



December 7, 2023

The Hon. Mark Holland, PC, MP
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister:

Subject: Concerns About the WHO Pandemic Treaty During INB7

We are writing on behalf of Canadian and Quebec unions that are members of Public Services International (PSI) that represent workers in health care. Collectively, we represent more than 500,000 workers who provide services in every aspect of our health care sector.

Our union is following the Intergovernmental Negotiating Body (INB) process to draft and negotiate an international agreement on pandemic prevention, preparedness, and response, also known as the WHO Pandemic Treaty. We have done this work with the support of Public Services International (PSI), the global union federation representing public services, health workers, and care workers around the world, to which we are affiliated.

We are concerned that the first session of the seventh round of discussions of the INB (INB7) held November 6–10 is not progressing adequately on key priorities for health workers and care workers. We urge your Ministry to address the points shared below during the resumed INB7 session December 4–8, 2023.

In addition, we would like to meet with you to be debriefed on the outcomes of INB7. With your support, this future instrument will build on the learnings and experience of health workers and care workers who were at the front lines during the Covid-19 pandemic.

Uphold the Right to Decent Work for Health Workers and Care Workers

While we welcome the inclusion of an article on the workforce in health care and care work, in the current draft of the negotiating text, we are disappointed by its limited progress. Safe workers save lives. Yet, language in drafts prior to this negotiation stage that prioritized adequate protective equipment for front-line health workers during pandemics has been deleted.

It is imperative for countries to recognize the crucial work done by front-line workers during the pandemic and integrate this into the international accord (in Article 7) towards safeguarding the lives and health of health workers in the event of future health emergencies.

Further, the current draft lacks substantial provisions that uphold decent work for all health workers and care workers, protect their health and safety, and recognize the essential role of front-line and migrant health workers and care workers.

We recommend the following:

- Include in Article 1 **a broad definition of the health and care workforce**, which incorporates all workers classified as health workers by the International Standard Classification of Occupations (ISCO) used by WHO.
- **Decent work** should also be incorporated into Article 3 as a guiding principle to be followed when developing, planning, and implementing any measures related to the preparedness, prevention, and response to a future pandemic.
- Article 7 must include provisions that will secure and protect the **labour rights of the health and care workforce**, including with reference to ILO Conventions 87 and 98.
- Article 7 must guarantee safe staff-to-patient ratios and other **minimum work and employment standards** as outlined in the [ILO Convention 149 on Nursing Personnel](#) and the [2017 ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services](#).
- Include a provision for **prioritizing Occupational Safety and Health** measures in Article 3 (guiding principles), including a reference to ILO Convention 155 and Resolution 164.
- Include **the precautionary principle** in Article 3 as a guiding principle, and substantive language in Article 7, so that the precautionary principle is applied when the cause-and-effect relationships are not fully established scientifically and there may be threats of harm to human health or the environment, particularly in the delivery of health care and care services during pandemics.

- Include in Article 7 provisions **to address injury, sequelae, or death** for health workers and care workers, as well as their families during pandemic response.
- Include clauses in Article 7 that hold both source and destination countries accountable for **protecting both the migrant workers and the health systems of sending countries.**

Ensure Public Financing for Public Goods

In order to truly realize a robust, fair, and equitable global innovation system that will generate affordable and timely health technologies, we must understand health technologies (medical countermeasures) as public goods. Article 9.4 should guarantee that all health products, technologies, know-how, etc. that originate from publicly funded research programs **are kept in the public domain and cannot be patented.**

- Manufacturers of technologies that were developed with public funding must provide the resulting medical countermeasures on a **no profit/no loss** basis upon the announcement of a public health emergency of international concern (PHEIC).
- This should apply **regardless of the extent of public funding.**

The Covid-19 pandemic showed that we cannot rely on the voluntary agreements the private sector promotes. We need compulsory measures to ensure transparency of costs of R & D and future public contracts signed with private companies. An earlier draft (the pre-zero draft) included **compulsory measures** for entities that receive public funding for R & D in pandemic countermeasures **to disclose prices and contractual terms** of public procurement (Article 9.3.b). However, this measure—the only one that created an obligation for private entities—has been removed. **This should be put back**, i.e., included.

Waive Patent Rights in All Cases of Public Health Emergencies

The COVID-19 pandemic has again shown that maintaining intellectual property privileges during a health crisis generates artificial scarcity and high prices, costing hundreds of thousands of lives, especially in the Global South. We cannot live through another health emergency by naturalizing monopolies and relying on voluntary solutions. The text must include **a binding and automatic mechanism** to waive intellectual property rights for technologies related to dealing with such an emergency immediately after a PHEIC is declared (in Article 11.3.(a)). Further, the future instrument should encourage countries to put in place **similar mechanisms at the national level.**

Further, countries are worried about implementing time-bound waivers unilaterally due to the **threats of legal action**. This had been addressed in an earlier version of the text that mentioned that parties couldn't challenge these measures. **We recommend this text be included in article 11.3.(a)**. Similarly, text that creates barriers to governments that are willing to put in place compulsory measures without the consent of patent and/or other intellectual property rights holders (i.e., "on mutually agreed terms") should be removed from the draft text.

Finally, we recommend the inclusion of provisions towards the review of relevant free trade agreements to remove TRIPS-plus measures, such as data protection, linkage, and patent term extension, amongst others.

Ensuring Everyone Shares and Everyone Benefits

The inclusion of a Pathogen Access and Benefit Sharing system (PABS system, in Article 12) is an important learning from the mistakes of the global response to the Covid-19 pandemic. Yet, we are concerned that the concrete elements of this system are left unaddressed and are worried that such a gap can render this important effort meaningless. **We urge governments to maintain the same timeline for the PABS System as for the rest of the treaty.**

We require monetary and non-monetary obligations on the recipient of pathogen data (Recipients), and for governments to bear the responsibility to ensure that commitments are respected. We welcome the requirement for Recipients to provide WHO with real-time access to pandemic-related products, though **this should be based on a higher minimum (currently set at a minimum of 20%), as well as an appropriate distribution** based on a rolling assessment of evolving public health risks and needs. In addition, the 3 subsections of Article 12.4 (c) should be revised into **mandatory benefit-sharing conditions for the Recipients.**

Strengthen Health Systems to Prevent Health Emergencies

Pandemic prevention, preparedness, and response require a global financial architecture that ensures that all countries have sufficient resources to inject into building strong and universal public health systems. We are concerned **that language on finance is weak**. The text should include the **principle of solidarity and a commitment to an Equitable International Order** (in article 3), as well as provisions towards equity in financing of pandemic prevention, preparedness, and response.

Further, the ILO has underlined the role of social dialogue in strengthening public services, including public health systems.¹ The European Commission document also highlights that "social dialogue is an essential tool for balanced crisis management and for finding effective mitigation and recovery policies," and that "experience shows that social dialogue contributes to effective crisis management."² **Article 6 should direct relevant actors to engage in social dialogue and governments to ensure active participation of unions and workers both in the planning and response during an emergency and in times of no pandemic.**

Inclusion of Climate Crisis

We strongly recommend the inclusion of the climate crisis as a central priority to be considered in all pandemic and hazard preparedness and response programs. We further strongly recommend the need to prioritize improving health care resiliency in preparation for the ongoing climate crisis. In the zero draft of the pandemic treaty, the proposed "Article 5.(a). Strengthening pandemic prevention and preparedness through a One Health Approach" was the only article to mention climate change. **Article 5.(a) did not make it into the current draft. We strongly encourage its inclusion in addition to much stronger language about preparing for health hazards in the context of our ongoing climate crisis.**

Our current health care system is unprepared to respond to both current and future hazards created by the ongoing climate crisis. The pandemic treaty presents an opportunity to hold governments to account to invest in programs that would improve the resiliency of our health care infrastructure, protect the health care workforce during climate disasters, and support research into the health impacts of climate change.

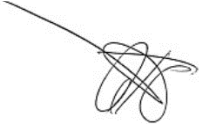
We urge the negotiators to incorporate the climate crisis (and specifically, the extreme weather disasters that are caused by climate change), as hazards that require attention and funding. We encourage the negotiators to include the creation of funding programs to invest in construction projects to improve the resilience and pre-disaster mitigation of our health care infrastructure. Finally, we urge the negotiators to require investment in occupational health and safety programs and hazard pay for health care workers during any extreme weather event.

¹ Included in the "Practical Guide for Strengthening Social Dialogue in Public Service Reform," 2005.

² [Proposal for a Council Recommendation on strengthening social dialogue in the European Union.](#)

The negotiations now enter a key moment. We look forward to your support and remain at your disposal for any questions you may have.

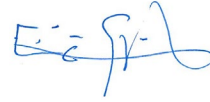
Yours sincerely,



Annette Toth
President, COPE



Mark Hancock
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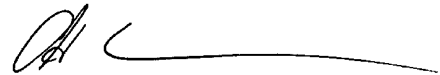
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cc: The Rt. Hon. Justin Trudeau, PC, MP, Prime Minister of Canada
The Hon. Mélanie Joly, PC, MP, Minister of Foreign Affairs
Jagmeet Singh, MP, Leader of the NDP
The Hon. Pierre Poilievre, PC, MP, Leader of the Conservative Party of Canada
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