO Pandemic Agreement, including access to relevant documents (including drafts) and right to intervene within both plenary and working group sessions of negotiations.

The NCD Alliance recognises the need to negotiate a text that enables WHO Member States to take concrete and coordinated action on pandemic prevention, preparedness and response (PPPR), whilst also demonstrating opportunities for the mobilisation of resources to implement such an agreement effectively. The NCD Alliance, nevertheless, expresses concern that the latest version of the negotiated text significantly reduces the scope and potential impact of a Pandemic Agreement that meets the needs of Member States' populations and contributes to mitigating the impact of future global pandemics. In particular we are concerned that this version significantly reduces reference to non-discrimination, gender equity and protection of persons in vulnerable situations, such as people with existing health conditions; fails to adequately incorporate the need to ensure any Pandemic Agreement also supports the progressive realisation of universal health coverage (UHC); and, whilst referencing meaningful engagement of communities, fails to acknowledge and include the wider role that civil society plays in supporting PPPR.

As such, we recommend:

- The re-insertion of language on non-discrimination, gender equity, and protection of persons in vulnerable situations, including those with chronic health conditions, such as noncommunicable diseases, who are among those most likely to be severely affected by future pandemics.
- A call for the progressive realisation of universal health coverage (UHC) to be integrated throughout the text, including through ensuring support for the strengthening and maintenance of resilient health systems, as a critical pillar of PPPR to ensure equitable access to health services, including for people with chronic health conditions.

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7248450/>

2 <https://www.who.int/publications/i/item/9789240010291>

- Demonstrate support for the essential role civil society and the health workforce play in implementing PPPR, as well as holding stakeholders accountable to ensure PPPR adheres to principles of equity, inclusion and upholding the right to health. As such we request the reinsertion of specific language on the meaningful engagement of civil society, as well as communities and health workforce, as part of the whole-of-society approach and throughout the text of the proposed agreement.

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7248450/>

2 <https://www.who.int/publications/i/item/9789240010291>