

Intergovernmental Negotiating Body <https://inb.who.int>

Written submissions

Public hearings regarding a new international instrument on pandemic preparedness and response: written component

Written contributions to the [first round of public hearings](#) are welcome from all interested parties, including the general public and all interested stakeholders *to respond to the guiding question:*

**“What substantive elements do you think should be included
in a new international instrument on pandemic preparedness and response?”**

Please further note that all submissions of written comments are subject to the [terms of participation](#). In that regard, please note that written contributions are limited to 250 words and must be submitted by 17:00 CEST on Wednesday 13 April 2022.

Written submission from

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The International Health Regulations (IRH 2005), adopted unanimously by 196 countries the 28th WHO Assembly in May 2005, entered into force on 15 June 2007, is a legally-binding international instrument. IHR 2005 is marked by a strong **Human Rights** component based on existing United Nations international instruments (i.e. OHCHR, ECOSOC, Right to Health) and commitment to the Universal Declaration of Human Rights and United Nations Universal Charter. The IHR purpose is “to **prevent, protect against, control** and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”.

Therefore, the recommended substantive elements listed below can only complement IHR :

- **to strengthen IHR articles set to respect of the Human rights and citizens freedom of movement and travel** (i.e. articles 31, 43, 45) against the violation of those rights when unnecessary
- **to strengthen science and research ethical legal obligation** in line with *The Oviedo Convention (1997)*, *The Belmont Report (1979)* and *the Declaration of Helsinki (1964)*, *the Nuremberg Code (1947)* to protect vulnerable research participants from harm, inequality, misinformed consent and protect the right to refuse an experiment
- **to add a legal limitation to the use of technology and AI systems** for emergency management and monitoring at a global and local level. Validation of any human-centered technology cannot be standardized with personalized medicine and cultural context.

Abstract sent twice on 13th of April 2022 at 16h52pm (with first email), at 16h57pm (with different email)