WHO Intergovernmental Negotiating Body (INB) 4: A summary of key issues

PHM Global Health Governance Dispatches

People's Health Movement (PHM) | Editors: Ben Verboom and Dian M. Blandina

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Our international systems of global health emergency response and pandemic preparedness are being reformed. An International Negotiating Body (INB) has been convened to facilitate discussions on a new pandemic treaty, while a Working Group on Amendments to the International Health Regulations (WGIHR) is debating proposed reforms to the IHR (2005), the legally-binding instrument defining the rights and obligations of countries during global public health emergencies. Both the INB and WGIHR processes will culminate in recommendations for the consideration of the 77th World Health Assembly in May, 2024. The People's Health Movement (PHM) is following both processes. The purpose of these ***Global Health Governance Dispatches*** *is to keep our partners and friends updated on developments in the pandemic accord and IHR negotiations, and to facilitate progressive advocacy as we approach this new era of global health governance.*

Health for All Now!
People's Health Movement

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Background

At the 74th meeting of the World Health Assembly (WHA) in May, 2021, Member States requested that WHO Director-General Tedros Adhanom Ghebreyesus convene a Special Session of the WHA later that year to weigh up "the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response" (now known by the shorthand WHO CA+). At that WHA Special Session (WHASS) in November, 2021 – only the second such session ever held – WHO Member States agreed to begin the process of developing a new pandemic treaty. An Intergovernmental Negotiating Body (INB) was established to hold consultations with relevant stakeholders, to facilitate negotiations among Member States, and to develop a draft of the accord.

The first three meetings of the INB were held over the course of 2022, and focused on establishing procedures for the INB process and consulting Member States and stakeholders regarding the appropriate scope of the instrument and the substantive content that it should cover. INB members also deliberated over the appropriate legal basis for the accord under the WHO Constitution – that is, whether it would take the form of a convention or agreement, a set of regulations, or a set of recommendations, and whether it would contain provisions that are legally-binding on signatories.

A long list of potential 'substantive elements' to be covered in a pandemic accord was compiled by the INB Bureau on the basis of written submissions provided by Member States, and was subsequently refined and synthesized into a draft 'annotated outline' of the instrument presented to the INB for consideration. Following further discussions, public hearings and written submissions from Member States, the outline was expanded into a more detailed working draft, which formed the basis of discussions at INB2 in July, 2022.

Discussions at INB2 also generated the consensus that the pandemic accord should be legally binding on Member States (while "contain[ing] both legally binding and non-legally binding elements"), and that its legal authority should derive from Article 19 of the WHO Constitution, which permits the WHA to "adopt conventions or agreements with respect to any matter within the competence of the Organization." The report of INB2 made clear, however, that should circumstances change, the INB remains open to crafting the instrument under Article 21, which allows the WHA to adopt Regulations, albeit in relation to a set of issues of narrower scope than permitted by its treaty-making powers.

Key points from the fourth meeting of the INB

- **The fourth INB meeting marked the shift from discussions and consultations to substantive negotiations on a new treaty on pandemic PPR.**
- **Disagreements persist between Global North and Global South countries on the interpretation of equity and international solidarity in the treaty.**
- **Developing countries called for stronger, legally-binding language, especially on matters of financing and equity.**
- **Critical but contentious issues, including financing and intellectual property, remain unsettled.**
- **Negotiations will continue at INB5 from April 3rd to 6th.**

After further discussions, consultations, and a second round of public hearings, the INB released what was referred to as a 'Conceptual Zero Draft' in November, 2022, intended to capture and consolidate Member State and stakeholder input collected by the Bureau up to that point. Following discussions and additional input at INB3 in December, 2022, the Bureau finally released the zero draft of the pandemic instrument, the document that is meant to serve as the basis for substantive negotiations between Member States moving forward.

The zero draft contains a number of promising proposed provisions which, if adhered to and faithfully implemented, could help to prevent – in future pandemics – a repeat of the bald inequities that characterized the global COVID-19 response. These range from more effective mechanisms for limiting the enforcement of intellectual property rights to facilitate the rapid production of vaccines and other products when a pandemic is declared, to a potentially more equitable system to govern pathogen access and benefit sharing. Whether and how these issues are addressed in the final version of the pandemic accord could have significant implications for its effectiveness.

With the zero draft now released, the work of the INB has pivoted from processes of discussion, information gathering and consultation to one of more substantive negotiation. The text of the zero draft is set to be modified substantially over the coming year as the negotiations unfold. The only certainty now is that the INB talks will increase in their political contentiousness moving forward.

The fourth meeting of the INB was held from February 27th to March 3rd, 2023. This **PHM Pandemic Treaty Dispatch** provides a summary of the proceedings of INB4, describing the key issues raised by WHO Member States and other stakeholders, and highlighting the most salient points of disagreement and debate.

Summary of INB4 proceedings

The fourth meeting of the INB commenced on Monday, February 27th, with opening remarks from WHO Director-General Tedros Adhanhom Ghebreyesus. Dr. Tedros emphasized the gravity of the INB's task, stressing the need to "learn from the lessons of [the COVID-19] pandemic and not to repeat them." INB Co-Chair Roland Driece then recapped the progress of the three INB meetings up to that point, in which he said "considerable drafting" had been performed

and "unprecedented engagement of relevant stakeholders" had been achieved. With that, he marked the beginning of the pandemic accord negotiation process, while reminding INB members of the guiding principle that "nothing is agreed until everything is agreed."

The meeting moved on to Agenda item 2, which was not publicly webcast, in which the the modalities for the conduct of the fourth and fifth INB meetings were discussed. It was agreed that INB4 and INB5 would be conducted as an "integrated set", with both meetings devoted primarily to Member State discussions and negotiations on the zero draft. A publicly webcast initial reading and general discussion on the zero draft would be held, followed by a page-by-page sequential reading of the document in the INB's Drafting Group, during which specific textual edits could be suggested and debated. Drafting Group meetings are not publicly webcast, and are open only to Member State delegations.

Later on Day 1, INB delegates heard from the Israeli and Moroccan Ambassadors to the United Nations, who are serving as Co-Facilitators of the UN High-Level Meeting (HLM) on Pandemic Prevention, Preparedness and Response (PPR). The Co-Facilitators briefed the INB on plans for the HLM, which will take place on September 20th, 2023 at the UN Headquarters in New York. The purpose of the High-Level Meeting is to mobilize political will for Pandemic PPR, particularly at the level of Heads of State and Government.

The initial reading and general discussion of the zero draft occupied the afternoon of Day 1 and much of Day 2 of the meeting, during which delegations made general comments on the zero draft but were asked to refrain from making specific textual proposals. On the morning of Day 2, a number of non-state actors – including civil society organizations and industry lobbying groups – were given the opportunity to provide input on the zero draft of the instrument.

Most of the final three days of the meeting were spent in the Drafting Group, which was conducted behind closed doors. Member State delegations began an article-by-article reading of the zero draft. Member States suggested textual edits to the document and debated these. By the end of INB4, negotiations had been conducted in this fashion up to Article 4/Principle n. 10 of the zero draft, leaving the large bulk of the document for further negotiation at INB5. The final session of the meeting was concluded at the end of Day 5, with Member States discussing the finer points of the draft report of the meeting.

Key issues in INB4 discussions

An analysis of the content of the discussions at INB4 revealed general agreement among Member States, with few exceptions, that the zero draft of the WHO CA+ is an acceptable basis on which to move forward with negotiations. However, several issues have emerged as particularly contentious, from the degree to which the instrument's provisions should be legally-binding, to the relevance and operationalization of principles such as equity and common but differentiated responsibilities (CBDR), and more practical matters such as the financing of the accord's provisions and whether and how compliance with the accord should be monitored and promoted.

The sections that follow summarize some of the most salient of these topics of discussion at INB4.

The struggle for the inclusion of more legally-binding obligations

Member States agreed at INB3 that a future pandemic accord should be legally-binding. However, they also recognized that it will contain both binding and non-binding elements, and at this stage it remains unclear which provisions will carry the status of binding commitments and legal obligations.

The zero draft's "soft law language" was criticized by many Member States at INB4. Global South Members, in particular, called for the language of the zero draft's provisions to be strengthened. Some argued that committing to a more ambitious set of legally-binding provisions would be a strong expression of global solidarity.

Mexico pointed out that "the proposed language for various articles, including important future decisions, does not contain binding language" and that "it is important that incentives be established clearly in the document in order that we can promote equity and international cooperation." Echoing this, Malaysia stated that they "would like to see the language on equity produce more concrete obligations in the spirit of solidarity."

Some Member States acknowledged, however, that non-binding language may be necessary in some circumstances, for example (in the words of Eswatini), "where it is necessary to secure agreement on including a particular provision at all, or where provisions incorporate different levels of action, with Member States required to take minimum measures but encouraged to go further." Similarly, Pakistan "recognize[d] the need for both aspirations and commitments in the instrument," but added that they "certainly find more of the former than the latter in the current text."

As the INB talks unfold over the coming year, debates about which provisions should be given the status of legal obligations, and which should be of a more aspirational or discretionary nature, are likely to be central to the negotiations.

Structure and layout of the instrument

A number of countries, including Armenia, Ecuador, Kenya and Member States of the European Union (EU), called for a radical restructuring of the zero draft, with the EU claiming that there is a "need to significantly reorganize and supplement the subject matter in the zero draft to achieve a recognizable and logical structure containing substantive provisions which are clear, precise and operational." Most of the countries calling for a major restructuring of the document suggested that the first draft should follow a more "logical" progression through the so-called "phases" of Pandemic PPR(R), that is, pandemic prevention, preparedness, response and (for some) recovery. It was argued that this would lead to a balancing of provisions across the "continuum" or "life cycle" of PPR(R).

Calls for a greater emphasis on prevention and One Health

Along similar lines, several countries, principally from the Global North, claimed that the prevention of pandemics (as opposed to pandemic preparedness, response and

recovery) was inadequately addressed in the current draft, and that more specific and detailed provisions governing pandemic prevention are needed in future iterations of the document. While "equitable response continues to remain key," argued the EU, "we also need comprehensive provisions on prevention, outbreak risk surveillance, and rapid control." The United Kingdom (UK) echoed these sentiments, asserting that the zero draft's contents are unduly "skewed toward preparing for and responding to pandemics, when of course the best outcome would be to prevent them."

Many of the same Member States called for the more thorough incorporation of One Health principles into the instrument. While the term "One Health" appears 15 times in the zero draft, and the One Health approach is the focus of Article 18, countries such as Germany "advocate[d] for the One Health approach to be better reflected throughout the text." Speaking on behalf of the Friends of One Health group, France argued that "the zero draft does not concentrate enough on prevention, particularly prevention at the source, which is an essential element of the fight against future pandemics," adding that "we all have to ensure that the interconnections between human health, animal health and ecosystem health be correctly taken into account throughout the cycle of the PPR process." The Netherlands made the case for a stronger focus on One Health by referencing the increasing risk of zoonotic spillover events as the climate crisis intensifies, and the intimate links between antimicrobial misuse, antimicrobial resistance, and the potentially limited array of medical countermeasures available during pandemic emergencies.

Equity and its operationalization in the pandemic accord

On a purely rhetorical level, virtually all Member States have expressed support for the inclusion of equity as a core principle of the WHO CA+. Much of the discussion at INB4 revolved around how the principle of equity should be operationalized in the pandemic accord.

Chapter III of the zero draft, which is devoted to equity, consists primarily of provisions intended (either directly or indirectly) to facilitate equitable access to medical countermeasures during pandemics. Chapter III includes Articles on the establishment of a global supply chain and logistics network (Art. 6), access to technology and know-how (Art. 7), regulatory strengthening (Art. 8), research and development (Art.9), and the establishment of a pathogen access and benefit sharing mechanism (Art. 10).

These proposals were met with the support of a large number of Member States, but many from the Global South lamented their status as aspirations and non-binding exhortations, rather than binding obligations. Namibia, for example, expressed frustration that, like the conceptual zero draft before it, the zero draft "presents the provisions that seek to operationalize equity in pandemic PPR in a discretionary format, [and] in other instances, the zero draft presents the equity provision as an aspiration to be achieved in the future or through voluntary arrangements by, for example, using words such as 'mutually agreed terms' in relation to the transfer of technology

to developing countries."

While endorsing the inclusion of equity as a core principle of the treaty and applauding its operationalization through Articles 6 to 10, Fiji argued that "there should be a means of measuring equity as an outcome." Indonesia suggested that equity should be considered both "a guiding principle as well as an objective of this pandemic treaty" and that "the word equity should be better reflected both in quality, that is, as an operative article, as well as in quantity, that is, mainstreamed through the whole instrument." They asserted that "reference to equity should not only be limited to a single chapter," a sentiment reiterated by several others, including Australia, France and Monaco.

The United States (US) suggested that "a focus on equity must address inequities not only between countries but also within them, not just protecting populations from pandemics but also illness, death and disrupted access to essential healthcare services during pandemics." Japan echoed this, asserting that, "in the context of WHO CA+, the equity to be achieved is both domestic and international." These interventions can arguably be read as efforts to shift focus away from the need to remedy the international inequities in access to, among other things, vaccines, diagnostics, medical oxygen, and other medical products that were brought into such sharp focus by the COVID-19 pandemic.

Industry and Global North team up to oppose removal of intellectual property barriers to accessing pandemic products

One of the tragedies of the COVID-19 pandemic was the avoidable harm caused by the failure to rapidly address intellectual property barriers inhibiting access to vaccines, diagnostics, protective equipment, and treatments in many countries of the Global South. A pandemic treaty could include provisions to address these barriers systematically during pandemic emergencies, for instance by including mechanisms that automatically waive monopoly rights on medical technologies and that mandate the sharing of relevant knowledge and data following declaration of either a pandemic or a public health emergency of international concern (PHEIC).

Article 7 of the zero draft includes language intended to remedy this issue, although it has been criticized as neither comprehensive nor farsighted by expert organizations such as Knowledge Ecology International and People's Vaccine Alliance.

In their statement at INB4, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) strenuously opposed the inclusion in the accord of any provisions that would relax patent rights. They claimed that "weakening IP would not lead to a better pandemic response and would be counter-productive by weakening the R&D ecosystem developing pandemic technologies."

A number of Global North Member States also resisted the inclusion of provisions on intellectual property. However, instead of opposing the proposals on the merits, Australia, Japan, the US and others implied that such matters fall outside of the WHO's remit. Australia bemoaned what they called an "undue focus on IP in some sections of the

text, such as the preamble" and Japan asserted that "IP should be appropriately addressed in the WTO and WIPO." The US argued that "WTO is the most appropriate venue for discussions regarding legal obligations that fall under its own agreements, including discussions that fall under the TRIPS [Trade-Related Aspects of Intellectual Property Rights] agreement."

In their statements, both WIPO and the WTO sought to discourage INB members from including language that would seriously alter the existing international intellectual property regime. WIPO's statement expressed support for language in Article 2 of the zero draft concerning the need for "consistency with existing international instruments" and "respect for the competencies of other organizations and treaty bodies."

Brazil resisted this framing, pointing out that "in accordance with its constitution, WHO can take all necessary action to obtain the objective of the organization, which is the attainment by all peoples of the highest possible level of health" and arguing that "IP on health products cannot be restricted to a trade issue and it's essential that we have provisions on this topic in the future instrument."

Negotiating positions on access and benefit sharing take shape

Effective pandemic response depends in part on the rapid and public availability of pathogens and their genetic sequence information in order to facilitate research and the development of medical countermeasures. At the same time, in exchange for the commitment to share pathogens, many now argue that states should be guaranteed fair access to the benefits arising from such research and development – including, for example, medical countermeasures, the know-how to scale-up manufacturing of these, and monetary benefits. The principle that the use of shared genetic materials should be accompanied by fair and equitable access to relevant benefits is enshrined in the Nagoya Protocol to the Convention on Biological Diversity, while the Pandemic Influenza Preparedness Framework sets out an access and benefit sharing (ABS) system specific to pandemic influenza. One of the many motivations for a new pandemic accord was the need for a multilateral legal framework governing the sharing of pathogens of pandemic potential beyond just pandemic influenza viruses.

Article 10 of the zero draft proposes the establishment of a multilateral access and benefit-sharing mechanism that would function "in both inter-pandemic and pandemic times." The WHO Pathogen Access and Benefit-Sharing System (PABS) would obligate signatories to rapidly share pathogens of pandemic potential with a WHO-coordinated laboratory network, and to upload their associated genetic sequence data to a publicly-accessible database in a timely manner. It also commits states to "fair and equitable" sharing of benefits arising from pathogen sharing, but aside from guaranteeing WHO access to "20% of the production of safe, efficacious and effective pandemic-related products" to facilitate equitable access, it does not specify these benefits in detail. Moreover, the language in the zero draft itself does not establish the PABS system, but rather envisages its establishment at a later date, potentially

under Article 21 of the WHO Constitution.

While some Global North countries endorsed (at least, in principle) the coupling of pathogen access with commitments to benefit sharing, unsurprisingly they tended to place more emphasis on the former than the latter in their statements at INB4. Norway, for example, argued that "we should start with establishing the clear obligation to share pathogens and genetic sequence data rapidly and publicly," but made no mention of the need for benefit sharing. Switzerland made a similar statement.

For many Global South countries, Article 10's provisions are promising but incomplete. Brazil described the provisions on ABS as "a good starting point" but argued that "we need to do a lot of work to present a coherent, fair and efficient mechanism." Indonesia repeated calls that they had made at INB3 for a full chapter dedicated to ABS, reflecting agreement "that ABS is a central element of the [pandemic accord's] equity principle that should be elaborated in a comprehensive manner."

Many, among them Medecins Sans Frontieres and South Centre, took issue with the absence of language in the zero draft actually establishing an ABS mechanism. Eswatini pointed out that "the zero draft only promises that [a PABS] will be developed in the future, but it is not clear as to how [it] will be developed and by who" and that the new ABS system "must be developed and linked to the new treaty and the IHR." India expressed their opposition to the passage describing "the possibility of negotiating a PABS system under Article 21 of the WHO Constitution as a specialized instrument separate from the WHO CA+" which, they argue, "restricts and pre-judges further negotiations on the matter."

Emphasizing that obligations to facilitate pathogen access must not be decoupled from legally-binding commitments to share benefits, Namibia added: "if discussions on a functional and comprehensive ABS mechanism are to be suspended for the future, then we maintain that all provisions that seek to access pathogens of pandemic potential and genetic sequence data should not come into operation until Member States agree on a comprehensive ABS mechanism."

Disagreement on financing and the relevance of Common but Differentiated Responsibilities

A key point of contention in these talks remains the applicability of the principle of Common but Differentiated Responsibilities (CBDR) – which is widely (though not universally) accepted in international environmental law – to global health governance in general and the new pandemic accord in particular. Adherence to the principle of CBDR would suggest that, while all states share a *common* moral responsibility to address pandemics, those responsibilities are not equally distributed. Instead, state responsibilities are relative, that is, *differentiated* on the basis of state capacity. In the context of the pandemic accord, this could mean that all countries have a shared obligation to uphold a basic level of outbreak prevention and preparedness, such as monitoring and reporting, but that more advanced economies are expected to finance a greater proportion of these activities.

Unsurprisingly, the issue of CBDR has divided

Member States roughly along lines of economic development, with developing countries generally in favour, and developed countries opposed, to the inclusion of the principle in the WHO CA+. Indeed, even inclusion of a diluted version of the CBDR principle in an earlier working draft of the instrument was vociferously opposed by Australia, the EU, New Zealand, the UK and the US at INB2 last year.

The zero draft proposes CBDR as a guiding principle of the pandemic accord. Article 4, paragraph 8 states, in part, that "[s]tates that hold more resources relevant to pandemics, including pandemic-related products and manufacturing capacity, should bear, where appropriate, a commensurate degree of differentiated responsibility with regard to global pandemic prevention, preparedness, response and recovery." Despite the vague wording, Bangladesh, Eswatini, Fiji, Namibia, Pakistan, Peru and others welcomed the inclusion of CBDR in the zero draft.

Brunei pointed out that, despite the text's acknowledgement that "state parties are at different stages of development and have differentiated responsibilities under the proposed Convention," it is as yet "unclear what drives the formal distinction between the different health jurisdictions and on what basis this is arrived at." They added that "it would be helpful if the draft, or a supplementary document, could make clear which articles are primarily the responsibility of more developed jurisdictions and how this distinction will be acknowledged in practice."

Some argued that CBDR should underlie any new system of financing for pandemic PPR that emerges from the negotiations, with Namibia calling for "an inclusive global financing mechanism based on differentiated responsibilities when it comes to contributions that each Member State should make." Pakistan reiterated this, saying that "having a financing mechanism to handle future pandemics built into the instrument is of utmost significance" and that the "needs of developing countries in this regard should be taken into account." Many in civil society have taken similar positions. At INB4, the Pandemic Action Network, argued that "while every country should increase their domestic budgets for PPR, lower-income countries with limited fiscal space cannot be expected to bear the burden of financing their PPR needs alone. This is a shared responsibility across Member States."

For their part, the US reiterated that they "do not support common but differentiated responsibilities and capabilities," arguing that the principle "is not appropriate in the context of pandemic PPR." Japan agreed, declaring that "CBDR has no place in the context of pandemic PPR" and insinuated that its inclusion in the accord would represent a failure of the world to "work together."

Member States did not provide specific proposals for the financing mechanism at INB4, nor did they comment on the vagueness of Article 19 in the zero draft. However, the Director-General's proposals for financing the global architecture for health emergency preparedness, response, and resilience were released at the 75th WHA last year. The plan involves the mobilization of investments from the World Bank's new Pandemic Fund and

other international financial institutions, most likely including the International Monetary Fund's new Resilience and Sustainability Trust. Both have been heavily criticized by civil society.

Relationship between the pandemic treaty negotiations and IHR amendment process

Several Member States, including the US, China, EU, Australia, Peru, the states of the Western Pacific region, and others, expressed concern that the parallel processes of negotiations on a pandemic accord, on the one hand, and on revisions to the International Health Regulations (IHR), on the other, should be coordinated in such a way as to avoid duplication, conflicts and contradictions between the two sets of negotiations. The general sentiment is summed up well in the statement by China, who noted that Member States have proposed a large number of IHR amendments "whose provisions have multiple overlaps with the draft of the pandemic treaty" and that "concluding a pandemic treaty should complement the amending process of the IHR with a view to reducing overlaps, repetition, and, in particular, conflicts between these two instruments." Thailand emphasized that it is imperative that there is coherence on the nature of the "interplay between the declaration of [Public Health Emergency of International Concern] under the IHR and that of a Pandemic under the WHO CA+."

Singapore noted that many of the issues related to pandemic PPR "could be addressed in both instruments, but scoped differently," suggesting that the the IHR could be viewed "through a micro-lens focused on technical obligations that are more operational in nature, while the WHO CA+ could be viewed from a macro-lens as a guiding framework [...] to allow for better implementation of the IHR and allow for better PPR in general."

Member States agreed that the Bureau of the INB and the WGIHR should work closely together to ensure complementarity and coherence between the two processes.

Geopolitics seeps into the INB talks

With the meeting taking place just following the one year anniversary of Russia's illegal invasion of Ukraine, the EU, UK, Australia, Canada, Norway, the US and others condemned Russia's aggression, emphasizing its devastating effects on the people of Ukraine and the country's health system. The representative from the EU called for a redoubling of efforts to find a diplomatic solution to the conflict, and reiterated the demand for hostilities to cease and for Russia to pull its troops out of Ukraine immediately.

Claiming their right of reply, Russia simply dismissed the topic as inappropriate, claiming – as they have at previous sessions of the INB and the WHA – that these are not suitable venues for such discussions. They argued that "a number of countries [...] have misused this venue, bringing up political issues here which have nothing to do with the topic at hand, nor with the mandate of the negotiating body. Those delegations are making use of the INB as a platform to provide one-sided and politicized information, which we roundly reject."

Sweden replied that "the direct and indirect health impact of this war on the health of the Ukrainian population is of the utmost concern to the EU" and that "it is only natural that a

health emergency of the scale of the one triggered by this unprovoked and unjustified war be addressed by the WHO Member States", to which the US added that "this isn't about politicization of WHO – it is about the health and welfare of millions and the need to hold Russia to account."

Looking ahead: INB5 & beyond

The negotiations on the zero draft that started at INB4 will continue at INB5, to be held from April 3rd to 6th. In accordance with the agreed modalities for INB4 and INB5, the two INB meetings are being conducted as an "integrated set," meaning that both meetings will consist chiefly of "Member State discussions and negotiations, including through proposing additions, deletions and alterations to the zero draft." In addition, for a short window of time following INB5 the Bureau will accept written submissions from Member States on textual changes they would like to propose. Such submissions must "reflect inputs that are made during the drafting group meetings."

The next key milestone for the INB Bureau is the generation of a first draft of the WHO CA+, which is intended to represent, in consolidated form, the inputs received from Member States during INB4 and INB5, and will be used as the basis for further negotiations during June's drafting group meeting. While many delegates were optimistic that a full first draft of the instrument might be developed promptly after INB5 in April, the INB Bureau did not commit to this. More clarity should emerge at INB5 on the expected timeline for the release of a first draft.

While the talks point so far – at least rhetorically – to a willingness on the part of the international community to prioritize global solidarity and equity during future pandemic emergencies, they have also laid bare a number of key dimensions of disagreement. A general division has started to materialize between Global South stakeholders, who call for greater solidarity and international cooperation in responding to pandemic emergencies, and some in the Global North, whose positions can best be characterized as prioritizing state security over global health equity. As these talks progress over 2023, debate will no doubt heat up on the contested matters of intellectual property, the appropriateness of CBDR in Pandemic PPR, the specifics of the proposed access and benefit sharing mechanism, and the extent to which the accord's equity provisions will be legally-binding obligations.

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