Coalition of Advocates for Global Health and Pandemic Preparedness

Joint Statement on the April 18th revised Pandemic Accord draft

The Coalition of Advocates for Global Health and Pandemic Preparedness is a group of organizations advocating for an integrated and holistic approach to preparedness that emphasizes equity, inclusion, and synergies of multiple global health programs in advancing preparedness. We believe that all global health initiatives should be centered on the key principles of community leadership, equity, access, and human rights and that efforts to fight current epidemics and strengthen health systems are central to equitable pandemic preparedness.

There were many attempts during the COVID-19 pandemic to address issues of equity, but they were scrambled together in the middle of an emergency when countries were pitted against each other to secure life-saving countermeasures. The Pandemic Accord is an opportunity to strategize in ‘peace time’ before the next pandemic hits. The negotiations have been expectedly tumultuous. Questions around adequate channels for sharing genetic information, the definition of pathogen with pandemic potential, flexibilities to our intellectual property regime during pandemics, and securing ways to fund new surveillance obligations taken on by Member States led to long and difficult discussions. These negotiations have gone on against a background of multiple world crises including war, series of extreme climate events attributable to climate change, the continued economic fallout of the COVID-19 pandemic, and the emergence of credible candidates for the next pandemic like H5N1 and resistant streptococcal A in Japan. It is clear that the system must change and it is on Member States to meet the moment.

A note: We use ‘developed countries’ and ‘developing countries’ here in recognition of the language used in WHO agreements, and do not support the use of these terms in general.

KEY POINTS

Article 7 - Health and care workforce

Investing in all cadres of the health workforce not only during pandemics, but also before and after, is critical to ensure health systems are resilient and reach the most vulnerable communities with the services they need. Frontline and community health workers, who play such a critical role in pandemic preparedness, prevention and response, are often not adequately integrated into the health system and lack access to adequate compensation, quality training, and career growth opportunities in the health sector. To ensure the language of Article 7 is inclusive of all levels of the health workforce, Member States should:

- describe the health workforce in the Article as “all cadres of the health workforce, from facility to and community-led”; and
- include a commitment to addressing gender equity in the health workforce to ensure better retention and avoid even bigger health worker gaps. The vast majority of health workers are women who face specific gender-related challenges including being

underpaid or unpaid, violence in the workplace, and underrepresentation in health leadership positions, resulting in many of them leaving the health workforce.

Article 9 - Research and Development

While the impressive speed at which the COVID-19 vaccine was developed is to be celebrated, the distribution of the vaccine shone a light on gaps in the pandemic R&D system. To close those gaps and democratize R&D, prioritize burdensome disease threats, and ensure worldwide capacity to develop supply of countermeasures, Member States must:

- retain provisions to attach access conditions to publicly-funded R&D agreements for pandemic products, and make these provisions binding to Parties;
- re-insert the provision on equitable access to research knowledge; and
- re-insert the provision on international collaboration and cooperation to set common objectives, research goals, and priorities.

Article 11 - Transfer of technology and know-how for the production of pandemic-related health products (merged with Article 10)

Distribution of COVID-19 products (and products geared toward other pandemics, such as HIV, TB, malaria, and Ebola) was unequal in part due to the world's inability to provide adequate supply of countermeasures to meet the immense need. To ensure that capacity to develop and manufacture effective countermeasures is widespread and ready-to-scale in an emergency, Member States must:

- retain 1(a)-1(f) of Article 10/11 and increase the level of commitment for Parties to engage in these actions;
- remove the caveat of "within its capabilities and subject to available resources and applicable law" from 2;
- change "Consider" in 3 to "Contribute to"; and
- retain the provision for Parties to fully respect the use of TRIPS flexibilities by WTO members, which has already been referenced to in previous international declarations

Article 12 - Pathogen Access and Benefits Sharing (PABS)

Many countries are frustrated with being called upon to share pathogen data and genomic sequencing without guarantees of access to the benefits of sharing that data - namely, the countermeasures developed to combat a pathogen based on that data. The PABS system is meant to rectify this imbalance. However, in the agreement, details and modalities of how the system would work and be governed are punted to 2026, removing them from these negotiations (and taking away leverage that Global South countries could use to secure their priorities). To move forward on the PABS system with equity in mind, Member States must:

- agree on basic principles of the system now, including the definition of benefits, and to that end;
- retain the minimum mandatory provisions of 20% allocation to WHO and annual monetary contributions to the PABS system; and
- re-insert provisions stating that users of the PABS system are bound in equal measure to the sharing of pathogen data and sharing of benefits resulting from PABS data.

Article 20 - Sustainable financing

The string of obligations created by the Accord is not matched by equivalent commitments to mobilize additional resources to meet them. Under the guise of increasing health security, the Accord as it stands runs the risk of displacing investment from the health system to surveillance system, with no guarantee of any benefits for compliant countries. The negotiators from developed countries must compromise here and support capacity-building to meet the obligations they are mandating while developing countries continue to build up their overall health systems and combat recurring epidemics. To ensure countries are able to meet the commitments set out in the Accord, Member States must agree to:

- set a target for annual contributions toward capacity-building to meet Accord commitments across financing vehicles; and
- set a percentage of GDP target for domestic contributions toward capacity-building efforts.

This document was prepared with contributions from:
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