



Spark Street Advisors
Data Driven Strategies

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CENTER FOR GLOBAL HEALTH POLICY & POLITICS

Zero-Draft Framework for Tracking Implementation of the Pandemic Agreement

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In May 2025, the World Health Assembly adopted the WHO Pandemic Agreement, a legally binding international instrument that defines how countries will cooperate to prevent, prepare for, and respond to any future pandemics. This new agreement marks a significant milestone in strengthening global health governance after the COVID-19 pandemic exposed critical fissures. The agreement lays the groundwork for State Parties to continue to develop, and potentially even deepen, the commitments through decisions taken and guidelines adopted by the Conference of the Parties (COP). This includes core provisions related to the pathogen access and benefit sharing (PABS) system, which are now in the agreement annex and must be finalized by an Intergovernmental Working Group (IGWG) for the agreement to be ratified.

For the Pandemic Agreement to enter into force, 60 states (countries) and/or regional economic integration organizations must become parties to the instrument.¹ Once in force, preparations will begin for the first meeting of the COP. The WHO Framework Convention on Tobacco Control (WHO FCTC) set a precedent for this process that the Pandemic Agreement could follow.

While the current draft of the Pandemic Agreement does not explicitly outline specific reporting requirements, it does reference reporting and monitoring. Article 21 directs the COP to create a mechanism to facilitate and strengthen implementation, including monitoring provisions.

To support these commitments and ensure effective treaty implementation, Spark Street Advisors has developed a zero-draft framework to track key commitments and assess progress. It is intended as a living tool with adaptive capacity to evolve with political and institutional developments as key provisions are finalized and guidelines are adopted by the COP. This framework aims to contribute to early discussions on reporting, which the COP will lead under Article 21.

Becoming party to an international agreement can take the form of ratification, acceptance, approval, accession or formal confirmation. The process depends on domestic legal requirements.

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Structure Of The Framework

The framework is structured around four thematic areas: (i) National Plans, (ii) Financing, (iii) Resilient Health Systems, and (iv) Research and Development (R&D) and Resource Sharing. These themes cover key elements of pandemic prevention, preparedness, and response provisions outlined in the Pandemic Agreement.

Category	Articles Covered
National Plans	Article 4: Pandemic Prevention and Surveillance Article 5: One Health, Article 17: Whole-of-Government and Whole-of-Society Approaches
Financing	Article 9: Research and Development Article 20: Sustainable Financing
Resilient Health Systems	Article 5: One Health, Article 6: Health System Resilience Article 7: Health and Care Workforce Article 14: Regulatory Systems Strengthening Article 17: Whole-of-Government and Whole-of-Society Approaches Article 18: Communication & Public Awareness
R&D and Resource Sharing	Article 9: Research and Development Article 10: Sustainable and Geographically Diversified Local Production Article 11: Transfer of Technology and Know-How Article 12: PABS System Article 13: Supply Chain and Logistics Article 13bis: Procurement and Distribution Article 19: International Cooperation & Implementation Support

Recognizing the diversity of actors involved in implementing the treaty, this draft framework organizes commitments by stakeholder groups, outlining obligations at the country level as well as a checklist of responsibilities for the COP, IGWG, and WHO as a treaty Secretariat.

The existing IHR indicators from the SPAR and JEE frameworks are indicated in **purple** (see also footnotes for references).

Methodology

To identify concrete, measurable commitments, we reviewed the full Pandemic Agreement (drafts between November 2024 and April 2025, including the final version for WHA review dated 16 April 2025) and listed all commitments in an Excel spreadsheet. For this initial exercise, we included commitments containing directive terms such as “take measures,” “develop,” “implement,” “review,” “monitor,” “strengthen,” “collaborate,” “cooperate,” “promote,” “facilitate,” “incentivize.” We then organized the commitments in four thematic areas emerging from provisions: (i) National Plans, (ii) Financing, (iii) Resilient Health Systems, and (iv) Research and Development (R&D) and Resource Sharing. For each commitment, we identified relevant indicators, where feasible, drawing primarily from existing standard monitoring frameworks. These included the International Health Regulations (IHR), including State Party Self-Assessment Annual Reporting² (SPAR) and Joint External Evaluation³ (JEE), the Sustainable Development Goals (SDGs)⁴ and the WHO and the World Bank standard indicators. Where existing indicators were directly applicable, they were used as such; and in other cases, we used their format to guide the development of new indicators, aligning with the treaty provisions. In addition, we also reviewed the WHO FCTC monitoring framework to inform the format of the framework.

To solicit feedback on the draft framework, we consulted with seven legal and content experts familiar with the pandemic treaty development, incorporating their feedback and repeatedly refining the framework to develop this zero draft.

Limitations

While excluded from this initial exercise, we note that commitments with non-binding language, such as “endeavor to,” “encourage,” “urge,” and “recognize,” will also require tracking to support treaty implementation and can be added to this draft framework when feasible. Furthermore, since PABS-related commitments are yet to be agreed upon, we have excluded those from this zero draft.

Intended as a zero-draft, this framework is designed to be further complemented and refined, including through the COP processes.

² The States Parties Self-Assessment Annual Reporting Tool or SPAR is a mandatory tool for countries to report annual progress on IHR implementation ([WHO](#)).

³ The Joint External Evaluation (JEE) is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events ([WHO](#)).

⁴ The Sustainable Development Goals are a set of 17 interlinked, universal goals adopted by the United Nations to address global challenges by 2030 ([UN](#)).

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Country-Level Assessment

A. NATIONAL PLANS

(With reference to Article 4: Pandemic Prevention and Surveillance, Article 5: One Health Approach for Pandemic Prevention, Preparedness, and Response, and Article 17: Whole-of-government and whole-of-society approaches)

A1. Governance and Planning

A1.1 Does your country have a comprehensive multisectoral national pandemic prevention and surveillance plan aligned with the International Health Regulations (IHR)?

- ☐ Yes – Please provide a brief explanation and supporting evidence (e.g., national plan, policy documents, stakeholder engagement reports)
- ☐ Plan in draft form – Please provide a brief explanation and supporting evidence
- ☐ No

A1.2 If yes, does the plan address the pre-, post-, and interpandemic phases?

- ☐ Yes – Please provide a brief explanation and supporting evidence
- ☐ No

A1.3 If yes, does the plan promote collaboration with relevant stakeholders?

- ☐ Yes – Please provide a brief explanation and supporting evidence
- ☐ No

Guidance for response: Identify and explain stakeholders relevant to your country's context. Summarize steps taken (e.g., policy documents, stakeholder engagement reports) that promote collaboration between these stakeholders.

A2. Response

- A2.1 Does the country have a national emergency risk profile based on strategic multi-hazard emergency risk assessments?⁵
- ☐ Yes — Please provide a brief explanation and supporting evidence
- ☐ No
- A2.2 If yes, provide details on the following⁶
- ☐ When was the last national strategic multihazard risk assessment conducted?
- ☐ Which sectors participated in the risk assessment?
- ☐ What are the findings of the national strategic emergency risk assessment?
- A2.3 Is there a formal mechanism for the readiness assessment for potential public health emergencies? (E.g., WHO approved readiness assessment checklist or SimEx and/or drills)⁷
- ☐ Yes – Please provide a brief explanation and supporting evidence
- ☐ No
- A2.4 If yes, does the mechanism include all relevant stakeholders both from government, public and private sectors at all levels?⁸
- A2.5 Does your country have a public health emergency operations center (EOC)?
- ☐ Yes
- ☐ No
- A2.6 If yes, provide details on the following¹⁰
- ☐ Describe the plans and SOPs that are in place for the EOC.
- ☐ Are the plans and procedures based on an Incident Management System?
- ☐ Do they include the following functions and resources: i. incident command, ii. operations, iii. planning, iv. logistics, v. finance.

A3. Comprehensive multisectoral national pandemic prevention and surveillance plans

Does your country have a national plan that includes measures for the following aspects of infectious disease prevention, surveillance, and control? (For each measure, indicate the status)

Measure	Developed	Implemented	Not in Place
Infectious disease prevention	☐	☐	☐
Multisectoral surveillance & risk assessment	☐	☐	☐
Early detection & control measures	☐	☐	☐
Water, Sanitation, and Hygiene (WASH)	☐	☐	☐
Immunization	☐	☐	☐
Infection prevention & control	☐	☐	☐
Zoonotic disease prevention	☐	☐	☐
Vector-borne disease (VBD) surveillance & prevention	☐	☐	☐
Laboratory biological risk management	☐	☐	☐
Pathogens resistant to antimicrobial agents	☐	☐	☐

⁷ JEE technical question for R1.1 (Emergency Risk and Readiness Assessment)

⁸ JEE technical question for R1.1 (Emergency Risk and Readiness Assessment)

⁹ JEE technical question for R1.2. Public health emergency operations center

¹⁰ JEE technical question for R1.2. Public health emergency operations center

A4. Addressing the Human-Animal-Environment Interface

A4.1 What national measures has your country taken to identify and address the drivers of pandemics and emerging infectious diseases at the human-animal-environment interface?

Guidance for response: Identify and explain which driver(s) - e.g., antimicrobial resistance, land use change, wildlife trade - is relevant to your country. List steps taken (e.g., policy documents, stakeholder engagement reports) to address these drivers.

A4.2 What support has your country received from WHO and other relevant intergovernmental organizations to promote One Health?

B. FINANCING

(With reference to Article 20: Sustainable Financing)



B1. Budget Allocation for Pandemic Prevention, Preparedness & Response (PPR)

B1.1 Does your country have a mechanism to track PPR budget and expenditure?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

B1.2 What proportion of the total national health budget is allocated for the following:

Element	Budget/Expenditure
Expenditure on immunization ¹¹	
Expenditure on epidemiological surveillance ¹²	
Expenditure on governance & health systemAdministration ¹³	

B1.3 Report your country's progress on financing indicators (provide year of latest data):

Element	Budget/Expenditure
SPAR score for C3 (financing) ¹⁴	
JEE score on financing ¹⁵	

¹¹ <https://documents1.worldbank.org/curated/en/099063023184535316/pdf/P17729407943460320911d0446812692bd5.pdf>

¹² <https://documents1.worldbank.org/curated/en/099063023184535316/pdf/P17729407943460320911d0446812692bd5.pdf>

¹³ <https://documents1.worldbank.org/curated/en/099063023184535316/pdf/P17729407943460320911d0446812692bd5.pdf>

¹⁴ State Parties Self-Assessment Annual Reporting (SPAR) Tool for IHR implementation – C3 (Financing)

¹⁵ Joint External Evaluation (JEE) for IHR Implementation – P2 (Financing)

B2. Financial Resource Mobilization

B2.1 Sum and source of additional financial resources mobilized (in USD) for PPR.

Guidance for response: Additional financial resources could be official development assistance from multilateral agencies, innovative financing mechanisms etc. Provide details on what the additional financial resources are used for, from whom were they received and how much.

C. RESILIENT HEALTH SYSTEMS

(With reference to Article 5: One Health Approach for Pandemic Prevention, Preparedness, and Response, Article 6: Preparedness, Readiness, and Health System Resilience, Article 7: Health and Care Workforce Article 14: Regulatory Systems Strengthening, Article 17. Whole-of-government and whole-of-society approaches, and Article 18. Communication and Public Awareness)



C1. Preparedness

C1.1 Health Workforce

C1.1.1 Is there a strategy to ensure that appropriate workforce and human resources for the health sector are in place?¹⁶

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

C1.1.2 If yes, does this cover the full range of tasks and services in the (public and private) health sector (prevention/detection and response, care and rehabilitation)?¹⁷

C1.1.3 Are there continuing professional education (CPE) programs for public health officers, surveillance officers, nurses, midwives, general medical practitioners, veterinarians and para-veterinarians that include outbreak preparedness and control?¹⁸

Guidance for response: Provide brief explanation and supporting evidence

C1.1.4 Does your country have a policy for surge staffing for public health emergency response?¹⁹

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

C1.1.5 Have training procedures and materials been developed to orient surge personnel?²⁰

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

^{16, 17, 18, 19, 20} JEE technical question for D3 (Human Resources)

C1.2 One Health Approach

C1.2.1 Has your country established or promoted joint training programs for the workforce at the human-animal-environment interface?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

C1.2.2 Which professionals/cadres have received special training on the One Health approach?²¹

C1.2.3 Report your country's progress on (provide year of latest data):

Indicator	Score
SPAR score for C6 (Human Resources) ²²	
SPAR score for C7 (Health Emergency Management) ²³	
SPAR score for C8 (Health Services Provision) ²⁴	
SDG Indicator 3.8 (Universal Health Coverage) ²⁵	

C1.3 Rational Use, Stockpiling

C1.3.1 What steps has your country taken to promote the rational use and reduce waste of pandemic-related health products?

Guidance for response: Examples may include policies, clinical guidelines, information and education initiatives, and monitoring committees.

C1.4 Humanitarian Access and Pandemic Response Logistics

C1.4.1 Have measures been adopted to facilitate rapid and unimpeded access of humanitarian relief personnel and supplies during a pandemic emergency or PHEIC?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No
☐ NA – Please provide a brief explanation

C1.4.2 If yes, have these measures been tested in a simulation or used in an actual emergency?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

C1.4.3 Have provisions been made to facilitate the transport of humanitarian supplies and equipment?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No
☐ NA – Please provide a brief explanation

²¹ JEE technical question for D3 (Human Resources)

²² SPAR score C6 – covers C6.1. Human resources for implementation of IHR & C6.2. Workforce surge during a public health event

²³ SPAR score C7 – cover C7.1. Planning for health emergencies, C7.2. Management of health emergency response & C7.3. Emergency logistic and supply chain management

²⁴ SPAR score C8 – covers C8.1. Case management, C8.2. Trusted and utilized health services & C8.3. Continuity of essential health services (EHS)

²⁵ SDG Target 3.8 | Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

C1.4.4 If yes, have these measures been tested in a simulation or used in an actual emergency?

- ☐ Yes – Please provide a brief explanation and supporting evidence
- ☐ No
- ☐ NA – Please provide a brief explanation

C2. Response

C2.1 Essential Health Care Services

C2.1.1 Is there a nationally defined essential package of services (or equivalent) available?²⁶

- ☐ Yes – Please provide a brief explanation and supporting evidence (what are the designated Essential Health Services)
- ☐ No

C2.1.2 Do the health sector plan and national emergency preparedness and response plans (or equivalent) have explicit consideration for continuity of Essential Health Services (including population-based services) during emergencies?²⁷

- ☐ Yes – Please provide a brief explanation and supporting evidence
- ☐ No

C2.1.3 What approaches are being used to ensure access to care for marginalized and vulnerable populations?^{28,29}

- ☐ Yes – Please provide a brief explanation and supporting evidence
- ☐ No

C2.2 Procurement and Supply Chain for Pandemic-Related Products

C2.2.1 % of pandemic-related procurement contracts published in open-access formats.

C2.2.2 % of health facilities equipped with access to pandemic-related health products (e.g. personal protective equipment, drugs, vaccines).

C2.2.3 What strategies are in place to support the equitable distribution and administration of vaccines and other pandemic-related health products with special attention to marginalized and vulnerable populations?³⁰

^{26,27,28} JEE Technical Question for R3.3 (Continuity of Essential Health Services)

²⁹ “Marginalized and vulnerable populations: These terms are applied to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, women and girls, refugees and others who are socially excluded.” Definition taken from JEE.

³⁰ JEE Technical Question for P8 (Immunization)

C2.3 Laboratories and Diagnostics

C2.3.1 % of laboratories meeting international standards (e.g., ISO 15189) for diagnostic testing during pandemics.

C2.3.2 % of health facilities with access to diagnostic services for pandemic-related diseases.

C2.3.3 Describe the system for specimen transport from intermediate levels (districts) to reference laboratories and national laboratories.³¹

C2.4 Behavioral Changes

C2.4.1 Are socio-behavioural insights generated about communities and used for infodemic management and for improved community engagement planning?³²

☐ Yes – Please provide a brief explanation and supporting evidence (e.g. media department strategy, community outreach plans, media response plans)

☐ No

C2.4.2 Is there a team for social mobilization, health promotion or community engagement dedicated that is used for emergency response?³³

C2.4.3 If yes, Does the social mobilization, health promotion or community engagement dedicated team have mechanisms to reach out to affected or at-risk populations during health emergencies at national all levels (national, intermediate and primary public health)?³⁴

C2.5 Post-Pandemic Recovery

C2.5.1 Provide details on what strategies in place to support the recovery of health systems after a pandemic.

C2.5.2 Provide details on measures taken to address backlogs in routine health services during the recovery phase.

C3. Health and Care Workforce Protections

C3.1 Has your country taken measures to ensure decent work, safety, mental health, well-being, and capacity strengthening of the health and care workforce? (For each measure, indicate the status)

Measure	Yes	No
Facilitating priority access to pandemic-related health products during emergencies	☐	☐
Eliminating all forms of inequalities, discrimination, and disparities (e.g., unequal remuneration, barriers faced by women)	☐	☐
Addressing harassment, violence, and threats	☐	☐
Supporting individual and collective empowerment	☐	☐
Developing policies for work-related injury, disability, or death during emergency response	☐	☐

C3.2 Does your country have policies to ensure decent work and a safe, healthy environment for essential workers providing public goods and services during pandemics? (For each measure, indicate the status)

Measure	Developed	Implemented	Not in Place
Occupational safety standards and health protocols for essential workers during pandemic emergencies	☐	☐	☐
Access to medical care, including vaccination and mental health support, for essential workers	☐	☐	☐
Coordinated policies to facilitate the safe transit and transfer of seafarers and transport workers	☐	☐	☐

C3.3 Is your country's national policy aligned with the WHO Global Code of Practice on the International Recruitment of Health Personnel?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

C4. Regulatory and Safety Measures

C4.1 Has your country strengthened its national (and, where appropriate, regional) regulatory authority responsible for the authorization and approval of pandemic-related health products?

- ☐ Yes – Please provide a brief explanation and supporting evidence
☐ No

C4.2 For each measure, indicate the status:

Measure	Developed	Implemented	Not in Place
Legal and administrative frameworks to enable expedited regulatory review and emergency authorization of pandemic-related health products	☐	☐	☐
Guidelines and standard operating procedures for accelerated approvals while maintaining safety and efficacy standards	☐	☐	☐
Technical capacity, including skilled personnel and digital infrastructure, to conduct rapid assessments and approvals of pandemic-related health products	☐	☐	☐
Adequate financial resources allocated for regulatory functions related to pandemic-related health products, including for expedited reviews and post-market surveillance	☐	☐	☐
Effective vigilance system for continuous safety monitoring and effectiveness evaluation of pandemic-related health products	☐	☐	☐

C5. Whole-of-Government³⁵ and Whole-of-Society³⁶ Approaches

- C5.1 Is there a high-level mandate supporting Health in All Policies (HiAP) within the government (e.g., national policy, legislation, executive order)?³⁷
- ☐ Yes - Please provide a brief explanation and supporting evidence
- ☐ No
- C5.2 If yes, what is the level and scope of this mandate (e.g., specific sectors, all government levels)?³⁸
- C5.3 Is there evidence of leadership at all levels actively promoting and implementing a whole-of-government vision, plan, and purpose for Health in All Policies (HiAP)?³⁹
- ☐ Yes - Please provide a brief explanation and supporting evidence
- ☐ No
- C5.4 Has the country mapped the key stakeholders, actors and populations to include in planning and implementation of whole of-society action?⁴⁰
- ☐ Yes - Please provide a brief explanation and supporting evidence
- ☐ No

D. RESEARCH AND DEVELOPMENT (R&D) AND RESOURCE SHARING

(With reference to Article 9: Research and Development, Article 10: Sustainable and Geographically Diversified Local Production, Article 11: Transfer of Technology and Know-How for the Production of Pandemic-Related Health Products, Article 13: Supply Chain and Logistics, Article 13bis Procurement and Distribution, and Article 19: International Cooperation and Support for Implementation)



D1. Research and Development

- D1.1 Since the pandemic treaty was enacted, what steps have been taken on the following (check all that apply, provide evidence)
- ☐ Promote research collaborations – Please provide a brief explanation and supporting evidence
- ☐ Improve access to research – Please provide a brief explanation and supporting evidence
- ☐ Rapid sharing of information and results – Please provide a brief explanation and supporting evidence

³⁵ *Whole of Government*: "A approach 'in which public service agencies work across portfolio boundaries' to develop integrated policies and programmes towards the achievement of shared or complementary, interdependent goals."

³⁶ *Whole of Society*: "Represents a broader approach, moving beyond public authorities and engaging 'all relevant stakeholders, including individuals, families and communities, intergovernmental organizations, religious institutions, civil society, academia, the media, voluntary associations and [...] the private sector and industry.'"

^{37,38,39} Based on WHO's factsheet on the Four Pillar Model of HiAP

⁴⁰ Based on WHO's operational guidance for a whole-of-society action to manage health risks and reduce socioeconomic impacts of emergencies and disasters

D2. Investment in Pandemic Research

D2.1 Has your country been able to establish and sustain investment in research institutions and networks that can rapidly adapt and respond to pandemic-related research and development needs?

- ☐ Yes - Please provide a brief explanation and supporting evidence
☐ No - Please provide a brief explanation (e.g. lacking adequate resources)

D2.2 Does your country have dedicated funding for research on epidemiology of emerging infectious diseases and zoonotic spill-over risks?

- ☐ Yes - Please provide a brief explanation and supporting evidence
☐ No - Please provide a brief explanation (e.g. lacking adequate resources)

D2.3 Does your country have dedicated funding for research on social and behavioral science research on pandemics?

- ☐ Yes - Please provide a brief explanation and supporting evidence
☐ No - Please provide a brief explanation (e.g. lacking adequate resources)

D2.4 Does your country have dedicated funding for research on public health and social measures, including socioeconomic impact assessments?

- ☐ Yes - Please provide a brief explanation and supporting evidence
☐ No - Please provide a brief explanation (e.g. lacking adequate resources)

D2.5 Does your country have dedicated funding for research on the development of pandemic-related health products and ensuring equitable access?

- ☐ Yes - Please provide a brief explanation and supporting evidence
☐ No - Please provide a brief explanation (e.g. lacking adequate resources)

D3. Scientific Research Programmes, Projects, and Partnerships

D3.1 % of government scientific research projects related to PPR involving technology co-creation or joint ventures.

D3.2 Provide details on the kind of research projects underway.

D3.2 % of government research initiatives related to PPR involving scientists, research institutions from developing countries (for high income countries).

D4. National Policy for Equitable Access to Pandemic-Related Health Products

D4.1 Does your country have a national policy or policies that promote timely and equitable access to pandemic-related health products, particularly during PHEICs? (For each measure, indicate the status)

Measure	Developed	Implemented	Not in Place
Non-exclusive licensing / sublicensing to developing-country manufacturers	☐	☐	☐
Timely publication of licensing terms	☐	☐	☐
Affordable pricing policies (price caps, differential pricing, inclusion in reimbursement lists)	☐	☐	☐
Royalty-waiver / reasonable-royalty policy for emergencies	☐	☐	☐
Technology transfer incentives (tax breaks, grants, R&D conditions, regulatory fast-track)	☐	☐	☐
Publication of clinical-trial protocols & results (national registry linked to WHO ICTRP)	☐	☐	☐
Adherence to WHO-adopted product allocation frameworks	☐	☐	☐

D4.2 Has your country collaborated with WHO to support production facilities of relevant health products?

☐ Yes - Please provide a brief explanation and supporting evidence (Tripartite MoUs, WHO press notes, minutes of Joint External Evaluation follow-ups)

☐ No

D4.3 If yes, provide details on steps taken related to skills development, capacity-building and other initiatives for production facilities.

D4.4 Has your country collaborated with WHO to facilitate sustainable operations of health product manufactures?

☐ Yes - Please provide a brief explanation and supporting evidence (WHO Sustaining Vaccine Manufacturing Initiative membership, long-term procurement guarantees, pooled-procurement schemes)

☐ No

D5. Manufacturing and Supply Chain Resilience for Pandemic-Related Health Products

- D5.1 How has your country expanded manufacturing facilities for pandemic-related health products? Check all that apply and provide evidence:
- ☐ Public and private sector investments
 - ☐ Purchasing arrangements
 - ☐ Public-private partnership
- D5.2 Does your country have measures in place to identify and contract with manufacturers with the aim of rapidly scaling up the production of pandemic-related health products?
- ☐ Yes - Please provide a brief explanation and supporting evidence
 - ☐ No
- D5.3 Has your country taken measures to facilitate or incentivize transfer of technology and know-how for pandemic-related health products (Select all that apply and provide evidence):
- ☐ Licensing
 - ☐ Capacity building
 - ☐ Relationship facilitating
 - ☐ Incentives or conditions linked to research and development
 - ☐ Procurement or other funding
 - ☐ Regulatory policy measures
 - ☐ No

D6. Transparency and Equity in Licensing and Procurement

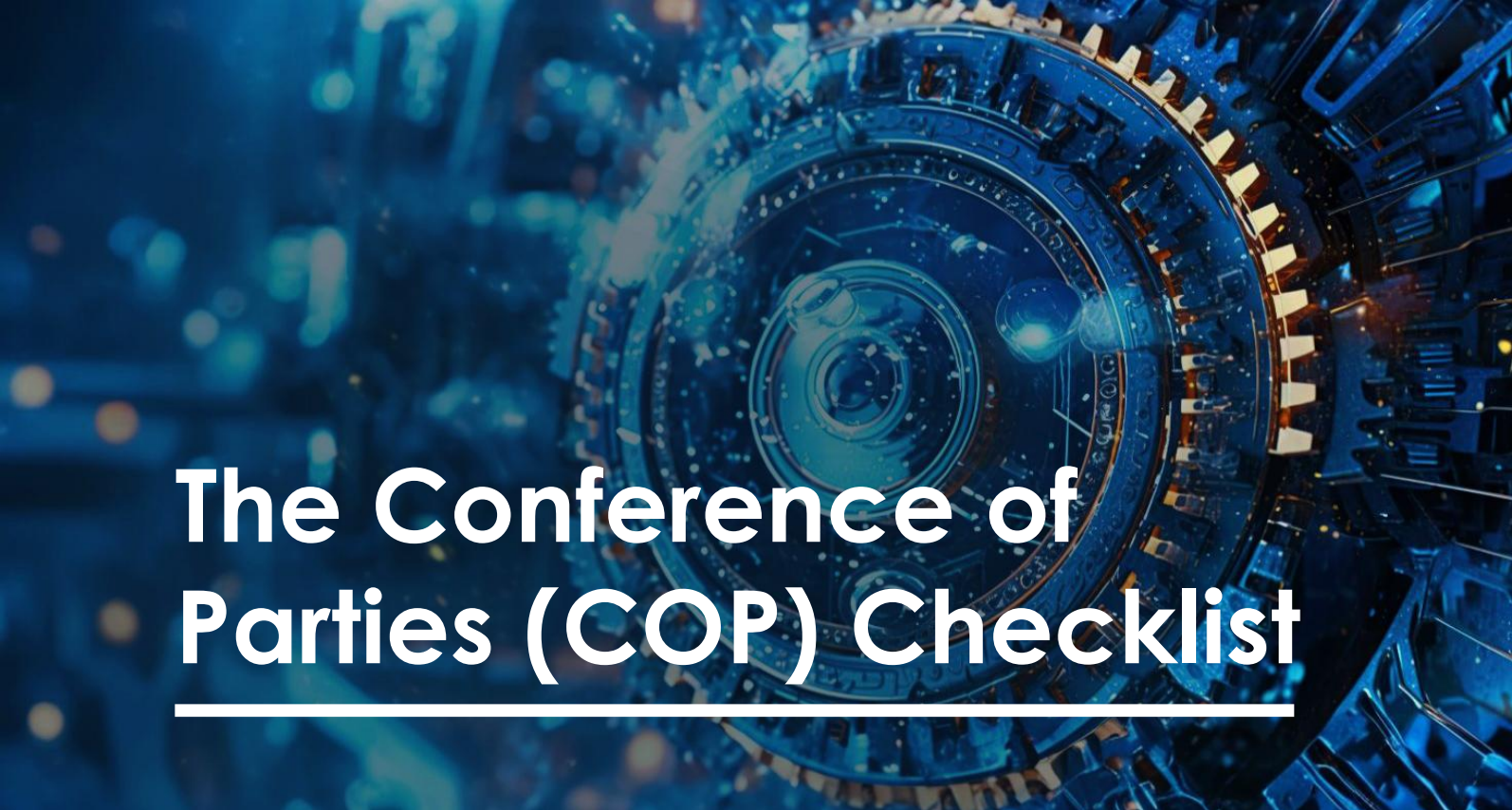
- D6.1 To what extent does your government license its own pandemic-related health technologies on a non-exclusive basis and disclose the full license terms publicly?

Response Option	Operational definition	Select One
A - Fully	All licences are non-exclusive, and the complete agreements (with only lawful redactions) are in the public domain	☐
B - Partially	Some non-exclusive licensing exists, or some licences are publicly available	☐
E - None	No evidence of non-exclusive licensing and no public disclosure of license terms	☐

- D6.2 Has your country proactively published and made widely accessible (in official languages, on public platforms, and in an interpretable format) the terms of its licensing agreements relevant to equitable global access?
- ☐ Yes - Please provide a brief explanation and supporting evidence
 - ☐ No

D7. Institutional Implementation

- D7.1 Is your country a member of the Global Supply Chain and Logistics (GSCL) Network?
- D7.2 Is your country a member of the Pathogen Access Benefit Sharing (PABS) System?



The Conference of Parties (COP) Checklist

GENERAL

- ☐ At its first session, adopt by consensus its rules of procedure and its criteria for the participation of observers at its proceedings (one-time activity)
 - ☐ Adopt the Financial Regulations and Rules of the World Health Organization (applicable to any subsidiary body COP may establish) (one-time activity)
 - ☐ Determine the venue and timing of subsequent regular sessions at its first session (one-time activity)
 - ☐ Adopt by consensus a budget for each financial period
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PANDEMIC AGREEMENT IMPLEMENTATION

- ☐ Approve the establishment of a mechanism to facilitate and strengthen effective implementation of the provisions of the Pandemic Agreement at its second meeting.⁴¹ In doing so, the COP may consider other relevant mechanisms, including those under the IHR (one-time activity)
- ☐ Determine information required, frequency and format of the reports in submitted by each Party on its implementation of the WHO Pandemic Agreement (one-time activity)
- ☐ Regularly take stock of the implementation of the WHO Pandemic Agreement and review its functioning every five years
- ☐ Develop a financial and implementation strategy for the WHO Pandemic Agreement every five years

⁴¹ For proposals on how to structure an independent assessment system for monitoring implementation of the pandemic treaty, Hanbali et al. (2023) recommend establishing a politically and financially independent monitoring body that reports directly to the treaty's Conference of the Parties (COP). The COP would be responsible for receiving regular, transparent reports on state compliance, based on triangulated evidence from self-assessments, third-party data, and civil society input. The authors emphasize that such an arrangement— independent from WHO but linked to the COP—would enhance legitimacy, enable political follow-up, and help avoid the enforcement failures that have weakened the International Health Regulations. Hanbali L, Hannon E, Lehtimäki S, et al. Independent monitoring and the new pandemic agreement. *BMJ Global Health*. 2023;8:e013348. doi:10.1136/bmjgh-2023-013348.

Financing

- ☐ Establish a Coordinating Financial Mechanism (Mechanism) (one-time activity)
 - ☐ Adopt a Terms of Reference for the Mechanism for operationalization and governance in relation to the implementation of the Pandemic Agreement (one-time activity)
 - ☐ The Mechanism should conduct regular needs and gaps analyses to support strategic decision making
 - ☐ The Mechanism should promote harmonization, coherence and coordination for financing the pandemic agreement and IHR-related capacities
 - ☐ The Mechanism should identify financing sources to serve the purposes of supporting the implementation of this agreement and the IHR
 - ☐ The Mechanism should leverage voluntary monetary contributions to support PPR
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GLOBAL SUPPLY CHAIN AND LOGISTICS (GSCL) NETWORK

- ☐ At its first meeting, define the structure, functions and modalities of the GSCL Network (one-time activity)
- ☐ Periodically review the functions and operations of the GSCL Network, including the support provided by the Parties, WHO Member States that are not Parties to this Agreement, and relevant stakeholders, during and between pandemic emergencies
- ☐ Functions of the GSCL network shall include:
 - I. Identification of Pandemic-Related Products & Inputs
 - II. Identification of access barriers
 - III. Estimate supply and demand
 - IV. Facilitator procurement during emergencies
 - V. Coordinate with procurement agencies
 - VI. Promote transparency
 - VII. Collaborate on stockpiling
 - VIII. Enable rapid release of stockpiles
 - IX. Facilitate equitable access

Intergovernmental Working Group (IGWG) Checklist For PABS System

- ☐ Develop a multilateral system for safe, transparent, and accountable, access and benefit sharing for pathogens with pandemic potential
- ☐ Define pathogens with pandemic potential
- ☐ Define PABS materials and sequence information
- ☐ Define the modalities, legal nature, terms and conditions, and operational dimensions of the PABS instrument
- ☐ Define participating manufacturer
- ☐ Include benefit sharing provisions, in the event of a public health emergency of international concern (PHEIC), including options regarding access to safe, quality, and effective vaccines, therapeutics, and diagnostics for the pathogen causing the PHEIC

Who Pandemic Agreement Secretariat (i.e., WHO) Checklist

- ☐ Convene the first session of the Conference of Parties no later than a year after the Pandemic Treaty has been adopted (one-time activity)
- ☐ Establish appropriate positions and provide the necessary infrastructure to ensure fulfilment of WHO's role as the Secretariat of the WHO Pandemic Agreement
- ☐ Under the guidance of the COP, the Secretariat ensure the necessary coordination with the competent international and regional inter-governmental organizations and other relevant bodies
- ☐ Provide the necessary coordination with the competent international and regional inter-governmental organizations and other relevant bodies, under the guidance of the Conference of the Parties
- ☐ Communicate the text of any proposed amendment to the WHO Pandemic Agreement to the Parties at least six months before the session at which it is proposed for adoption
- ☐ Develop, coordinate and convene the GSCL Network in full consultation with the Parties, WHO Member States that are not Parties, and in partnership with relevant stakeholders, under the oversight of the COP
- ☐ Coordinate transfer of relevant technology, as mutually agreed, for pandemic-related health products
- ☐ Provide technical support to States Parties, especially developing countries towards communication and public awareness of pandemic related measures



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