

State of Negotiations

Update After Last INB session

INB7 Negotiations

- INB7 began with **Bureau's "Proposal" for a Negotiating Text.**
- No question was raised in the agenda item whether the proposal is acceptable as a "negotiating text".
- Countries expressed concerns about the Bureau's Proposal. Told that there needs to be some additions in to the text such that text can be adopted as the Negotiating Text.
- Bureau opened the floors not only for text additions but also for other suggestions. In INB7 first part of **the meeting was suspended without any report.**
- In between first part and second part of the INB7 meeting, Bureau sends an email claiming Bureau's Proposal is the **default negotiating text.** All text suggestions made by Member States **will only be incorporated into the negotiating text,** if there is a general convergence on the proposals including a cross-regional convergence.
- Developed Countries **started to raise their diplomatic interventions.** They started to go to the capitals of the developing countries and pressurizes them to compromise on equity proposals. In one instance, the pressure was so intense and the developing country had to pull back their lead negotiator from Geneva, just couple of days ahead of 2nd part of INB7 meeting.

INB7 - Drafting Subgroups to continue work on Highly Contentious Provisions

INB Provisions	Subject matter	Vice Chair	Drafting Subgroup Co-Facilitators
Articles 19 and 20	Common But Differentiated Responsibilities and Financing	Brazil	South Africa, Malaysia, Canada
Articles 10, 11 and 13	Sustainable Production, Access to Technologies and Distribution of Pandemic Related Products	Egypt	Philippines and United States
Article 12	Pathogen Access and Benefit Sharing Obligations	Thailand	Norway, Ethiopia, Australia
Articles 4, 5 and 6	Surveillance (in the name of Prevention and Preparedness)	Japan	India, Tanzania, United Kingdom

INB7 Report

“The INB requested the Bureau Vice Chairs and the subgroup co-facilitators (drafting subgroups) to continue holding informal discussions with Member States, with a view to producing text of their respective subgroup’s Article(s) by 15 January 2024 for the consideration of the INB at its eighth meeting, on the continued understanding that nothing is agreed until everything is agreed...”

...With respect to the Articles in the proposal for negotiating text which are not presently under consideration by subgroups (as listed above), the Bureau was requested to provide further refined textual proposals, as appropriate”

Concerns raised by a “Managed” Approach

- There is no “negotiating text” yet on the table. Delegations are unclear about the purpose of their negotiation.
- Text from Bureau (Secretariat) is claimed to be the negotiating text by “default”. Member States Text Proposals are not considered as part of this default Negotiating text.
- MS text proposals end up becoming inputs for Bureau (Secretariat) which they may reflect or exclude. Over and above, there are several attempts to bring so-called “independent experts” to discuss text proposals from States.
- In short, **no real “textual” negotiation has begun.**
- The idea is to get a least minimum acceptable deal, such as “framework understanding” and adopt it by May 2024, with no real change in the status quo relating to equity in access to health products and technologies.

Key demands of Equity by developing countries

<p>Equitable Access to Pandemic Related Products</p>	<p>Sustainable Production: Need for sustainable production through coordinated network of nationally designated local or regional production facilities.</p>
	<p>Access to Technologies: Need for a Technology Access Pool which serves as medium of transferring technology, know-how, biomaterials and capacity building. (public funding conditions, clinical trial conditions, pabs can serve as legal vehicles for sourcing technologies, know-how and biomaterials)</p>
	<p>Pathogen access and benefit sharing: Need for PABS mechanism which provides not only monetary contributions to serve WHO financial mechanism, but also manufacturing licenses to WHO that could be sublicensed to developing countries manufacturers, in particular to designated production facilities thorough technology access pool.</p>
	<p>Allocation and Distribution: Need for enabling WHO to devise a legally binding allocation plan and supply chain network, which could implement the allocation plan.</p>
<p>CBDR</p>	<p>Developed Countries should be obligated to contribute and assist developing countries in capacity building for health emergency preparedness and response in a comprehensive manner, not just in surveillance or other capacities in which developed countries are interested.</p>
<p>Financing</p>	<p>Need for a financial mechanism within WHO, accountable to Parties to Pandemic Instrument and IHR, that could finance self-determined health emergency preparedness priorities of the recipient countries. Prioritizing Universal Health Care, and Primary Health Care capacities for countries lacking them.</p>

General Attitude of Developed Countries (1/2)

Equitable Access to Pandemic Related Products	Sustainable Production: Limit it as National Obligation of States; international community cannot do much in this regard. A system of designated facilities are not maintainable.
	Access to Technologies: There cannot be obligations to share technology, know how etc. These are majorly privately held properties (ignores the role of public funding, coordinated clinical trial and PABS). Let's not speak about Intellectual Property, Go to WTO.
	Pathogen access and benefit sharing: Pathogen Access must be unconditional, waiting to check whether recipient has signed a benefit sharing contract will delay research and innovation. Leave benefit sharing to future negotiations or future work of the Secretariat.
	Allocation and Distribution: Let's speak about procurement and tier pricing.
CBDR	There is no historical responsibility or any other justification by which developed countries should take up additional responsibilities under pandemic instrument to help building capacities in developing countries. In fact we are doing such support even without this new instrument.
Financing	Go to World Bank, WHO has no financing functionality. To the best, WHO can seek to coordinate with existing funds.

General Attitude of Developed Countries (2/2)

- Increase Surveillance: The one big thing you need to do.
- Share the information, share it almost rapidly, not after the assessment and all, we will assess it for you.
- Investing in Prevention is better than investing in response. But investing in prevention means, investing in surveillance.
- We need a “One Health Approach” in Surveillance. By the way, keep in mind, there is no concept of “international solidarity” in Health.

Let us all Stand together united

To support developing country proposals; request them, motivate them and encourage them to insist on their proposals and to show solidarity with other developing countries.