

Article 19: Financing in the Pandemic Accord

Suggestions and comments on Bureau's text for Article 19 in the Pandemic Accord

In line with our [General comment on Article 19: Financing in the Pandemic Accord](#), we present suggestions for changes and alternatives to the clauses in the [Bureau's proposed text](#). It's important to note that the Bureau's text is not the basis for negotiations, but rather a compilation of previous submissions to the zero draft of the Pandemic Accord, created to facilitate the work of the Intergovernmental Negotiating Body (INB).

Being aware of that, we hope that our comments and text suggestions can contribute to formulating a Pandemic Accord that duly reflects considerations of fair and sustained financing for pandemic prevention, preparedness and response (PPR).

We have prepared the below proposals with invaluable inputs from various experts and based on current insights. However, as discussions in the INB and the Working Group on the International Health Regulations progress, and as changes take place in the wider context of financing for pandemic PPR, new insights may develop.

To further enrich this document, reflect new developments, and incorporate expertise from a wider group, we warmly welcome feedback.

[Click here to share your suggestions.](#)

Article 19. Financing

Bureau's text	Proposed new text Bold: additions; strikethrough: exclusions.	Explanation and comments
<p>1. The Parties recognize the important role that sustainable financial resources play in achieving the objective of the WHO CA+ and the primary financial responsibility of national governments in protecting and promoting the health of their populations. In that regard, each Party shall:</p>	<p>1. The Parties recognize the important role that sustained financial resources play in achieving the objective of the WHO CA+, the primary financial responsibility of national governments in protecting and promoting the health of their populations, and the common but differentiated responsibilities of the Parties in securing sufficient resources for Pandemic PPR. In that regard, each Party shall:</p>	<p>In recognition of the fact that “nobody is safe until everybody is safe” and of the uneven global distribution of wealth, grounded in both colonial history and neocolonial international relations and the current financial architecture, it is important to underscore in this paragraph that countries bear different responsibilities in mobilizing the resources required worldwide for pandemic PPR.</p>
<p>(a) cooperate with other Parties, as appropriate and within the means and resources at its disposal, to raise sustainable financial resources for the effective implementation of the WHO CA+ through bilateral and multilateral, regional or subregional funding mechanisms;</p>	<p>a) cooperate with other Parties, as appropriate and in proportion to the means and resources at its disposal, to raise sustainable sustained public financial resources for the effective implementation of the WHO CA+ through bilateral and multilateral, regional or subregional funding mechanisms;</p>	
<p>(b) plan and provide adequate financial support, in line with its national fiscal capacities, for: (i) strengthening and sustaining capacities for pandemic</p>	<p>(b) plan and provide adequate financial support, in line with its national fiscal capacities, notably for improving and sustaining relevant capacities in</p>	<p>By listing pandemic PPR capacities first, this clause does not recognize that these must be an integral part</p>

prevention, preparedness, response and recovery of health systems; (ii) implementing its national plans, programmes and priorities; and (iii) strengthening health systems and the progressive realization of universal health coverage for pandemic prevention, preparedness and response;

developing countries for: (i) strengthening health systems and the progressive realization of universal health coverage, recognizing that a strong health system is the cornerstone for pandemic prevention, preparedness and response; (ii) implementing its national health plans, programmes and priorities; (iii) strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems; (iv) increasing concerted financial support for health care workforce; iv)support and assist other states parties at their or WHO's request in emergencies to facilitate containment at the source;

of a country's health system and thereby risks that PPR capacities are dealt with in isolation. Earlier proposals to the zero draft captured this better; the BGD and AG proposals mentioned health systems strengthening and resilience first.

(c) prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate, domestic funding for pandemic prevention, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health coverage;

(c) prioritize, increase **and** maintain, including through greater **multisectoral collaboration as appropriate**, domestic funding for **achieving universal health coverage, including for improving and sustaining relevant capacities and** pandemic prevention, preparedness, response and health systems recovery, **as well as reinforcing social protection systems and services that contribute to fulfilling key determinants of health;**

As with clause 1b), to ensure that funding for improving and sustaining capacities for pandemic PPR is well integrated into strengthening universal health care, we deem it important to change the order in this clause. Also, including "collaboration" with the private sector in the financing paragraph risks opening the door to risky partnership constructions involving private for profit finance, that are known to have a detrimental effect on health equity and sustainability of public funding, and to commercialization of health that does not contribute to strong prevention measures.

(d) mobilize financial resources for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, in accordance with its respective capacities and based on the principle of solidarity, particularly for developing countries, including through international organizations and existing and new mechanisms; and

(d) mobilize **additional** financial resources for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, **based on a fair share principle in which parties contribute according to ability and benefit according to need, particularly for developing countries**, including through international organizations and existing and new mechanisms; **this commitment shall create new, additional funding streams and shall not dilute nor detract from current commitments of ODA at 0.7% of donors' Gross National Income;** and

(e) provide, within the means and resources at its disposal, support and assistance to other Parties, at their or at WHO's request, in emergencies to facilitate containment at the source.

(e) provide, within the means and resources at its disposal, support and assistance to other Parties, at their or at WHO's request, **to prevent and respond to health** emergencies to facilitate containment at the source.

2. The Parties shall endeavour to ensure, through innovative existing and/or new mechanisms, the sustainable and predictable financing of global, regional and national systems, capacities, tools and global public goods, while avoiding duplication, promoting synergies and enhancing transparent and accountable governance of these mechanisms in order to support the strengthening of pandemic prevention, preparedness, response and recovery of health systems, based on public health risk and need, particularly in developing countries.

2. The Parties shall **ensure**, including through **new and/or existing** mechanisms, **such as mechanisms established under the framework of International Health Regulations 2005**, the sustainable and predictable financing of global, regional and national systems, capacities, tools and global public goods. **The parties endeavour to avoid** duplication, to promote synergies and enhance transparent, accountable **and inclusive** governance of these mechanisms in order to support the strengthening of pandemic prevention, preparedness, response and recovery of health systems, based on public health risk and need, particularly in developing countries.

3. The Parties agree to establish funding mechanisms to support implementation of this WHO CA+. The mechanisms should avoid duplication and ensure complementarity and coherence among the utilization of the funds within the mechanisms and other existing funds. The mechanisms shall ensure the provision of adequate, accessible, new and additional, and predictable financial resources, and shall include the following:

3. The Parties agree to establish funding mechanisms to support implementation of this WHO CA+. The mechanisms should ~~avoid duplication and~~ ensure complementarity and coherence among the utilization of the funds within the mechanisms and other existing funds. The mechanisms shall ensure the provision of adequate, accessible, new and additional, and predictable financial resources, and shall include the following:

<p>(a) A fund shall be established that shall be funded, inter alia, through the following sources:</p>	<p>(a) A fund shall be established that shall be funded, inter alia, through the following sources:</p>	
<p>(i) annual contributions by Parties to the WHO CA+, within their respective means and resources;</p>	<p>(i) annual contributions based on fair share principles and common but differentiated responsibilities, by Parties to the WHO CA+, within their respective means and resources;</p>	
<p>(ii) contributions from pandemic-related product manufacturers; and</p>	<p>(ii) contributions from pandemic-related product manufacturers as a % of the global sale of the products, and</p>	
<p>(iii) voluntary contribution by Parties and other stakeholders.</p>	<p>(iii) voluntary contribution by Parties and other stakeholders.</p>	
<p>(b) A voluntary fund shall be established for pandemic prevention, preparedness, response and recovery of health systems, with contributions from all relevant sectors that benefit from good public health (travel, trade, tourism, transport).</p>	<p>Propose to delete.</p>	<p>It is unclear why two funds are being proposed, under clauses 3a and 3b. There is strong evidence that funding for health, including for pandemic PPR must not depend on voluntary contributions. Voluntary contributions may be complementary - as proposed in clause 3a(iii) - to annual contributions based on a fair share mechanism.</p>

(c) The aforementioned fund will provide resources to assist Parties, in particular developing countries, in meeting their obligations under the WHO CA+, in particular with regard to capacity-building, the strengthening of health systems and laboratory capacities for pandemic prevention, preparedness response and recovery of health systems, research and development for pandemic related-products, and technology transfer. The fund will also finance the WHO allocation mechanism, as well as the Secretariat of the WHO CA+.

(c) The aforementioned fund will provide resources to assist Parties, in particular developing countries, in meeting their obligations under the WHO CA+, in particular with regard to capacity-building, the strengthening of health systems and laboratory capacities for pandemic prevention, preparedness, response and recovery of health systems, research and development for pandemic related-products, and technology transfer **including technology access pools and in building local manufacturing capacity including regional hubs**. The fund will also finance the WHO allocation mechanism, as well as the Secretariat of the WHO CA+.

(d) The Parties shall promote, as appropriate, the use of bilateral, regional, subregional and other appropriate and relevant channels to provide funding for the development and strengthening of pandemic prevention, preparedness, response and health system recovery programmes of developing country Parties.

(d) The Parties shall **use** bilateral, regional, subregional and other appropriate and relevant channels to provide funding for the development and strengthening of pandemic prevention, preparedness, response and health system recovery programmes of developing country Parties.

4. The Parties will [mobilize]/[facilitate] additional financial resources, including from international financing facilities, for the affected countries, based on public health risk and need, in order to maintain and restore routine public health functions and other essential health services during and in the aftermath of a pandemic response.

4. The Parties **will mobilize** additional financial resources, including from international financing facilities, for the affected countries, based on public health risk and need, **and establish mechanisms or provisions for the automatic suspension of debt servicing of developing countries facing unsustainable debt burdens**, in order to maintain and restore routine public health functions and other essential health services during and in the aftermath of a pandemic response.

5. The Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage, as appropriate, these entities to provide additional financial assistance for developing country Parties to support them in meeting their obligations under the WHO CA+, without limiting their participation in or membership of these organizations.

5. The Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall ~~encourage~~ **enable**, as appropriate, these entities to provide additional financial assistance **through non-debt generating mechanisms** for developing country Parties to support them in meeting their obligations under the WHO CA+, **in accordance with their nationally determined public health priorities**, without limiting their participation in or membership of these organizations.

Two options are presented for paragraph 6 of Article 19.

Option 19.A

6. The Parties agree that the funding models for pandemic prevention, preparedness and response need to take into account national financial capacity and capabilities, and to this extent shall:

(a) establish programmes that convert debt repayment into pandemic prevention, preparedness, response and recovery investments in health, to be attained under individually negotiated “debt swap” agreements; and

6. The Parties agree that **pandemic PPR is a global public good requiring a steady and adequate resource base not dependent on voluntary contributions, and that** the funding models for pandemic prevention, preparedness and response need to take into account national financial capacity and capabilities, and to this extent shall:

(a) establish programmes **that lead to structural debt relief, including outright debt cancellation and converting debt repayment into public investments available for** pandemic prevention, preparedness, response and recovery investments in health ~~to be attained under individually negotiated “debt swap” agreements~~ **implementing transparency mechanisms that enable public scrutiny and accountability;**

<p>(b) commit to expanding partnerships with development finance institutions for providing additional funding to developing countries, through prioritized debt relief, debt restructuring and the provision of grants rather than loans that will guarantee that programmes protect essential health and related spending from encroachment, as well as to take advantage of the economic benefits of frontloading finance for prevention and preparedness or support investments.</p>	<p>(b) commit to expanding partnerships with development finance institutions regional and international institutions for providing additional funding to developing countries, through structural solutions to indebtedness that are favourable to countries' economic as well as health needs, and the provision of grants rather than loans that will guarantee that programmes protect essential health and related spending from encroachment, as well as to take advantage of the economic benefits of frontloading finance for prevention and preparedness or support investments.</p>	
	<p>c) agree not to sue other Parties or take retaliatory measures against a Party failing to service debt during a pandemic nor shall they charge defaults with further interests.</p>	
<p><i>Option 19.B: not to include a paragraph.</i></p>	<p><i>We propose option A: include a paragraph</i></p>	

Do you have any feedback?

[Click here to share your suggestions.](#)