# medicusmundi 

To the INB Bureau

Basel, 9 September 2022
By e-mail only

Follow-up of second INB meeting, July 2022:
Comments on the document $\mathrm{A} / \mathrm{INB} / 2 / 3$ ("working draft")

Distinguished members of the INB Bureau,
We appreciate the opportunity provided by the INB, in your preparation of advancing the current working draft of the proposed new international instrument into a conceptual zero draft, to invite relevant stakeholders to submit written inputs or comments. Our input is aligned with our video statement recorded today and available here in relation to the second round of public INB hearings.

We welcome the decision taken by the Intergovernmental Negotiating Body at your meeting in July to go for a legally binding international instrument based on article 19 of the WHO Constitution.

On this ground, the step from the compilation of potential substantive elements of the new instrument ("cultivation period") to starting proper negotiations, based on the first conceptual zero draft, is a crucial one. As you might imagine, our expectations are high. Here some general recommendations:

- Focus your attention on the legally binding core of the new instrument.
- Dare to propose a genuine new piece of international law that, once signed and ratified, will really make a difference beyond all aspirational statements of which we have plenty.
- Focus the conceptual zero draft on issues that urgently need (new) international regulation because they are not yet fully or adequately covered by existing instruments.

When you do so, and we herewith refer to how Vice-Chair Viroj Tangcharoensathien concluded the last INB meeting, aiming at extending the INB "honeymoon" is not an option. The most controversial issues might be indeed the most relevant. In the framing of the conceptual zero draft, we expect the INB Bureau not just to go for the low-hanging fruit, but to dare addressing issues where members, at the different INB meetings, expressed hesitation or opposition, such as the following ones:

- Some countries stated that the One Health approach is not yet sufficiently explored. So, what's the core of their uneasiness? The human-animal-ecology interface in which zoonoses have their origin indeed needs to be regulated, but in a way that protects the health of people and at the same time respects the lives, cultures, socio-economic realities and livelihoods of people and societies who depend on living with animals. Rather regulate, in a properly intersectoral instrument, an exploitative international agricultural and trade sector that destroys livelihoods and ecosystems, and address the excesses of industrial animal farming and the processing and marketing of animals and meat.
- This leads to the key principle of common but differentiated responsibilities and respective capabilities that is opposed by some countries in the Global North. But their arguing is
superficial: If the CBDR principle has not yet been implemented in the field of international health, then do it now. It's the time. And the INB is the place, if you dare.
- Fully address the issue of human rights and define member states obligations towards protecting the human and civil rights of their own people and communities from being violated in the implementation of public health measures.

Overall, dare to go, in the first conceptual zero draft, beyond the fancy buzzwords of the first working draft, such as whole-of-society, equity, solidarity and national sovereignty, and compare these routine slogans with the dire realities of many countries, societies and people as expressed once more in the Covid-19 pandemic. You will see that there is no proper equity and solidarity and no national sovereignty if some governments do not have the money and means to care for the people. And this cannot be resolved by charity.

The new instrument needs to be drafted in a way that it promotes financial justice and addresses the systemic failures of the current international order, as these are key economic and political determinants of weak health systems and unequal access to health care, including pandemic prevention, preparedness and response.
"The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries. Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries." (Declaration of Alma-Ata, 1978)

44 years ago, WHO members dared to name these key issues.
Today, dare to address them, to finally make a difference.
Thanks for your attention, and best regards

Thomas Schwarz, Executive Secretary
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## References

- This contribution online: MMI website
- MMI input to second public hearing INB hearing, September 2022 (video statement, 90 seconds): MMI website
- Negotiating a pandemic treaty: Of cultivation and sovereignty... Thomas Schwarz, MMI Network, July 2022. MMI website
- "Substantive elements" of a pandemic treaty... A wish list for urgent action or the core of what needs to be regulated through a new binding international instrument? Thomas Schwarz, MMI Network, 13 April 2022 MMI website

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