

Frequently Asked Questions (FAQs)

Pandemic Mitigation Project

1. What is the Project?

The Project is a private sector, non-governmental effort that advocates for a treaty to mitigate pandemics through **obligatory notification and grant of access**. The Project envisions a treaty that would encourage compliance through **enforcement measures** that could be swift and comprehensive.

2. Who are the people behind the Project?

Support for the Project comes from professionals in Europe, Canada and the United States. They include lawyers who practice at firms specializing in international business, government relations and trade; representatives of international business associations; and medical and non-governmental biodefense experts.

3. Does the Project receive funding and, if so, from whom?

The Project does not solicit funds and has no budget. The professionals contributing to the Project work on a voluntary, non-compensated basis.

4. Is the Project registered?

The Project is a non-governmental (NGO) established in France. It is listed on the EU Transparency Registry. Where required, people supporting the Project have filed lobbyist or other registration documents in their particular jurisdictions.

5. How did the Project begin?

J. Triplett Mackintosh, a private sector lawyer who specialized in non-proliferation controls, started the Project. His assessment of the aftermath of Covid-19 was that safeguards in international public health could be enhanced by drawing from successful non-proliferation agreements, such as those that mitigate threats presented by nuclear, chemical and biological weapons.

6. Are any governments supporting the Project?

The Project is in discussions with many governments, as well as offices within the European Union. The concept has been well-received.

7. Is the Project aligned with any political party?

No. The Project advocates for a notice and access treaty without regard to political party or government system. It is simply a matter of international public health. The Project is non-partisan.

8. What is the difference between the Project and proposals to reform or enhance the World Health Organization (WHO)?

Many countries have proposed improving WHO's funding and ability to prevent, remediate and mitigate pandemics. WHO relies on **voluntary cooperation and discretionary participation** of countries for its operations.

The Project would supplement these improvements to WHO by **requiring** countries to provide that organization and other signatory states timely information regarding an outbreak.

This information would come from two sources:

- (1) **immediate notification** of the outbreak to WHO and signatory states; and
- (2) **immediate grant** of access to a pre-cleared team of professionals.

WHO would select professionals with particular expertise from a roster that all signatory states would have reviewed and approved well in advance of an outbreak.

9. Would professionals sent into a country under this proposed treaty have restrictions as to where they can go, what they can do and to whom they can report findings?

Yes. The Project envisions that any team sent to a country under this proposed treaty would be subject to limitations as to scope of work, access, as well as to whom information could be disclosed.

The scope of work and access within a country would be determined in consultation between the team, the WHO Director-General and the affected country. The Project anticipates a need for reasonable accommodations as to scope of work, such as those regarding military or other sensitive areas.

The concept-draft treaty provides that signatory countries could agree that team members would be subject to a non-disclosure agreement and report findings to WHO and signatory country representatives, as contemplated by the concept-draft treaty.

10. What is the proposed enforcement provision?

If a signatory state failed to comply with these requirements, signatory states could agree to have the option to take **enforcement action** either separately or jointly. This action could take the form of trade restrictions, such as tariff or non-tariff barriers, trade sanctions, travel restrictions, export controls, economic sanctions, or other measures.

11. Would there be a new secretariat or agency to administer the proposed treaty?

No. Signatory countries, themselves, would address administration of the treaty, enforcement and other issues.

12. Would WHO be involved in enforcement?

No. WHO serves an important role in protecting the health of all populations as a neutral, non-political, repository of international public health expertise. WHO's mission may not be well served if it were involved in the administration or enforcement of the proposed treaty. Therefore, the Project suggests a role for WHO only with respect to certain logistic and management functions in a manner that would be consistent with the organization's current practices and neutrality.

13. Would the proposed treaty conflict with WHO?

No. The treaty would complement WHO's work by providing it immediate information about a potential outbreak.

14. How would countries resolve enforcement disputes?

The Project believes that currently available procedures and mechanisms can address disputes that might arise under the proposed treaty. The creation of a new bureaucracy, dispute-resolution process or secretariat is not necessary. Where and how an enforcement measure might be disputed would depend on the nature of the action.

As just one example, one or more signatory countries could decide to use tariffs or a trade embargo to encourage compliance with obligations under the treaty. Existing international trade bodies, such as the WTO, could function as a forum to challenge the trade measure administratively or judicially. If the penalty were economic sanctions, the aggrieved country would challenge the sanctions through administrative or judicial process in the country(ies) imposing the sanction.

15. How would the treaty be funded?

Expenses would be those required for sending the team of experts to a signatory country that notified WHO and others of a potential outbreak, such as the cost of experts, airfare, PPE, insurance, equipment, security and related logistics when deploying a team. These costs would be modest when compared to national and international public health expenditures.

Funding would be decided by the signatory countries. For example, signatory countries could decide that each country will pay into a reserve account at WHO according to an established sliding scale based on a metric selected by the signatory countries.
