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Structuring an Equitable and Impactful Conference of Parties: the WHO Pandemic Agreement

Applied Research Project

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Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AU	African Union
CBD	Convention on Biological Diversity
COP	Conference Of Parties
COVID	CoronaVirus Disease
CDC	Centre for Disease Control
CSOs	Civil Society Organisation
FCTC	Framework Convention on Tobacco Control
FCA	Framework Convention Alliance
FDA	Food and Drug Administration
GH	Global Health
GHF	Global Health Framework
GHG	Global Health Governance
GPW	Global Programme of Work
HIC	High Income Countries
HRC	Human Rights Council
IHR	International Health Regulations
INB	Intergovernmental Negotiating Body
INGO	International Non-Governmental Organisation
IP	Intellectual Property
IPCC	Intergovernmental Panel on Climate Change
JEE	Joint External Evaluation
LDN	Low-Density Nations

LIC	Low Income Countries
LMICs	Low- and Middle-Income Countries
MEAs	Multilateral Environmental Agreements
MOP	Meetings Of Parties
Mpox	Formerly known as MonkeyPox
NCPs	Non-Compliance Procedures
NGO	Non-Governmental Organisation
NIH	National Institutes of Health
PA	Pandemic Agreement
PABS	Pathogen Access and Benefit Sharing
PPPR	Pandemic Prevention, Preparedness, and Response
UNFCCC	United Nations Framework Convention on Climate Change
UPR	Universal Periodic Review
WHO	World Health Organization
WHA	World Health Assembly

Introduction

During the COVID-19 pandemic, World Health Organization (WHO) member states began negotiating a Pandemic Agreement (PA) for pandemic preparedness and response. COVID-19 highlighted many inequities in the global health sphere, and the hope is that the PA can address these issues and provide a framework for more efficient, equitable, and coordinated responses for future pandemics. Once the treaty is finalized and adopted, a Conference of the Parties (COP) will be set up and established. The purpose of the COP is to provide a platform for parties to the Agreement to discuss enhancing Pandemic Prevention, Preparedness, and Response (PPPR). While the PA draft has an article outlining that a COP will be created, the language remains broad, and most of the rules and guidelines will be created during its first meeting. That is why it is instrumental for negotiating parties to understand what makes a COP most equitable and effective in hopes that they can apply that knowledge to the forthcoming one.

This research paper attempts to answer the following questions: How do we structure and create a COP that pushes for maximum equity and impact in the context of the WHO Pandemic Agreement? What are some main governance aspects (voting rules, agenda power, who gets to be a member, etc.) to consider? What are some existing best practices and pitfalls to learn from in previous COPs?

Since this is an evolving issue, our findings and discussion will lead to recommendations and not definitive answers. First, the literature review will break down different aspects that must be considered when structuring a PA COP. Then, the focus will shift to two case studies of existing COPs and insights from key informant interviews. These will lead to a general discussion where we give evidence-based recommendations for implementation. The hope is that this research can help support the interests of developing nations and other stakeholders.

Literature Review

Scholars have viewed the upcoming PA from different lenses on its strengths. Jiang and Kumah emphasize that the PA seeks to navigate a myriad of facets inherent in pandemic management, encompassing surveillance, data sharing, vaccine allocation, and ensuring

access to indispensable medical supplies.[1] Jiang and Kumah noted that many Low-Density Nations (LDNs) face significant barriers in responding to pandemics, primarily due to limited financial resources, which restrict funding for essential medical supplies, equipment, and pharmaceuticals, as seen during the COVID pandemic and previous epidemics.[2] Pagotto and Eccleston-Turner highlighted that the declaration process for public health emergencies is significantly influenced by geopolitical considerations, historical legacies, and entrenched power structures.[3] This politicization sidelines LMICs calling for more equitable, transparent, and accountable governance models. Additionally, inequality faced by low-income countries during the pandemic was further amplified by the inability to access essential resources, despite efforts such as the African Union's (AU) mobilization of funds to purchase medical countermeasures. By stockpiling and hoarding supplies, high-income countries undermined these efforts, further deepening the disparity in healthcare access and highlighting the systemic inequalities that hinder equitable global health responses. A study found that about 45% of COVID-19 deaths in low-income countries could have been averted if these nations had achieved 20% vaccination coverage by the end of 2021.[4] Jiang and Kumah also called for the PA to be guided by the principles of equity, human rights, and solidarity while recognizing the differences in levels of development among countries.[5]

In the wake of the COVID-19 crisis, global health research interests shifted dramatically, with global health stakeholders clamoring for amendments to the existing International Health Regulations (IHR) and establishment of a PA to address the broader failure in global readiness and response mechanisms, and strengthening of collaborative mechanisms to address future global health emergencies.[6] The Council of Europe, between November and December 2020, initiated the need for a PA on the grounds that a high-level sustained political and financial commitment is essential to empower WHO, strengthen IHR, and address legal gaps in managing risks and ensuring fair access to resources.[7] The Working

[1] Shisong Jiang and Emmanuel Kumah, "Strategizing Global Health Governance: Unpacking Opportunities and Challenges for Least Developed Nations within the WHO Pandemic Treaty Framework," *Frontiers in Public Health* 11 (November 6, 2023), https://doi.org/10.3389/fpubh.2023.1321125.
[2] Jiang and Kumah.
[3] Barbara Frossard Pagotto and Mark Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern," *Global Studies Quarterly* 4, no. 4 (November 20, 2024): ksae083, https://doi.org/10.1093/isagsq/ksae083.
[4] Heidi Ledford, "COVID Vaccine Hoarding Might Have Cost More than a Million Lives," *Nature*, November 2, 2022, https://doi.org/10.1038/d41586-022-03529-3.
[5] Jiang and Kumah, "Strategizing Global Health Governance."
[6] World Health Organization, "WHA74/2021/REC/1," accessed November 23, 2024, https://apps.who.int/gb/or/e/e_wha74r1.html.
[7] World Health Organization.

Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was created to assess the benefits of creating a WHO convention, agreement, or other international instrument for pandemic preparedness and response by the 74th World Health Assembly (WHA) in 2021.[8] The WGPR held eight sessions starting in July 2021 to examine the benefits and risks of a new legal instrument and its relationship with the IHR, including potential amendments and alternatives regarding the legal nature of such an instrument. During the 74th WHA's Special Session on December 1, 2021, WHO member states initiated an Intergovernmental Negotiating Body (INB) to formulate and negotiate a convention, agreement, or other international instrument on pandemic prevention, preparedness, and response.[9] Simultaneously, the IHR amendments were negotiated and will come into force on September 19, 2025.[10] Both instruments, though fundamentally tied, still have their differences. Nikogosian explains that while the IHR's "all hazards" approach is effective for most public health emergencies, pandemics require a dedicated instrument due to their speed, scale, and disruptions.[11] A PA could complement the IHR by focusing on PPPR once an event is formally identified as having pandemic potential.[12] The treaty would address areas not covered by the IHR, such as health service capacities and pre-negotiated vaccine platforms, while the IHR would retain a central role in initial disease control efforts.[13] Responsibility would transfer to the PA once the event meets pandemic criteria.

There is limited existing literature specifically on the PA and what its COP could look like. However, the existing literature focuses on defining the expected components of a PA and can provide some clarity on COPs in general, equity issues, global health governance (GHG), and some of the main takeaways to consider for our research.

Global Health Framework

The Global Health Framework (GHF) fosters international collaboration to address health challenges beyond borders, emphasizing cooperative governance. It prioritizes key health determinants to ensure survival and enhance outcomes. Interest in GHF surged post-Cold War as global health concerns expanded with increased international cooperation.

[8] World Health Organization.
[9] Jiang and Kumah, "Strategizing Global Health Governance."
[10] World Health Organization, "WHA74/2021/REC/1."
[11] Haik Nikogosian, "A GUIDE TO A PANDEMIC TREATY," *Global Health Center, The Graduate Institute of International and Development Studies, Geneva*, September 29, 2021.
[12] Nikogosian.
[13] Nikogosian.

More recently, scholars have proposed a comprehensive treaty to address global health issues as they evolve.[14] The COVID-19 crisis saw a major shift in GH research, exposing significant weaknesses in the international community's ability to manage public health emergencies.[15] A key shortcoming was the delayed response to the initial outbreak in Wuhan, which highlighted the lack of an effective early warning system. As a result, the virus spread rapidly across international borders before its presence was officially recognized.[16] By February 2020, WHO recognized the global lack of preparedness, stating that "much of the global community is not yet ready, in mindset and materially."[17] However, COVID-19 was not the only mismanaged pandemic, indicating an urgent need for collaboration. Indeed, Awoyomi's article explores perceptions and knowledge of the 2022 Mpox in Nigeria and highlights significant mismanagement of Mpox by global health actors, particularly regarding surveillance, stakeholder engagement, and slow public health response mechanisms.[18] One major issue identified was lack of timely information and coordination between global health agencies, governments, and local stakeholders.[19] These challenges resulted in a delayed and fragmented response to the Mpox outbreak, which worsened its impact. Also, in analyzing the global political and health responses to the Ebola outbreak, which occurred between 2014 and 2016 in West Africa, Roemer-Mahler and Rushton highlighted shortcomings in the global response, including slow and uncoordinated international efforts, despite the outbreak being deemed a "global crisis."[20] The article demonstrates how global health actors, such as the WHO and other international bodies, failed to respond promptly and effectively, despite the outbreak's growing severity.[21] They also explored the role of security-driven narratives and global inequality in shaping the international response to the crisis,[22] which further enhances the relevance of the PA to addressing these issues by setting binding obligations, enhancing preparedness, and promoting equitable, comprehensive responses to future crises.

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[14] Lawrence O. Gostin, "A Framework Convention on Global Health: Health for All, Justice for All," *JAMA* 307, no. 19 (May 16, 2012): 2087–92, https://doi.org/10.1001/jama.2012.4395; L. O. Gostin, "A Proposal for a Framework Convention on Global Health," *Journal of International Economic Law* 10, no. 4 (July 10, 2007): 989–1008, https://doi.org/10.1093/jiel/jgm039.
[15] Jiang and Kumah, "Strategizing Global Health Governance."
[16] Jiang and Kumah.
[17] Jiang and Kumah, 1.
[18] Olajoju J. Awoyomi et al., "Mpox in Nigeria: Perceptions and Knowledge of the Disease among Critical Stakeholders—Global Public Health Consequences," ed. Harapan Harapan, *PLOS ONE* 18, no. 3 (March 30, 2023): e0283571, https://doi.org/10.1371/journal.pone.0283571.
[19] Anne Roemer-Mahler and Simon Rushton, "Introduction: Ebola and International Relations," *Third World Quarterly* 37, no. 3 (March 3, 2016): 373–79, https://doi.org/10.1080/01436597.2015.1118343.
[20] Roemer-Mahler and Rushton.
[21] Roemer-Mahler and Rushton.
[22] Awoyomi et al., "Mpox in Nigeria."

Theoretical Framework

The broader theoretical framework of this research draws upon the Post-Colonial, World Systems, and GHG theories to explore the complexities and dynamics of the ongoing PA negotiations. This multi-theoretical approach allows a deeper understanding of the dynamics, power relations, and equity concerns that shaped the negotiations. Post-colonial theory analyses how historical colonial relationships continue to shape modern global governance structures, emphasizing the unequal distribution of power, resources, and knowledge between the Global South and the Global North, manifesting in international health agreements and global health priorities. For instance, Public Health Emergency of International Concern (PHEIC) declarations are still influenced by reputational risk for wealthy countries, rather than public health impact on LMICs.[23] The colonial discourse served as a justification for the domination of one over the other, which continues to resonate in international institutions and the global health system at large.[24]

World Systems theory argues that the world economy is divided into a core, semi-periphery, and periphery, with the core exploiting peripheral regions for labor and resources.[25] Core countries hold economic and political power, while peripheral countries are exploited for resources, labor, and markets, providing a lens for understanding how unequal distribution of power and resources shapes GHG. This theory stresses the importance of addressing structural inequalities inherent in the global health system, where pandemic preparedness and response are often skewed in favor of core countries with more advanced healthcare infrastructures.

GHG theory propounds that effective GHG systems are shaped by the collective multi-stakeholder corporation of international institutions, non-governmental organizations (NGOs), International Governmental Organizations (IGOs), states, and private sector stakeholders to adequately address global health challenges while stressing the importance of strong international institutions, like WHO, in coordinating global health efforts and ensuring equitable access to health resources.[26] GHG theory provides a framework for understanding

[23] Pagotto and Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern," 4.
[24] Edward W. Said, *Orientalism*, 1st Vintage Books ed (New York: Vintage Books, 1979).
[25] Immanuel Wallerstein, *The Modern World-System*, Studies in Social Discontinuity (New York, London, Toronto: Academic Press, 1974).
[26] Kelley Lee and Adam Kamradt-Scott, "The Multiple Meanings of Global Health Governance: A Call for Conceptual Clarity," *Globalization and Health* 10, no. 1 (2014): 28, https://doi.org/10.1186/1744-8603-10-28; Celia Almeida, "Global Health Diplomacy: A Theoretical and Analytical Review," in *Oxford Research*

how different actors interact and influence the outcomes of global health agreements. It highlights the challenges of governance coordination, the need for accountability, and the importance of multi-stakeholder engagement in achieving equitable health outcomes.

Together, these theories offer a comprehensive framework for understanding the challenges and opportunities in achieving a fair and effective PA COP. One that addresses the needs of the most vulnerable populations by exploring how global power structures, historical inequalities, and governance mechanisms shape the treaty's design and its potential for equitable impact.

Conference of the Parties

A COP is the governing body of an international agreement and is composed of all Parties to the agreement or convention. Part of the COP's responsibility is regularly reviewing the convention's implementation and making decisions to promote effective implementation and adoption of protocols, annexes, and amendments.[27] The COP is specifically tasked with issuing guidelines to enhance the overall implementation of the treaty. These guidelines are called "principles and recommendations" to help Parties implement treaty obligations in the best possible way.[28] The COP may also establish subsidiary bodies, such as working groups, as necessary within its mandate, to elaborate guidelines and recommendations for implementing various treaty provisions to achieve the convention's objectives.[29] The guidance issued by the COP is crucial in fulfilling the treaty's specific provisions and provides clarity where ambiguities exist in the treaty language.[30] The guidelines can serve as an interpretive resource for national governments working to meet their obligations under the treaty.[31]

Rioseco specifically discusses how COPs influence the content and implementation of their parent treaties across various areas of international law by setting compliance standards for state parties, which aligns with traditional legal methods, and enhancing the social and

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Encyclopedia of Global Public Health, by Celia Almeida (Oxford University Press, 2020), https://doi.org/10.1093/acrefore/9780190632366.013.25; John J. Kirton, ed., *Global Health*, 1st ed. (Routledge, 2017), https://doi.org/10.4324/9781315254227.

[27] Sam Foster Halabi, "The World Health Organization's Framework Convention on Tobacco Control: An Analysis of Guidelines Adopted by the Conference of the Parties," *Georgia Journal of International and Comparative Law* 39, no. 1 (2011 2010): 121–84, https://heinonline.org/HOL/P?h=hein.journals/gjicl39&i=123.

[28] Halabi.

[29] Halabi.

[30] Halabi.

[31] Halabi.

political standing of their treaties, thereby facilitating the adoption of necessary measures by state parties.[32] In addition to Rioseco's analysis, Halabi and Camenzuli's texts and much other literature on COPs focus on Multilateral Environmental Agreements (MEAs) while echoing Rioseco's sentiments.[33]

Moving away from a general understanding of the COP's responsibilities, we focus on its structure and effectiveness. Those two elements are critical to the success of international agreements, particularly in the context of the PA. According to Bastid-Burdeau and Fitzmaurice, COPs are hybrid entities that bridge the gap between issue-specific diplomatic conferences and permanent international organizations.[34] Comprising all treaty parties, COPs prioritize consensus-building but may resort to a three-fourths majority for substantive matters when unanimity cannot be achieved. Their agenda-setting power is vital in ensuring that issues impacting developing nations are prioritized, mechanisms for equitable participation are established, and safeguards against the dominance of powerful actors are upheld. [35]

Equity is a central challenge for COPs, particularly in ensuring that financial and participatory mechanisms enable broad representation. As Armstrong et al. argue, transparency and inclusivity are essential for legitimacy, requiring mechanisms to engage marginalized communities and non-state actors meaningfully.[36] The authors emphasize that civil society is crucial in providing expertise, monitoring implementation, and partnering with states to deliver services.[37] However, two main issues persist: power imbalances between state and non-state actors, and lack of resources for LICs and MICs. Both must be managed to ensure fair participation.[38] Similarly, as Moon and Kickbusch, Plotnikova et al., and Gostin underscore, financial support is foundational to equitable participation. The declining

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[32] Sebastián Rioseco, "Conferences of the Parties beyond International Environmental Law: How COPs Influence the Content and Implementation of Their Parent Treaties," *Leiden Journal of International Law* 36, no. 3 (September 2023): 699–719, https://doi.org/10.1017/S0922156523000110.
[33] Halabi, "The World Health Organization's Framework Convention on Tobacco Control"; Louise Kathleen Camenzuli, "The Development of International Environmental Law at the Multilateral Environmental Agreements' Conference of the Parties and Its Validity," *IUCN, International Union for Conservation of Nature and Natural Resources*, 2007, 1–41, http://awsassets.wwfindia.org/downloads/mea_3.pdf.
[34] Geneviève Bastid-Burdeau and Malgosia Fitzmaurice, "STATUTE AND FUNCTIONS OF THE CONFERENCE OF THE PARTIES TO A TREATY," *Institut de Droit International*, no. 978 (2023), https://www.idi-iil.org/en/publications-par-categorie/rapports/.
[35] Bastid-Burdeau and Fitzmaurice.
[36] David Armstrong et al., "Civil Society and International Governance: The Role of Non-State Actors in Global and Regional Regulatory Frameworks," *Taylor & Francis*, 2011.
[37] Armstrong et al.
[38] Armstrong et al.

participation in COPs such as the FCTC highlights the dangers of inadequate financial support, shifting priorities, and the risk of skewed agendas favoring wealthier nations.[39]

Recent scholarship analyses of Emergency Committee decision-making underscore that global health governance mechanisms, such as PHEIC declarations, are rarely neutral or purely technocratic.[40] Instead, they are shaped by politics and ideology, reflecting historical and political asymmetries that often marginalize LMIC voices.[41] As such, the design of the COP must deliberately counteract these biases by embedding safeguards for equity, transparency, and pluralism.

Moreover, the PA COP faces unique challenges in designing effective compliance mechanisms that balance support and enforcement. Existing non-compliance procedures (NCPs) range from facilitative approaches to punitive measures, but the COP must prioritize robust and equitable mechanisms that address the root causes of non-compliance.[42] For instance, states may fail to comply due to inadequate resources or infrastructure rather than willful neglect. A supportive NCP framework could help states overcome such barriers, as Bastid-Burdeau and Fitzmaurice and Balogun and Butchard emphasized. Furthermore, subsidiary bodies and expert committees should be established to guide the COP on technical issues like data sharing and vaccine distribution, ensuring clarity, specificity, and alignment with existing frameworks like the IHR.[43]

Addressing geopolitical fragmentation is another critical consideration. Moon and Kickbusch propose equitable burden-sharing and benefit distribution mechanisms to incentivize broader participation and commitment.[44] Creating "mini-lateral" clubs within the treaty framework could enable countries with shared interests to pursue ambitious goals while strengthening the overall treaty structure.[45] However, as Wiersema notes, COPs must balance flexibility with legal certainty, ensuring they can adapt to evolving circumstances without

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[39] Evgeniya Plotnikova et al., "Towards 'a Balanced Delegation' or Enhancing Global Health Governance? Analysis of Parties' Participation in the Conference of the Parties to WHO Framework Convention on Tobacco Control," *Tobacco Control* 28, no. 6 (November 1, 2019): 636–42, https://doi.org/10.1136/tobaccocontrol-2018-054710.
[40] Pagotto and Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern," 2.
[41] Pagotto and Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern," 2–3.
[42] Bastid-Burdeau and Fitzmaurice, "STATUTE AND FUNCTIONS OF THE CONFERENCE OF THE PARTIES TO A TREATY"; Bukky Balogun and Patrick Butchard, "What Is the Proposed WHO Pandemic Preparedness Treaty?," September 10, 2024, https://commonslibrary.parliament.uk/research-briefings/cbp-9550/.
[43] Bastid-Burdeau and Fitzmaurice, "STATUTE AND FUNCTIONS OF THE CONFERENCE OF THE PARTIES TO A TREATY"; Balogun and Butchard, "What Is the Proposed WHO Pandemic Preparedness Treaty?"
[44] Suerie Moon and Ilona Kickbusch, "A Pandemic Treaty for a Fragmented Global Polity," *The Lancet Public Health* 6, no. 6 (June 2021): e355–56, https://doi.org/10.1016/S2468-2667(21)00103-1.
[45] Moon and Kickbusch.

exceeding their mandates.[46] Transparency and coherence with existing instruments, such as the IHR, are also essential to managing fragmentation and ensuring effective collaboration.[47]

Finally, the PA COP could adopt a long-term perspective that highlights its value to all member states, fostering commitment to its principles and provisions. This includes pre-committing resources for equitable vaccine distribution, boosting production capacity, and supporting capacity-building initiatives in developing countries.[48] By addressing equity in financing mechanisms and ensuring transparent, inclusive decision-making, the COP can lay the foundation for a treaty that delivers impactful and equitable outcomes. The emphasis on global health justice, as outlined by Gostin, further underscores the need for inclusive membership, balanced voting rules, and transparent agenda-setting to avoid dominance by wealthy nations.[49]

In short, while much of the existing literature on COPs and the PA examines the roles and legal status of the COPs and their components, there is still limited knowledge in understanding how to structure and create a conference that pushes for maximum equity and impact in the context of the PA. Without it, we cannot fully anticipate a pandemic framework that holistically enhances PPPR for a more equitable, resilient, and inclusive global health future. Nevertheless, focusing on two case studies can guide next steps.

Case Studies

The WHO FCTC is the first and only global convention negotiated and adopted under the WHO, marking a significant step in international health cooperation. It demonstrated the WHO's capacity to create binding global health treaties, "with 40 ratifications achieved within 18 months and 182 Parties to date."[50] The FCTC framework established essential public health measures as legal obligations, such as national coordination, reporting systems, and protection from industry influence.[51] It also highlighted the potential for collaboration with non-health sectors and negotiation of protocols.

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[46] Annecoos Wiersema, "The New International Law-Makers - Conferences of the Parties to Multilateral Environmental Agreements," *Michigan Journal of International Law* 31, no. 1 (2010 2009): 231–88, https://heinonline.org/HOL/P?h=hein.journals/mjil31&i=233.
[47] Wiersema.
[48] Moon and Kickbusch, "A Pandemic Treaty for a Fragmented Global Polity"; Gostin, "A Framework Convention on Global Health"; Gostin, "A Proposal for a Framework Convention on Global Health."
[49] Gostin, "A Framework Convention on Global Health"; Gostin, "A Proposal for a Framework Convention on Global Health."
[50] Nikogosian, "A GUIDE TO A PANDEMIC TREATY," 17.
[51] Nikogosian, "A GUIDE TO A PANDEMIC TREATY."

Due to similarities between addressing tobacco use and managing pandemics, these achievements provide valuable lessons for future global health frameworks, including those for pandemic preparedness and response.[52]

According to Halabi, FCTC outlines a general requirement for Parties to cooperate in developing procedures and guidelines, as is common in broader treaties.[53] The COP is specifically tasked with issuing guidelines to enhance the overall implementation of the treaty, which are referred to as "principles and recommendations," to help Parties implement the treaty obligations in the best possible way.[54] The guidance issued by the COP is crucial in fulfilling the treaty's specific provisions. Moreover, in cases where ambiguities exist in the treaty language, the guidelines can serve as an interpretive resource for national governments working to meet their obligations under the treaty.

In examining the FCTC, Halabi, like Mamudu and Glantz, also emphasized the continued role of the Framework Convention Alliance (FCA) beyond the negotiation phase. This includes supporting the development, ratification, accession, implementation, and monitoring of the FCTC.[55] The FCA, consisting of tobacco control Civil Society organizations (CSOs) and broader coalitions, played a crucial role in influencing the negotiation and implementation of the FCTC. The FCA's success in shaping the negotiations is attributed to its ability to unite diverse actors with a common interest, effectively challenging the status quo and creating new norms.[56] The FCA pushed for adopting the FCTC and worked to ensure the protocols were implemented, advocating for ongoing monitoring and evaluation. The lessons from the FCTC process provide important guidance for the PA, particularly in demonstrating the indispensable role of CSOs in holding countries accountable, identifying weaknesses, and countering opposing arguments.[57] Timely knowledge sharing, backed by scientific evidence, was key to ensuring effective global public health negotiations.

While the FCTC provides a global health example, the UNFCCC and MEAs provide lessons to learn from and elements to apply to the PA COP. For instance, Article 7.2 of the UNFCCC states that the COP, as the supreme body of the Convention, is responsible for

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[52] Nikogosian.
[53] Halabi, "The World Health Organization's Framework Convention on Tobacco Control."
[54] Halabi.
[55] H.M. Mamudu and S.A. Glantz, "Civil Society and the Negotiation of the Framework Convention on Tobacco Control," *Global Public Health* 4, no. 2 (March 1, 2009): 150–68, https://doi.org/10.1080/17441690802095355; Halabi, "The World Health Organization's Framework Convention on Tobacco Control."
[56] Mamudu and Glantz, "Civil Society and the Negotiation of the Framework Convention on Tobacco Control."
[57] Mamudu and Glantz.

reviewing the implementation of the Convention and related legal instruments and making decisions to ensure effective implementation.[58] Morgan and Waskow highlight the evolving approach to equity in the UNFCCC negotiations, emphasizing the need for innovative and comprehensive solutions to address the growing impacts of climate change, particularly on vulnerable populations.[59] They also noted that equity is a significant challenge, but state actors are increasingly willing to explore new ideas. The crucial questions on equity include how to review country offers from an equity perspective, assess the adequacy of actions, and address equity in areas like adaptation, loss and damage, and technology sharing. Both Morgan and Waskow and Mamudu and Glantz argue that successfully addressing these questions is crucial for fostering equitable and ambitious climate action and tobacco control, respectively.[60]

Similarly, equity was a central concern during the PA negotiations. Like the UNFCCC, the PA must address how to ensure fair distribution of resources, including vaccines and treatments, especially for vulnerable populations. Questions about equitable participation in decision-making, technology sharing, and financial mechanisms are also critical. By learning from the equity challenges in climate negotiations, the PA can develop more inclusive and balanced approaches to GHG, ensuring that all countries, especially those with fewer resources, can contribute to and benefit from global pandemic preparedness and response. Overall, there are a lot of different factors at play, and no amount of research will allow us to exhaust the breadth of existing knowledge. Nevertheless, we hope to provide clarity and guidance on lessons learned and the best way forward.

Methodology

To clarify the best practices for structuring an equitable and effective COP in the context of the PA, we conducted a two-pronged qualitative investigation. First, we interviewed key informants involved in the FCTC, UNFCCC, and broader global health and governance. These interviews offered practical insights into equity, effectiveness, and lessons learned from experience. Second, we analyzed two case studies (FCTC and UNFCCC),

[58] Camenzuli, "The Development of International Environmental Law at the Multilateral Environmental Agreements' Conference of the Parties and Its Validity."
[59] Jennifer Morgan and David Waskow, "A New Look at Climate Equity in the UNFCCC," *Climate Policy* 14, no. 1 (January 2, 2014): 17–22, https://doi.org/10.1080/14693062.2014.848096.
[60] Mamudu and Glantz, "Civil Society and the Negotiation of the Framework Convention on Tobacco Control"; Morgan and Waskow, "A New Look at Climate Equity in the UNFCCC."

which highlighted COP organization and structure, potential challenges and opportunities, and equity considerations. Thematic analysis was used to illustrate the political influences behind key decision-making processes.

We understand equity as the fair and balanced participation of stakeholders and the fair distribution of benefits and risks irrespective of where they may emanate from. Meanwhile, impact is understood as the widespread ability to implement treaty provisions and carry out member state obligations. Thus, our interview guide (Appendix A) was designed to capture different stakeholders' interpretations of these concepts and how they can be operationalized in a COP.

Despite a comprehensive methodology, limitations remained. First, there could have been potential selection bias, which we addressed by including diverse stakeholders: academics, NGO representatives, and diplomats with PA or health expertise. Second, the specificity of our case studies limited direct applicability. Nevertheless, they were relevant for learning best practices. Additionally, some interviewees were hesitant to share information due to the sensitivity and confidentiality of the treaty negotiations (ongoing at the time of the interviews). We also attempted to mitigate social desirability and interviewer bias by ensuring anonymity and being both present at interviews to hold each other accountable. Lastly, integrating interview insights with case study findings posed a challenge due to data volume. Ultimately, no research is without its biases and limitations, but transparency was prioritized throughout.

Overall, our dual-method approach enabled us to make evidence-based recommendations. While not all findings are directly transferable, several can be adapted to the pandemic context. These insights can guide future treaty and COP development in global health.

WHO Processes[61]

Before exploring the case studies, lessons learned, stakeholder perspectives, and our recommendations, it is important to understand the WHO system and contextualize where the PA fits within the organization's processes. As explained by a WHO expert we interviewed,[62] the WHO uses various legal tools (regulations, conventions, and treaties) with different levels

[61] This entire section was written based on the knowledge and information provided by the interview held on March 6, 2025, with a global health and governance expert, in-person, Geneva.
[62] Interview held on March 6, 2025, with a global health and governance expert, in-person, Geneva

of authority to implement global health initiatives. The IHR, a binding non-treaty framework under Article 21, allows quicker implementation without requiring ratification. Conversely, treaties under Article 19, like the FCTC, require ratification and have independent governing bodies (COPs or MOPs). Moreover, decision-making is limited to ratified members, unlike the IHR, which the WHA governs.

Secretariats play a key role in supporting treaty implementation. In most cases, they report directly to the COP for treaty matters while reporting to the WHO Director-General (DG) for administrative concerns. However, the PA follows a different model, wherein the WHO will serve as the Secretariat, with the DG appointing personnel. This differs from the FCTC, where parties elect the Secretariat, emphasizing a more autonomous governance structure.

COPs and MOPs function primarily to set priorities based on governmental reports, consolidate and analyze information from governments, NGOs, and individuals, and make decisions necessary for the effectiveness of the conventions. They also serve as forums for addressing issues within the conventions, enabling a structured approach to treaty governance. The establishment of a COP follows treaty ratification. For the PA to come into force, 60 ratifications are required, a threshold higher than the 40 needed for the FCTC and its protocol. Meanwhile, MOPs are established when subsequent agreements are made, separate from the mother treaty.

Knowing these different governance structures and mechanisms provides relevant insight and helps frame our understanding, especially when we look to past treaties to inform our recommendations for the PA.

Case Study: Lessons from the FCTC

Governance Structure and Decision-Making Process

The FCTC COP is the primary decision-making body overseeing the treaty's implementation. At the onset of adoption, parties to the treaty convened annually for the first four years and now biennially[63] to review progress, adopt new measures, and provide guidance on effectively implementing the Convention.[64] These sessions serve as a critical

[63] Jonathan Liberman, "Four COPs and Counting: Achievements, Underachievements and Looming Challenges in the Early Life of the WHO FCTC Conference of the Parties," *Tobacco Control* 21, no. 2 (March 2012): 215–20, https://doi.org/10.1136/tobaccocontrol-2011-050232.
[64] WHO Framework Convention on Tobacco Control DGO, *2021 Global Progress Report*, ed. Secretariat of the WHO FCTC, 1st ed (Geneva: World Health Organization, 2022).

platform for Parties to share experiences, challenges, and best practices, promoting collective learning and cooperation.

The Bureau of the COP plays a crucial role in steering the Convention's implementation. It consists of a President and five Vice-Presidents, each representing six WHO regions, and is elected by the member states. Working closely with the Convention Secretariat, the Bureau ensures the execution of decisions and resolutions. The Secretariat, hosted within the WHO, supports the COP's work by facilitating communication between Parties, coordinating implementation efforts, and managing technical assistance programs.

To guide implementation, the FCTC COP adopts strategic frameworks, such as the Medium-Term Strategic Framework, which outlines priorities and objectives to accelerate tobacco control efforts from 2019 to 2025.[65] Additionally, COP decisions and resolutions shape global tobacco control policy by addressing key issues, such as reducing demand and supply, protecting public health policies from tobacco industry interference, and promoting international cooperation. Despite its structured governance, compliance with COP decisions remains voluntary, limiting enforceability.[66]

Representation and equity

Even though the COP provides equal representation to all Parties, disparities in financial and technical resources prevent some countries from fully participating in the decision-making process, particularly for LMICs. The inequitable funding distribution has led to a governance structure where HICs, which can afford to fund their participation, dominate decision-making. This imbalance limits LMICs' influence on COP priorities, agenda-setting, and negotiations. Wealthier nations provide extrabudgetary contributions, which can influence agenda-setting, intensifying power imbalances.[67] For instance, African nations often lack the resources to send full delegations, reducing their ability to influence decisions.[68] While all Parties have a vote, many LMICs face financial constraints, limiting their ability to

[65] WHO Framework Convention on Tobacco Control DGO, *2018 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control*, 1st ed (Geneva: World Health Organization, 2018).
[66] Jeff Collin, "Tobacco Control, Global Health Policy and Development: Towards Policy Coherence in Global Governance," *Tobacco Control* 21, no. 2 (March 2012): 274–80, https://doi.org/10.1136/tobaccocontrol-2011-050418.
[67] Liberman, "Four COPs and Counting."
[68] Interviews held on January 24, and January 29, 2025, with a global health diplomat and a global health academic and legal expert, respectively Webex online; Deborah Gleeson et al., "Analyzing the Impact of Trade and Investment Agreements on Pharmaceutical Policy: Provisions, Pathways and Potential Impacts," *Globalization and Health* 15, no. 1 (November 28, 2019): 78, https://doi.org/10.1186/s12992-019-0518-2.

send representatives.[69] Additionally, HICs have more influence on agenda-setting due to their greater contributions.[70]

Nonetheless, to balance inclusivity and efficiency in decision-making, the FCTC COP has relied on regional groupings, where countries feel well-represented and have considerable leverage.[71] CSO backing has also played a crucial role in supporting these groupings, but during the PA negotiations, CSO and LMIC priorities were sometimes misaligned. Furthermore, the FCTC COP has implemented various monitoring and enforcement mechanisms, which have been instrumental in promoting accountability.[72] One effective mechanism for empowering underrepresented voices in negotiations and decision-making has been the establishment of stakeholder forums.[73] These forums, often set up after formal negotiations, create a platform where diverse stakeholders (including those traditionally underrepresented) can voice their concerns and provide input at the international level. By offering a structured avenue for comments to be heard post-negotiations, these forums ensure that valuable perspectives from marginalized groups are not overlooked and contribute meaningfully to shaping policies or agreements.[74] This approach enhances inclusivity and builds stakeholder trust and engagement, ultimately leading to stronger and more representative outcomes.

Funding

The reliance on extrabudgetary contributions enhances this challenge. Since the COP's financing is inadequate, parties often depend on voluntary contributions, which are disproportionately provided by HICs. As a result, funding priorities tend to reflect the interests of wealthier nations. Donor-driven priorities can shape discussions, sidelining LMIC interests and making it difficult for LMICs to advocate measures tailored to their specific needs.[75] FCTC 2030, an initiative to help LMICs implement tobacco control measures, provides funding but remains limited in scope.[76]

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[69] Interviews held on January 24, January 29, March 6, and March 7, 2025, Webex online
[70] Interviews held on January 24, January 29, and March 7, 2025, Webex online
[71] Interviews held on January 24, February 4, February 14, February 19, March 11, and March 13, Webex online for all except in-person on March 13; Liberman, "Four COPs and Counting."
[72] Liberman.; Interview held on February 4, 2025, with CSO representative and global health expert, Webex online
[73] Interview held on February 4, 2025, with CSO representative and global health expert, Webex online
[74] Interview held on February 4, 2025, with CSO representative and global health expert, Webex online
[75] Interviews held on March 6, 11, and 14, 2025, with global health experts, Webex online
[76] World Health Organization, "FCTC 2030," accessed May 16, 2025, https://fctc.who.int/convention/development-assistance/fctc-2030.

Implementation Mechanism

The FCTC COP has played a significant role in advancing tobacco control policies globally. Implementation guidelines developed by the COP have helped Parties enforce measures such as advertising bans, tobacco taxation, and plain packaging laws.[77] Countries like Uruguay and South Africa have demonstrated the effectiveness of FCTC policies in reducing tobacco consumption through strong regulatory frameworks. One of the most significant successes of the FCTC COP has been the adoption of Article 5.3 guidelines, which restrict tobacco industry interference in policymaking.[78] These guidelines have helped countries safeguard public health policies from vested interests, ensuring corporate influence does not derail progress.

After 20 years of implementation, notable achievements include: reduced tobacco consumption in countries that adopted comprehensive measures, such as taxation policies and advertising bans. Integration of FCTC measures into national laws and policies. Increased public awareness of tobacco's harms.[79] However, significant challenges remain as this progress has been uneven across regions, with implementation gaps particularly pronounced in LMICs primarily due to resource disparities.[80] Industry interference remains a major obstacle, as seen in litigation cases against Uruguay's tobacco policies, which continue to weaken regulatory efforts.[81] Additionally. Limited enforcement of cross-border advertising bans, particularly in LMICs, where enforcement capacity is weaker.

Monitoring and Evaluation

The FCTC introduced reporting mechanisms such as the Global Progress Reports.[82] However, LMICs often lack data collection capacity, leading to underreporting and reduced

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[77] Liberman, "Four COPs and Counting"; WHO Framework Convention on Tobacco Control DGO and Secretariat of the WHO FCTC, *Highlights from 20 Years of Tobacco Control*, 2025, https://fctc.who.int/resources/publications/m/item/highlights-from-20-years-of-tobacco-control.

[78] WHO Framework Convention on Tobacco Control DGO, *WHO Framework Convention on Tobacco Control: Guidelines for Implementation of Article 5.3*, ed. Secretariat of the WHO FCTC, *Convention-Cadre de l'OMS Pour La Lutte Antitabac : Directives Pour l'application de l'article 5.3, de l'article 8; Des Articles 9 et 10; de l'article 11; de l'article 12; de l'article 13; de l'article 14 - Édition 2013*, 2013 edition (Geneva: World Health Organization, 2013), https://iris.who.int/handle/10665/80510.

[79] WHO Framework Convention on Tobacco Control DGO and Secretariat of the WHO FCTC, *Highlights from 20 Years of Tobacco Control*.

[80] WHO Framework Convention on Tobacco Control DGO, *2021 Global Progress Report*.

[81] Liberman, "Four COPs and Counting."

[82] WHO Framework Convention on Tobacco Control DGO, *2021 Global Progress Report*.

accountability.[83] Global health stakeholders revealed that the FCTC at its onset lacked an effective accountability mechanism, noting that COPs are not the best avenues to address accountability concerns given the volume of issues they need to cover. Instead, they recommended collaborative monitoring and enforcement approaches that promote collaboration, capacity building, and trust among parties. International Law experts argue that successful strategies for monitoring and enforcing commitments in COPs have focused less on strict enforcement mechanisms and more on fostering implementation, accountability, and cooperation.

Others also acknowledge that monitoring and enforcing commitments during COPs has proven challenging, with varying degrees of success depending on the treaty and its mechanisms. For the PA, experts call for a focus on transparency mechanisms combined with peer review systems inspired by the Universal Periodic Review (UPR), which could help overcome some of these challenges. Furthermore, establishing clear preparedness and response metrics tied to financial and technical support could provide a practical basis for evaluation and enforcement.

Role of CSOs and Community Level Engagement

The FCTC provides a compelling example of effective community-level engagement in its COPs that could inform strategies for the PA. The FCTC's community was highly visible and organized, forming a coalition of anti-globalization and anti-corporate advocacy groups to support tobacco control.[84] Their coordinated activism placed significant pressure on governments, played a central role in shaping the treaty, and extended into the COP processes with a strong presence.[85] They published daily newsletters with thematic essays summarizing discussions, which helped keep stakeholders informed and engaged.[86] Delegates were motivated through initiatives like the "Dirty Ashtray Award" for countries obstructing progress and the "Orchid Award" for positive contributions.[87] Financial support from organizations like Bloomberg Philanthropies and the Bill and Melinda Gates Foundation

[83] Kamran Siddiqi et al., "Framework Convention on Tobacco Control 2030—A Program to Accelerate the Implementation of World Health Organization Framework Convention for Tobacco Control in Low- and Middle-Income Countries: A Mixed-Methods Evaluation," *Nicotine and Tobacco Research* 25, no. 6 (May 22, 2023): 1074–81, https://doi.org/10.1093/ntr/ntad022.
[84] Interview held on March 6, 2025, with a global health and governance expert, in-person, Geneva
[85] Liberman, "Four COPs and Counting."
[86] Interviews held on February 3, February 14, and March 6, 2025, with an MEA expert, a global health academic and legal expert, and a global health diplomat respectively, Webex online
[87] Interviews held on February 3, February 14, and March 6, 2025, with an MEA expert, a global health academic and legal expert, and a global health diplomat respectively, Webex online

played a crucial role in enabling this level of engagement.[88] Without such backing, many initiatives might not have been feasible.[89]

One of the FCTC's greatest strengths is its initiative-taking stance against industry interference.[90] The COP meetings maintain strict criteria for participation, allowing only legitimate CSOs to observe, excluding industry-affiliated entities.[91] Observers are permitted to make statements but not to influence decision-making, thus safeguarding the integrity of the negotiation process. This precedent is particularly relevant for the PA, where concerns over the pharmaceutical industry's influence are prominent. The FCTC's Article 5.3 emphasizes keeping the tobacco industry out of decision-making processes, serving as a critical reference point, emphasizing the exclusion of the tobacco industry from policymaking.[92] A similar clause could be considered for the PA to protect against undue influence from commercial health interests, with relevant variations.

Under the FCA umbrella, NGOs served as a unified advocacy bloc, holding countries accountable for their commitments through mechanisms such as "naming and shaming." This model empowered CSOs to monitor compliance, promote transparency, and shape public discourse around treaty implementation. While non-state actors did not have decision-making power, their influence on policy outcomes was nonetheless substantial.

However, measuring and regulating lobbying activities on the ground remains challenging. This represents an area for improvement in GHG. Drawing inspiration from frameworks like the UPR, the PA could incorporate structured opportunities for stakeholder engagement.[93] Mechanisms that document CSOs' contributions transparently would enhance legitimacy and ensure a wider array of voices are reflected in policymaking.[94]

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[88] Interview held on January 29, 2025, with global health experts, Webex online; Framework Convention Alliance (FCA), "Options for Sustainable Funding Mechanisms for FCTC Implementation Report" (Geneva: FCA, 2022), https://fctc.org/wp-content/uploads/2022/01/Options-for-Sustainable-Funding-Mechanisms-for-FCTC-Implementation-Report.pdf.

[89] WHO Framework Convention on Tobacco Control DGO, *WHO Framework Convention on Tobacco Control*.

[90] Interviews held on February 4, 14, 19, and March 11, 2025, with global health experts & CSO representatives, Webex online

[91] Interviews held on January 29 and February 14, 2025, with global health experts and academics, Webex online; United Nations Human Rights Council, "Universal Periodic Review," OHCHR, accessed May 16, 2025, https://www.ohchr.org/en/hr-bodies/upr/upr-home.

[92] WHO Framework Convention on Tobacco Control DGO, *WHO Framework Convention on Tobacco Control*.

[93] Interviews held on February 14, March 6, and March 7, 2205, with global health experts and academics, Webex online

[94] Interviews held on February 19, March 6, and March 14, 2025, with global health experts, Webex online

Events Leading Up to the FCTC vs. PA (Annex B)

The events leading up to the PA and the FCTC differ in context but are related in motive as they aim to advance global health. Major differences exist in the role of advocacy and negotiation strategies; CSOs played a critical role in shaping the FCTC. The FCA used lobbying, media engagement, and scientific evidence to influence treaty negotiations.[95] The FCA's Alliance Bulletin was a key tool in mobilizing support.[96] CSOs played a critical role in shaping the FCTC. Conversely, negotiations for the PA were slower due to vaccine equity concerns and pharmaceutical industry opposition.[97] Unlike tobacco control, where the industry was largely excluded from negotiations, the PA faced challenges balancing public health and private sector interests.[98]

A comparative analysis of the events leading to the adoption of the FCTC and the negotiations for the PA highlights key lessons. While the two treaties differ in context, both aim to advance global health through international cooperation. The FCTC was driven by a well-established scientific consensus on the harms of tobacco and strong CSO mobilization, particularly from the FCA. The FCA played a pivotal role in shaping the negotiations by uniting diverse actors, pressuring governments, and ensuring the treaty's adoption.

Similarly, the PA emerged from the lessons of the COVID-19 pandemic, aiming to create a global framework for future health crises. Unlike the FCTC, however, the PA negotiations unfolded in a rapidly evolving geopolitical landscape, making consensus-building more difficult. Key challenges included equitable access to pandemic health products such as vaccines and treatments, Intellectual Property (IP) barriers affecting the production and distribution of medical supplies, and integration of health and environmental policies within the treaty's framework.[99]

While momentum was strong at the onset of the pandemic, it waned over time. The INB made progress on research and development, sustainable financing, and local production, but deep divides remained on key provisions.[100] Recent geopolitical

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[95] Mamudu and Glantz, "Civil Society and the Negotiation of the Framework Convention on Tobacco Control."
[96] Mamudu and Glantz.
[97] Suerie Moon, John-Arne Røttingen, and Julio Frenk, "Global Public Goods for Health: Weaknesses and Opportunities in the Global Health System," *Health Economics, Policy and Law* 12, no. 2 (April 2017): 195–205, https://doi.org/10.1017/S1744133116000451.
[98] Gleeson et al., "Analyzing the Impact of Trade and Investment Agreements on Pharmaceutical Policy."
[99] Global Health Centre, "TIMELINE," Governing Pandemics, accessed April 15, 2025, https://www.governingpandemics.org/timeline; Global Health Centre, "HOME," Governing Pandemics, accessed April 15, 2025, https://www.governingpandemics.org.
[100] Global Health Centre, "HOME."

developments, including the withdrawal of the US from the WHO, further complicated negotiations.

Momentum in Global Health Treaty Negotiation: the PA

Momentum is crucial in treaty negotiations. The early urgency of the COVID-19 pandemic led to elevated levels of commitment from governments and stakeholders. However, as negotiations continued, this momentum waned. The FCTC demonstrated that CSO engagement and sustained momentum are critical for the success of global health treaties. The FCA's efforts to pressure negotiators, mobilize public support, and hold governments accountable played a crucial role in securing the FCTC's adoption and implementation.[101] Conversely, the PA negotiations lacked a unified and influential CSO coalition comparable to the FCA. This fragmentation slowed progress, despite the urgency of establishing a robust framework for future pandemics.

Additionally, the ongoing threats of epidemics, including Mpox, Ebola, and new COVID-19 variants, underscore the need for a strong, equitable, and well-funded PA. The FCTC's lessons on countering industry influence, ensuring equitable participation, and maintaining political momentum should guide the design of the PA's governance framework. Momentum must be sustained due to the severity of pandemics and their unpredictable nature.

FCTC: Impact and Current Dynamics

The FCTC has demonstrated that well-structured governance, robust monitoring mechanisms, and sustained financial support can drive global health progress. Tobacco control measures have saved millions of lives by reducing smoking-related diseases, and the integration of FCTC provisions into national policies has had a lasting impact.[102] For example, smoking prevalence has decreased from 22.7% in 2007 to 17% in 2021.[103] Australia's plain packaging laws, implemented in 2012, significantly reduced smoking rates by removing branding elements.[104] CSOs like the FCA continue to play a key role in pushing

[101] Framework Convention Alliance (FCA), "About Us," *Global Alliance for Tobacco Control* (blog), accessed April 15, 2025, https://fctc.org/about-us/.
[102] Hannah Ritchie and Max Roser, "Smoking," *Our World in Data*, August 1, 2023, https://ourworldindata.org/smoking.
[103] WHO Framework Convention on Tobacco Control DGO, *WHO Framework Convention on Tobacco Control*.
[104] Framework Convention Alliance (FCA), "Options for Sustainable Funding Mechanisms for FCTC Implementation Report."

for stronger measures under the treaty.[105] However, funding gaps remain a major obstacle. Initiatives like FCTC 2030 aim to address these gaps, but ensuring sustainable financial support for LMICs remains challenging.[106] LMICs have higher attendance rates but smaller delegations, limiting their influence.[107] Moreover, it was also reported that attendance at FCTC COP meetings had decreased over time, with concerns about reaching the threshold for decision-making (66% participation).[108] The experience of the FCTC suggests that the PA could strive to secure stable and predictable funding mechanisms to ensure equitable participation and implementation.

Conclusion

Undoubtedly, the FCTC COP offers valuable insights for designing the PA's COP governance framework. By learning from the FCTC's successes and shortcomings, GHG can be strengthened to better prepare for future health emergencies. For the PA to succeed, it must prioritize equitable decision-making, sustainable financing, and strong CSO engagement. The WHO's demonstrated leadership in norm-setting and capacity-building must be sustained. Many global health practitioners and key stakeholders also noted that the PA's success hinges on its ability to integrate governance innovations, ensure equity, and maintain accountability without overburdening member states.

Case Study: Lessons from the UNFCCC and MEAs

The UNFCCC, which emerged from the 1992 Earth Summit in Rio de Janeiro, was a response to mounting scientific evidence and growing political will to tackle climate change. Preceding this, environmental diplomacy had already been shaped by conventions such as the 1985 Vienna Convention for the Protection of the Ozone Layer and the 1987 Montreal Protocol, which successfully addressed ozone depletion through binding commitments and financial support mechanisms.[109] These international agreements laid the foundation for multilateral environmental governance, illustrating the importance of legally binding frameworks, financial mechanisms, and CSOs' engagement. As discussions around a PA

[105] Framework Convention Alliance (FCA), "About Us."
[106] Sara Rose Taylor and Ryan Forrest, "Assessing the Solutions to Tobacco Control's Funding Gap Problem," *Tobacco Control* 31, no. 2 (March 2022): 335–39, https://doi.org/10.1136/tobaccocontrol-2021-056546.
[107] Plotnikova et al., "Towards 'a Balanced Delegation' or Enhancing Global Health Governance?"
[108] Plotnikova et al.
[109] Interview held on February 3, 2025, with an MEA expert, Webex online

progress, many lessons can be learned from the UNFCCC and other MEAs regarding governance, participation, efficiency, and compliance mechanisms.

A key feature of the UNFCCC and other MEAs is the COP, which serves as the convention's supreme governing body. Framework conventions, by definition, establish a broad set of rights and obligations for states, leaving specific implementation details to be decided through subsequent agreements and decisions taken by the COP.[110]

The Convention on Biological Diversity (CBD) provides an instructive model, particularly through Article 23, which defines the COP and gives it extensive internal powers, an exception in MEAs.[111] Paragraph 3 of Article 23 grants the COP broad authority over the treaty's operations, including reviewing implementation progress and adopting protocols. Paragraph 4 ensures flexibility by allowing the COP to undertake any additional actions necessary, creating an open-ended governance approach.[112] This model should be considered for the PA, ensuring a well-drafted governance structure that gives the COP specificity and adaptability.

In another vein, the participation of CSOs and NGOs is a key component of international agreements. Under the UNFCCC, CSOs play a fundamental role in shaping discussions, sharing best practices, identifying challenges, and fostering multi-stakeholder partnerships. However, CSOs' participation remains an ongoing struggle, as COPs have discretion over the extent of engagement, sometimes leading to restrictions. Of the existing MEAs, the Aarhus Convention provides a robust model for CSOs' inclusion, where it establishes three fundamental pillars: access to information, public participation, and access to justice.[113] Per the MEA expert we interviewed, these principles should be institutionalized in the PA to ensure CSOs have a clear role from the outset. They added that observer status should be explicitly written into the treaty, allowing CSOs to voice concerns, advocate for vulnerable populations, and contribute to policy discussions without undermining state-driven processes.

As for the effectiveness of international agreements, it is closely tied to their ability to ensure equity. For instance, the 2022 Kunming-Montreal Global Biodiversity Framework, adopted by the CBD COP, is a great example of an extensive, long-term program built on principles of openness, transparency, and fairness.[114] Central to this is the principle of

[110] Interview held on February 3, 2025, with an MEA expert, Webex online
[111] Interview held on February 3, 2025, with an MEA expert, Webex online
[112] Interview held on February 3, 2025, with an MEA expert, Webex online
[113] Interview held on February 3, 2025, with an MEA expert, Webex online
[114] Interview held on February 3, 2025, with an MEA expert, Webex online

common but differentiated responsibilities, which recognizes the historical contributions of developed nations to environmental degradation and obligates them to provide financial and technical support to the Global South.[115] Similarly, the PA must prioritize equitable benefit-sharing, ensuring that low- and middle-income countries receive adequate financial support, capacity-building, and technology transfer. Lessons can be drawn from the Montreal Protocol's financial mechanisms, which have facilitated compliance and implementation through significant global funding, particularly benefiting developing nations. Establishing a dedicated fund within the PA could ensure sustainable financing for pandemic preparedness and response. Additionally, monitoring and compliance mechanisms are essential for ensuring that international agreements translate into concrete actions. Under the CBD, the Global Biodiversity Framework incorporates a robust reporting and monitoring system that includes national reports, information-sharing sessions, and workshops.[116] Similarly, the Paris Agreement under the UNFCCC employs a transparent framework that involves national communications, biennial reports, and periodic assessments.[117] Enforcement, however, remains a challenge. The Paris Agreement's Article 15 establishes a Compliance Committee to facilitate adherence to commitments, but it lacks enforcement power, relying instead on diplomatic and reputational incentives.[118] Again, the MEA expert suggested that the PA incorporate a similar compliance mechanism while exploring ways to strengthen enforcement.

Lastly, we received the same feedback in all the interviews we held: a well-functioning international agreement must integrate expert scientific input into decision-making. As a global health academic and legal expert mentioned, the UNFCCC benefits from the Intergovernmental Panel on Climate Change (IPCC), which provides evidence-based assessments that guide policy discussions.[119] Similarly, the PA should establish a dedicated body of experts responsible for generating scientific reports and policy recommendations. Key global health research institutions have proposed models for integrating evidence-based expertise into pandemic preparedness, ensuring that the latest scientific insights guide COP discussions.[120]

[115] Interview held on February 3, 2025, with an MEA expert, Webex online
[116] Interview held on February 3, 2025, with an MEA expert, Webex online
[117] Interview held on February 3, 2025, with an MEA expert, Webex online
[118] Interview held on February 3, 2025, with an MEA expert, Webex online
[119] Interview held on March 14, 2025, with a global health academic and legal expert, Webex online
[120] Interview held on March 14, 2025, with a global health academic and legal expert, Webex online

Ultimately, the PA presents an opportunity to learn from the governance structures, participation mechanisms, equity principles, and enforcement models of existing MEAs, particularly the UNFCCC and CBD. Ensuring strong COP governance, institutionalizing CSOs' participation, incorporating financial mechanisms, and establishing robust monitoring and compliance frameworks will be crucial to the agreement's success. By adopting best practices from international environmental governance, the PA can create a resilient and equitable framework for addressing future global health crises.

Clarifying the Synergies: the IHR and the PA[121]

Global health's evolving governance structure has brought challenges and opportunities to harmonize the IHR and the PA. Despite their shared goal of addressing health emergencies, unclear boundaries between these frameworks present significant challenges that must be resolved to ensure complementary and effective governance, especially considering that the IHR amendment took place alongside the PA negotiations.

In examining the governance and membership of the IHR, global health diplomats emphasize that the overlapping responsibilities of IHR and PA governance could create inefficiencies. They emphasize that establishing joint committees and aligned reporting frameworks can mitigate redundancy while fostering collaboration. Membership differences between the IHR, which includes all WHO members, and the PA, which has a more specific scope, also risk inefficiencies. Creating distinct yet complementary governance structures is vital for addressing these gaps. They also noted that the PA governance can enhance IHR foundations by promoting continuity and efficiency in addressing core capacities such as access to medicines, funding, and human resources. Africa's advocacy for equity provisions highlights the importance of stronger language and commitments within PA governance. Articles focused on technology transfer, vaccine access, and Pathogen Access and Benefit Sharing (PABS) must move beyond symbolic statements to ensure tangible outcomes.

[122]Academics underscored the need for integrated governance mechanisms that leverage the expertise of the WHA and IHR. The PA should complement and strengthen the IHR by addressing its implementation challenges while respecting its distinct scope. For instance, the IHR focuses on detection and containment, while the PA emphasizes response and equitable resource distribution. Clarifications in Annex 1 of the IHR and Article 13,

[121] For specific recommendations on aligning the IHR and PA, refer to Appendix C
[122] Interview held on February, 29, 2025, with a global health expert, Webex online

which prioritizes equitable vaccine access, can serve as foundations for enhancing collaboration.[123]

Global health legal experts highlighted lessons from the IHR implementation, noting that gaps in IHR implementation stem from unclear provisions and states opting out.[124] Precise language and robust mechanisms are essential for ensuring universality, especially as upcoming deadlines for reservations will test states' willingness to adopt amendments. Additionally, the IHR's "Duty to Collaborate and Assist" remains ineffective, placing disproportionate burdens on LMICs. The PA must address this by pairing obligations with adequate resources and support mechanisms.[125] According to these legal experts, creating synergies for strengthened governance is crucial, arguing that integrated governance between the PA and IHR requires demarcating responsibilities to avoid overlaps.[126] Consolidating secretariat roles while maintaining distinct mandates can streamline operations and reinforce the instruments' mutual objectives.

Moreover, to avoid duplication and foster coordination, CSOs and global health diplomats recommend that PA governance focus on adding value to existing IHR processes rather than replicating them.[127] For example, Article 4 of the PA, which mirrors the Joint External Evaluation (JEE) process under the IHR, should instead build on JEE findings to address identified gaps. Establishing coordination mechanisms between the PA and IHR Secretariats can streamline priorities and reporting processes.[128] Joint committees or working groups can foster coherence and reduce duplication. These lessons from IHR implementation reveal the importance of ensuring resources and funding frameworks are aligned to prevent inefficiencies and inequities and abate the fear of overlaps.

Furthermore, harmonizing IHR and PA governance is crucial for establishing a stronger global health framework. Aligning timelines, enhancing collaboration mechanisms, and fostering inclusivity can ensure both instruments work cohesively to address health

[123] Interview held on February 3, 2025, with an MEA expert, Webex online
[124] Interview held on January 29, February 14, and March 6, 2025, with international health law experts and legal health experts respectively, Webex online
[125] Interview held on January 29, February 14, and March 6, 2025, with international health law experts and legal health experts respectively, Webex online
[126] Interview held on January 29, February 14, and March 6, 2025, with international health law experts and legal health experts respectively, Webex online
[127] Interview held on February 4, and March 13, 2025 with an NGO representative & Health Diplomat respectively, Webex online
[128] Interview held on February 4, and March 13, 2025 with an NGO representative & Health Diplomat respectively, Webex online

emergencies effectively. By prioritizing equity, continuity, and efficiency, GHG can move forward in a way that supports diverse populations and strengthens multilateral cooperation.

Geopolitical Considerations

Health diplomats remain cautiously optimistic, emphasizing the WHO Director-General's efforts to re-engage the US and stabilize treaty processes.[129] As a major contributor, the US has historically provided approximately 18-20% of the WHO's budget, alongside critical resources and expertise from institutions like the NIH and CDC.[130] Its departure threatens the WHO's ability to deliver on its priorities, jeopardizing the 2026-2027 program budget and GPW14 implementation.[131] The absence of US leadership in G7 negotiations could hinder consensus on treaty articles, underscoring the fragility of multilateral cooperation during health emergencies. While acknowledging the gaps left by US withdrawal, some health diplomats argue that this situation allows other entities, such as European nations and private actors, to step up. Diversifying global health leadership, with organizations like the Africa CDC, could also reduce reliance on traditional powers and foster a more inclusive governance structure.[132]

Academics have highlighted the profound implications of US withdrawal, particularly the loss of funding and expertise from the CDC and FDA, which has disrupted collaboration with the WHO on prequalification efforts to ensure medical products' safety, efficacy, and quality, especially in LMICs. The misinformation surrounding the treaty has already hindered progress, and while US ratification was unlikely, bilateral collaboration now seems improbable.[133] The EU's complex stance on IP rights added another layer of difficulty to negotiations, potentially limiting the treaty's effectiveness without substantial US involvement.

International law experts suggest that the US withdrawal may create space for other voices to emerge, fostering more inclusive discussions, but also emboldening others to leave.[134] However, the loss of substantial voluntary contributions exposes the global health

[129] Interview held on January 24, 2025, with a global health diplomat, Webex online
[130] Interview held on January 29, 2025, with a global health academic and legal expert, Webex online
[131] World Health Organization, "WHO Fourteenth General Programme of Work, 2025-2028," accessed April 15, 2025, https://www.who.int/about/general-programme-of-work/fourteenth.
[132] Interview held on March 6, 2025, with a global health expert and diplomat, Webex online
[133] Interviews held on January 29, and February 14, 2025, with a global health academic and expert, respectively Webex online
[134] Interviews held on January 29, and February 14, 2025, with a global health academic and expert, respectively Webex online

community's reliance on American funding and influence. This moment calls for reimagining GHG, prioritizing equity, inclusivity, and shared responsibility. There is potential for regionalism, with entities like the AU stepping into more prominent leadership roles. Today's political context, marked by economic challenges and the rise of right-wing parties in Europe, presents an opportunity for LMICs to redefine GHG independently, rather than waiting for another Western state to fill the void.[135]

Health CSOs and NGOs have raised critical questions about the impact of US withdrawal on the treaty and GHG. Historically, the US has shown a pattern of selective engagement during negotiations, often refraining from ratifying agreements.[136] The hope is for disengagement rather than active obstruction, allowing other actors to step forward and redefine their roles in global health.

Overall, the current geopolitical context gives the WHO the potential to introduce meaningful changes and diversify leadership through other organizations. Moving forward, the global health community must adapt and innovate to ensure progress in addressing health concerns for diverse populations.

Case Studies and Interviews: Concluding Thoughts

While the COVID-19 experience heavily influenced the formation of the PA, it is essential that the COP reflects on lessons from a broader range of epidemics and pandemics. Maintaining continuity with past patterns will provide a robust foundation for shaping a resilient and responsive global framework. A review of past pandemics reveals the diverse nature of epidemiological threats and how their impact has worsened over time, with COVID-19 arguably causing the most widespread disruption and damage. While the Black Death remains the deadliest pandemic in recorded history, with an estimated 75–200 million deaths, COVID-19 has had the most widespread global aftermath in modern times.[137] Its impact extended beyond health, triggering worldwide lockdowns, economic disruptions, and a dramatic acceleration of digital transformation, especially in telehealth and remote health tools. The pandemic also worsened mental health crises and deepened global inequalities,

[135] Interview held on March 14, 2025, with a global health academic and legal expert, Webex online
[136] Interview held on February 4, 2025, with a CSO representative & global health expert, Webex online
[137] Monica H. Green, "The Four Black Deaths," *The American Historical Review* 125, no. 5 (December 29, 2020): 1601–31, https://doi.org/10.1093/ahr/rhaa511; Nabiha Naveed et al., "The Global Impact of COVID-19: A Comprehensive Analysis of Its Effects on Various Aspects of Life," *Toxicology Research* 13, no. 2 (March 1, 2024): 1–13, https://doi.org/10.1093/toxres/tfae045.

disproportionately affecting low-resource settings. Ultimately, previous pandemic management underscores the urgency and importance of a well-structured, forward-looking GHG mechanism.

Findings and Recommendations

Below are our recommendations based on the interviews and case studies conducted. They are categorized by theme, and organized from short-term to long-term goals.

1. **Structure and Governance**
    a. **Dedicated Secretariat:** It is vital to form a secretariat staffed in good faith and with a strong commitment to the treaty's goals. The secretariat serves as the backbone of the COP, driving its operations and ensuring its agenda aligns with the treaty's intent. **The secretariat's integrity** is key to ensuring impartiality, transparency, and consistency in fulfilling its responsibilities. The secretariat must coordinate strategically with various stakeholders, ensuring inclusivity while maintaining efficiency. This involves balancing diverse perspectives without losing sight of the treaty's core objectives.
    b. **Institutionalize Transparency in Decision-Making:** Adopt mechanisms to publish meeting minutes, detailed voting records, and comprehensive rationales for decisions, ensuring its deliberations are fully transparent and accountable.[138] Include defining clear, publicly accountable procedures for future pandemic declarations. This counters the opaque practices seen in PHEIC deliberations and builds accountability.
    c. **Priority-Based Membership Models:** A system inspired by the United Nations Security Council (UNSC), where permanent seats are allocated to governments in regions with high pandemic risk (e.g., the Democratic Republic of Congo, Brazil, and Indonesia in the equatorial belt), could ensure focused representation of priority concerns.
    d. **Rotating Chairs:** To ensure broader inclusivity and shared ownership, rotating chairs could include a mix of governments with pressing pandemic challenges and priority concerns. This structure allows diverse perspectives to influence decision-making over time.

[138] Pagotto and Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern."

e. **Regional Representation:** Establishing mechanisms for regional blocs to nominate representatives ensures that the unique challenges faced by different parts of the world are adequately reflected in governance.

f. **Reform Emergency Framing and Agenda-Setting**: Adopt multi-dimensional criteria for defining emergencies, including social and economic impacts, and distribute agenda-setting power broadly among diverse groups.[139] This approach avoids the pitfalls of traditional security-focused framings and promotes a more balanced and responsive COP design.

g. **Equity-Centered Agenda Setting:** Governance structures must empower these priority representatives to shape the agenda meaningfully, ensuring the treaty's objectives are closely aligned with addressing the highest risks and vulnerabilities. **Careful Prioritization:** Identifying and agreeing on priorities, whether it's overcoming red lines or securing the agreement, requires political will and a clear vision. Addressing evolving priorities and challenges ensures that the COP remains relevant and responsive over time.

h. **Establish an Equity and Justice Oversight Mechanism:** create a standing Equity and Justice Committee within the COP and require equity impact assessments on key proposals and decisions. Such mechanisms serve to check the hierarchical and securitized framing in global health emergencies, ensuring that policies are fair and inclusive.[140]

i. **Expert-Led Governance:** A body of experts, similar to the UNFCCC's science-policy interface, should provide evidence-based reports to guide COP discussions. To ensure informed decision-making, experts should be selected through robust conflict-of-interest policies.

2. **Participation of NGOs and Other Actors**

a. **Defining Scope of Participation:** Establishing clear boundaries for stakeholder involvement is essential. While NGOs and other stakeholders can contribute to consultations and provide valuable input, the extent of their participation during critical, hard-fought negotiations may need to be limited to ensure states retain control over decision-making. **Non-Decision-Making**

[139] Pagotto and Eccleston-Turner.
[140] Pagotto and Eccleston-Turner.

and Observer Role: To maintain the state-driven nature of COPs, stakeholders can participate in an advisory capacity, providing input and submitting evidence without engaging in the decision-making itself. They can play observer roles through statements, ensuring their perspectives are considered.

b. **Informal Dialogues:** Encouraging informal dialogues between states and stakeholders allows for meaningful exchanges outside the formal negotiation process.
c. **Leveraging On-the-Ground Expertise:** CSOs, often deeply embedded in communities, bring invaluable insights into local challenges and effective responses, which can complement state-level strategies.
d. A model similar to the **UPR under the Human Rights Council (HRC)** could be utilized, wherein non-state actors write reports and provide evidence informing negotiations and decisions. This would ensure their expertise, particularly regarding pandemic preparedness and response, is systematically considered.
e. **Formalized Evidence Submission:** Creating structured opportunities for CSOs and other stakeholders to compile a body of evidence that can serve as a resource for the COP, thereby enhancing decision-making processes.
f. **Dedicated Space and Time:** Creating formal sessions during COPs specifically for CSOs' presentations and input allows them to contribute while ensuring that state-driven decision-making processes remain intact. This provides a clear, structured way for their expertise to be shared without interfering with negotiations.
g. **Lottery System for CSO Participation:** Introducing a lottery system could democratize access to such sessions, allowing a diverse range of organizations to present their views and avoiding the overrepresentation of certain groups or regions.
h. **Inclusivity and Openness:** Stakeholder participation must be built on principles of inclusivity and openness while balancing the need for compromise. Formalizing their participation establishes a clear record, making it evident when CSOs' contributions are not acted upon. This promotes accountability and transparency within the COP process. Open meetings and

opportunities for NGOs to make statements help promote transparency and inclusivity.

i. **Daily Briefings and Updates:** The WHO's INB method, where relevant stakeholders receive daily briefings on the previous day's proceedings, offers a balanced approach. It ensures transparency without exposing sensitive negotiations to external scrutiny.

j. **Financial Support for Participation:** Establishing trust funds, such as in the **CODEX Alimentarius group**, facilitates participation by covering travel expenses for LMIC representatives. This enables them to attend preparatory meetings, workshops, and commissions, building capacity and ensuring their voices are represented.

3. **Member State Representation and Participation**

a. **Regional Aggregation of Interests:** Allowing regional governments with shared interests to aggregate their positions can amplify their voices and increase their negotiating power. This was a promising proposal in earlier drafts of the PA and remains a key way to ensure equity in representation.

b. **Embed Epistemic and Regional Diversity**: Mandate representation from LMICs, Indigenous experts, social scientists, and other non-Western experts within COP subcommittees.[141] Consider a rotating leadership or enforcing equity quotas to ensure balanced decision-making. This prevents the dominance of narrow biomedical paradigms and ensures that diverse perspectives inform the COP's agenda.

c. **Guaranteed Seats and Agenda-Setting Authority:** Establishing governance structures where underrepresented groups always have a seat at the table and a say in agenda-setting ensures that their perspectives are integrated into critical discussions and decisions.

d. **Decentralizing Meeting Locations:** Hosting meetings in diverse locations, rather than consistently in Geneva, reduces logistical and financial barriers for underrepresented groups, particularly LMICs, and demonstrates a commitment to inclusivity.

[141] Pagotto and Eccleston-Turner.

e. **Hybrid Meeting Models:** Hosting some meetings in a hybrid format ensures broader participation, particularly in preparatory stages, by overcoming logistical and financial barriers.

f. **Equalizing Influence:** Recognize that formal voting structures (e.g., one member, one vote) may not account for soft power and influence disparities. Mechanisms that amplify LMIC voices, such as weighted representation or advisory roles, can help balance the dynamics.

4. **Sustainable Financing**

The PA must adopt clear structures that reduce dependence on a few donors. A long-term financial mechanism with contributions from diverse stakeholders is essential to avoid financial instability when major donors withdraw.

a. **Support for Delegations:** Unlike HICs, LMICs often lack adequate representation. Dedicated financial support, such as travel funds and technical assistance, can help LMICs participate in negotiations meaningfully without being overstretched by parallel processes like those for the IHR and PA.

b. **Dedicated Funding Lines:** Establishing these ensures that resources are specifically allocated to LMICs. This approach can help address systemic inequities and provide consistent support for pandemic preparedness and response.

c. **Clear Budget Prioritization:** A priority budget line for LMICs is essential to ensure that competing demands do not overshadow their needs. This could include earmarked funds for capacity building, infrastructure development, and access to medical countermeasures.

d. **Integrated Support Mechanisms:** Financial and technical support must be designed to address systemic inequities, such as a lack of infrastructure or limited access to data. These mechanisms could be managed by independent entities to avoid biases and ensure transparency. A data-driven platform to track resource gaps ensures that immediate aid reaches the most, mobilizing global citizen participation, among other things.

e. **Unified Financial Mechanisms:** The ambiguity surrounding financial mechanisms for the IHR and PA must be resolved. A unified funding framework could streamline resource allocation, ensuring that both

instruments are adequately supported without duplication or inefficiencies. Both instruments discuss financing but use different terminologies and approaches. The COP for the PA will need to determine how to address overlaps and ensure that resources are used efficiently without duplicating efforts.

5. **Technical Capacity Building**
    a. **Institutionalizing Capacity-Building**: Establish mechanisms for building institutional capacity within LMICs to engage during negotiations and throughout implementation. This includes training, workshops, and access to expert networks. Decentralizing manufacturing and building health system resilience, particularly in LMICs, is vital for equity. Indicators and transparent monitoring must track progress beyond financial contributions alone.
    b. **Redefining Equity as a Process**: Equity should be seen as a result and a guiding principle in how negotiations and implementation mechanisms are structured. This means ensuring LMICs can engage fully and effectively at every decision-making stage.
    c. **Integrated Support Mechanisms**: Financial and technical support must be designed to address the systemic inequities, such as a lack of infrastructure or limited access to data. Independent entities should manage these mechanisms to avoid biases and ensure transparency.
    d. **Global Collaboration**: The role of the US and other major contributors to the WHO budget is critical. A stable and cooperative relationship with these stakeholders can significantly impact the availability of resources for LMICs. However, diversifying funding sources and fostering regional leadership (e.g., AU, Africa CDC) can reduce over-reliance on a single donor.

6. **Implementation and Compliance**
    a. **Implementation Over Compliance**: The global health community learned during COVID-19 that an “obsession” with compliance and enforcement may overlook deeper issues like resource and structural challenges. For example, non-compliance with the IHR often stems from an inability to comply due to systemic limitations, not deliberate refusal.

b. **Sanctions as Exceptions**: Sanctions, such as trade sanctions under the Montreal Protocol, are rare and should remain exceptions. The emphasis should be on creating trust and enabling compliance through dialogue and support. Focusing on capacity building, technical support, and structural strengthening can create long-term compliance rather than short-term fear of penalties.

c. **Peer Review Mechanisms**: States could periodically review each other's progress. Such peer-to-peer accountability ensures states are held responsible for meeting their pledges and allows follow-ups over a set period (e.g., four years). Peer-review processes where states interact with other states rather than individual experts foster collaboration and are often more effective at encouraging long-term compliance.

d. **Subsidiary Bodies**: Most of the substantive monitoring and enforcement is carried out by expert, intergovernmental, and reporting bodies rather than during the short COP meetings, which cover extensive agendas. **Role of Academic Institutions**: Universities, academic bodies, research institutions, and CSOs provide valuable support by offering technical expertise.

e. **Framing Compliance Positively**: In fields like environmental governance, the focus has shifted from judgment to dialogue on compliance. This softer, non-confrontational approach helps create a sense of comfort and promotes satisfactory levels of enforcement and compliance.

f. **Governance Models**: The concept of "new sovereignty" introduced by Abram Chase in the 1990s advocates a cooperative approach, emphasizing mutual support and shared goals over heavy-handed enforcement.

It is important to differentiate between resource-limited non-compliance and intentional breaches, such as failure to notify during pandemics. **Understanding and addressing internal challenges** through financial and technical support is key to enhancing compliance in under-resourced states.

7. **PABS**

The failure to empower underrepresented voices in pathogen sharing, technology transfer, and vaccine equity reveals systemic flaws in international negotiations. These concerns are often sidelined, especially during PA talks, due to structural barriers and a false sense of

urgency. The siloed nature of international law, particularly IP disputes, raises doubts about WHO's authority to address tech transfer. Balancing state and non-state interests in these controversial issues requires structuring COPs to include LMIC and observer inputs from critical non-state voices.

a. **Balancing IP and Technology Transfer**: Outcomes must strike a balance to ensure equitable vaccine distribution and technology transfer. Avoiding polarized debates (e.g., voluntary vs. non-voluntary approaches) and finding inspiration in other treaties like Chapter 5 of the Agreement on the Conservation and Sustainable Use of Marine Biological Diversity of Areas beyond National Jurisdiction, which emphasizes collaboration and capacity building, can help.[142]

8. PABS Annex Negotiation

a. **Establishing a PABS Benefit Council and Platform to Operationalize Equitable Innovation**: A phased development of a benefit council and benefit platform would help translate the PABS Annex into a functioning, equitable system. This innovative dual mechanism would ensure traceable access, enforceable benefit-sharing, and inclusive governance.

b. To strengthen LMIC negotiating power in the upcoming PABS Annex talks, countries should form a **coordinated negotiation bloc** to unify positions and advocate for mandatory benefit-sharing obligations, as voluntary models have historically failed to deliver equitable outcomes.[143]

c. It is crucial that LMIC delegations have access to **real-time legal and technical support** during Intergovernmental Working Group (IGWG) sessions to navigate complex IP and governance issues.

[142] United Nations, *Agreement under the United Nations Convention on the Law of the Sea on the Conservation and Sustainable Use of Marine Biological Diversity of Areas beyond National Jurisdiction* (Agreement on Marine Biological Diversity of Areas beyond National Jurisdiction, 2023), https://www.un.org/bbnjagreement/en/bbnj-agreement/text-bbnj-agreement.

[143] Mark Eccleston-Turner, Michelle Rourke, and Stephanie Switzer, "Fate Unknown: The Pandemic Agreement's Pathogen Access and Benefit Sharing," *Think Global Health*, May 20, 2025, https://www.thinkglobalhealth.org/article/fate-unknown-pandemic-agreements-pathogen-access-and-benefit-sharing.

d. Recognizing the Annex as a **Specialized International Instrument (SII) under Article 4(4) of the Nagoya Protocol** would clarify legal obligations and prevent jurisdictional conflicts with existing frameworks.[144]
e. LMICs should also advocate for **transparent benefit-tracking tools**, such as a public PABS Register, and equity indicators to ensure accountability.[145]
f. Leveraging **regional innovation and manufacturing platforms**, such as mRNA hubs, can ensure the outcomes are not only equitable but also locally impactful.

To accelerate the PABS Annex negotiation, the IGWG process could incorporate pragmatic negotiation tools, including technical drafting inputs, informal regional consultations, and a clear milestone calendar to streamline progress. Leveraging political moments, such as upcoming UN summits, can create momentum, while a transparent negotiation tracker would foster accountability and broader stakeholder trust. Overall, these measures can help shift PABS from principle to practice to meet the urgency of future global health emergencies while ensuring an equitable and enforceable PABS system.

Conclusion

While acknowledging that global health decision-making is inherently political, recognizing the severity with which pandemics occur and the speed at which infections can spread remains crucial. The long-term implications of COVID-19 are still unfolding, while outbreaks such as Ebola continue to affect certain regions. COVID-19 itself has not been entirely eradicated. It took years to understand the full impact of previous pandemics, and ongoing research continues to reveal new insights. As such, the relevance of the PA cannot be overstated. Designing an effective COP to support its implementation is critical. Its COP should not be modeled strictly on past treaties, but rooted in equity and readiness to reduce and mitigate the risk of future pandemics proactively. A COP that not only operationalizes the PA but remains connected to ongoing research, strengthens global health systems, and enables equitable disease tracking and surveillance globally. By adopting these practices, the PA COP can overcome practical challenges while focusing on effective governance and

[144] Elisa Morgera, Elsa Tsioumani, and Matthias Buck, *Unraveling the Nagoya Protocol: A Commentary on the Nagoya Protocol on Access and Benefit-Sharing to the Convention on Biological Diversity* (Brill | Nijhoff, 2014), 84, 99, https://doi.org/10.1163/9789004217188.
[145] Paul Oldham and Siva Thambisetty, "The Pandemic Access and Benefit Sharing System: Four Elements of a Trusted System," SSRN Scholarly Paper (Rochester, NY: Social Science Research Network, April 28, 2024), https://doi.org/10.2139/ssrn.4810352.

equitable outcomes. With negotiations concluded, momentum must be sustained, and stakeholders should push for ratification.

Bibliography

Almeida, Celia. "Global Health Diplomacy: A Theoretical and Analytical Review." In *Oxford Research Encyclopedia of Global Public Health*, by Celia Almeida. Oxford University Press, 2020. https://doi.org/10.1093/acrefore/9780190632366.013.25.

Armstrong, David, Valeria Bello, Julie Gilson, and Debora Spini. "Civil Society and International Governance: The Role of Non-State Actors in Global and Regional Regulatory Frameworks." *Taylor & Francis*, 2011.

Awoyomi, Olajoju J., Emmanuel O. Njoga, Ishmael F. Jaja, Felix A. Oyeleye, Priscilla O. Awoyomi, Musawa A. Ibrahim, M. A. Saulawa, et al. "Mpox in Nigeria: Perceptions and Knowledge of the Disease among Critical Stakeholders—Global Public Health Consequences." Edited by Harapan Harapan. *PLOS ONE* 18, no. 3 (March 30, 2023): e0283571. https://doi.org/10.1371/journal.pone.0283571.

Balogun, Bukky, and Patrick Butchard. "What Is the Proposed WHO Pandemic Preparedness Treaty?," September 10, 2024. https://commonslibrary.parliament.uk/research-briefings/cbp-9550/.

Bastid-Burdeau, Geneviève, and Malgosia Fitzmaurice. "STATUTE AND FUNCTIONS OF THE CONFERENCE OF THE PARTIES TO A TREATY." *Institut de Droit International*, no. 978 (2023). https://www.idi-iil.org/en/publications-par-categorie/rapports/.

Camenzuli, Louise Kathleen. "The Development of International Environmental Law at the Multilateral Environmental Agreements' Conference of the Parties and Its Validity." *IUCN, International Union for Conservation of Nature and Natural Resources*, 2007, 1–41. http://awsassets.wwfindia.org/downloads/mea_3.pdf.

Collin, Jeff. "Tobacco Control, Global Health Policy and Development: Towards Policy Coherence in Global Governance." *Tobacco Control* 21, no. 2 (March 2012): 274–80. https://doi.org/10.1136/tobaccocontrol-2011-050418.

Eccleston-Turner, Mark, Michelle Rourke, and Stephanie Switzer. "Fate Unknown: The Pandemic Agreement's Pathogen Access and Benefit Sharing." *Think Global Health*, May 20, 2025. https://www.thinkglobalhealth.org/article/fate-unknown-pandemic-agreements-pathogen-access-and-benefit-sharing.

Framework Convention Alliance (FCA). "About Us." *Global Alliance for Tobacco Control* (blog). Accessed April 15, 2025. https://fctc.org/about-us/.

———. "Options for Sustainable Funding Mechanisms for FCTC Implementation Report." Geneva: FCA, 2022. https://fctc.org/wp-content/uploads/2022/01/Options-for-Sustainable-Funding-Mechanisms-for-FCTC-Implementation-Report.pdf.

Gleeson, Deborah, Joel Lexchin, Ronald Labonté, Belinda Townsend, Marc-André Gagnon, Jillian Kohler, Lisa Forman, and Kenneth C. Shadlen. "Analyzing the Impact of Trade and Investment Agreements on Pharmaceutical Policy: Provisions, Pathways and Potential Impacts." *Globalization and Health* 15, no. 1 (November 28, 2019): 78. https://doi.org/10.1186/s12992-019-0518-2.

Global Health Centre. "HOME." Governing Pandemics. Accessed April 15, 2025. https://www.governingpandemics.org.
———. "TIMELINE." Governing Pandemics. Accessed April 15, 2025. https://www.governingpandemics.org/timeline.

Gostin, L. O. "A Proposal for a Framework Convention on Global Health." *Journal of International Economic Law* 10, no. 4 (July 10, 2007): 989–1008. https://doi.org/10.1093/jiel/jgm039.

Gostin, Lawrence O. "A Framework Convention on Global Health: Health for All, Justice for All." *JAMA* 307, no. 19 (May 16, 2012): 2087–92. https://doi.org/10.1001/jama.2012.4395.

Green, Monica H. "The Four Black Deaths." *The American Historical Review* 125, no. 5 (December 29, 2020): 1601–31. https://doi.org/10.1093/ahr/rhaa511.

Halabi, Sam Foster. "The World Health Organization's Framework Convention on Tobacco Control: An Analysis of Guidelines Adopted by the Conference of the Parties." *Georgia Journal of International and Comparative Law* 39, no. 1 (2011 2010): 121–84. https://heinonline.org/HOL/P?h=hein.journals/gjicl39&i=123.

Jiang, Shisong, and Emmanuel Kumah. "Strategizing Global Health Governance: Unpacking Opportunities and Challenges for Least Developed Nations within the WHO Pandemic Treaty Framework." *Frontiers in Public Health* 11 (November 6, 2023). https://doi.org/10.3389/fpubh.2023.1321125.

Kirton, John J., ed. *Global Health*. 1st ed. Routledge, 2017. https://doi.org/10.4324/9781315254227.

Ledford, Heidi. "COVID Vaccine Hoarding Might Have Cost More than a Million Lives." *Nature*, November 2, 2022. https://doi.org/10.1038/d41586-022-03529-3.

Lee, Kelley, and Adam Kamradt-Scott. "The Multiple Meanings of Global Health Governance: A Call for Conceptual Clarity." *Globalization and Health* 10, no. 1 (2014): 28. https://doi.org/10.1186/1744-8603-10-28.

Liberman, Jonathan. "Four COPs and Counting: Achievements, Underachievements and Looming Challenges in the Early Life of the WHO FCTC Conference of the Parties." *Tobacco Control* 21, no. 2 (March 2012): 215–20. https://doi.org/10.1136/tobaccocontrol-2011-050232.

Mamudu, H.M., and S.A. Glantz. "Civil Society and the Negotiation of the Framework Convention on Tobacco Control." *Global Public Health* 4, no. 2 (March 1, 2009):

150–68. https://doi.org/10.1080/17441690802095355.

Moon, Suerie, and Ilona Kickbusch. "A Pandemic Treaty for a Fragmented Global Polity." *The Lancet Public Health* 6, no. 6 (June 2021): e355–56. https://doi.org/10.1016/S2468-2667(21)00103-1.

Moon, Suerie, John-Arne Røttingen, and Julio Frenk. "Global Public Goods for Health: Weaknesses and Opportunities in the Global Health System." *Health Economics, Policy and Law* 12, no. 2 (April 2017): 195–205. https://doi.org/10.1017/S1744133116000451.

Morgan, Jennifer, and David Waskow. "A New Look at Climate Equity in the UNFCCC." *Climate Policy* 14, no. 1 (January 2, 2014): 17–22. https://doi.org/10.1080/14693062.2014.848096.

Morgera, Elisa, Elsa Tsioumani, and Matthias Buck. *Unraveling the Nagoya Protocol: A Commentary on the Nagoya Protocol on Access and Benefit-Sharing to the Convention on Biological Diversity*. Brill | Nijhoff, 2014. https://doi.org/10.1163/9789004217188.

Morich, Daniela, Ava Greenup, Suerie Moon, Adam Strobeyko, and Gian Luca Burci. "GOVERNING PANDEMICS SNAPSHOT." Governing Pandemics. Accessed April 15, 2025. https://www.governingpandemics.org/gp-snapshot.

Naveed, Nabiha, Khalil Ahmad, Hammad Majeed, Khizar Qureshi, Irfan Ahmad, Mudassar Fareed Awan, Tehreema Iftikhar, et al. "The Global Impact of COVID-19: A Comprehensive Analysis of Its Effects on Various Aspects of Life." *Toxicology Research* 13, no. 2 (March 1, 2024): 1–13. https://doi.org/10.1093/toxres/tfae045.

Nikogosian, Haik. "A GUIDE TO A PANDEMIC TREATY." *Global Health Center, The Graduate Institute of International and Development Studies, Geneva*, September 29, 2021.

Oldham, Paul, and Siva Thambisetty. "The Pandemic Access and Benefit Sharing System: Four Elements of a Trusted System." SSRN Scholarly Paper. Rochester, NY: Social Science Research Network, April 28, 2024. https://doi.org/10.2139/ssrn.4810352.

Pagotto, Barbara Frossard, and Mark Eccleston-Turner. "The Politics of Public Health Emergencies of International Concern." *Global Studies Quarterly* 4, no. 4 (November 20, 2024): ksae083. https://doi.org/10.1093/isagsq/ksae083.

Plotnikova, Evgeniya, Sarah E. Hill, Alex Wright, and Jeff Collin. "Towards 'a Balanced Delegation' or Enhancing Global Health Governance? Analysis of Parties' Participation in the Conference of the Parties to WHO Framework Convention on Tobacco Control." *Tobacco Control* 28, no. 6 (November 1, 2019): 636–42. https://doi.org/10.1136/tobaccocontrol-2018-054710.

Rioseco, Sebastián. "Conferences of the Parties beyond International Environmental Law: How COPs Influence the Content and Implementation of Their Parent Treaties."

Leiden Journal of International Law 36, no. 3 (September 2023): 699–719. https://doi.org/10.1017/S0922156523000110.

Ritchie, Hannah, and Max Roser. "Smoking." *Our World in Data*, August 1, 2023. https://ourworldindata.org/smoking.

Roemer-Mahler, Anne, and Simon Rushton. "Introduction: Ebola and International Relations." *Third World Quarterly* 37, no. 3 (March 3, 2016): 373–79. https://doi.org/10.1080/01436597.2015.1118343.

Rose Taylor, Sara, and Ryan Forrest. "Assessing the Solutions to Tobacco Control's Funding Gap Problem." *Tobacco Control* 31, no. 2 (March 2022): 335–39. https://doi.org/10.1136/tobaccocontrol-2021-056546.

Said, Edward W. *Orientalism*. 1st Vintage Books ed. New York: Vintage Books, 1979.

Siddiqi, Kamran, Helen Elsey, Mariam A Khokhar, Anna-Marie Marshall, Subhash Pokhrel, Monika Arora, Shirley Crankson, et al. "Framework Convention on Tobacco Control 2030—A Program to Accelerate the Implementation of World Health Organization Framework Convention for Tobacco Control in Low- and Middle-Income Countries: A Mixed-Methods Evaluation." *Nicotine and Tobacco Research* 25, no. 6 (May 22, 2023): 1074–81. https://doi.org/10.1093/ntr/ntad022.

United Nations. *Agreement under the United Nations Convention on the Law of the Sea on the Conservation and Sustainable Use of Marine Biological Diversity of Areas beyond National Jurisdiction*. Agreement on Marine Biological Diversity of Areas beyond National Jurisdiction, 2023. https://www.un.org/bbnjagreement/en/bbnj-agreement/text-bbnj-agreement.

United Nations Human Rights Council. "Universal Periodic Review." OHCHR. Accessed May 16, 2025. https://www.ohchr.org/en/hr-bodies/upr/upr-home.

Wallerstein, Immanuel. *The Modern World-System*. Studies in Social Discontinuity. New York, London, Toronto: Academic Press, 1974.

WHO Framework Convention on Tobacco Control DGO. *2018 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control*. 1st ed. Geneva: World Health Organization, 2018.

———. *2021 Global Progress Report*. Edited by Secretariat of the WHO FCTC. 1st ed. Geneva: World Health Organization, 2022.

———. *WHO Framework Convention on Tobacco Control: Guidelines for Implementation of Article 5.3*. Edited by Secretariat of the WHO FCTC. *Convention-Cadre de l'OMS Pour La Lutte Antitabac : Directives Pour l'application de l'article 5.3, de l'article 8; Des Articles 9 et 10; de l'article 11; de l'article 12; de l'article 13; de l'article 14 - Édition 2013*. 2013 edition. Geneva: World Health Organization, 2013. https://iris.who.int/handle/10665/80510.

WHO Framework Convention on Tobacco Control DGO and Secretariat of the WHO FCTC. *Highlights from 20 Years of Tobacco Control*, 2025. https://fctc.who.int/resources/publications/m/item/highlights-from-20-years-of-tobacco-control.

Wiersema, Annecoos. "The New International Law-Makers - Conferences of the Parties to Multilateral Environmental Agreements." *Michigan Journal of International Law* 31, no. 1 (2010 2009): 231–88. https://heinonline.org/HOL/P?h=hein.journals/mjil31&i=233.

World Health Organization. "FCTC 2030." Accessed May 16, 2025. https://fctc.who.int/convention/development-assistance/fctc-2030.

———. "WHA74/2021/REC/1." Accessed November 23, 2024. https://apps.who.int/gb/or/e/e_wha74r1.html.

———. "WHO Fourteenth General Programme of Work, 2025-2028." Accessed April 15, 2025. https://www.who.int/about/general-programme-of-work/fourteenth.

Appendix A[146]

Interviewee Name:
Position/Role:
Date:
Interviewer Name: Malak Afifi and Mary-Cynthia Orji
Modality of the interview [in person/Visioconference/self-administered[147]]:

Introduction

Thank you for meeting with us today and agreeing to this interview. We appreciate you taking time out of your busy schedule to help with this research project. Although we briefly mentioned this information through email while setting up our interview, we want to reiterate a few things. First, this project is being conducted on behalf of the Geneva Graduate Institute and the NGO Resolve to Save Lives. The goal is to gather evidence-based research to structure the most equitable and effective conference of the parties in the context of the WHO Pandemic Agreement. While conducting this interview, feel free to take the time you need to answer. You can also choose not to answer a question if it does not make you feel comfortable, and you can also ask for clarification or reformulation. Your information will be made anonymous in our final report, and no details about your identity will be revealed beyond what is necessary. Lastly, this interview will last about an hour, but please let us know if you need to leave earlier.

Before we begin, do we have your consent to audio record this interview? It will not be released and will be immediately deleted once notes are compiled.

Please let me know if you have any questions before we begin.

Clarifications on Equity:
Representation & Inclusivity

- How do existing COPs ensure the meaningful participation of diverse stakeholders, including LMICs and non-state actors in decision making and implementation processes?
- What mechanisms have effectively empowered underrepresented voices in negotiations particularly on issues of *(technology transfer, and vaccine equity)*
- What role do non-state actors, such as NGOs, private sector representatives, and *academia* play in COPs under UNFCCC/WHO FCTC?

[146] As a general note, due to time constraints during the interviews held, we often prioritized certain questions over others. Some of the questions were also formulated to place emphasis on the interviewee's expertise.
[147] By self-administered, we mean that we sent the list of questions to the interviewee, who then sent us back their answers.

    - What role can non-state actors, such as NGOs, private sector representatives, and *academia play in shaping an inclusive and accountable COP structure?*
- How can their (NGOs and other stakeholders) participation (in the COP) be structured to add value without diluting state-driven processes?
- Based on your experience, what successful models of community-level engagement exist in global health COPs that could inform the WHO Pandemic Agreement?
- What lessons can be applied to ensure equitable financial and technical support for LMICs under the WHO Pandemic Agreement?
    - How can financial and technical support be structured to benefit LMIC's equitably?

Enforcement Mechanism, Accountability, and Transparency

- What strategies have you found to be successful in monitoring and enforcing commitments made during COPs? and how can they be applied to WHO PA?
- What governance mechanisms are needed to avoid duplication and inefficiencies, especially since the WHO PA is supposed to work in tandem with the IHR?

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- What specific governance considerations do you believe are essential for designing a COP addressing pandemic challenges?
- How should equity in pandemic preparedness and response be operationalized in a COP structure?
- How can the gov structure of the WHO PA complement & strengthen the IHR, and what lessons can the IHR implementation challenges be taken away?
- Trump pulling out of the WHO: what does this mean for the treaty and for global health governance?

<u>Conclusion</u>

Thank you again for sharing such insightful information with us and for agreeing to this interview. Before we wrap up, is there anything you would like to add or any questions you have for us? Is there anyone you would advise us to interview to enrich our findings?
As a final reminder, any personal identifiers will be anonymized in the final report, and only our partner organizations will have access to the contents of this interview. Thank you again for your time!

Appendix B

Factor	FCTC Negotiations (1999-2003)	PA (2021-2025)
Issue Focus	Tobacco control to prevent disease and mortality.[148]	Pandemic preparedness to prevent future global health crises.
Scientific Consensus	Established, with decades of research linking tobacco to health harms.[149]	Evolving, shaped by the COVID-19 crisis and ongoing research on future threats.
Negotiation Pace	Rapid: treaty adopted in 2003, entered into force in 2005.[150]	Slow: debates on equitable access, financing, and One Health principles.[151]
Stakeholder Influence	Strong civil society advocacy, particularly through the FCA.[152]	Fragmented stakeholder engagement, with competing national interests and industry influence.[153]
Challenges	Resistance from the tobacco industry.	IP barriers, vaccine equity, geopolitical tensions.[154]

Table showing comparison of the FCTC and PA negotiation process vis-à-vis events leading to their negotiations

[148] WHO Framework Convention on Tobacco Control DGO and Secretariat of the WHO FCTC, *Highlights from 20 Years of Tobacco Control*.
[149] WHO Framework Convention on Tobacco Control DGO and Secretariat of the WHO FCTC.
[150] WHO Framework Convention on Tobacco Control DGO, *2018 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control*.
[151] Global Health Centre, "HOME"; Daniela Morich et al., "GOVERNING PANDEMICS SNAPSHOT," Governing Pandemics, accessed April 15, 2025, https://www.governingpandemics.org/gp-snapshot.
[152] WHO Framework Convention on Tobacco Control DGO and Secretariat of the WHO FCTC, *Highlights from 20 Years of Tobacco Control*.
[153] Gleeson et al., "Analyzing the Impact of Trade and Investment Agreements on Pharmaceutical Policy."
[154] Global Health Centre, "TIMELINE"; Global Health Centre, "HOME."

Appendix C

Bridging the Gap between the IHR and PA

1. **Addressing Membership Challenges**: The likely difference in memberships between the IHR (governed under Article 21) and the PA (likely under Article 19) poses a governance hurdle. This discrepancy could lead to divergent priorities and fragmented efforts, requiring innovative approaches like observer roles to promote alignment.
2. **Harmonizing Decision-Making Structures**: The IHR reports to the WHA, while the PA will have its own COP structure, leading to different decision-making frameworks. Coordination mechanisms, such as joint meetings or working groups, could help align their activities and foster collaboration, even if the instruments remain distinct.
3. **Facilitating Cooperation Through MOUs**: Memorandums of Understanding (MOUs) between the governing bodies of the IHR and PA could formalize collaboration and streamline responsibilities, avoiding redundancy. **Mutual Support Framework**: Redefine the duty to collaborate and assist in a way that places shared responsibilities on HICs and LMICs, fostering equitable cooperation.