Coalition of Advocates for Global Health and Pandemic Preparedness

As members of the Coalition of Advocates for Global Health and Pandemic Preparedness, 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 share the following asks with regard to the ongoing Pandemic Accord negotiations after their extension past May 2024.

Governance and Civil Society Engagement

Globally, civic spaces are shrinking as global anti-rights movements are gaining momentum and health misinformation, in some cases promoted by State actors, are used both to derail open conversations and close formerly open spaces. With decades of experience in the global HIV and NTD movements, we have demonstrated through our work the crucial role that civil society and communities play in advancing multilateral governance and their impact on health outcomes, as pandemics start and end with community and as such, communities and civil society must be at the center of, and included in all pandemic negotiations. We find the structure of the Pandemic Accord negotiations to date, which exclude civil society from most substantive conversations, to be unacceptable and damaging to the pursuit of an equitable agreement that countries can sign on to. We urge Member States to agree to a governance structure for the Accord moving forward that institutionalizes meaningful civil society and community engagement.

The reaffirmation of States' obligation to ensure that there are civil society engagement mechanisms in decision-making processes will shift us from state-centric mechanisms of infectious disease control, address the current power imbalances in governance and global health systems, and allow for oversight and government accountability.

Financing

Increased investment in pandemic preparedness and health systems is needed from donors, philanthropies, the private sector and low- and middle-income countries themselves. Such funding should be additive and not take resources from other health priorities. Any additional obligation created for Parties to the Accord, especially low and middle income countries, must be associated with a commensurate funding mechanism. We urge Member States to carefully consider the costs and challenges associated with creating a new parallel funding stream, especially considering ongoing conversations around GHIs coordination, and strive towards a solution that limits overlap with existing financing mechanisms (in particular the Global Fund, Pandemic Fund, Gavi, the WHO Contingency Fund for Emergencies, and the Coordinating Financial Mechanism created as part of the IHR Amendments process). We also ask that Member States consider a central coordinating body to ensure that funds toward pandemic preparedness that flow through existing mechanisms are complementary and aligned with country priorities.

Equity provisions & benefits sharing

The provisions on committing to attaching access conditions to publicly-funded R&D are imperative to retain in the final agreement. These commitments would constitute a gigantic step toward global health equity while advancing our global technological response capacity. Publicly-funded R&D should benefit the people most of all that contributed to that funding - these provisions would ensure a more even playing field in the medical countermeasures development market. However, these provisions should not have caveats and should apply to all publicly-funded R&D, regardless of level of funding.

In the interest of equity and good faith multilateral negotiation, at the baseline, requests of Member States to share information or data resulting in profit-making by third parties should be complemented by a compulsory mechanism for the fair sharing of benefits. In whatever form this takes, the requirements on both 'sides' should be at an equal level - i.e., if it is mandatory for all Parties to share pathogen data, then it is mandatory for all Parties that use that data to share benefits.

Human Rights

The COVID-19 pandemic continues to highlight how existing inequalities deepened the impact of the pandemic on various social groups. As a result of these existing inequalities, groups that live in vulnerable conditions, sometimes with intersecting vulnerabilities, face a higher risk of morbidity, poverty, and marginalization during pandemics than the general population. The acknowledgement and provision of the protection of social groups that would ordinarily be excluded or neglected (including but not limited to adolescent girls and young women, young people, sex workers, MSM, LGBTQIA+ persons, people with disabilities, children, women, people living with HIV, prisoners, non-citizens and particularly refugees, and asylum seekers) in pandemic, prevention, preparedness and response is key to the Accord's success.

There is a need for a legal foundation that calls for the addressing of structural and social determinants of health, which are usually neglected in pandemic prevention, preparedness, and response. We call on Member States to include this recognition in the Accord to serve as a foundation for further work on equity in pandemic preparedness.

Pandemic Prevention and Animal Health

While we welcome the inclusion of Articles 4 and 5 as per the latest draft, we ask that the current text is retained in respect of the obligations to strengthen animal health systems, prevention of zoonotic spillover, surveillance and inclusion of the One Health approach.

It is not possible to separate pandemics with a zoonotic origin from animals and the wider ecosystems and environmental context in which they occur. Pandemics spotlight the interconnectivity between people, planet and animals, as such approaches which are truly preventative must encompass context specific animal health system strengthening which can detect, report and respond to zoonotic diseases as quickly as possible. Spill-over prevention must be truly prophylactic and focus on detection and response to pathogens which ***may*** be of

concern. This is to account for known pathogens that may not yet have pandemic potential, but could do in the future, as well as ‘Disease X’. Member states need to be supported to build surveillance systems that are not only actively looking for certain pathogens, but also to build everyday systems that can spot unusual events as part of routine surveillance.

We understand there are concerns from member states over the broad nature of the One Health concept. We would like to suggest that the broadness of One Health is a strength as it allows it to be adapted to context specific needs. Ultimately, the most important element that One Health brings to PPPR is multisectoral collaboration between the animal health, human health and environmental sectors; the need for formalization of this kind of collaboration needs to be better stated in the Article.