

PANDEMICS START AND END IN COMMUNITIES



Why civil society participation in the governance of the Pandemic Accord is critical

State of play

During COVID-19, economic and social inequality were exacerbated, human rights restricted, and trust in governments eroded.

- 1. Success of reforms will depend on the capacity of governments to work with their people to implement its obligations**
 - It starts with building trust and legitimacy in the policy process
 - Absence of transparency and engagement will lead to misinformation and confusion
- 2. Negotiations on the pandemic accord and the IHR are more and more exclusive of civil society**
 - International Health Regulations: only non state actors in official relations, proposed amendments available, participation in open meetings, no access to drafting group
 - Pandemic Accord: engagement of “relevant stakeholders” nominated by Member States, public hearings, participation in open meetings, no access to drafting group, no transparency on textual proposals

Participation across the UN system

1. Democratic values of the United Nations

- United Nations Charter
- Universal Declaration of Human Rights
- Sustainable Development Goals

2. A normative imperative in WHO

- WHO Constitution
- Declarations of Alma Ata and Astana
- WHO resolutions

→ Civil society participation is governed by the WHO's Framework of Engagement with Non-State Actors

Recommendation 1

Include civil society in negotiating and drafting of health emergency PPR instruments

- Create pathways for civil society accreditation that are transparent, accessible, timely and open to a wide range of organisations (global, regional or national) representing diverse interests and groups.
- Enable civil society to access all relevant documentation (including drafts) and intervene in a timely and unrestricted way during both plenary and working group sessions of negotiations.

Examples of inclusive civil society participation:

- 2006 Convention on the Rights of Persons with Disabilities
- 2016 Escazú Agreement
- WHO Framework Convention on Tobacco Control

Recommendation 2

Include civil society in treaty decision-making bodies of health emergency PPR instruments

Guided by the precedent of WHO's FCTC and multilateral environmental agreements, ensure that health PPR instruments, and subsequent rules of procedure established by the Parties, enable broad civil society participation, including the right to intervene within Parties' plenary meetings.

Examples of inclusive civil society participation:

- 1985 Vienna Convention for the Protection of the Ozone Layer
- Framework Convention on Climate Change
- WHO Framework Convention on Tobacco Control

The criteria determining admissibility of an entity as an observer is established by the Rules of Procedure adopted by the COP

Recommendation 3

Include civil society in the monitoring and compliance of health emergency PPR instruments

Ensure that mechanisms of monitoring and compliance are public.

Allow for input from civil society either in written or testimony form.

Reserve designated seats for civil society delegates on compliance mechanisms.

Examples of inclusive civil society participation:

- 2010 Nagoya Protocol
- Human Rights Council's Universal Periodic Review

THANK YOU