



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

[The European Society for Medical Oncology](#), representing more than 35,000 oncology professionals in 172 countries, welcomes the revised draft of the negotiating text of the WHO Pandemic Agreement (7 March 2024). Given estimations that [one in five people will develop cancer at some point in their lives](#), protection of vulnerable patients, such as those with cancer, and of the health professionals caring for them, from pandemic-related infectious agents is paramount, and therefore, sustainable [cancer care services must be integrated](#) into preparedness planning and responses to both pandemics and health emergencies. To this end,

We support:

- the acknowledgement in the Article 6. that timely provision of, and equitable access to, essential health services should be sustained and monitored, and particular attention should be paid to individuals with a disproportionate increased risk of severity, disease or mortality in the context of a pandemic. [Cancer care services are essential](#) and [cancer treatment disruption can have a heavy impact on survival](#), making the paragraph crucial to retain in the final text. Moreover, patients with cancer are among the most vulnerable to pandemic-related infectious pathogens and should be protected, as should oncology health professionals.
- Article 7. Paragraph 1 (a), which commits the signatories to safeguarding, protecting, investing in, retaining and sustaining adequate, skilled and trained health and care workforce, with capacities for pandemic situations, while maintaining quality essential health services; and to protecting the safety and security of the workforce, including addressing mental health and wellbeing.

We note with concern:

- that the draft text does not make clear reference to **continued access to non-pandemic-related medicines**, including opioids for pain relief, and to **palliative care**, nor to continuance of active **clinical trials**.

We urge the Member States to include the following in the text (in bold):

Article 6. Preparedness, health system resilience and recovery

(a) sustaining and monitoring the timely provision of, and equitable access to, quality routine and essential health services, **and medicines**, during pandemics with a focus on primary health care, **and including secondary/tertiary care and clinical trials**, routine immunization and mental health care, and with particular attention to persons in vulnerable situations;

Article 9. Research and development

3. The Parties shall, in accordance with national circumstances and mindful of relevant international standards, take steps to strengthen international coordination and collaboration to support well-designed and well-implemented clinical trials, by developing, strengthening and sustaining clinical trial capacities and research networks at the national, regional and international levels, **to enable the continuation of active clinical trials, and avoiding competition around resources required for health emergencies.**

ESMO reiterates its availability to work with Member States to assist with the development of resilient oncology services across the whole continuum of care.