



A Community Toolkit on

PANDEMIC PREVENTION, PREPAREDNESS, & RESPONSE (PPPR)





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APCASO is a regional civil society network organisation that serves as a catalytic platform for advocacy and community systems strengthening for health, social justice, and human rights for key, vulnerable and marginalised communities in Asia and the Pacific.

People's Vaccine Alliance – Asia (PVA Asia) is the broadest campaign coalition in the region with 60 member social and economic justice and health organizations working across 17 countries in Asia. For 2023, PVA Asia prioritized the following commitments: (i) Never Again: ensuring that the response to the next pandemic does not repeat the failures in the response to COVID-19 through a more just and equitable pandemic preparedness, prevention, and response (PPPR); (ii) Fix the Rules : challenging trade and intellectual property barriers and pharmaceutical industry behaviour that restrict access to lifesaving medical technologies for COVID-19 and other diseases; (iii) Public Health Before Profit: Promoting public policy to build equitable access to medical technologies for all, including public funding for R&D, sharing technology and IP, and investing in diversified manufacturing in the South such as through initiatives like the mRNA technology transfer hub. APCASO currently convenes PVA Asia as its Regional Secretariat.

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Background



The official death toll due to the COVID-19 pandemic stands at 6.8 million people¹. An estimated 21 million more lives have been lost and gone unreported². The COVID-19 pandemic resulted in unimaginable human suffering, loss of life, and devastation to people's livelihoods. To these injustices, we say: **never again**. The world's leaders must learn from its mistakes in the global response to the COVID-19 pandemic and commit to building global institutions and mechanisms that are people-centered, equitable, socially just and that respect human rights for Pandemic Prevention Preparedness and Response (PPPR).

The inequities which stained the world's response to the COVID-19 pandemic are painfully familiar. Outbreaks, epidemics, and pandemics throughout human history have raised concern, time and again, about the lack of capacity to effectively respond to health crises across national and global levels. People have observed, for example, still deficient responses to HIV and Tuberculosis especially affecting disproportionately key populations, and every now and then the threat of emerging diseases with outbreaks of Monkeypox, Ebola and Zika. Countries in the Global South have relatively limited access to tools to respond to these diseases.

1 WHO COVID-19 dashboard, 29 March 2023. Retrieved from <https://covid19.who.int/>

2 Our World in Data dashboard, 29 March 2023. Retrieved from <https://ourworldindata.org/covid-deaths>



According to the People's Vaccine Alliance³ responses to these outbreaks, epidemics and pandemics are hampered by the lack of investment in research and development (R&D) and manufacturing of medical tools in the Global South. The People's Vaccine campaign pointed out that during the COVID-19 Pandemic, countries in the Global North had first access to vaccines while people in the Global South were last in the queue.

Among many other issues, the current global institutions and mechanisms are clearly deficient. The current legal mechanism – the International Health Regulations (IHR) – do not include measures to guarantee equitable access to technologies. At the global level, platforms such as the World Health Organization have been set up to ensure international solidarity and equity during health emergencies. However, the pandemic exposed how these same platforms have proven prone to the nationalist stance of some High Income Countries (HICs) countries leaving LMICs more vulnerable. In this regard, there is a need to reimagine an international health governance system that promotes resilient, sustainable, integrated, and fully resourced systems for health that can boost PPPR.

There is no better time to engage than now.

Globally, there are at least three interrelated processes that take on Pandemic Prevention, Preparedness and Response (PPPR):

1. The WHO CA+ or “Pandemic Instrument”,
2. The High-Level Meeting (HLM) for PPPR, and
3. The Amendments to the International Health Regulations (IHR)(2005).

Though independent of one another, they are closely linked and at times overlapping given that each of the processes all attempt to address aspects of PPPR with different expected outcomes, summarized in Table 1. For the purposes of this toolkit, we will provide an overview of each process with the intent of giving a more holistic context but later on specifically focus on the High-Level Meeting for PPPR. It should be noted that there are two other related and important HLMs simultaneously being discussed – Tuberculosis (TB) and Universal Health Care (UHC). While there may be different advocacy groups working specifically on the other HLMs, there is a need for civil society to consolidate and work together as all of these HLMs are aimed towards forwarding a people-centered agenda grounded on ensuring equity and health coverage for all.

3 People's Vaccine Alliance (PVA), 2022. “Key Issues and Recommendations for the International Treaty on Pandemic Prevention, Preparedness, Response and Recovery.” Retrieved from <https://peoplesvaccine.org/wp-content/uploads/2022/10/PVA-PPPR-report.pdf>

BACKGROUND

The table below summarizes key information on each of the three processes:

Table 1. Overview of the three global processes related to PPPR.

	WHO CA+ OR "PANDEMIC INSTRUMENT"	HLM FOR PPPR	IHR AMENDMENTS
LONG TITLE	WHO Convention, Agreement/other international instrument on Pandemic Prevention, Preparedness, and Response	UN General Assembly High-Level Meeting on Pandemic Prevention, Preparedness, and Response	Proposed amendments to the International Health Regulations (IHR) (2005)
SPACE	WHO Intergovernmental Negotiating Body (INB)	UN General Assembly	WHO Working Group on Amendments to the IHR (2005)
EXPECTED OUTCOME	An International Legal Instrument	Member states political declaration	Amendments to the legally-binding regulations
PRIORITY ASPECTS OF PPPR COVERED	<ul style="list-style-type: none"> Achieving equity Strengthening and sustaining capacities Coordination, collaboration and cooperation Institutional arrangements 	<ul style="list-style-type: none"> Increasing political will at the national, regional, and international levels for PPPR 	<ul style="list-style-type: none"> Public health response and core capacities Collaboration and cooperation Compliance and implementation

The WHO and member states through the Intergovernmental Negotiating Body (INB) are now discussing ways forward towards a more robust health system that can strengthen the Pandemic Prevention, Preparedness, and Response (PPPR).

At the regional level in Asia and the Pacific, representatives of various civil society organizations came together for a dialogue on the 3 HLMs in Jakarta, Indonesia last March 2023 to collectively identify priorities for the region. This includes: 1) innovation and equitable access to pandemic medical products 2) governance 3) investment in resilient health systems 4) surveillance and 5) financing. To ensure that the CSO priorities are included in processes, a regional dialogue took place to garner strong support from Member States is necessary. This highlights the crucial role of local CSOs in influencing the positions and priorities of national governments to align to the CSOs agenda.

This toolkit is for you. This toolkit serves as an easy-to-use guide for local non-government organizations, community-led organizations, peoples organizations, professional organizations, and all other formations who are interested in campaigning for a people-centered, just and equitable, rights-based and gender transformative HLM on PPPR and CA+. The toolkit is designed in such a way that you can use any part as standalone materials or all parts of the toolkit that you think would be relevant as you prepare for your advocacy-related activities (e.g. meeting with decision-makers) and in preparing for your community consultations. It hopes to serve as a springboard for local discussions on the different but complementary processes surrounding PPPR and meaningful CSOs participation at various levels of health governance.

BACKGROUND

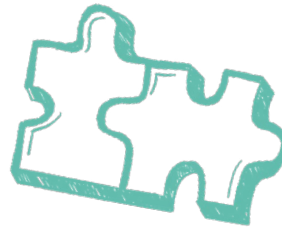
The toolkit shall have the following parts:



Advocacy Briefs

Advocacy briefs provide easy to digest information in an FAQ format on the three interrelated processes on PPPR.

- WHO CA+/Pandemic Instrument / Pandemic Accord
- International Health Regulation (IHR) Amendments
- High Level Meeting (HLM) for Pandemic Prevention, Preparedness, and Response (PPPR)



Community Engagement Guide

The community engagement guide is a set of materials that organizations can use in facilitating a Community Engagement Workshop (CEW) and mobilizing civil society organizations into action.

- Community Engagement Workshop Planning Guide
- Template Program
- Stakeholder Analysis Tools
- Campaign Strategy Template
- Documentation Template
- Letter to Decision Makers



UN HLM on UHC

UN HLM on TB

UHC2030 Action agenda released

Technical support to AP partners, including to directly engage in relevant convenings, consultations and lobbying

APCASO/ACTIAP

Regional Report on UHC & country summary sheets released

Stop TB partnership deadly divide 2.0

Stop TB partnership board meeting
Stop TB Partnership

Development of community and CS engagement and policy advocacy toolkit on HL

APCASO

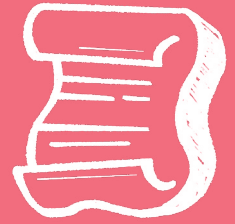
Part of the political declaration

PART ONE

Advocacy Briefs

“Pandemic Instrument” • Internal Health Regulation Amendments • High-Level Meeting on PPPR

The CA+ or “Pandemic Instrument”



01 What is the CA+ or “Pandemic Instrument”?

The WHO CA+, which may also be referred to as the Pandemic Instrument or Accord or Instrument, is a proposal led by member states of the WHO as a response to the devastating effects of the COVID-19. It aims to develop a new convention, agreement, or an international instrument to strengthen pandemic prevention, preparedness, and response¹. At the moment, there is no clear agreement as to what kind of legal instrument the agreement will lead to – which will determine whether it is legally-binding or not. The process for deliberation and negotiation is currently led by the Intergovernmental Negotiating Body (INB) convened by the WHO.

02 Why is it important?

The WHO CA+ is a legal instrument being deliberated at the WHO INB that contains legally-binding and non-legally-binding aspects. One of the realizations during the pandemic is the catastrophic failure of the global health architecture to mount an equitable and just international response to the global COVID-19 pandemic. The Pandemic Instrument is an attempt to rectify this failure in view of future pandemics by legally defining pandemics or pandemic situations. As such, Member States are expected to negotiate an agreement that could foster global solidarity and cooperation among countries. Currently, mechanisms to ensure compliance of the countries to the accord are still being discussed by the Member states.

03 What are the key topics covered in the CA+?

The current version of the Pandemic Instrument focuses on strengthening the resilience of countries through ensuring equitable access to tools to prevent pandemics and universal access to healthcare. It also highlights the importance of coordinated action during pandemics through a stronger and accountable WHO and other institutional arrangements including establishing a Conference of Parties+ to the agreement as a global decision making mechanism for PPPR. The full version of the zero draft of the pandemic accord can be viewed here: <https://cutt.ly/pandemicaccord>

04 What is our priority agenda so far?

The priority agenda of the CA+ is to achieve equity especially for the countries in the Global South. It aims to make the distribution of resources such as vaccines, diagnostics and other forms of therapeutics, be based more on the need than on the economic status of the country. The draft also includes the concept of “common but differentiated responsibilities” where more resourced countries shall have a differentiated responsibility in addressing global problems². On top of the improved response, the CA+ advocates for strengthening different health systems in preparation for the next pandemic³. Another priority would be to strengthen coordination, collaboration, and cooperation across countries in addressing the pandemic which include the development of the pathogen access and benefit sharing system.

1 World Health Organization (2023, February 24) Pandemic prevention, preparedness and response accord. Retrieved from <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention-preparedness-and-response-accord>

2 Phelan, A.L. (2023, February 28) The World Health Organization's pandemic treaty. *British Medical Journal* 2023;380:p463

3 WHO's pandemic treaty: promises of equity should be kept. *The Lancet Global Health* Volume 11, Issue 4, E475, April 2023

05 How can CSOs engage in the CA+?

In 2022, 90 civil society organizations, community organizations and concerned individuals signed a letter sent to the World Health Assembly’s International Negotiating Board (INB) to expand the mechanisms for CSO participation in the drafting process of the Pandemic Instrument Treaty⁴.

You may see INB’s engagement of stakeholders in this link: <https://cutt.ly/INBmodalities>. According to this document, only CSOs with official relations with WHO and those decided on by the INB, can formally engage with the CA+/Pandemic Instrument process. These organizations may be given the chance to attend, speak, and provide inputs to the INB.

Those without formal relations with WHO are in a better position to engage the process by working to expand CSO participation through lobbying for a CSO representative in the national delegation or influencing the position of the country representatives at WHO’s World Health Assembly.

CSOs at the country-level can also meet with their Ministries of Health and the relevant offices representing their government at the WHA.

06 What are the important timelines in the advocacy?

Some are of the view that the negotiations will go beyond 2024— longer than the timeline set-out by the INB, given the wide coverage of the draft CA+. Nonetheless, the following are the key dates in the calendar updated May 2023:

- **May 21-30, 2023** - 76th World Health Assembly - INB to deliver a progress report of the pandemic accord
- **July 17-21, 2023** - 6th meeting of the INB
- **December 4-6, 2023** - 7th meeting of the INB
- **May 2024** - 77th World Health Assembly - Adoption of Pandemic Instrument

07 Are there additional resources that we can refer to?

Yes! For more extensive information on the pandemic instrument, you may visit the following links listed below:

- **PVA Comments on Zero Draft of Pandemic Instrument (Feb 2023):** <https://cutt.ly/PVACAFeb2023>
- **PVA Recommendations on Pandemic Instrument (October 2022):** <https://cutt.ly/PVACAOct2022>
- **Reports and papers from People’s Vaccine Alliance:** <https://peoplesvaccine.org/resources/reports-and-papers/>

Technical briefings from the Third World Network of PVA Policy and Advocacy Group may also be requested through the PVA Asia Coordinator (peoplesvaccine.asia@gmail.com).

⁴ Amnesty International (2022) Meaningful engagement of civil society and communities essential in the Pandemic Treaty Process. Retrieved from <https://www.amnesty.org/en/documents/ior40/5341/2022/en/>

Amendments to the International Health Regulations



01 What are the IHR Amendments?

The International Health Regulations (IHR) is an international legally-binding document adopted by 196 State Parties and the 194 WHO member states during the 58th World Health Assembly in 2005 which focuses on the control of the spread of diseases and health risks across countries¹. IHR Amendments are directed towards existing health regulations that deal with health emergencies of international concern (PHEIC) in contrast to the pandemic instrument or CA+ which is specific to addressing pandemic situations. Under the IHR, States Parties should be able to detect potential health threats, coordinate and respond with other countries on public health emergencies, and report health concerns that may qualify as a PHEIC.² It also provided power to the WHO Director-General to declare a PHEIC and issue recommendations to address it. In 2022, Member States of WHO introduced 300+ new amendments to the IHR. In response to this, the Director-General convened a Working Group to Review the IHR (WGIHR) to provide technical recommendations to the proposed amendments.

02 Why is it important?

The IHR being the main legal instrument governing the global responses to public health risks at the global level proved inadequate in facilitating a coordinated and equitable response during the COVID-19 pandemic. The process for IHR amendments presents an opportunity to strengthen mechanisms to ensure global health security, alongside the other processes on PPPR.

03 What are the key topics covered by the IHR Amendments?

Key topics in the IHR amendments are focused on ensuring global health equity during pandemics. Some of the topics covered include reviewing the conditions for the declaration of a PHEIC, developing a more coordinated international public health response, ensuring equitable access to medical countermeasures, and improving information sharing and benefit on emerging pathogens and technologies. You may view the full list of amendments here: <https://apps.who.int/gb/wgihr/index.html>.

04 What is our priority agenda so far?

Referring to the article³ from Third World Network, below are the priority agenda in the IHR amendments:

- Strengthen the core capacities of the countries to perform the responsibilities outlined in the current version of the IHR
- Develop mechanisms to ensure compliance and practice accountability among member states
- Adoption of solidarity, equity, and common but differentiated responsibilities as principles in addressing public health emergencies⁴

1 WHO (2023, March 2023) International Health Regulations: amendments. Retrieved from <https://www.who.int/news-room/questions-and-answers/item/international-health-regulations-amendments>

2 CDC (2022, April 26) International Health Regulations (IHR). Retrieved from <https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html>

3 <https://twn.my/title2/health.info/2023/hi230102.htm>

4 Third World Network (2023, January 11) WHO: Developing Countries focus on equity in IHR amendment proposals. Retrieved from <https://twn.my/title2/health.info/2023/hi230102.htm>

05 How can CSOs engage in the IHR Amendments?

You may see WGIHR's engagement of stakeholders in this link:
https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_3-en.pdf.

According to this document, only CSOs (classified as non-state actors) with official relations with WHO (you may see the full list through this link: https://cdn.who.int/media/docs/default-source/executive-board/list-of-entities-in-official-relations-with-who.pdf?sfvrsn=c04e75ba_3&download=true) or those decided upon by the Working Group can formally engage with the WGIHR process. These organizations may be given the chance to attend, speak, and provide inputs to the WGIHR.

Those without formal relations with WHO are in a better position to engage the process by working with CSOs who are in official relations with WHO or to expand CSO participation through lobbying for a CSO representative in the national delegation or influencing the position of the country representatives at WHO's World Health Assembly.

06 What are the important timelines in the advocacy?

Listed below are several of the key dates⁵:

- **April 17-21, 2023** - 3rd meeting of the Working Group on Amendments to the International Health Regulations (WGIHR)
- **May 21-30, 2023** - 76th World Health Assembly
- **July 24-28, 2023** - 4th meeting of the WGIHR
- **October 2-6, 2023** - 5th meeting of the WGIHR
- **October 16-20, 2023** - Regional Committee for the Western Pacific
- **October 30 - November 2, 2023** - Regional Committee for South-East Asia
- **May 2024** - 77th World Health Assembly

07 Are there additional resources that we can refer to?

Yes! For more extensive information on the IHR amendments, you may click on the following links listed below:

- Reviewing IHR 2005 Amendments Proposals for Achieving Equity by Third World Network: <https://app.box.com/s/rzi3rk6s3i6798kr7fvrpx5tmgsaj22y>
- TWN Info Service on Health Issues: IHR Regulations: <https://twn.my/title2/health.info/2023/hi230204.htm>

Technical briefings from the Third World Network of PVA Policy and Advocacy Group may also be requested through the PVA Asia Coordinator (peoplesvaccine.asia@gmail.com).

⁵ WHO (2023, February 6) Provisional WGIHR timeline 2022-2024. Retrieved from https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_4-en.pdf



High-Level Meeting on PPPR

01 What are HLMs? What is the HLM on PPPR?

High level meetings are conducted at the UN General Assembly, the highest decision making body of the UN attended by the member states. These meetings are used to spotlight and build consensus around an issue that demands global attention. The COVID-19 pandemic, being one of the most critical global health issues to address, serves as an impetus for the UNGA to conduct an HLM to improve pandemic prevention, preparedness, and response efforts.

02 Why is it important?

While the outcomes of the HLMs are non-legally binding, these political declarations can be used by CSOs to demand action from their governments on certain issues that they advocate for. They also usually contain indicators that measure commitments contained in these declarations. These global commitments complement and even catalyze the campaigns of civil society at the national level. Furthermore, the declarations can also be used to extract accountability in cases of inaction or actions inconsistent to the ideals stated in the document, especially in PPPR-related processes such as the ongoing deliberations on the Pandemic Instrument and the Amendments to the IHR.

03 What are the priority agenda so far?

There is no current draft text yet for the HLM on PPPR. However, it is hoped that the draft will be complementary to the proposed amendments to the IHR and zero draft of the Pandemic accord. During the “3 HLMs. One Region. A Unified Vision”, an Asia-Pacific Dialogue held in Jakarta last March 28-30, 2023, the following priorities were identified by participants:

- 1. Strengthen systems for health and establish national frameworks for PPPR.** Governments, with meaningful participation of civil society and communities as key decision-makers, should develop National PPPR strategies with fully-resourced operational plans. To ensure uninterrupted essential health and non-health services during pandemics, Governments should allocate a dedicated budget for PPPR and not divert essential financial, human and other resources from existing health programs during pandemics.
- 2. Equitable access to health innovation, technologies, and pandemic medical products and equipment including vaccines, therapeutics and diagnostics.** Governments should support regional mechanisms that share technology and know-how, in order to harness local innovations and strengthen local manufacturing capacity. Governments must likewise waive relevant intellectual property rights on pandemic medical products.
- 3. Involve communities in public health surveillance systems.** Governments should invest in community healthcare that builds trust with communities as communities often serve as early warning and response systems for outbreaks of diseases.
- 4. Include social protection and related mechanisms to mitigate social and economic impacts on communities during public health emergencies.** Governments should review existing social protection systems and policies and that everyone, including marginalized, disenfranchised, most affected and vulnerable populations, is covered, and that these systems remain functional and accessible during pandemics.
- 5. Establish protective mechanisms for people vulnerable to gender-based violence during public health emergencies.** Governments should maintain and set up, where absent, community response centers

during public health emergencies so that people subject to or vulnerable to gender-based violence have access to an immediate support system.

The full regional CSO statement during the Asia-Pacific dialogue can be found here:

<https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/>

04 How can CSOs engage in the HLM for PPPR?

Currently, there are no clear mechanisms for CSO participation and opportunities to influence the HLM on PPPR¹. However, another space that can be maximized would be the UN Multistakeholder Hearing on TB, UHC, and PPPR is happening this May 8–9, 2023 in New York, USA. While the registrations have already closed for the NGOs who would want to participate, there is still an opportunity to engage the delegates from your country before they leave for the three multistakeholder hearings. Alternatively, CSOs can still engage the process by working to expand CSO participation through lobbying for a CSO representative in the UN Mission national delegation and influencing the position of their local governments who sit as Member States in the UNGA. Global CSOs have also sent calls on the conveners of the HLM for PPPR to establish clear mechanisms for civil society participation, particularly looking at the multistakeholder hearings. This was welcomed by the President of the UN General Assembly. You may see paragraph 6, 10, 11, 12 in this document as additional justification on the necessity to include a CSO representative in the delegation: <https://www.un.org/pga/77/2023/02/08/letter-from-the-president-of-the-general-assembly-modalities-resolution-for-the-hlm-on-pandemic-prevention-preparedness-and-response/>.

05 What are the important timelines in the advocacy?

Listed below are several of the key dates²:

- **May 8–9, 2023** – Multistakeholder Pre-Hearing in New York
Half days sessions in the UN Headquarters in New York, USA attended by representatives of member states, observers of the UNGA, UN entities and civil society organizations to discuss the HLMs on TB, UHC, and PPPR
- **June 7, 2023** – PPPR: Presentation of Zero Traft
- **June 12–13, 2023** – PPPR: 1st reading
- **June 26–27, 2023** – PPPR: 2nd reading
- **July 5–6, 2023** – PPPR: 3rd reading
- **July 24–25** PPPR – Final reading
- **September 20, 2023** – High Level Meeting on the PPPR

06 Are there additional resources that we can refer to?

Yes! For more extensive information on the HLM for PPPR you may click on the following link:

Resilient, Sustainable, Integrated, and Fully Resourced Systems for Health – Civil Society and Communities Statement on the 3 HLMs: <https://apcaso.org/wp-content/uploads/2023/04/3-HLMs-CS-and-Community-Statement.pdf>

Technical briefings from the FrontlineAIDS and APCASO may also be requested through the PVA Asia Coordinator (peoplesvaccine.asia@gmail.com).

1 AVAC (2023) Advocates Guide for PPPR in 2023. Retrieved from https://www.avac.org/sites/default/files/u101/Advocates-Guide-for-PPPR.pdf?utm_source=AVAC+Email+Updates&utm_campaign=0799a8fe1e-EMAIL_CAM-PAIGN_2023_03_28_07_00&utm_medium=email&utm_term=0_-0799a8fe1e-%5BLIST_EMAIL_ID%5D

2 Frontline Aids (2023) High-level Meeting on Pandemic Prevention, Preparedness and Response (PPPR)[Powerpoint] An Asia-Pacific Dialogue Towards People-Centred, Equitable, Gender-Just, and Rights-affirmative 2023 UN High-Level Meetings on Universal Health Coverage, Pandemic Preparedness, and Tuberculosis



PART TWO

Civil Society Guide

Why Should Civil Society Organizations Participate • How Can CSOs Organize
Local Consultations and Actions on the HLM

Why Should Civil Society Organizations Participate?

The participation of civil society in any process that directly affects them is not just an ideal but a right. Harnessing active participation from civil society has the potential to increase responsiveness of the proposed policies and programs to the lived realities of people. However, there are a lot of challenges that hinder participation. Bureaucratic processes, information asymmetry, and stigma are some of the issues that need to be confronted. In the case of the HLM on PPPR,

unlike other HLMs, has no clear mechanisms for civil society participation. This runs the risk of leaving behind important inputs from civil society to improve pandemic response. While we continue to lobby for increased participation in formal spaces for decision making, there is a need to create parallel avenues where civil society can come together, discuss issues, and jointly plan actions to support our agenda.



Principles to be Observed in the Conduct of Consultations

01. Equity

Equity should not only be included as one of the priority agenda in the processes of PPPR, it must also be integrated in the conduct of the consultations as well. Equity in consultation involves ensuring that all stakeholders have an equal opportunity to participate in decision-making processes because the pandemic does not affect only certain groups. To achieve equity in the conduct of consultations, it is important to recognize imbalances in power and give primacy to the voices of the most vulnerable and affected populations. In addition, it recognizes that some groups may face specific barriers in participation. To solve these problems, CSOs may need to proactively engage with these communities and provide them with necessary resources for support.

02. Inclusiveness

Inclusiveness is an important principle in the conduct of consultations in CSOs. It means that all stakeholders should be given an opportunity to participate in the consultation process, regardless of their background or status, to reclaim the pandemic response and make it more responsive and inclusive of all. Inclusive consultations can help to build trust and legitimacy among stakeholders and can lead to more effective and sustainable outcomes.

03. Representation

Representation in CSOs is crucial because it ensures that the diverse voices and perspectives of a community are heard and considered by decision-making processes. When civil society organizations have representatives who reflect the demographics and experiences of the community they serve, they are better equipped to identify the needs and concerns of that community, especially for key and vulnerable populations that have been experiencing gross inequality and unfair access to vaccines, including technologies and treatments.

04. Respect

Respect is a critical value in CSOs as it helps to promote a culture of trust, openness, and inclusivity. This includes respect for the opinions of the participants even if they might be different from yours. When members of a CSO treat each other with respect, they are more likely to have

more open discussions and work together effectively towards their common goals, resulting in better outcomes for the organization and the community. The principle of respect promotes a positive and inclusive working environment. communities and provide them with necessary resources for support.

05. Transparency

Transparency during consultations is needed when engaging civil society. It ensures that people's voices are heard and that their concerns are taken into account when making decisions that affect them. Transparency can be achieved by providing the whole picture of the general direction of the advocacy, clear information about the purpose of the consultation and regular updates on the progress of consultations and the received feedback. This can build trust between governments and civil society.

06. Consensus Building

Building consensus among members is one way to ensure sustained engagement of the CSOs. Consensus building promotes inclusion and democracy in decision-making by ensuring that all opinions and viewpoints are heard and collaborative choices are taken for community consultations related to PPPR and CA+.



How Can CSOs Organize Local Consultations And Actions On The HLM?

A Community Engagement Workshop (CEW) is one activity that local CSOs can organize to strengthen civil society participation and ensure a bottom-up approach in the HLM on PPPR and other related processes.

Below is the CEW planning guide for CSOs interested in starting a national-level advocacy for the HLM on PPPR and the CA+. It contains step-by-step actions and some

recommendations on how to conduct the consultation and workshop with local stakeholders. While the planning guide outlines specific actions, this guide does not aim to be prescriptive with its methods. You do not need to use all the materials in the toolkit. Local CSOs are encouraged to adapt this guide to the local context and to the campaign trajectory agreed upon by the organizations involved.

PREPARE	STATUS
<p>A. Identify the following:</p> <ul style="list-style-type: none"> • Members of the steering group. An interim steering group should be identified to initiate the process of the planning for the consultation. Selection of core group members shall primarily be based on the interest in the topic and those who have the capacity to influence other civil society organizations. Local organizations with experience working with Peoples Vaccine Alliance - Asia or have attended the related dialogues on the HLM on PPPR and CA+ are good organizations to start with. You may also check with the Regional Coordinator of PVA-Asia (peoplesvaccine.asia@gmail.com) to see if there are other organizations in your country who have expressed interest in conducting a local consultation. • Participants. Selection of a good cohort of participants for the CEW is one of the determinants of the success of the workshop. As much as possible, the participants should come from a diverse set of backgrounds. There should be a good mix of organizations, from highly established organizations to emerging organizations from the grassroots. Special attention should be given to the participation of the most vulnerable, marginalized, and directly affected populations. You may use the stakeholder mapping template provided in this guide as a tool in identifying and prioritizing organizations who can be participants of the consultation. Gender balance should also be considered in finalizing the list of possible participants. • Objectives. A set of objectives should be determined by the interim steering group as a guide for the design of the program. The following objectives may be considered by the steering group: <ul style="list-style-type: none"> ◆ To facilitate in identifying country level CSO priority agenda on the HLM and CA+ ◆ To convene a local CSO advocacy group/network/coalition that can mainstream the priority agenda in various spaces ◆ To design a national campaign strategy to expand CSO participation and increase CSO influence on the position of their governments (Member States) • Community resources. An initial mapping of resources should be done. Make sure to list resources that are already available which can be readily tapped by the advocacy group / 	<input type="checkbox"/>

network / coalition, as well as the resources from other networks that can potentially be mobilized. There is no need to spend extravagantly or go beyond the community's means for the conduct of the CEW. Always keep in mind that the achievement of the set objectives, genuine participation of the stakeholders, and sustained action after the workshop are the primary indicators of success.

B. Identify and address barriers to participation.

Like in any other multi-stakeholder platforms, power imbalances even in CSO groups may exist. These differences in power need to be accounted for in the planning of the program to ensure optimum level of participation of groups whose voices are seldom heard. The initial steering group must make sure that all possible barriers are listed and addressed.

Below are some of the common barriers that must be considered:

- **Geographical barriers.** eg. some participants may be far from the venue of the consultations
- **Economic barriers.** eg. participants may not have the funds for travel and accommodation and might need additional financial support
- **Language barriers.** eg. participants may not speak the same language and might need a translator
- **Gender.** eg. participants may be part of the gender minorities who experience microaggressions and may not share freely if there is no established safe space
- **Stigma.** eg. participants who happen to be service users/people with lived experience may be intimidated in the presence of professional organizations or established non-government organizations
- **Technological barriers.** eg. participants who are joining via online platforms may not be able to operate devices or may not have stable internet connection

C. Inform PVA Asia.

Once the initial components of the consultation have been identified, it would be best for the steering group to communicate with the PVA Asia Secretariat for additional guidance and assistance in conducting the consultation.

Some of the assistance that can be given include but are not limited to the following:

- Facilitation of connection to possible speakers
- Access to official documents and insider information on the processes
- Feedback on the program design of the consultation
- Identification of possible participants in your country

You may reach out to the PVA Asia Regional Coordinator by sending an email to peoplesvaccine.asia@gmail.com.

D. Prepare for the workshop.

- **Selection of the Convenor**
 - ◆ Among the members of the steering group, a main convenor may be selected. The convenor will play a crucial role in ensuring that the buy-in of the participants in the coalition being formed and that joint actions will continue beyond the CEW. It should be someone respected by the local CSO community, able to bridge differences in a diverse group of stakeholders, and able to mobilize members and resources in support of the objectives of the CSO coalition.

- **Logistics**

- ◆ After the initial meeting with the steering group and/or with the PVA, a series of meetings should be done to prepare for the logistical requirements of the CEW. A separate project team may be formed to assist the steering group in organizing the workshop. The following are some of the work streams that can be assigned to the project team members:
 - Overall coordinator
 - Program
 - Finance
 - Logistics
 - Communications/Media Relations
 - Documentation
- ◆ Ideally, the CEWs should be done face-to-face. This would usually require more financial resources for the physical setup, food, participant kits, accommodations, and possibly even transportation subsidies. In selecting the venue, the geographical proximity, ease of commute, and accessibility, should be some of the criteria. Cultural and religious sensitivities should also be factored in the preparation.
- ◆ Due to the time and budget constraints that may be faced by local CSOs, some countries may opt to conduct the sessions via virtual platforms. However, in conducting online consultations, thoughtful preparation must be needed to consider the following:
 - Accessibility of gadgets (phone, laptop)
 - Speed of internet connection
 - Costs for internet or mobile data services
 - Technological savviness of the organizers and the participants
 - Accessibility of online tools to elicit active participation
 - Provision of translation services

You may see the draft programs for both online and face to face sessions in the Annexes. Regular check in sessions with the project team should be done to ensure that all parts of the event are covered.

- **Pework**

- ◆ Before the CEW, it would be ideal if the steering group can prepare the following information which will be useful during the consultation:
 - Initial list of stakeholders
 - State of the national PPPR or mechanisms that were setup during COVID-19 that are sustained or are being carried over
 - Position of your current government on the HLM and CA+, including their proposed amendments (if applicable). Aside from official documents, the priorities may be seen in new articles, press releases, and interviews.
 - List of key decision makers involved in the processes
 - Previous actions done by local CSOs on the HLM/CA+
- ◆ Aside from the format invitation to the participants, it would be helpful if the advocacy briefs, concise reading list, as well as the tools to be used during the workshop can be sent prior to the date of the event. This allows the participants to initially run through the materials and develop initial thoughts on the topic which will make their participation more meaningful.

DISCUSS	STATUS
<p>The Community Engagement Workshop shall be composed of the following parts:</p> <p>A. Introduction to HLMs and the CA+.</p> <p>This lecture–discussion shall ground the participants on the context and provide basic information about the different processes. It shall also provide updates on regional agreements and actions that have been done. The speaker may be a representative of the local CSOs or from the pool of speakers from PVA – Asia or its network.</p>	<input type="checkbox"/>
<p>B. Agenda Prioritization.</p> <p>After knowing more about the processes and the context, participants shall be given the time to understand the country’s current state of preventing, preparing, and responding to future pandemics. This can also be an opportunity to reflect on how the HLM and CA+ can impact their own personal experiences and work, reflecting on COVID-19, and identify their agenda in these processes, and create a framework on how to collectively prioritize and frame their agenda. At this point, the participants may attempt to identify which of the items in the agenda are negotiable/non-negotiable and those that can be collapsed or combined. Participants may take it a step further by summarizing their top three or five agenda.</p>	<input type="checkbox"/>
<p>C. Stakeholder Analysis.</p> <p>Understanding and managing power is important for successful advocacy work. A review of stakeholders and an assessment of their positions, influence, and concerns should be done collectively by the local CSOs. Campaigns must be able to identify who are their active allies, allies, neutral parties, opponents, and active opponents.</p> <p>Stakeholders may include elected officials, government bureaus, businesses, religious groups, other civil society actors, and even influential individuals. The Stakeholder Mapping template in the Annex can help in facilitating this activity. If there are time constraints, the steering group may opt to create an initial Stakeholder Map which can be presented in plenary. Participants can then be asked to build on from the initial list presented by validating the initial findings and/or adding more stakeholders.</p> <p>In mapping the positions of different stakeholders, it is best to keep in mind that there are less ideal situations where organizations do not have a homogenous position on the issues. There may also be instances when the head/delegate of the organization may not be the best representative of the community they try to represent. Another factor to keep in mind would be the personal dynamics of individuals across organizations which may also affect their organizational positions. These issues must be noted in the mapping exercise since it may provide valuable insight on how to engage stakeholders, even those who initially register strong opposition to the coalition’s cause. Campaigners must understand that not everyone will be onboard with your advocacy at the start but there is always that possibility for people and organizations to change stances that is why we need to keep communication lines open.</p>	<input type="checkbox"/>
<p>D. Developing the campaign strategy.</p> <p>After having a deeper grasp of the different stakeholders, a commitment to collectively take action should be sought from the group. Once the commitment has been secured, the participants shall identify their campaign objectives at the national level followed by identification of strategies with corresponding timelines and responsible parties/working groups. You may see the campaign strategy template in the Annexes.</p>	<input type="checkbox"/>

A review of previous local campaign experiences may provide insight on what strategies are most efficient in your country. Below are the list of strategies that may be considered by the CSOs:

- **Media Work**
 - ◆ **Traditional media.** These include sending press releases, conducting press conferences/creative actions, writing opinion and editorial articles, and participating in media interviews. The creation of a media list containing contact details of local media assigned to cover the health/pandemic beat might be a good action point.
 - ◆ **Social media.** These may be in the form of infographics, hashtags, simultaneous profile picture change, Tweetchats, Twitter rallies, and Twitter spaces/Instagram live discussion. Strategically engaging local social media influencers may be a good strategy to drum up awareness of PPPR to social media users.
- **Education**
 - ◆ **Public lectures.** These can be done through presentations during conferences, webinars, university lectures, and training programs.
 - ◆ **Advocacy Exhibits**
 - ◆ **Community-led discussions.** Informal discussions with fellow CSOs and key affected populations. You may use the advocacy briefs as talking points.
- **Networking**
 - ◆ Mobilizing local influentials to sign an open letter addressed to the government
 - ◆ Coordinating with PVA Global and Region (Asia) on regionally-initiated but locally-implemented action
- **Direct Lobbying**
 - ◆ Conducting a technical briefing/learning session for key decision makers
 - ◆ Inquiring on the preparations of your government on the HLM and CA+ discussions
 - ◆ Providing direct inputs to the position of the government on the HLM and CA+
 - ◆ Facilitating CSO dialogue with local decision makers involved in the HLM PPPR and CA+ which include:
 - Ministries of Health
 - Ministries of Foreign Affairs
 - Members of Parliament
 - Other members of the bureaucracy who might be engaged in the HLM PPPR and CA+ process
 - ◆ Sending letters, emails, and position papers to the decision makers
 - ◆ Advocating for CSO representation in the UN Mission delegation with corresponding financial/logistical support for their participation

E. Making group agreements.

After the campaign strategy has been developed, identification of general group agreements through a series of consensus building processes must be conducted. Should there be contentions on the initial agreements from the plenary, proper deliberation must be conducted to address these until substantial consensus is built. You may refer to this material from the United Nations on how consensus is achieved:

<https://www.un.org/en/model-united-nations/how-decisions-are-made-un>.



Some of the areas where consensus can be sought include but are not limited to the following:

- Establishment of local CSO advocacy group/network/coalition for HLM and CA+
- Presentation of draft CSO position paper containing country-level priorities
- Presentation of draft letter to key decision makers
- Initial draft of campaign strategy
- Identification of nominee CSO delegate to the country delegation of the Member State (if identified as a strategy and only if the group is ready to make a recommendation)

F. Securing organizational commitments.

As part of the check out activity for the consultation, each organization representative shall complete the phrase “Our organization commits to _____”. Each organization is expected to only mention commitments that they can already commit to recognizing the process that they might need to consult with their respective organizations before giving more substantial commitments. These commitment-signing exercises can either be conducted verbally or through a written resolution or outcome document.

Regardless of the kinds of commitments made, these shall be the starting points for the review of community capacities and resources during the subsequent meetings.

ACT

STATUS

A. Initial Meeting

Once the campaign strategy is set, the next step is to plan on how to implement it. A succeeding meeting on how to operationalize the strategy needs to be convened by the steering group. The items listed below can serve as the agenda of the meeting:

- **Review of the objectives of the CSO** advocacy group/network/coalition
- **Audit of community capacities and resources.** With the new stakeholders joining the CSO advocacy group/network/coalition, another round of review of the expertise and resources that can be committed by members should be done. These data must be listed and organized by the steering group so that they can be maximized when the need arises.
- **Review of the campaign strategy.** The steering group shall provide feedback to ensure that the strategies are specific, measurable, attainable, replicable, and time-bound (SMART). The campaign strategies must be feasible based on the available and projected resources (financial, manpower, etc). Feedback from the regional campaigners from PVA-Asia may also be sought.

In reviewing the campaign strategy, the following can serve as guide questions:

- ◆ What is the specific change or outcome that your strategy aims to deliver?
 - ◆ Is the target audience well-defined?
 - ◆ Will the strategy encourage participation or alienate other groups?
 - ◆ What are the assumptions and risks with regard to the strategy?
 - ◆ Is the strategy an effective use of limited resources?
 - ◆ Is the strategy implementable by people in the grassroots?
 - ◆ Are there opportunities to gain resources from implementing the strategy?
 - ◆ Are the strategies inclusive of people who are most affected/marginalized?
- **Creation of campaign timeline/calendar.** This includes listing of activities and projects related to PPPR advocacy. Special attention to the important dates in the HLM and CA+ process should be factored in the creation of timelines. Alignment with the campaign strategies at the regional level may also be helpful. You may coordinate with the Regional Coordinator of PVA-Asia for the regional timeline and the list of regionally-initiated but locally-implemented activities.

<ul style="list-style-type: none"> • Identification of work streams and working groups. Implementing a national campaign would entail working on different moving parts. This would require strong management skills coming from a team of experienced campaigners. An effort to form working groups, delineate work streams, and create coordination mechanisms should be discussed. • Initial discussion on the future direction of the advocacy group/network/coalition. As early as its inception, it is recommended that the steering group starts the discussion on the trajectory of the group in order for the organizations to be leveled off with the commitments in terms of time, manpower and other resources • Schedule of regular campaign meetings 	
<p>B. Regular Campaign Meetings</p> <p>Regular campaign meetings are attended by members of the steering group for the purpose of discussing updates and planning on the implementation of the elements of the campaign strategy. They may also be avenues to conduct assessments on the strategies implemented to identify what went well and what can be improved in succeeding actions. A template for documenting discussions and action points can be viewed in the Annexes.</p>	<input type="checkbox"/>
<p>C. Advocacy group/Network/Coalition Assemblies</p> <p>A regular assembly of all CSO members should be done for disseminating campaign updates, providing avenues for consultation for members, and enlisting commitments from members for specific initiatives. These assemblies may also be opportunities to onboard new coalition members who were not previously part of the participants of the CEW.</p>	<input type="checkbox"/>



PART THREE

Annex

Draft Program • Stakeholder Analysis • Templates •
Draft Letter to Decision Makers

Draft Program

The program below is just a sample program to guide the steering group in conducting the consultation. Local CSOs may add, remove, or change any part and modify the duration of the sessions to make the program

responsive to the context of the CSOs and to the objectives set by the group. The program can be done in person or virtually depending on the budget and time considerations of the local organizers.

A. In-Person Program

TIME	DURATION	ACTIVITY
9:00 - 9:05 AM	5 mins	Preliminaries
9:05 - 9:15 AM	10 mins	Opening Remarks <ul style="list-style-type: none"> Context setting Discussion of the Objectives of the CEW
9:15 - 9:45 AM	30 mins	Plenary Discussion: Introduction to HLM on PPPR and the CA+ You may refer to the Advocacy Brief in preparing the presentation or a representative from the regional/global campaign can be invited to provide a briefing
9:45 - 9:55 AM	10 mins	Plenary Discussion: Updates on Government's Position on the HLM on PPPR and CA+
9:55 - 10:05 AM	10 mins	Q and A
10:05 - 10:25 AM	30 mins	Plenary: Identification of Country-level CSO Priority Agenda and Objectives
10:25 - 10:55 AM	30 mins	Stakeholder Input on the Stakeholder Map
10:55 - 11:25am	30 mins	BREAK
11:25 - 12:00 PM	30 mins	Breakout Session: Campaign Strategy Workshop <ul style="list-style-type: none"> Networking and Lobbying Education Media
12:00 - 1:00 PM	60 mins	LUNCH
1:00 - 1:30 PM	30 mins	Presentation of workshop outputs
1:30 - 1:50 PM	20 mins	Making group agreements <ul style="list-style-type: none"> Establishment of local CSO advocacy group/network/coalition for HLM and CA+ Presentation of Draft CSO position paper

- Presentation of Draft letter to key decision makers
- Initial draft of campaign strategy
- Identification of nominee CSO delegate to the UN Mission of the country

Presentation of Summary of Action Points

1:50 - 1:55 PM	5 mins	Check Out Activity: Organizational Commitments
1:55 - 2:00 PM	5 mins	Closing Message

B. Virtual Program

TIME	DURATION	ACTIVITY
9:00 - 9:05 AM	5 mins	Opening Remarks <ul style="list-style-type: none"> • Context setting • Discussion of the Objectives of the CEW
9:05 - 9:15 AM	10 mins	Plenary Discussion: Introduction to HLM on PPPR and the CA+
9:15 - 9:25 AM	10 mins	Plenary Discussion: Updates on Government's Position on the HLM on PPPR and CA+
9:25 - 9:35 AM	10 mins	Q and A
9:35 - 9:55 AM	20 mins	Plenary: Identification of Country-level CSO Priority Agenda and Objectives
9:55 - 10:05 AM	10 mins	Presentation of Stakeholder Map
10:05 - 10:25 AM	20 mins	Stakeholder Input on the Stakeholder Map
10:25 - 11:45 PM	20 mins	Breakout Session: Campaign Strategy Workshop <ul style="list-style-type: none"> • Networking and Lobbying • Education • Media
11:45 - 12:00 PM	15 mins	Presentation of workshop outputs
12:00 - 12:15 PM	15 mins	Making group agreements <ul style="list-style-type: none"> • Establishment of local CSO advocacy group/network/coalition for HLM and CA+ • Succeeding meetings of the advocacy group can be called to identify the following • Provide updates on the status of the engagement in the PPPR HLM and CA+ • Approval of Draft CSO position paper • Approval of Draft letter to key decision makers

- Approval of draft of campaign strategy
- Identification of nominee CSO delegate to the country delegation

Presentation of Summary of Action Points

12:15 - 12:20 PM	5 mins	Check Out Activity: Organizational Commitments
12:20 - 12:25 PM	5 mins	Closing Message

Stakeholder Analysis

A. Stakeholder Mapping

This template shall serve as a guide in identifying all potential stakeholders that can be engaged in the campaign. High influence stakeholders are people or organizations who have the capacity to mobilize people and resources to achieve the objectives of your campaign. High interest stakeholders are those who are interested by virtue of the mandate of their office, the nature of their

organization, or they may be directly affected populations. It is important to note that while it might seem that those classified as "high-influence, high interest" are the priority, the real bias of any people-centered consultation is to get the most diverse set of inputs from various stakeholders with special attention to the inputs of the most affected and marginalized.

	HIGH INFLUENCE	LOW INFLUENCE
HIGH INTEREST	1. 2. 3.	1. 2. 3.
LOW INTEREST	1. 2. 3.	1. 2. 3.

B. Power Analysis

NAME OF ORGANIZATION / INDIVIDUAL	POSITION			CONCERNS	ACTION POINT	PARTY RESPONSIBLE
	Supportive	Neutral	Agree			
1.						
2.						
3.						

Notes:

- CSOs may indicate strength of support or opposition using the "+" sign. The higher the number of "+", the stronger is their position on the issue.
- Do not forget to include the CSO participants as stakeholders

Draft Letter to Decision Makers¹

[Insert date here]

[Insert Name of Minister]

[Designation]

Subject: Influencing the Pandemic Prevention, Preparedness, and Response (PPPR) process to ensure equitable access to health products

Dear Ma'am/Sir:

The official death toll due to the COVID-19 pandemic stands at 6.8 million people. An estimated 21 million more lives have been lost and gone unreported. The unimaginable human suffering, loss of life, and devastation to people's livelihoods must never be repeated. In ensuring that the world is better prepared for any future pandemic the undersigned organizations are writing to you to call your urgent attention to the ongoing negotiations on the WHO CA+ or "pandemic instrument", High Level Meeting for the PPPR, and the amendment of the International Health Regulations (IHR).

As you know currently there are no provisions in IHR to ensure access to health products in developing countries during a public health emergency of international concern (PHEIC). The IHR regime is currently functioning as a mechanism to provide information to the WHO about the outbreak of disease having the potential to become a public health emergency of international (PHEIC) without any legal guarantee to get access to health products required to respond to the outbreak. Meanwhile, while the zero draft of the pandemic instrument covers provisions on equitable access to pandemic medical tools, benefit sharing and health systems strengthening, it severely lacks language that binds parties to their commitments during pandemic and inter-pandemic times. COVID-19 has taught us the need for access to medical products especially vaccines, diagnostics, and therapeutics for an effective response to PHEIC and pandemics. These are necessary to prevent the loss of millions of lives and livelihoods.

The IHR amendment process and the negotiations for a pandemic instrument offer a historic opportunity to set right the inequitable international health emergency regime. Various developing countries have proposed amendments to IHR to facilitate equitable access to health products during PHEIC. Similarly, low- and middle-income countries have made various textual proposals to the Zero draft of the pandemic instrument to have equitable access through decentralized production and technology transfer.

On the other hand, high-income countries are using both processes to impose onerous obligations on the developing countries to establish surveillance networks and share real-time information including the pathogen samples and its genomic sequence data without undertaking any obligation to share the benefits emanating from such sharing. Agreeing with rich countries' proposals would not only institutionalize but also enhance the inequities in the health emergency regime.

1 Edited from the draft of Letter to Ministers from the Global Call to Action Against Poverty (GCAP) - Asia and People's Vaccine Alliance (PVA) - Asia

Against this background, we request you to:

- Actively support and negotiate the equity-related proposals especially on Articles 6, 13, 13 A, 43, 44 and 44A in the fourth meeting of the Working Group on the amendments to the International Health Regulations, which is taking place in July 24-28, 2023
- Submit or support amendment proposals to ensure equity and common but differentiated responsibility on Articles 6-19 of the zero drafts of pandemic instrument in the Intergovernmental Negotiation Body and in the World Health Assembly (Schedule from 21 – 30 May, 2023). Our recommendations are shared in this brief: <https://peoplesvaccine.org/wp-content/uploads/2023/02/Zero-Draft-Feb-2023.pdf>
- Actively pursue a collective negotiation strategy by forming the coalition of like-minded countries especially in Asia
- Regularly consult with CSOs and experts and maintain transparency in the negotiation process by carrying out periodic debriefing after the conclusion of each round

Yours Sincerely,

[Name of Signatory]

[Organization]