Submission of the Office of the United Nations High Commissioner for Human Rights to the World Health Assembly's Intergovernmental Negotiating Body (INB) on a Pandemics Treaty

I. Introduction

The COVID-19 pandemic challenged the capacities of even the wealthiest countries to respond not only to an unprecedented health emergency but also to the multifaceted human rights challenges that accompanied it. With nearly 6.9 million deaths,[1] millions of jobs lost and an exponential increase in the number of people living in poverty, the pandemic exacted a human toll that is almost unfathomable.

The pandemic exposed, exploited and exacerbated the failures within our societies to protect the right to health for all people. At the same time, the health of our societies and communities is not only a matter of access to health services, it is also a matter of social justice, and social justice can only be achieved by respecting, protecting and fulfilling human rights. As the INB leads the process of drafting the new instrument, OHCHR urges World Health Assembly Member States to avoid inapposite l distinctions between health policy and human rights and to consider, instead, steps necessary to move closer to "a world free of poverty, hunger, disease and want, where all life can thrive".[2]

There is a broad and important consensus on the need to "build back better", and this treaty negotiation process presents an extraordinary opportunity to ensure to give these terms real meaning. The pandemic has put the international community on notice that effective responses require measures which address the causes and full impact of health emergencies, including their socio-economic and other consequences. We have the necessary tools, we have a wealth of information on good practices and lessons learned - and we have a duty to respond accordingly.

OHCHR urges the INB to accord specific attention, in the pandemics instrument, to the issues highlighted below. This submission, which should be read with our key messages on human rights in the pandemics treaty, and is not intended to be exhaustive; the international human rights framework provides the full range of norms and standards applicable to the instrument. Our key messages were transmitted to Member States of the World Health Assembly in July 2022, as part of our contribution to this process.

[1] https://covid19.who.int/.
[2] The 2030 Agenda for Sustainable Development.

II. Key principles

A human rights-based approach to pandemic prevention, preparedness and response

Around the world, health systems have come under severe pressure due to sustained under-investment and a global health worker shortage, among other factors, constraining Governments' ability to respond effectively to the COVID-19 pandemic while maintaining the provision of other essential health services. This remains the case in much of the world.

The draft treaty embraces the "right to the highest attainable standard of health" as a guiding principle. **As such, the text should integrate the specific elements of a human rights-based approach to health under which States have an obligation to ensure that good quality health goods, facilities and services are available, accessible and acceptable to everyone on the basis of equality and non-discrimination.[3] This means that universal health coverage should be understood to refer to models which are grounded in a human rights-based approach.** Other essential health services, including mental health, vaccination and immunisation, sexual and reproductive health, noncommunicable disease and palliative care services, should remain available and accessible during pandemics in line with the obligation of States to respond to the health concerns of the whole population.[4]

The full enjoyment of the right to health depends on the realisation of other human rights, including social security/protection, education, food, housing, and water and sanitation. The right to enjoy the benefits of scientific progress and its applications also has important implications for the realisation of the right to health. Ensuring the enjoyment of these rights also creates the conditions for protecting the right to life itself. Other civil and political rights such as the rights to freedom of assembly and association (allowing people to organise and advocate for their rights), participation (allowing people to influence decisions which affect their lives), free and full access to timely and accurate information, and privacy must also be respected and protected as part of upholding the right to health. Realization of the right to development and the right to a clean, healthy and sustainable environment create conditions conducive to enabling the right to health to be realized for all individuals and peoples in all countries and regions.

Accordingly, a consolidated normative framework for pandemic prevention, preparedness and response should: (a) take into account the interdependence and indivisibility of all human rights: civil and political rights, economic, social and cultural rights, the right to development and the right to a clean, healthy and sustainable environment; (b) reaffirm the duty of States to respond holistically to the multifaceted consequences which frequently accompany pandemics and measures taken in response, and their duty to cooperate to these ends; (c) uphold the right of all stakeholders to participate in pandemic prevention, preparedness and response; and (d) incorporate, *in substance*, the cross-cutting rights to equality, non-discrimination, access to justice and remedies, the principle of accountability as well as the fair distribution of the benefits of development within and between nations.

[3] https://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/Health/HRBA_HealthInformationSheet.pdf
[4] See: Committee on Economic, Social and Cultural Rights, General Comment No. 14(2000), para. 43(f).

Addressing the underlying determinants of health

The right to health comprises access to timely and appropriate health care as well as attention to the underlying determinants of health. Key determinants of health, such as discrimination, poverty, stigma and inequality, are mostly "found outside of the health system, in the conditions in which people are born, grow, live, work and age".[5] Inequalities in power, income and other resources account for much of the inequalities seen in these conditions. For instance, people living in poverty are more likely to live in inadequate housing, with little or no access to essential services, including water, sanitation and health care. They are also at greater risk of pandemic-related morbidity and mortality. During the current pandemic, people from less wealthy backgrounds have tended to be over-represented in frontline, high-risk work such as nursing, care giving, public transportation and other essential services. **The draft treaty should substantively address the obligations of States to prioritise action on the underlying determinants of health** (also see p.9).

Protecting economic, social and cultural rights

Responding holistically requires integrating realisation of economic, social and cultural rights into pandemic preparation and response. The COVID-19 pandemic unfolded against the backdrop of the longstanding marginalisation of these rights in many countries. This marginalisation increased significantly in the aftermath of the global economic downturn in 2009 which saw huge cuts to social sector spending, regressive taxation policies and the privatisation of many public services as part of austerity policies designed to rein in spending.[6] The drive towards austerity increased deprivation and reinforced existing social and economic inequalities, including gender-based inequality.

In a pandemic context, some of the rights most likely to be at risk include work, education and to an adequate standard of living. Part of preparing for this eventuality is ensuring that all people have access to social protection in times of income loss or other financial hardship, that all learners can continue their education and that everyone everywhere can continue to enjoy an adequate standard of living. **Ensuring universal, comprehensive, human rights based social protection and protecting other economic, social and cultural rights are essential safeguards against the type of shocks we have witnessed during the current pandemic. As part of a human rights-based approach, the treaty should stipulate clear measures to ensure social protection and universal health coverage.**

Monitoring and assessment of measures

Human rights monitoring capacity should be enhanced at the national, subnational and global levels in order to provide early warning and alert to relevant stakeholders of risks of potential

[5] See, for example, Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison (2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity.

[6] Isabel Ortiz and Matthew Cummings, "Global austerity alert: looming budget cuts in 2021–25 and alternative pathways", working paper April 2021, pp. 4–5.

human rights violations linked to specific pandemic response measures, track human rights concerns, as well as their gender specificities, inform development and implementation of human rights-based policies, and facilitate any changes needed to effectively protect human rights in specific circumstances. Particular attention should be paid in this respect to the rights of marginalised groups and communities, as well as of entire country populations in situations of particular exposure, precarity or vulnerability, including in Least Developed contexts.

Human rights impact assessments, should be incorporated into public health, economic and social policy responses to pandemics, and measures immediately implemented to address any human rights concerns identified by the assessments. These assessments should particularly include assessment of impacts on equality, aimed at identifying the actual or potential discriminatory effects of policies, including their gender dimensions. Impact assessments should be initiated before policies and laws are adopted, or as an urgent priority where measures have already been taken.

Access to medicines, vaccines and other health products

The International Health Regulations (2005) and the International Covenant on Economic, Social and Cultural Rights both envisage international cooperation on health-related matters, which remains a crucial tool in pandemic responses. States should make every effort, **in line with their international commitments**, to cooperate for the equitable distribution of diagnostics, vaccines and treatments, including through technology transfer, the development of local production capacity, the sharing of information and data, and participation in relevant global initiatives. All efforts in this regard should be guided by the right of everyone to enjoy the benefits of scientific progress and its applications as well as the right to health.

Pharmaceutical products essential for the preservation of life and dignity, especially those developed using public funding, should not become the subject of pricing and distribution monopolies and should be treated as global public goods. States should put into place effective legal and policy frameworks, including with regard to human rights due diligence, to ensure that business enterprises involved with vaccine development, production and distribution operate in accordance with their human rights responsibilities, as set out in the UN Guiding Principles on Business and Human Rights. **The pandemics treaty should be clear on the primacy of the rights to life and health and the obligations of States and private entities in this context.**

Women's Rights and Gender Equality

Pandemics frequently have a gendered impact, as the COVID-19 pandemic again demonstrated. It has challenged hard-won gains on gender equality. Despite forming a sizeable majority of the health workforce, women and girls have frequently been excluded from COVID-19-related policy and decision-making, which has contributed to policies that fail to fully address the gendered social and economic consequences of the pandemic.[7] Such exclusions have played out in the

[7]United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), "COVID-19 global gender response tracker: global factsheet" (22 March 2021).

community, public institutions, the private sector and globally, particularly at the level of ministries of health.[8] **The treaty should stipulate that preparedness, response and recovery strategies and plans be gender-sensitive and that women and girls should participate fully, equally, meaningfully and safely, in the development of local, national, regional and global pandemic response policies and in decision-making. This includes positive measures to ensure that women and girls belonging to marginalised groups are provided with equal opportunities to participate meaningfully.**

Lockdowns and other restrictions on movement had collateral consequential impacts such increases in domestic violence and direct impacts on mental health. Economic hardship, the disruption of social support networks and other socio-economic impacts have encouraged harmful survival strategies such as child, early and forced marriages and sexual exploitation. Moreover, prioritising responses to the COVID-19 pandemic resulted in some countries suspending or de-prioritising essential sexual and reproductive health services for women and girls, as well as life-saving services for victims of gender-based violence, including emergency contraception and post-exposure prophylaxis, and support services such as safe shelters. **The treaty should acknowledge such impacts on women and girls and make specific provision for the protection of victims of gender-based violence.**

Reinforcing solidarity and international cooperation

By their very nature, pandemics call for a strong multilateral response, including for disease surveillance, containment strategies and the development and just and equitable distribution of diagnostics, vaccines, treatments and therapies. The global shortage of health workers, a key feature of which is South to North migration, needs to be addressed through international cooperation in training and other elements of health systems strengthening. International solidarity, partnership and cooperation are essential to all stages - prevention, preparedness, response and recovery. In the response and recovery phases, especially, international solidarity and cooperation have a critical role to play in creating an enabling environment for realising all human rights and fundamental freedoms for all people in all countries, including those of future generations. It calls for renewed global partnership and for strengthening the means of implementation of the pandemics treaty, including financing and technology. It also calls for support to low- and middle-income countries to expand fiscal space through development assistance, innovative financing approaches and solutions to debt stress. **These considerations should be included in the treaty.**

Access to information, privacy and freedom of expression

Numerous civil and political rights are affected by pandemics. The rights of access to information, particularly health information, and education, privacy, and freedom of expression are particularly relevant in realising the right to health. The right to access information includes the right to seek, receive and impart information and ideas concerning health issues, including on access to health care and prevention measures, without prejudice to the right to privacy and respect for confidentiality of one's health information. Given the sensitive nature of personal

[8] UNDP: https://www.undp.org/publications/global-report-gender-equality-public-administration.

health data, States should also ensure data protection and respect of the right to privacy throughout processes of data collection, processing, and storage.

Strengthening the uptake of health measures and ensuring informed decision-making requires access to timely and accurate information for all. States should promote access to accurate scientific information, including in relation to areas where scientific consensus is yet to be achieved. This means that medical professionals and relevant experts must be able to express themselves freely and share information with each other and the public, without fear of intimidation and reprisals. Diverse media such as television, radio, mobile phone messaging and social media should be used, and journalists should be able to report on pandemics and pandemic response measures without fear of arbitrary censorship, persecution or criminalisation.

Information should be gender-sensitive, available in all significant languages used in the country, including minority and indigenous languages, and culturally appropriate. It should be adapted for persons with specific needs, such as the hearing impaired or persons with limited reading ability by including the use of accessible websites, formats such as sign language, braille and plain language, and processes such as closed captioning and subtitles. **Guarantees for the protection of the right to access to information for everyone on an equal basis, the right to freedom of expression and the right to privacy should be included in the treaty.**

Promoting inclusive, safe and meaningful participation

Participation in public affairs and in taking decisions that affect people's lives is a fundamental civil and political right. The free, active and meaningful participation of people and their representative organisations, reflecting the diversity of society, is key to realising enjoyment of human rights for everyone everywhere. The most excluded and traditionally under-represented individuals and groups, especially, often bear the brunt of the life-threatening impacts of pandemics, and lack equal access to decision-making processes and medical services. When diverse civil society engages freely, actively and through safe channels in policy development and implementation, policies are more informed, effective, sustainable and – crucially - credible. During the HIV and COVID-19 pandemics, for instance, civil society organisations have been instrumental in ensuring that those in situations of vulnerability, such as persons who use drugs, persons living with HIV and persons with disabilities are supported in a variety of ways. They frequently step forward where States are unable to fully discharge their roles in providing services, and they work to empower people to claim their human rights.

Based on the human rights framework, civil society organisations can facilitate work of Governments, help guide societies and leaders to resolve difficult questions and identify policy priorities, roles which assumes particular importance during pandemics and other crises. Their proximity to communities and people, including those traditionally underrepresented, often gives them particular access to good quality data and information, both of which are indispensable for building solid evidence bases on which to develop and implement law and policy. They also act as a connecting bridge between institutions and people, necessary for building trust (as reaffirmed in the United Nations Secretary-General's Call to Action for Human Rights and the United Nations Guidance Note on Protection and Promotion of Civic Space). Yet,

major obstacles to civil society participation continue to exist at all levels, including within United Nations forums, and restrictions to civic space risk weakening relevance and ownership of the decisions taken. **Effective, inclusive and safe participation of the public, civil society organizations, and those representing the most excluded and under-represented groups, is a right, but also creates ownership and trust, key ingredients for effectively combatting pandemics. OHCHR urges States to involve diverse civil society in the INB negotiations as well as in the drafting group, irrespective of whether these organizations or individuals may have pre-existing official status with the WHO. He further calls on States to consult as widely as possible with people at the national level and integrate their contributions as they develop the draft. In addition, the right to participation of the people and civil society at all stages of pandemics prevention, preparedness and response should be reflected in the treaty. Doing so, hearing different voices and listening to them, is critical for credible and effective outcomes.**

Human rights-based data management

States that have been able to collect high-quality disaggregated data have been better equipped to respond to the COVID-19 pandemic. Evidence-based planning, policy design, monitoring and accountability depends on the availability of comprehensive, good quality and gender-sensitive data. Disaggregating data by age, sexual orientation, gender identity, sex characteristics, race, ethnicity, socio-economic status and other distinctions helps to identify inequalities and to understand why they exist. The meaningful participation of all stakeholders, in particular women, older persons, youth, persons with disabilities, LGBTIQ+ people and other marginalised populations and groups, should be ensured throughout the entire data-collection process.[9]

The COVID-19 pandemic disrupted routine governmental operations such as censuses, surveys and other data programmes throughout the global data and statistical system, multiplying the impact of existing problems such as the lack of basic health, social and economic data.[10] States should allocate resources to institutionalize and augment capacity for data collection and data management, particularly in developing countries, including for training in human rights-based methods of data collection and for innovative approaches to responding to emergency conditions.

Given the sensitive nature of personal health data, States should also ensure data protection and respect of the right to privacy throughout data collection, processing, and storage. In line with the duty to cooperate for the realisation of economic, social and cultural rights as well as the right to development, statistical offices with capacity should support national statistical offices and other data-collection authorities in other countries, especially through technical assistance, capacity-building, financial assistance and software for remote data collection. Partnerships between national statistical offices and public sector and other partners, such as national human

[9] https://www.ohchr.org/en/documents/tools-and-resources/human-rights-based-approach-data-leaving-no-one-behind-2030-agenda.
[10] https://paris21.org/news-center/news/global-survey-points-stalled-progress-national-statistical-systems. See also World Bank, Survey on the Implementation of the Cape Town Global Action Plan for Sustainable Development Data, p.vii.

rights institutions, are encouraged, with a view to bridging the data gaps created or widened by the COVID-19 pandemic.[11]

III. Specific draft provisions

Use of human rights language

OHCHR acknowledges the references to human rights in the preambular provisions, the guiding principles, and articles 14 and 26. Nevertheless, in OHCHR's view, the human rights provisions in the draft treaty should be much more comprehensive and substantive, particularly given the following concerns, among others: (a) the chronic under-resourcing of the health and other related sectors over the last few decades in many countries; (b) the socio-economic consequences of measures taken in response to pandemics; and (c) the need to protect the rights of populations and groups living in situations of vulnerability or marginalisation and those experiencing systemic discrimination.

As emphasised by a former Special Rapporteur on extreme poverty and human rights of the UN Human Rights Council, "[h]uman rights provides a context and a detailed and balanced framework; it invokes the specific legal obligations that States have agreed upon in the various human rights treaties; it emphasises that certain values are non-negotiable; it brings a degree of normative certainty; and it brings into the discussion the carefully negotiated elaborations of the meaning of specific rights that have emerged from decades of reflection, discussion and adjudication".[12] **Given that the WHO CA+ envisions implementation "with full respect for the dignity, human rights and fundamental freedoms of persons" as well as their promotion and protection, OHCHR recommends the use of human rights language and international norms and standards in the provisions of the treaty, as the meaning and content are well understood (see more fully Part II of this document).[13]**

"The world together equitably"

Although the "vision" of the WHO CA+ covers a number of important areas, given the need for a holistic approach to pandemic prevention, preparedness and response, it is crucial that the text recognises the ***right*** to the highest attainable standard of physical and mental health and that our ambitions extend to achieving the right to health as well as other human rights. "Health" cannot be achieved for everyone equally if responses are not fully grounded in and guided by a human rights-based approach. All human rights are interdependent, indivisible and interrelated. **Indeed, the guiding principles go on to mention human rights, and this coherence and integrity should be maintained throughout the text.**

[11] Committee for the Coordination of Statistical Activities, How COVID-19 is Changing the World: A Statistical Perspective – Volume III (2021), p. 10.
[12] Report of the Special Rapporteur on extreme poverty and human rights, A/70/274, August 2015, para. 65.
[13] Idem.

Definitions (article 1)

The following is recommended with regard to the definitions in article 1:

(a) While acknowledging the groups included in the definition of "persons in vulnerable situations", this category should be linked more comprehensively to the grounds on which people may be subjected to discrimination under international human rights norms, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. The definition should also include people in these group who experience multiple and intersecting forms of discrimination.

(b) The definition of "universal health coverage" should include, as an essential element, the objective of ensuring that good quality health goods, facilities and services are available, accessible and acceptable, on the basis of equality and non-discrimination.

(c) The definitions should include a definition of "discrimination", which constitutes any distinction, exclusion, restriction or preference or other differential treatment that is directly or indirectly based on the prohibited grounds of discrimination under international human rights law and which has the intention or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of any human rights.

(d) The treaty should include a definition of "stakeholders" which encompasses a diversity of civil society actors, including but not limited to community-based, community-led and youth-led organisations, effectively representing women and girls, persons with disabilities, human rights defenders, older persons, minorities, indigenous peoples, migrants, LGBTIQ+ people, those deprived of their liberty, health practitioners and activists, the media and the academic community. **Defined as such, stakeholder participation and inclusion should be integrated throughout the text where currently envisaged and elsewhere as recommended in this document.**

Guiding principles and rights (article 4)

(a) Principle 2 ("The right to health") should be re-worded, in line with international human rights norms, to state that its enjoyment is a fundamental right of every human being "without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (article 2(2) International Covenant on Economic, Social and Cultural Rights. The current category lists only age, race, religion, political belief, economic or social condition.

(b) In relation to Principle 1 ("Respect for human rights"), OHCHR proposes more specific language stipulating that a human rights-based approach elaborated from relevant international instruments, including the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966) and the International Covenant on Civil and Political Rights (1966), as well as the other group or thematically focused human rights treaties, and their authoritative interpretations, shall guide implementation.

(c) In relation to Principle 7 ("Accountability"), OHCHR recommends recognition of accountability as encompassing the accountability of States to respect, protect and fulfil health and health-related rights as well as to ensure the availability and accessibility of remedies where these rights have been violated.

(d) In relation to Principle 10 ("Community engagement"), OHCHR proposes a re-wording to add that the full engagement of communities in prevention, preparedness, response and recovery of health systems is essential also **for upholding human rights and for the design and implementation of effective policies at all levels**.

(e) The reference to discrimination in Principle 12 "(Non-discrimination and respect for diversity") should incorporate a definition of discrimination, as suggested in para. (c) above under "Definitions". OHCHR recommends including the possibility of deploying targeted and specific measures to ensure that persons belonging to marginalised groups and populations, and those in other situations of vulnerability, are not left behind and incorporating the responsibility to ensure that vaccination sites and other health facilities and services are within easy physical reach and are accessible for persons with disabilities.

(f) In relation to Principle 13, ("Rights of individuals and groups at higher risk and in vulnerable situations"), OHCHR recommends a re-wording to acknowledge vulnerability arising from discrimination and from low socio-economic status.

(g) In relation to Principle 15, ("Universal health coverage"), OHCHR proposes re-wording to the effect that the WHO CA+ will be guided by the aim of achieving universal health coverage based on human rights-based norms and standards and with the aim of ensuring that good quality health goods, facilities and services are available, accessible and acceptable, on the basis of equality and non-discrimination.

Health workforce (article 12)

Given the elevated risks to which health workers are frequently exposed during pandemics, it is imperative that the draft treaty also address the human rights of health workers and auxiliary personnel. In particular, it should integrate and reaffirm the following: (a) the right to just and favourable conditions of work, including fair wages and equal remuneration for work of equal value without distinction of any kind, in particular with women being guaranteed conditions of work not inferior to those enjoyed by men; (b) the provision of adequate amounts of good quality protective equipment, appropriately and correctly sized; (c) access to free or affordable mental health support services; and (d) ready and affordable access to judicial and other mechanisms for the protection of rights at work, including the right of health workers to remove themselves from situations that pose a serious danger to their own life or health.

Underlying determinants (article 16(5))

OHCHR recommends that the draft treaty include a duty to adopt comprehensive, multisectoral strategies to **identify and address** the legal, administrative, commercial, social and other

determinants of health, paying particular attention to women and girls, persons with disabilities, children and youth, and marginalised populations and groups. These strategies should be developed with the full and meaningful participation of all stakeholders, and underpinned by a human rights-compliant legal and policy framework. **Furthermore, strategies should focus on the way in which determinants of health intersect, creating additional barriers to accessing health services and reinforcing marginalisation and vulnerability for various populations and groups.**

Sustainable and predictable financing (article 19)

(a) OHCHR recommends framing the overarching responsibility outlined in para. (1) of this article in the context of the obligation of States, founded in human rights norms, to utilise their maximum available resources for the realisation of the right to health in the context of pandemic prevention, preparation, response and recovery, as well as their duty to cooperate to realise all human rights and fundamental freedoms.

(b) Already in debt distress or at high risk of falling into this category, low-income countries in particular have seen their ability to respond effectively to the COVID-19 pandemic hamstrung by severe fiscal limitations. Faced with collapsing trade, declining remittances, capital flight, currency depreciation and insufficient international development assistance, many poor countries have been forced to choose between providing basic services for their people or servicing their debts. Consequently, for many of the INB Member States, the duty to "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" (article 19(1)(b WHO CA+) may be extremely challenging to fulfil.

Stakeholder participation

In addition to the overall recommendations already made with regard to participation, OHCHR proposes the following:

(a) The Global Pandemic Supply Chain and Logistics Network should be informed, in its work, by consultation with all stakeholders defined as proposed in this document, and should ensure the integration of human rights including equality and non-discrimination into its functions and methods of work. The protection of the rights of marginalised groups and populations should, similarly, inform these functions and methods of work.

(b) The draft treaty should make provision for consultation with all stakeholders at all stages of preparedness monitoring and review as envisaged in article 13.

(c) OHCHR strongly encourages Member States to ensure that institutional arrangements such as the Governing Body (article 20), the Consultative Body (article 21) and any oversight mechanisms (article 22) are provided with access to expertise on human rights on a systematic, standing basis.

Other textual recommendations

(a) Article 6(5): add underlined words to read: "The Parties commit to safeguard the humanitarian principles of humanity, neutrality, impartiality and independence, to facilitate the unimpeded access of humanitarian staff and cargo, and to ensure that humanitarian exemptions to any applicable sanctions measures are fully available and effective".

(b) Article 13(5): add underlined words to read: "The Parties shall develop and implement a transparent, effective, inclusive, participatory and efficient pandemic prevention, preparedness and response monitoring and evaluation system, which includes targets and national and global standardized indicators, with necessary funding for developing countries for this purpose".

(c) Article 15(1): to include the definition of stakeholders as in para. (d) of "Definitions" above.

(d) Article 16(1) add underlined text to read: "The Parties recognize that pandemics begin and end in communities and are encouraged to adopt a whole-of-government and whole-of-society approach, including to empower and ensure communities' ownership of, and free, active, meaningful contributions to, community readiness and resilience for pandemic prevention, preparedness, response and recovery of health systems".

(e) Article 16(2): add underlined words to read: "Each Party shall establish, implement and adequately finance an effective national coordinating multisectoral mechanism with meaningful representation, engagement and participation of communities and their representatives".

(f) Article 16(3): add underlined words to read: "Each Party should promote effective, safe and meaningful engagement of all stakeholders, including communities, civil society and non-State actors, including the private sector, as part of a whole-of-society response in decision-making, implementation, monitoring and evaluation, as well as effective feedback mechanisms".

(g) Article 17(1): add underlined words to read: "The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to accurate, timely and verifiable information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation..."

(h) Article 17(1)(a): delete marked words and add underlined words to read: " (a) promote and facilitate, at all appropriate levels, in accordance with international norms and standards and national laws and regulations, development and implementation of educational and public awareness programmes on pandemics and their effects, by informing the public, communicating risk and ~~managing infodemics~~ addressing disinformation and misinformation in a transparent and rights-based manner through effective channels, including social media…"

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