

16 May 2022

Dr Tedros
Director-General
World Health Organisation
Av. Appia 20
1202 Geneva
Switzerland

Dear Dr Tedros,

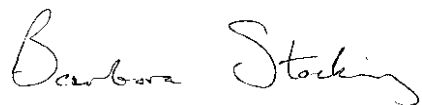
The Panel for a Global Public Health Convention has today submitted a response to the WHO White Paper. I have attached that response for your convenience. You will see that we are very supportive of the attempt to bring coherence to a very complex set of issues. There are one or two points, though, where we would like to raise concerns.

The key issue is to bring accountability into the principles because as we know if there is no compliance to regulations or a convention then this will not really do what we need. We also support your view that there needs to be independent monitoring of countries and we think that this is needed for both preparedness and response. As well as oversight of the monitoring being done at Heads of State level, we also believe there should be an independent and impartial standing body that should undertake monitoring and assessment. WHO must be the standard setter, of course but we believe it would be important for assessment to be undertaken at least at arm's length from WHO.

Our other concern is about revision of IHR. This must be done in co-ordination with the work for a convention and our view is that it might be best done as a strand of the INB work, not least because many developing countries have said that they really cannot manage two sets of negotiations.

I hope you will find these comments helpful and of course at any time I would be happy to talk to you or your team about them.

Yours sincerely,



Dame Barbara Stocking

Submission on the WHO White Paper

Submitted by Panel for a Global Public Health Convention

The Panel for a Global Public Health Convention supports much of what is described in the WHO White Paper, but we would like to set out key elements which we believe are weak or missing. The White Paper though, is an encouraging attempt to bring coherence to the complex landscape.

1 Principles. We support the principles set out here, but are concerned that transparency and accountability are not included although we note that there are brief mentions of them in the text.

We believe the most significant gap allowing COVID-19 to go from outbreak to pandemic was the lack of compliance with the IHR as well as WHO guidance. We believe that accountability should be a key principle in the Pandemic Treaty/Convention/Accord (from now on described as a Convention).

2 Accountability. There needs to be accountability in preparedness **and** response. While UHPR may be a way forward on preparedness, it does need independent monitoring and assessment; not just countries of countries even if GPMB and IOAC were involved.

The even more critical need for assessment is in response. In itself this requires consideration of which guidance should be mandatory and which ought to allow countries more flexibility and what changes as the pandemic develops. Speed and independence are vital for response. This is why we believe that an independent ongoing and staffed assessment body should be in place in the Convention structure. It should be at arms length from WHO even if the Convention is hosted by WHO.

3 Governance. We support the proposal that oversight should be elevated to Heads of State and Government. We are though, concerned about the proposal that the Standing Committee on Health Emergencies should act as a peer review mechanism for UHPR, or act as COP for the IHR. There will need to be a COP for the new Convention, this should include IHR. If a smaller Council under the Convention Conference of Parties is needed to meet more frequently, especially in emergencies, it should be formed at Heads of State and Government level. As we all know, the management of pandemics goes far beyond health.

We know there is much to be discussed on governance matters, but what is finally agreed should meet the requirements of the new instrument as well as IHR, and should not rely on existing committees or bodies. While we accept that the Convention might be hosted by WHO, governance bodies should be at arms length from it. It is important also, that UNGA should give its support, perhaps through a Special Resolution.

4 *IHR*. We accept that the IHR does need certain articles amending. However, we believe that this would be better done through the INB process for two reasons:

- Low income and smaller countries say that they do not have the resources to negotiate separately, both on IHR and the Convention.
- The Pandemic Convention is the overarching agreement. Changes within IHR must be incorporated into it. It would be of great concern if IHR changes were agreed only to have to be unpicked as the wider picture for the new Convention develops. In particular, compliance measures for IHR should not be negotiated at a time when compliance and accountability must be central to a new Convention.

There are many issues in the paper where we have not commented, including countermeasures, data and intelligence etc. We recognise however, that other stake holders may have different views from what is set out in the White Paper.

Dame Barbara Stocking, on behalf of the *Panel for a Global Public Health Convention*

4 May 2022