



**ESMO Statement  
for the  
Eight meeting of Intergovernmental Negotiating Body to draft and negotiate a WHO convention,  
agreement or other international instrument on pandemic prevention, preparedness and response  
19 February 2024**

The European Society for Medical Oncology reiterates that it is crucial that the WHO Pandemic Agreement specifically includes reference to **secondary and tertiary healthcare services**, to avoid leaving millions of patients with cancer behind during and beyond pandemics, as they are predominately treated at these levels.

The political commitment, the rationale, and the technical guidance for implementation are all siding with this.

With [the 2023 UN Political Declaration on Pandemics](#) countries committed to take measures to enhance the resilience of national health systems for pandemics and other health emergencies at primary, **secondary and tertiary health care levels**, referring to [the Sendai Framework for Disaster Risk Reduction \(2015-2030\)](#).

The Sendai Framework, adopted by 187 UN Member States in 2015, notes that people with life-threatening or chronic disease should have access to life-saving services during and after disasters. And the [WHO technical guidance notes on the Sendai framework](#) highlight that “integrating disaster risk management into primary, secondary and tertiary health care will reduce the health risks and consequences of emergencies and disasters and enhance health security, universal health coverage, sustainable development and the resilience of communities and countries.”

It is thereby logical, that the Pandemic Agreement should reference both **secondary and tertiary levels of care** in Chapter 6, paragraph 1, in addition to primary care.

Thank you.