



## Will the Pandemic Accord fail to learn the lessons of the HIV response?

[STOPAIDS](#), [GNP+](#), [WACI Health](#), [AVAC](#) & [GFAN](#)

In their statement at the 8th Intergovernmental Negotiating Body (INB) meeting, the Office of the United Nations High Commissioner for Human Rights (OHCHR) highlighted that from the HIV experience we know that if public health measures do not take human rights into account, we will leave marginalised populations behind, fail to address structural barriers to access to quality healthcare, and miss essential interventions altogether.<sup>1</sup>

At the final negotiation meeting of the Pandemic Accord, Member States risk failing to learn these key lessons from the HIV response.

Over the last two years we've seen the limited references to human rights further reduced with each version of the proposed Pandemic Accord text. In the [revised text published in April 2024](#), Member States propose the Agreement is guided by the principle of 'full respect for the dignity, human rights, and fundamental freedoms of all persons, and the enjoyment of the highest attainable standard of health of every human being'. Beyond this, [key provisions including the need to develop and implement policies to respect, protect and fulfil the human rights of all people has been removed](#) and the text fails to recognise or support the critical role of communities.

Local communities are pivotal in advancing the HIV response, leveraging local knowledge to enhance policy execution, and reaching groups left behind by government-led responses. This is true in the HIV response, and is true in public health programs more broadly: participation from communities and civil society is crucial to minimise the gaps of public programs, ensuring that they reach all vulnerable populations, including the most marginalised. Engagement at the community level also ensures that large-scale policies are effectively translated for local contexts, reducing barriers to access and strengthening impact. To not include organisations that already have a plethora of expertise in the areas the Accord aims to help with would be irresponsible, and would be ineffective on behalf of the communities they aim to serve. [The HIV response is globally recognised for its inclusion of communities in governance and decision-making](#) and it is critical the Pandemic Accord replicates this inclusion in the implementation and governance of this instrument.

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<sup>1</sup> OHCHR statement made at INB8 Opening sessions: Item 1 and Item 2 at 03:04:00 (Live webcast of the meeting of the Intergovernmental Negotiating Body (INB8)) [https://apps.who.int/gb/inb/e/e\\_inb-8.html](https://apps.who.int/gb/inb/e/e_inb-8.html)

At the final negotiation meeting, we must see Member States agree a Pandemic Accord that is grounded in human rights and supports the critical role of communities. We urge Member States to:

- Introduce 'the participation of civil society is essential in achieving the objective of the WHO Pandemic Agreement' under Article 3 (Principles)
- Include in Art 6.2.a 'people living with Chronic health Conditions' among people who needs particular attentions during pandemic response
- Reintroduce language from the previous Article 16 (now incorporated into Article 19, International cooperation and support for implementation) to develop and implement policies to respect, protect and fulfil the human rights of all people
- [Ensure the proposed Conference of the Parties allows for broad civil society participation, including the right to intervene within Parties' plenary meetings](#)