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Pandemic Accord Simplified

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Pandemic Accord **SIMPLIFIED**

the SIMPLIFIED series

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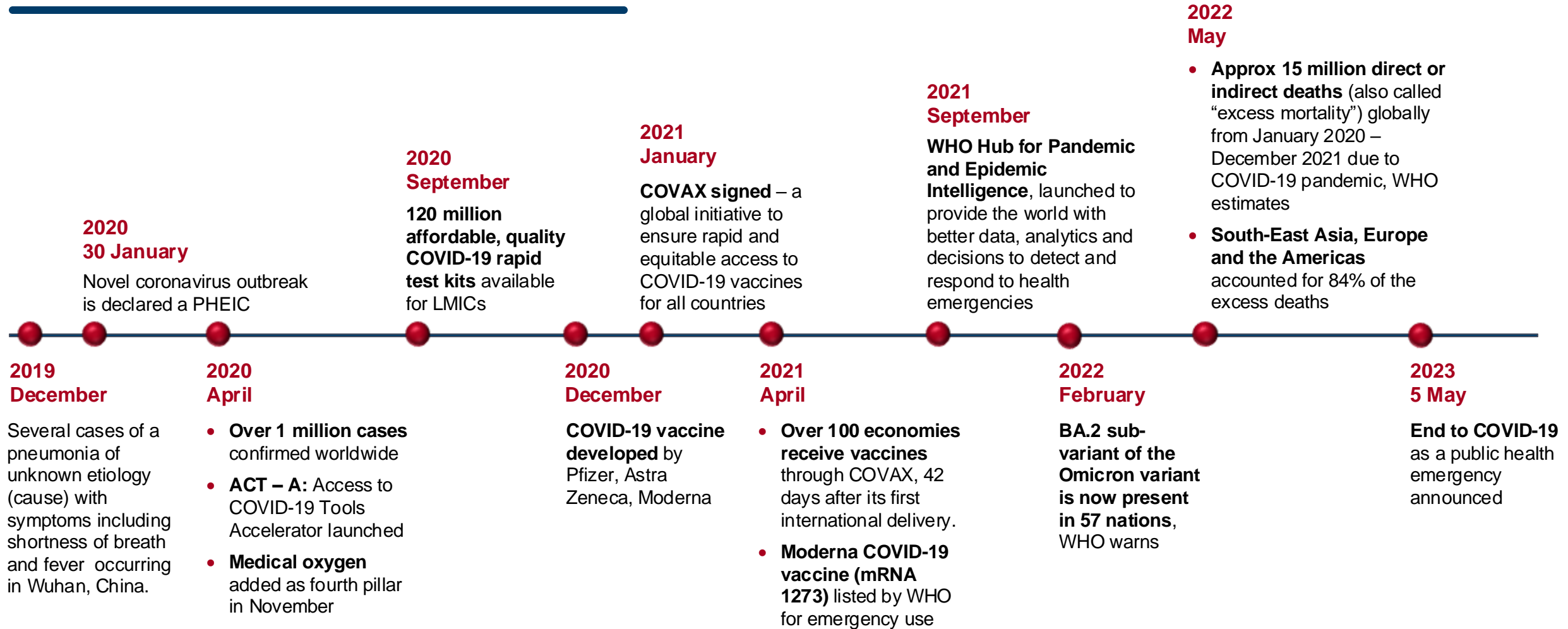
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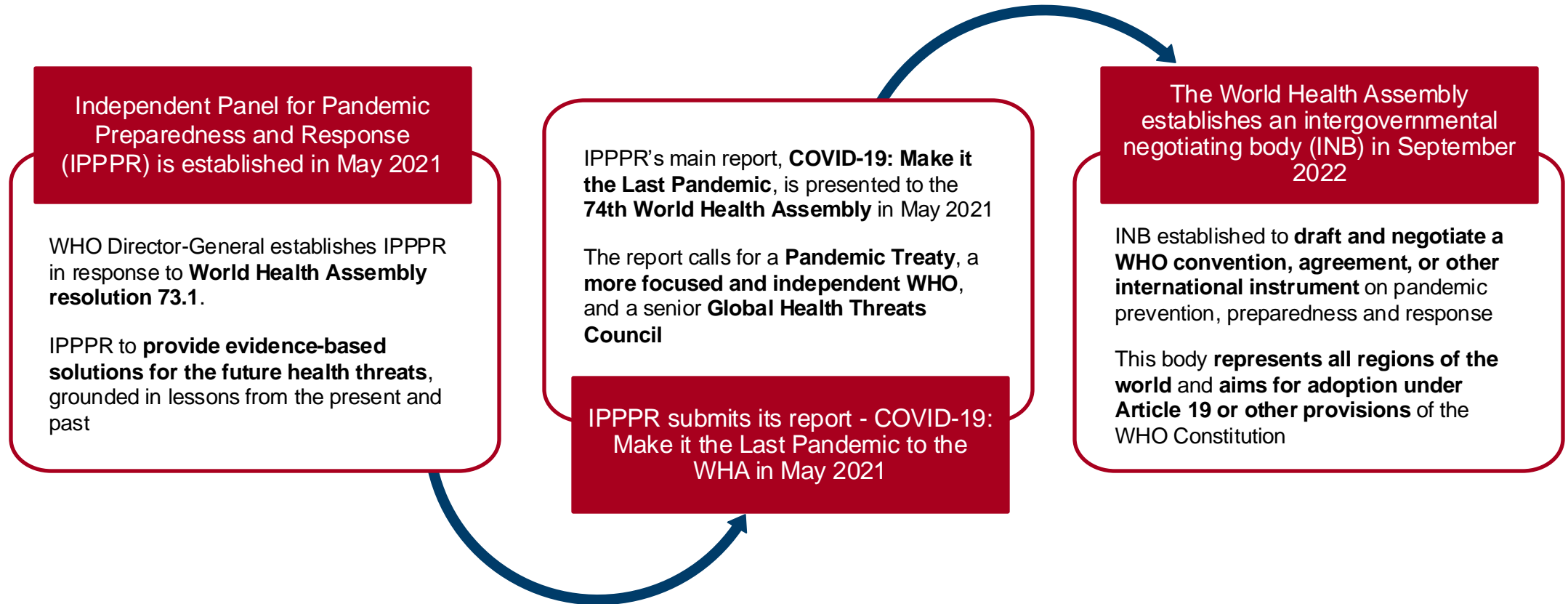
There are ongoing discussions on the WHO's Pandemic Accord and thus the content of this document, compiled from officially published documents, open published commentaries and journalistic assessments, is solely for educational purposes and does not imply endorsement by either PATH or its partners. Nor does this document intend to discriminate against stakeholders whose comments may not have been included.

Please note that the comments and quotes are non-exhaustive and indicative only. Users are encouraged to use their own discretion while seeking more detailed and information.

COVID-19 pandemic timeline



World Health Assembly discussions following COVID-19



What was the need for a Pandemic Accord



COVID-19 was a divisive pandemic of inequality and inequity

- ✦ Overburdened public health systems
- ✦ Fragile food systems
- ✦ Economic and social instability



WHO Member States initiated the process to develop and negotiate a new accord

- ✦ Reinforce global cooperation
- ✦ Improve coordination
- ✦ Enhance transparency in dealing with future pandemics
- ✦ Ensure fairness in access to pandemic-prevention resources
- ✦ Center on access to health care for all people



This is an opportunity for the global community to come together to foster a comprehensive, multi-sectoral approach to strengthen national, regional, and global capacities and resilience to future pandemics

The INB and its Bureau set up

An INB bureau was set-up to facilitate INB's work



Six officers, one from each of the six WHO regions, including two co-chairs

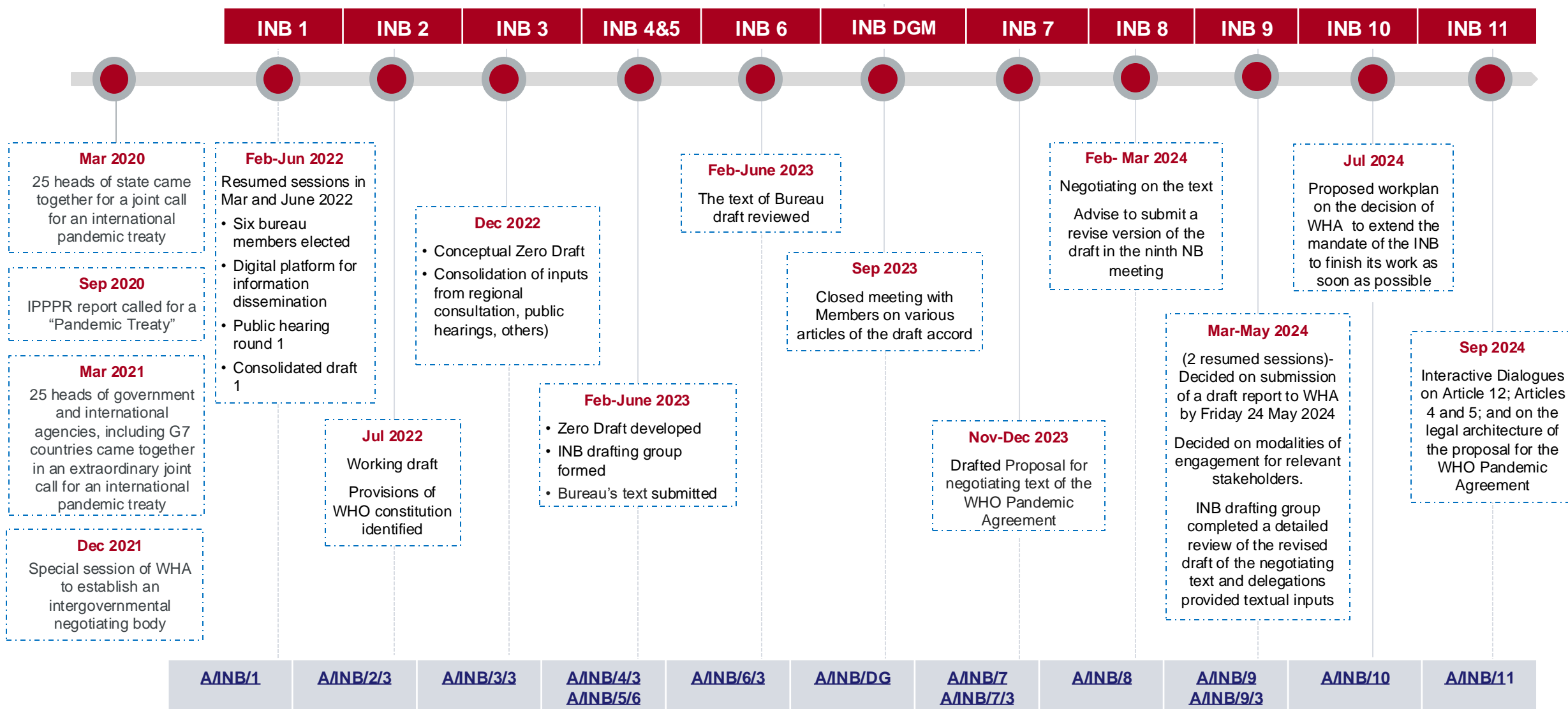


- Design and implement the proposed process for the negotiations amongst all 194 Member States
- Complementary inputs sought through public hearings with stakeholders
- International organizations, civil society, the private sector and other entities consulted

In INB's second meeting, the bureau was requested to **develop and present conceptual zero draft of the accord**, in consultation with the WHO secretariat

Multiple convenings have taken place since 2022, and the iterative process has led to a **steady advancement of the accord draft**

Pandemic Accord timelines and INB sessions



The structure of the latest draft



Broadly, the document has three chapters which are delineated with articles



Chapter I

This is the introduction chapter with three articles (Articles 1–3):

- use of terms
- objectives and scope, and
- general principles and approaches



Chapter II

This chapter has 19 articles (Articles 4–20) and details:

- how to achieve equity in the global supply chain for pandemic-related products
- access to relevant technologies, strengthen the resilience and responsiveness of health systems,
- coordinate and cooperate in pandemic preparedness and response, and
- finance pandemic preparedness and response initiatives, among others



Chapter III

The final chapter has 17 articles (Articles 21-37) and outlines:

- institutional arrangements and final provisions, such as setting up a new governing body for the treaty
- a Conference of the Parties (COP), and other general legal issues relating to the treaty, such as amendments, withdrawals, and dispute settlement



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What are the discussions points of the accord?



Coordination and Cooperation

Mechanisms for States and the WHO to coordinate and cooperate in pandemic preparedness and response



General and legal terms

Definition, means, international principles that will guide the treaty and procedure for declaring a pandemic, and what this means in practice for States.

Other legal issues such as amendments, withdrawal, and dispute settlement



Governance Monitoring & Accountability

Effective system for governance, monitoring, accountability and oversight by setting up a new Governing Body for the treaty – a Conference of the Parties (COP) to increase trust.



Sustainable Financing

Sustained, predictable funding for health emergency preparedness and response, including from domestic budgets



Equity in Supply chain management

Achieving equity in the global supply chain

The need to link production and the populations and regions that need it

Ensure supply of products essential to the response to infectious emergencies



Strengthening surveillance for a responsive health systems

Strengthening the surveillance, resilience and responsiveness of health systems to prevent and manage health emergencies



Technology transfer and information sharing

Mechanisms to address challenges involving technology transfer, sharing of expertise and basic information in health response



Biomedical research and inclusive approach

Collaborations on biomedical research, product development and the need for inclusive approach in clinical trials



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**What are the key areas of negotiation
and bottlenecks of the process?**



Global Cooperation and Political Will

The positions of Global South and Global North have been occasionally different throughout this whole process of drafting and negotiating the text of the pandemic preparedness response accord

“

The North-South divide is very clear from the textual proposals. While **developed countries demand legal commitments from developing countries** on surveillance information sharing, developing countries are demanding legal obligations to address the prevailing inequity in pandemic prevention, preparedness and response. In this regard **developing countries ask the developed countries to undertake legal obligations to realize equitable access** to pandemic-related products through geographically diversified production, technology transfer and benefit sharing of R&D outcomes from pathogens and sequence data.

-The Third World Network

“

European countries - who led calls for a pandemic treaty want more money invested in pandemic prevention, while **African nations want the knowledge and financing to make that work, plus proper access to pandemic "counter-measures"** like vaccines and treatments. The **United States wants to ensure all countries share data and samples** from emerging outbreaks quickly and transparently, while **developing countries are holding out firm for guaranteed equity** to stop them getting left behind.

-The Economic Times newspaper



Governance for the Accord

The model for governance is covered in **Articles 8, 14, 15, 19, 21** and in a **few other articles** partially. The draft accord's texts **description of a governance model is fractured**, and current **compliance is largely dependent on the parties' desire** to collaborate. As it stands, the document **excludes binding clauses and explicit obligations for accountability**. There is **no mention of the possibility of conducting an independent assessment** of compliance with the accord's stipulated conditions

“

The zero draft of the pandemic treaty was criticized for **not including clear incentives and disincentives** for political leaders, prompting them to alter their behavior in future outbreaks.

- Evaborhene, et.al

“

Independent monitoring of whether countries are complying with their commitments is essential for the efficacy and longevity of the treaty. All indications suggest that the **governance and accountability mechanisms of the treaty are being further undermined**.

- Nina Schwalbe and colleagues

“

Stronger collaboration with governments, civil society and the private sector can be a game changer in pandemic prevention, preparedness and response. The accord should also include the role of specialized agencies – such as GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI), and the Global Fund against Tuberculosis, Malaria and HIV/AIDS, among others which have solid technical expertise in supporting countries on the end-to-end vaccines, therapeutics and diagnostics supply chains, and they should be named as key partners.

- GAVI, the Vaccine Alliance



General comments on the draft

Concerns on **weaker language** of the draft, **fewer hard commitments** and **concerns about the accountability component**, which covers the independent assessment body's composition, duties, and connection to WHO, have also been voiced by experts

“

Much of the **language is greatly weakened** from the initial ambition, filled with **platitudes, caveats, and the term “where appropriate”**.

-The Lancet and British Medical Journal

“

Looking back at the previous drafts of your work, **we see a steady decline in the forcefulness of many of the provisions**,” she noted. **“Few hard commitments to action remain. Provisions are increasingly vague, ambiguous or left to voluntary actions. Difficult topics are avoided** or have been removed altogether,” she added, referring to the **removal of references to “the sharing of vital know-how and trade secrets**, the absence of which could block worldwide production of vaccines and other pandemic countermeasures”. And yet as we look through the developing text, we see **mostly watered down attempts** or no attempts at all.

- Ellen ‘t Hoen, head of the Dutch-based Medicines Law and Policy

“

The panel firmly believes that there should be independent assessment of countries..... The Accord will be hosted by WHO but will have its own secretariat....An arms-length independent assessment body could be housed within the Accords treaty structure...**The IAEA is one model being proposed** but because WHO should already hold much of the monitoring information....**The assessments need to be public but supportive** especially where countries do not have the resources and need financial and technical help.

- Dame Barbara Stocking, Chair. Panel for a Global Public Health Convention



Pathogen Access and Benefit-sharing

The INB proposes the creation of a **multilateral access and benefit-sharing system for pathogens** with pandemic potential, known as the “**WHO Pathogen Access and Benefit Sharing System**” (PABS System). This system aims to **guarantee swift, organized, and timely sharing of PABS material and information for public health risk** assessment. Additionally, it aims to **ensure fair and equitable access** to pandemic-related health products, as well as other benefits, whether monetary or non-monetary.

“

PABS system be established under the WHO as the first draft proposed, this **would create a bureaucracy that would also slow production**. The EU and US, where most large pharmaceutical manufacturers are based, have generally supported this view.

-Thomas Cueni, Director General of IFPMA

“

Nearly 290 international scientists, including Johns Hopkins Center for Health Security Senior Scholar Dr. Alexandra Phelan, **published a commentary** in Nature **urging WHO Member States to ensure vaccine equity in future pandemics by adopting a proposed PABS System** within the draft global pandemic treaty currently being negotiated.

“

The technical transfer is geographically diversified production through mechanisms such as compulsory licensing and product information, in particular for the benefit of developing countries. **Developed countries have voiced support for voluntary technology transfer goals** in the agreement, but **they have been critical of including language that requires mandatory technology transfer**.

- Ms. Precious Matsoso, INB co-chair



One Health principles

One Health's inclusion into Article 5 of the pandemic accord **marks its first inclusion in an international legally binding instrument.**

However, **about 68 CSOs called on negotiators to 'Reject One Health Instrument'** in the pandemic agreement.

Developed countries are the main supporters of this approach, while several developing countries have shown concern about the binding regulatory burden as well as the associated costs that One Health provisions in the agreement might impose on them. Some developing countries have also expressed a concern that tight prescriptions on One Health **may result in unpredictable obstacles to their agricultural trade.**

- Health Policy Watch

One Health provisions intended to boost pathogen surveillance and pandemic prevention **could also enable developed countries to erect new trade barriers and data demands on developing countries and impose more costly pandemic preventive measures** which poorer countries could not afford to implement. They argued that **WHO member states have not engaged relevant government ministries** and evaluated its implications and that **other international organizations involved in "One Health" have not agreed to negotiate** such an instrument.

- Civil Society Organizations

The proposed One Health approach **not only reinforces inequity but also undermines the existing international obligations.** By imposing legal obligations to share data on pathogens or genetic resources, the proposal **may undermine State sovereignty over genetic resources and bypass the obligations to share the benefit emerging out of R&D on genetic resources and their data.**

K.M. Gopakumar
legal advisor and senior researcher with the Third World Network (TWN)



Sustainable Financing

A consensus is urgently needed on a reliable estimate of the total and additional financing needed to fund the necessary pandemic preparedness and response activities

Given the increasingly challenging financing environment for global health, **pandemic preparedness and response financing going forward must be integrated into existing health systems and disease control interventions** to maximize efficiency and sustainability”. **The Global Fund welcomes the proposal in Article 20 of a Coordinating Financial Mechanism** to support the implementation of both the WHO Pandemic Agreement and the International Health Regulations. **The Global Fund urges caution against a new pooled fund** with a broad mandate on PPPR, for the sake of efficiency and effectiveness....It calls for **clarifying the role of specialized agencies and international organizations as Cooperating Parties in Article 19.**

- The Global Fund

A number of countries, both in the Global South and North, have urged that the **INB to include a specific obligation to ensure that, when research and development (R&D) is funded with taxpayer money, the knowledge generated is shared more openly to accelerate the necessary research.** This clause should also ensure that medical devices – new treatments, vaccines or life-saving tests – resulting from publicly funded R&D are equitably accessible and affordable, as a public return on those public investments.

- Luis Pizarro, Executive Director of DNDi



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How will a collaborative response to the next health emergency will look like, once the Accord is signed?

The Accord would be expected to

- Establish principles, priorities, and targets for pandemic preparedness and response
- Increase resilience to pandemics, supporting prevention, detection, and response to outbreaks with pandemic potential
- Ensure equitable access to pandemic countermeasures
- Promote global coordination through a stronger and more accountable WHO



Promote political commitment at the highest level, through ensuring an all-of-government and whole-of-society approach within countries



Complement other initiatives, actions and measures aimed at making the world safer from pandemics



Strengthen collaboration and coordination across sectors, and ensure all people—including youth, healthcare professionals, community members, patients, and other members of society—are protected



Create incentives and opportunities for greater transparency and collaboration among countries in areas that are key to a global response to pandemic threats

Way Forward



11th meeting of the INB was held on 9-20 September in Geneva, with the 194 WHO Member Governments participating



Dr Tedros Adhanom Ghebreyesus, WHO Director-General, praised the **“collective commitment”** shown by governments and other stakeholders to conclude the pandemic agreement, and an urgent need to do so in light of the persistent threat shown by viruses with pandemic potential.

Substantive progress made on the draft agreement, increased involvement of civil society and non-State actors, and a commitment by all parties to sustain momentum towards a pandemic agreement



Ambassador Anne-Claire Amprou, INB Bureau Co-chair of France, said the latest round of negotiations **demonstrated the commitment by governments towards a pandemic accord** to make the world safer and healthier. It also showed the critical role being played by civil society and other non-governmental stakeholders to ensure that equity, innovation and collaboration are at the heart of the agreement.

Negotiators met for the 12th round, from 4 November 2024



Ms Precious Matsoso, INB Co-Chair from South Africa, said **there was progress on fundamental areas of the draft agreement**, including on research and development, regulatory systems strengthening, One Health, pandemic prevention and technology, supply chain networks and a new system for increased access to pathogens of pandemic potential and sharing of benefits, such as vaccines, diagnostics and treatments.



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Reflections on the Pandemic Accord: Voice of Africa

Dr Edward Kariithi **Director of Programs, PATH Kenya**

Why is the voice of Africa important?



Modeling has shown a 47%-57% chance of a pandemic as serious as COVID-19 occurring in the next 25 years.

With likely disproportionate impact in LIC (read Africa).



During COVID-19 pandemic in Africa, the development and distribution of vaccines

- saw a haphazard response
- underpinned by a lack of transparency in data sharing and poor coordination
- vaccine nationalism
- inequity and a lack of inclusivity,
- inadequate financial resources for a comprehensive, coordinated response



The devastating socio-economic consequences of the inequities in the COVID-19 response (and vaccination access) in high-income and low-income countries (read Africa), continue to manifest in depressed economies and delayed socio-economic recovery in LIC (Africa).

Going forward

- ✓ aim to improve surveillance, diagnostics, workforce capacity and pandemic preparedness and response governance
- ✓ while strengthening public health systems and engaging communities for a more effective and harmonized pandemic response across Africa

What must Africa do?



Homogeneity in structure and content

- The proposed pandemic accord is much needed,
- It's form, content, and structure should not perpetuate fragility and disparities across global health systems, particularly in Africa



Equity

Should have meaningful participation and co-creation for PPPR solutions to include

- pathogen access and benefit sharing,
- technology transfer,
- local research and
- vaccines locally manufactured in Africa (from 1%-60% by 2040) including affordable pricing



One Africa One Voice

Adopted Common African Position on Pandemic Prevention, Preparedness, and Response/CAP PPPR (May 2023)

- ❑ to strengthen Africa's negotiating position in the pandemic treaty discussions,
- ❑ guaranteeing the continent's priorities are adequately reflected in global pandemic prevention, preparedness, and response mechanisms.

1



- PATH in collaboration with AU/Africa CDC is facilitating efforts on the pandemic accord that aligns with global health security strategies. This will help in advancing a united and robust pandemic preparedness strategy for Africa
- Initiatives include advising on policy, facilitating multi-stakeholder engagement, and supporting capacity-building initiatives to improve resilience against future pandemics.

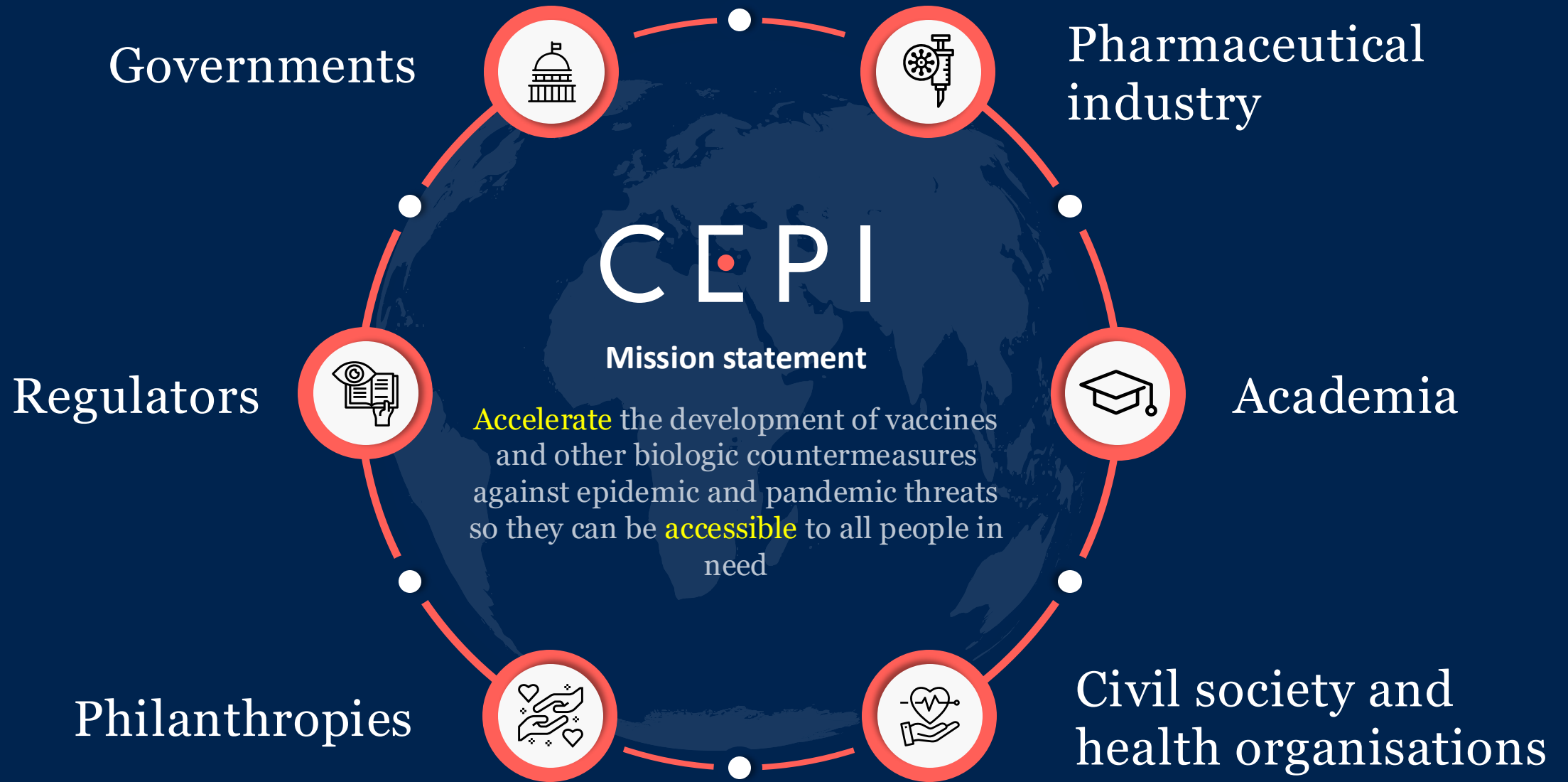
Thank You



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Commentary on the Pandemic Accord

Mr. Neren Rau, Director of Policy, CEPI



The International Health Regulations

- **Article 3: Equity and solidarity among nations the need for enhanced equity**
- **Article 13: Timely and equitable access to health products, incl building national capacities and scaling up manufacturing**
- **Article 44: Coordinating Financial Mechanism established for IHR and to support the Global South**

CEPI Positions on the Pandemic Treaty

- **Equitable Access: Sustained preparedness investments in R&D; Funding agreements include equitable access provisions**
- **Collaboration: Establish a network of partnerships for collaboration on medical countermeasures development and response**
- **Technology Transfer: TT and know-how for pandemic products**

Status of Negotiations

- **Art 9: National policies re inclusion of equitable access provisions in publicly funded R&D arrangements**
- **Art 10: Create/ expand manufacturing facilities for pandemic products**
- **Article 11: Make available government-owned pandemic technologies**
- **Article 12: Access to real time production of MCMs by manufacturers in the Pathogen Access and Benefit-sharing System (PABS)**

Ties to Other Initiatives

- **G20 Joint Finance-Health Task Force: Collaboration between finance and health ministries on PPR**
- **G7 Surge Financing Initiative: Surge financing for procurement, production, and distribution of medical countermeasures**
- **Pandemic Fund: Financing critical gaps in PPR capacities**

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Open House: Questions and answers from the audience

Moderation by Dr. Thida Lin, Programs Director - Myanmar, PATH

Q?A