

Regional Meeting on the Intergovernmental Negotiation Body (INB)

Washington, D.C. | 14 March 2023

MEETING PROCEEDINGS

Highlights, Conclusions, & Next Steps

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas



EXECUTIVE SUMMARY

At an extraordinary meeting of the World Health Assembly (WHA) in December 2021, Member States of the World Health Organization (WHO) agreed to establish an Intergovernmental Negotiating Body (INB) to draft and negotiate a new convention, agreement, or other international health instrument to strengthen pandemic prevention, preparedness, and response. This instrument is expected to be submitted for approval by the WHO Member States at the WHA in 2024.

The Pan American Health Organization (PAHO) convened a regional meeting in Washington, D.C. on 14 March 2023 on the preliminary draft of the instrument (referred to as the WHO CA+). During the meeting, PAHO briefed representatives from ministries of health and foreign affairs in the Americas on the latest deliberations of the INB. The meeting is part of a wider commitment from PAHO to promote understanding about the future instrument and further enable Member States from the Americas to actively participate in the negotiations and dialogues of this Member State-led process.

GLOBAL CONTEXT

As the global community transitions from the acute phase of the pandemic, WHO and its Member States decided to embark on a series of processes to determine the priority issues and identify potential solutions. This would be achieved through the establishment of a series of parallel and often interconnected workstreams, including the Standing Committee on Health Emergency Prevention, Preparedness, and Response, the consultation process for proposals to strengthen global architecture for health emergency preparedness, response, and resilience (GA HEPR), the Review Committee regarding amendments to the International Health Regulations (2005) (RC IHR), the Working Group on IHR Amendments (WGIHR), and the Intergovernmental Negotiating Body (INB).

Relevant to the INB deliberations are the proposed amendments to the IHR (2005), recognizing that the IHR (2005) is currently the only legally binding instrument that provides an overarching legal framework on countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. Of note, three proposals for amendments to the IHR were submitted from the Americas, specifically from Brazil (since voluntarily withdrawn from consideration), the United States of America, and Uruguay on behalf of the Member States of the Southern Common Market (MERCOSUR). Their content and implications will be discussed further during upcoming WG IHR consultation meetings.

LINKAGES BETWEEN THE WG IHR AND THE INB

There was consensus among participants of the meeting that the discussions from the WG IHR and the INB are likely touching upon common themes. It was considered essential that steps be taken to detect and prevent duplications and even contradictions between the IHR (2005) and the future instrument being discussed in the INB.

In the Proposal for the graphic representation of Mr. DG of WHO, the international health regulations are hierarchically above the Pandemic Agreement

(See image of the PRET presentation Fig 1)

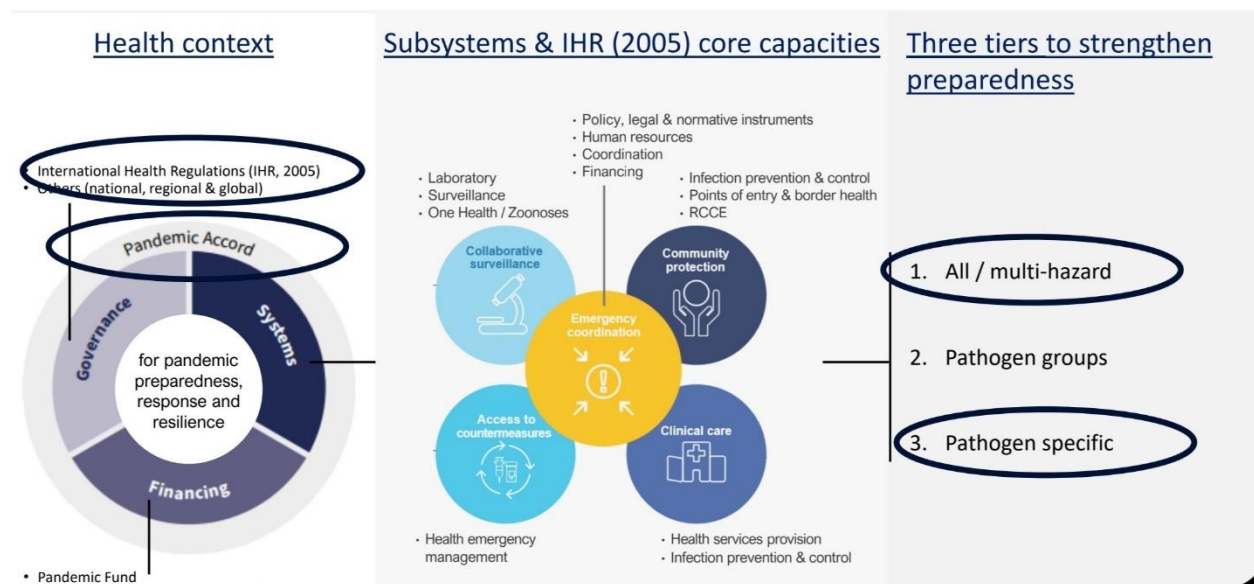


Fig 1. PRET presentation

Highlighted points

- **Optimizing regional and country participation:** Chile noted that participants of discussions in the INB must be kept abreast of discussions surrounding the proposed amendments to the IHR (2005). Similarly, early notice about the content of the respective meetings will ensure that Member States can designate the appropriate participants. Chile also recommended that PAHO convene similar regional meetings to share information and enable Member States to hold regional discussions amongst themselves. The USA

considered it important for the countries in the Americas to aim towards achieving common decisions where feasible, as this will also contribute towards greater success at building core capacities.

- **Items under the INB or the IHR (2005):** The USA considered that Member States must decide which aspects of health emergencies (e.g., governance, benefits sharing, among others) are more suited for the IHR (2005) and the INB respectively. Colombia suggested that PAHO could support this analysis (i.e., areas between both instruments which could potentially overlap or even contradict).
- **As support from PAHO:** propose an evaluation of international law, with other instruments such as the WTO and review in the analysis of how intellectual property issues have been previously addressed, patents among others as examples.
- **Governance mechanisms of the INB and the IHR (2005):** Member States expressed interest in having a better understanding of how both will interact as well as the implications.
- **Governance must be reviewed at different levels:** Aspiration for the pandemic agreement to be a binding document according to articles 19 and 21 of the WHO, if full powers of ministers are needed for the 2024 World Health Assembly, if Legal review processes should be established in terms of member states that require a review of articles for which reservations have been established, approvals by the Executive Branches and Ratifications by Parliaments if necessary where the legislation so establishes.
- **Financial implications for State Parties:** Argentina highlighted the challenges that State Parties may face to mobilize the financial resources necessary to meet commitments that would arise from proposed amendments to the IHR (2005) as well as potentially from the CA+.
- **The economic cost of the proposed reforms vs. the cost of not reforming the international Sanitary Regulations:** as in any quality improvement process; there is generally higher cost in curative medicine than in preventive medicine statistically speaking.

UPDATE ON THE INB PROCESS

Participants in this meeting received a briefing from Mrs. Carolina de Cresce El Debs, Counsellor, Permanent Mission of Brazil to the UN in Geneva, on the status of the INB process and general outcomes from the INB's 4th meeting (27 February – 3 March 2023).

Under Article 19 of WHO's Constitution, the WHA has the authority to adopt such an instrument that would be legally binding, following a series of informal consultations and public hearings, special sessions, or events, and based on these workstreams and inputs from Member States.

An overview of the proceedings of the 4th meeting of the INB was shared, with a focus on the draft document that was discussed. It was noted that intercessional work is anticipated to focus on specific topics such as supply chains, access to pathogens with pandemic potential, and genomic sequences, among others.

Key issues raised during previous INB meetings included the lack of clarity on the interdependence and relationship between the IHR (2005) and the CA+ and the relationship between core capacities under the IHR (2005) and capacities for health systems that would be further defined in the CA+. There was additional concern expressed during these discussions that antimicrobial resistance (AMR) is overemphasized while One Health is not sufficiently reflected. Country delegations have similarly requested a greater focus on climate change and the WHO Pathogen Access and Benefits Sharing System (PABS), among other issues.

The Global Fund has included AMR as a line of future financing in the same vein as Malaria, TB, and HIV/AIDS, this can help, as well as seeking synergies between ONE Health and the programs that are receiving financing in the ministries or national health authorities, agricultural, environmental, and drug regulatory authorities of the Member States, PAHO may share information from One Health accredited programs, such as the programs that CDC is funding for Field Epidemiologic Training Programs for Human Health and Animal Health Personnel are other possible sources of information.

Highlighted discussion points

- **Facilitating a regional positioning:** Recognizing the challenges that this Region faced during the pandemic, as observed by Peru, participants from Argentina, Colombia, Dominican Republic, Haiti, Paraguay, USA called for efforts towards discussing and achieving a regional consensus where feasible, particularly for common positions on issues that will affect this Region (i.e., common but differentiated responsibilities, equitable access and distribution of benefits, among others). It was further noted that this effort for a regional positioning will benefit smaller countries, many with challenges to actively participate in global discussions. Chile recommended that Member States hold discussions outside of the INB meetings to further this goal. Chile suggested that the **Friends of the Treaty group** of Member States could serve to also promote this effort, to which it was noted that the Bureau of the INB will revert shortly with its consideration. Dominican Republic considered that PAHO could organize such sessions.
- **Technical Support from WHO:** Argentina, Colombia, Mexico, and the USA considered that it would be beneficial if the WHO were to establish a formalized technical support group to support upcoming steps to develop this instrument. The delegate from the Mission of Brazil to the UN in Geneva noted

that the participation of experts from relevant international organizations is already considered. This mechanism can also help the quadripartite union of OMAS / WHO /FAO and UNEP to provide expert recommendations on One Health

- **Intersessional meetings:** Chile and USA requested recommended that workshops be convened to facilitate more in-depth discussions on technical issues. These meetings must be scheduled since the dates are limited to the next 12 months before the World Health Assembly is held in 2024, the date that our Member States have given to approve both the INB documents and the reforms to the IHR.

PERSPECTIVES FROM THE REGION ON THE ZERO DRAFT

Introduction

- The Zero Draft was produced amid widespread recognition from within the international community of the lack of preparedness evidenced by the COVID-19 pandemic. The IHR (2005) was considered to have been insufficient by itself.
- A multidisciplinary and multisectoral approach will be essential to ensure that the global community is better prepared next time.
- To move forward, PAHO will need to reflect upon lessons learned and adopted after the H1N1 pandemic (2009) and the earthquake and cholera outbreak in Haiti (2010). The COVID-19 pandemic represents a similar window of opportunity to make important policy changes at all levels.
- **Highlighted key issues in the Zero Draft:**
 - o **Linkage to the IHR (2005):** Costa Rica noted that this instrument should be complementary to the IHR, particularly recognizing limited resources. ARG and MEX recommended that PAHO develop an analysis of the relationship between the Zero Draft and the IHR (2005). For example, both documents have provisions for the DG to declare a pandemic.
 - o What repercussions should be designed for countries that do not report or share information during an emergency, recognizing national sovereignty.

Preamble and Chapter 1

- **Persons in situations of vulnerability:** CRI, COL, PRY, and SLV noted that the concept needs to be better defined and standardized, preferably in a way that allows each country to consider its context. PRY moreover noted that a different pandemic could have a different population at higher risk. COL urged caution with this term, recognizing how it may apply to its indigenous population while noting that the country's constitution requires agreement between its ethnic groups.
- **Pandemic and other key concepts:** MEX, PRY, and URY expressed caution on how this word is defined. PAHO was requested to share an opinion on the implications and risks that arise from how the word "pandemic" is defined. ARG and URY recommended the development of a **list of key definitions**. URY added that **OneHealth** should be factored into the document. PAHO recognized that a list of key concepts is essential.
- **The Bureau had established a definition chapter to be included:** PAHO Member States may wish to include a list of key concepts in the same chapter with definitions.
- **Relation between Zero Draft and IHR:**
- **Strengthening PAHO and WHO's Role during Pandemics:** URY recognized that the Zero Draft should strengthen WHO's role.
- **PAHO's Role during INB Negotiations:** PAHO's Director considers that PAHO must play a key role in supporting Member States during this Member State-led process. It was reiterated that can provide its full support to Member States if the Secretariat's support is requested. PAHO has held 8 informational meetings before this meeting (which will be followed by other virtual and in-person meetings, as instructed by PAHO's Director and requested by Member States).
A useful exercise can be a balance of expectations in what it means that PAHO must play a key role and what it means full support to Member States if requested due to the limited time imposed by our own Member States and if it is thought that PAHO could consider developing side event within the framework of the World Health Assembly, the Executive Board, and Subregional Meetings with National Health Authorities about the INB and the working group on amendments to the IHR.
- **Legal aspects of the Zero Draft:** PAHO noted that this document has legal implications which must be carefully assessed by signatory State Parties considering their context. This is an opportunity for the Region to coalesce around certain principles as feasible by each country's legal context.

- **With the authorization of the Director and the willingness of the Member States to participate:** PAHO may propose a meeting with the legal advisers of the Ministries of Health and Foreign Relations to discuss legal aspects. Inviting our Member States feel free to invite a corresponding parliamentary representative if they deem it appropriate.

Chapter II: Objectives, guiding principles, and scope

- **Human Rights (article 4):** PAHO noted that the 18 principles are closely linked and should be complementary. Solidarity among State Parties is essential if this will remain “as is” in the document.
- **Zero Draft’s objective:** CHL urged that this section be simple and direct. PER recommended that the objective revolves around the general need to protect human health.

Chapter III: Achieving Equity, for and through pandemic prevention, preparedness, response and Recovery of health systems

- **Implications for the Region:** PAHO noted that this section has several implications for existing processes in the Region. Care should be taken to ensure that this section does not jeopardize these existing mechanisms and structures. Mexico added to prior interventions sharing the concern that this section could feasibly combine aspects of COVAX, the COVID-19 supply system, and PAHO’s RFV into one; benefits for the Region are unclear.
- It is considered pertinent, nevertheless there and had been since Covid 19 Pandemic several initiatives from WHO that are focused on prevention, preparedness, response, and recovery of health Emergencies and Pandemics, PAHO can help establish a focal point to share information on many of these processes: Examples: WHO DG Proposals including WHO Regional Emergency Hub, Epidemic and Pandemic Preparedness and Prevention (EPP), Pandemic preparedness Global Platform EPP, principles must underpin the three pillars of the health emergency preparedness and response architecture:
 - Governance that ensures a coherent, equitable, and coordinated global health emergency preparedness response
 - Systems and tools to prepare for, prevent, detect, and rapidly respond to health emergencies.
 - Financing to support those systems and tools.

- Governance: it's a process led by Member States that provides PAHO with an opportunity to Fully Support as a technical secretariat for our region's participation in the Global Health Emergency Council and WHA Committee for Emergencies
- If HEPR must be elevated to the level of heads of state and government to ensure sustained political commitment and break the cycle of panic and neglect that has characterized the response to previous global health emergencies. PAHO has a key role in making a success of the UN General Assembly High-Level Meeting this year in the prevention, preparedness, and response to pandemics, further recognizing that future epidemics or other global health threats could have equally or more devastating consequences than those caused by the COVID-19 pandemic and that prevention and preparedness for future health threats are therefore of paramount importance and will support efforts to achieve universal health coverage.
- The WGIHR amendments are the result of the proposal by WHODG to have targeted amendments to the International Health Regulations (2005). PAHO should engage at the highest level to understand WHODG view since 307 amendments are not necessarily targeted amendments.
- This process is undoubtedly an enormous wealth in everything related to this unique and historical experience in our generation, so PAHO can lead a collection of different topics and aspects to be published as books and best practices that allow us to leave one more legacy. to future generations.
- The Prevention, Preparation, and Response to Health Emergencies and Pandemics becomes extremely interesting when seen from a transversal perspective that touches not only public health, but all spheres of life.
- **PAHO's Expertise and Experience from its Revolving Funds:** CHL, DOM, and USA requested PAHO to share its feedback and regional experience, particularly gained from the pandemic, as they pertain to articles 6 and 10 particularly. PAHO/PRO clarified that other regions do not have similar mechanisms (i.e., revolving funds), yet recognized that the Zero Draft does not specify terms of reference or benefits to Member States arising from these proposed new mechanisms (i.e., WHO Global Supply Chain and Logistics Network). It was noted that several areas could be improved, including establishing agreements with manufacturers (versus limiting to mapping them), striving to ensure that future allocations of goods, supplies, and equipment are based on epidemiological needs **(which speaks to equity)** while considering also experienced challenges in mobilizing persons during the pandemic

(which should be factored into article 4). PAHO shared additional information on its strategic humanitarian stock in Panama and how its humanitarian network helped key supplies get distributed during the pandemic.

- **Equitable access:** PAHO noted that goods, supplies, and equipment were not distributed equitably based on the epidemiological burden, a point echoed by PER (with a focus on article 10). PER added that future allocation mechanisms remain unclear. ARG and MEX added that a successor to COVAX and other mechanisms may only serve certain vulnerable countries, which would ultimately not provide any benefit to middle-income countries (for example). Fellow Member States were urged to continue to engage during Geneva-based discussions. PAHO recalled that its prior Director insisted that its head of health technologies attend meetings with other international organizations during allocation reviews during the pandemic.
 - **RFV Performance during the Pandemic:** Mexico requested feedback from PAHO on whether the RFV is ready to deliver in a future crisis.
- **Access to Technology:** PER noted that this document does not change long-standing legal frameworks on this access.
- However, there is also a lot of work that PAHO can lead in carrying out an analysis process on the limits and scope of technology transfer that is being developed by our Member States, from the ACT Accelerator with diagnostic tests, genetic sequencing, Meds Patent Pool, CEPI with its vaccine plan with new technologies that give a response in 100 days, the Biomanufacturing HUB in Seoul Korea, the Technology Transfer HUB for messenger RNA vaccines in South Africa, the WHODG call to increase the local production of biologics including monoclonal and antiviral antibodies and geopolitics such as the case of Russia seeking WHO approval for new vaccines with B sites as a proposal for a vaccine plant in Nicaragua, give us an approximation that we are facing a new global dynamic in access to Technologies.
- **Sharing of genetic material:** Dominican Republic requested clarification from PAHO on the proportion of countries that have requested access to genetic resources and in what instances have these been shared, noting that countries with lower incomes may not have benefited proportionally.
 - What does sharing genetic material mean:

- Costa Rica bought via the University of Costa Rica/Clodomiro Picado Institute from the University of Oxford for 250,000 dollars a sample portion of protein S to develop equine antibodies similar to those developed in its anti-venom and anti-scorpion
- In Costa Rica and Panama, genetic sequencing samples received from Member States that sent Sars Cov 2 samples were processed, however, PAHO helped and financed the shipment of MPOX samples once the International Health Emergency began.
- In Spiez, Switzerland, the BIOHUB pilot was opened where they also receive samples of genetic material, the pilot opened only for Sars Cov 2 samples.

Chapter IV: Strengthening and sustaining capacities for pandemic prevention, preparedness, response, and Recovery of health systems.

- **Migration of Health Workers:** Belize raised ethical aspects regarding the recruitment of health workers from developing countries to relocate to other high- and middle-income countries. PAHO noted that developing preparedness capacities has an impact on a wider set of issues and that the brain drain appears to be linked to other underlying issues.
- **Considerations for traditional practices:** Colombia recalled that other approaches outside mainstream Western practices can be considered for this section.
- **Linkage to other UN instruments:** Paraguay urged caution to prevent duplication or contradiction with other existing legal instruments. Paraguay could refer to the fact that the United Nations General Assembly hopes that the Heads of State and Government can approve a brief political declaration aimed, among other things, at mobilizing political will at the national, regional, and international levels. for the prevention, preparation, and response to Health Emergencies, or perhaps to the quadripartite alliance of WHO, OMAS, FAO, and UNEP.
- **Conceptual clarification:** PAHO noted that this concept (i.e., global public health emergency workforce) is envisioned to detect, respond, and recover from emergencies as quickly as possible.
- **Appropriate compensation for this workforce:** PAHO raised that this should be considered. PAHO is already acting as the secretariat of the EMT Regional Group of the Americas. Maybe we need to reinforce this as well with PAHO Member States that have joined the International Search and Rescue Advisory Group (INSARAG)

Chapter V: Coordination, collaboration, and Cooperation for pandemic prevention, preparedness, response, and health system recovery

- **Translation for article 16 (French):** Haiti expressed concern over the accuracy of the translation for a whole-of-government and whole-of-society approach, particularly whether each party “should” take relevant action, versus being obliged to act. It was suggested that a private-public partnership could be more inclusive and clearer. PAHO noted that WHO prepared the French translation, but reiterated the importance of this concept and that it would flag this accordingly.
- **Engaging beyond the health sector:** In response to a query from the USA for more information, PAHO shared examples of how it engaged with different partners during the pandemic, including electoral officials, tourism, and port authorities, among others.
- **Cross-sector repercussions from the pandemic:** Jamaica recognized that the pandemic impacted legislation for security and other areas; some of the repercussions are only now being felt. PAHO noted that discussions on the proposed amendments to the IHR could also help touch upon some of these topics.

PAHO could lead an analysis of how COVID-19 impacted national legislation and how is linked to proposed amendments to the IHR, Parliaments, Ministries of Foreign Affairs, Ministries of Finance, and Ministries of Health maybe should be present for a dialogue.

Chapter VI: Financing for pandemic prevention, preparedness, response, and Recovery of health systems

- **Implications for PAHO/AMRO:** Colombia and Guatemala urged caution recognizing that it provides assessed contributions to both PAHO and WHO. PAHO noted that its response funds largely come from donor-driven voluntary contributions supplemented by small funds which support its emergencies program. Significant support also comes from country experts made available by Member States through solidarity. However, it was noted that this system is *ad hoc* and may not be sustainable. Global discussions on WHO’s budget will affect PAHO ultimately.
- **Pandemic Fund:** Colombia requested clarity on how this will impact PAHO’s work in emergencies.

1. PAHO may propose establishing a financing coordination platform to promote investment in our Member States. Direct existing international funding and fill the gaps where it is needed most.
 2. Establish a Pandemic Preparedness and Response Financial Intermediation Fund to provide catalytic funding and fill gaps. But do not fail to see the possibility of generating co-financing and co-investment, for example, CR19 Wave 2 from the Global Fund as well as Funds from the Global Health Security Agenda, One Health from the CDC, additional funds such as those made available during the COVID 19 pandemic. World Bank, Inter-American Development Bank, Latin American Development Bank, and Central American Bank for Economic Integration, which could have been articulated by an economic secretary within PAHO that would coordinate the needs of our region to generate ordering of cooperation capacities for health emergencies and pandemics.
 3. Expand the WHO Contingency Fund for Emergencies to ensure funding for the response.
 4. Strengthen PAHO at the center of the regional global architecture of the Americas for HEPR.
- **Implications for National Budgets:** Guatemala similarly expressed concern about implications for GDP allocations which would be required to be invested in preparedness and response. Colombia added that many initiatives required of countries go unfulfilled due to a lack of in-country capacities. PAHO noted that the window of opportunity to influence the allocation of national budgets gets smaller as more time elapses from the acute phase of the pandemic. Nevertheless, work should continue to advocate accordingly. Haiti echoed concerns expressed by Guatemala that a fixed GDP percentage across the board could unfairly impact lower-income countries, with PAHO noting that information on this impact is currently unavailable.

This requires looking at a broader vision of the economy since it may be better to use a formula of GDP per Capita and not leave aside the measurement of inequality. In any case, we must not lose sight of the fact that the implications for national budgets can benefit from a System of processes that are included in the discussion on the table of the INB as well as the WGIHR.

- 1- Strengthen a global health emergency workforce that is trained, standardized, interoperable, rapidly deployable, scalable, and well-equipped.
- 2- Strengthen existing networks and standardize approaches to strategic planning, financing, operations, and health monitoring for emergency preparedness and response.
- 3-Expand partnerships for a whole-of-society approach to collaborative surveillance, community protection, clinical care, and access to countermeasures.

Chapter VII: Institutional Arrangements

- **Governance in the Zero Draft Context:** PAHO noted that this section refers primarily to the Standing Committee for Emergencies, which will need complementary with the instrument arising from the INB.
- **Complementary:** Paraguay reiterated prior concerns that the Zero Draft, IHR (2005), and now the Standing Committee need to complement each other, noting particularly the DG's role in determining and declaring pandemics.

Chapter VIII: Final provisions

- **Legal Adoption of Annexes:** Uruguay expressed concern that annexes adopted after the signature of the document may have legal repercussions. This would require careful consideration before subsequent ratification by its national legislature. Legal Meetings from, for, and with PAHO Member States should be considered as a possibility to provide full support to our Member States.

CONSIDERATIONS FOR THE REGION FOLLOWING THE COVID-19 PANDEMIC

PAHO provided a brief presentation on the lessons learned from the pandemic and highlighted regional priorities. The lessons learned included:

- The improvements in regional epidemic intelligence and integrated surveillance, particularly for data analysis, modeling, and forecasting, informed decision-making and supported country responses.
- Building and strengthening laboratory systems and networks upon the foundations of existing regional networks was important. This allowed the Region to make valuable investments in building up genomic surveillance capacity in the Region.
- Strengthening health systems was essential to ensure appropriate care in times of patient surges, with a focus on clinical management, rational use of oxygen at various levels of care, and ensuring health systems have access to adequate quality equipment (e.g., personal protective equipment). There was a need for data such as bed occupancy in hospitals and reference institutions.
- The Rotating Fund for Vaccine Procurement played a large role in ensuring access to vaccines for the Region. However, there is still a need for regional mechanisms for vaccine production and delivery and

a need for improvement of technology transfer for the development of biologics throughout the region.

The highlighted regional priorities included ensuring the resilience of health systems and the integration of surveillance based on genomic surveillance as a powerful tool to support the Region's ability to detect and monitor future outbreaks. Moving forward, surveillance should incorporate the concept of One Health, which identifies emerging outbreaks at the interface of the animal world, the human world, and the environment. Building upon lessons learned at global, regional, national, and subnational levels, procedures need to be revised and made flexible to adapt as a given pandemic evolves. Lastly, strengthening logistics was an important priority to ensure quick deployments of materials and personnel to respond rapidly to emerging outbreaks.

Highlighted topics

Regional production capacities: Honduras expressed interest in ensuring that the Region, especially Central America, can have the capacity to produce vaccines and laboratory equipment. Chile highlighted the importance of building and strengthening national production capacities to avoid over-reliance on a limited number of countries. PAHO noted that capacities in the Region are heterogenous and that building national capacities for all critical goods would be challenging, alternatively proposing regional strategies for coordination, commitment, and dialogue to adopt different roles and complementarities between countries, to strengthen ecosystems that foster these capacities. PAHO noted that some countries already have installed public sector production capacities, which puts this Region in a different position to mechanisms that are only based on market conditions. Nevertheless, complexities in value chains should be considered when assessing the building of production capacities.

Here there is intensive diplomatic and technical work from the Ministries of Foreign Affairs, Ministries of Health, and Drug Regulatory Agencies.

Strengthening existing mechanisms: Chile considered that it is essential to strengthen existing mechanisms, which should be considered during negotiations. Coordination between instruments and decision-making is key. PAHO stated some of the readily available tools such as the IHR, monitoring framework for the basic capacities using different tools such as the IHR State Party Self-Assessment Annual Report (SPAR) instruments,

joint external evaluations (JEE), and voluntary external evaluations need to be used to maintain the capacity of plans and preparedness.

Our member states can benefit from knowing the experiences of VEE in other member states of our region, an exchange of experiences and on-site visits of SPAR focal points to countries that have made VEE could be promoted.

Genomic surveillance networks: Colombia enquired about the use of using existing mechanisms and their direct linkage to the pandemic response. PAHO shared that the link-specific mechanisms such as PIP (Influenza Preparedness Networks) and other existing mechanisms including the draft project proposals and the INB. PAHO mentioned the RFV 40-year existence, resulting in the procurement and delivery of vaccines to reach prioritized countries in the region. Integration of mechanisms for the rational determining use of the RFV ought to be part of the pandemic preparedness plans in most countries of the region. PAHO also highlighted the EBS systems, EIOS, and hospital surveillance with proven clinical cases all through syndromic surveillance.

These networks are being strengthened in different member states, PAHO could accompany and certify these genetic sequencing networks as part of the networks that are already being formed from PAHO collaborating centers.

Early detection and epidemiological intelligence: Brazil noted significant advances in its own country, including efforts to increasingly draw from health facility-level data. PAHO's experience in this area would be of interest for hearing of other practices. Hospital surveillance with proven clinical cases all through syndromic surveillance will provide better access to health care.

The WHO launched a HUB in Berlin for Intelligence in Epidemics and Pandemics that is at the service of the Member States. At the level of our region, the PAHO Member States may wish to tropicalize this model for our region could be identified.

Legal instruments and private sector collaboration: MEX expressed their concern that there is no legal instrument available that invites or urges countries to share technology focused on emergencies. Manufacturing capacities vary from country to country and PAHO stated that contracts and purchasing and technical work of that nature are not considered under the framework for engagement with non-state actors. The commercial relationship PAHO has with the industry is based on a contractual negotiation through the legal office with the legal offices of each of the companies in question (eg. FENSA).

This collaboration could be developed and led by PAHO under a framework or model law proposal so that our Member States can learn how countries have done where they have released patents in case of emergencies.

IMPROVING PARTICIPATION FROM THE AMERICAS IN THE INB

Equitable representation from the Americas: Dominican Republic and Saint Kitts and Nevis raised concerns that Geneva-based discussions are not always easily accessible to all Member States (including the Caribbean and small island developing states, or SIDS), such as for countries without a diplomatic presence in Geneva to the international organizations. It was noted that PAHO and possibly the OAS could help foster stronger participation.

High-level Meeting in September on Pandemic Prevention and Response: Saint Kitts and Nevis requested clarity on how this high-level meeting scheduled for 20 September 2023 will align with INB discussions, and how the Region can leverage these NYC-based political discussions to complement the INB. It was noted that this high-level meeting is expected to culminate in a declaration that will highlight themes of equity and solidarity, thus complementing INB discussions. @UNGA PAHO may lead a GRULAC Meeting and invite leaders to have a dialogue with PAHO DG ASAP

Foreign Affairs and Health: The Bahamas recognized that involving both areas of government is essential to providing meaningful contributions from this Region towards the development of the instrument. The representative from the Permanent Council

Synergies between the Ministries Mission of Brazil to the UN in Geneva noted that it would be beneficial if this parallel effort complements INB discussions and efforts.

Sharing Feedback: The representative from the Permanent Mission of Brazil to the UN in Geneva noted that Member States can share the text of their proposals for consideration of other Member States, although it was noted that the existing portal for submitting comments was currently restricted to members of the drafting group. These points can also be raised during the meetings.

PAHO ACTIONS MOVING FORWARD

The Americas was the hardest hit region by the pandemic, yet the Region, as with much of the rest of the globe, was not as prepared for the pandemic as it could have been. Considering regional solidarity and Pan Americanism, PAHO will work with its Member States through these negotiations, serving as a conduit and facilitator, and information sharer to, if not secure a regional consensus, at the very least ensure that this Region's perspective is well represented in global discussions.

- **Expected deliverables from PAHO:** In response to requests from multiple Member States, PAHO clarified that it will share a technical analysis (not recommendations, which are ultimately a decision of Member States) on:
 - o **(1)** priority issues (e.g., genomic sequencing, supply chains), to be determined by Member States; and
 - o **(2)** potential implications of decisions on its regional mechanisms and processes.

It was reiterated that PAHO's experts would be available to its Member States (including to their delegations to the OAS and in Geneva) throughout the INB process.

- **Upcoming meetings:** PAHO will convene interactive sessions with a focus on priority issues to allow for greater discussion, as well as on the proposed amendments to the IHR (2005). This response to observations from several Member States that PAHO could play a key convening role in helping facilitate discussions between Member States to reach a regional consensus on key areas as relevant and feasible.
- **Country-level analysis:** Each Member State will need to conduct its critical analysis of implications on its own country.
- **Recommendations for participants:** Participating delegations are encouraged to continue discussions within relevant government organs and instances while advocating for a space to provide technical inputs before decisions are made about this document. PAHO nevertheless will completely support its Member States in these processes and can share its perspectives through its country offices.
- **Language of the Working Document:** In response to concerns raised that the working documents are often available only in English before high-level discussions, PAHO noted that it can prepare informal

translations as relevant and feasible to support review by its Member States. Nevertheless, it was reiterated that WHO manages the official translations into the official six languages.