

## Addressing inequity: the world needs an ambitious Pandemic Accord



Based on the zero draft<sup>1</sup> of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (WHO CA+) and inputs from the Intergovernmental Negotiating Body (INB), the INB Bureau produced a Bureau Text<sup>2</sup> to facilitate ongoing negotiations. At its drafting group in mid-June, 2023, the INB discussed and considered this Bureau Text as a basis for further negotiations.<sup>3</sup> The adoption of WHO CA+ is planned for by the 77th session of the World Health Assembly in May, 2024. Inequity is one of the crucial challenges that needs to be addressed by the Pandemic Accord.<sup>4</sup>

As members of the INB Bureau, we highlight here key parts of the Bureau Text<sup>2</sup> concerned with addressing inequity in pandemic prevention, preparedness, and response. Substantive provisions in the INB Bureau Text aim to resolve complex inequity challenges at the national level, where people in vulnerable situations are disproportionately affected,<sup>5</sup> and at the global level in relation to disparities in preparedness, prevention, and response capacities between countries. The INB Bureau Text also proposes solutions for inequitable access to pandemic response products, compounded by market forces.<sup>6</sup>

There are multiple dimensions of disparity across countries. 2020 gross national income per capita ranged from US\$122 470 in Bermuda to \$220 in Burundi;<sup>7</sup> and the 2021 Global Health Security Index score ranged from 75.9 in the USA to 16.0 in Somalia.<sup>8</sup> Further, for health financing almost all low-income countries are donor dependent with substantial external health financing as part of their current health spending.<sup>9</sup> In the context of slow progress of commitments towards the 2005 Paris Declaration on Aid Effectiveness,<sup>10</sup> development assistance for health has overwhelmingly focused on disease-specific interventions rather than on health sector support<sup>11</sup> for strengthening public health functions, the health and care workforce, and health systems so that they can prevent and manage public health emergencies.

The INB Bureau Text emphasises prevention at source through a One Health integrated surveillance of zoonoses in wildlife, domesticated animals, and

humans to prevent the amplification of small-scale disease outbreaks into a public health emergency of international concern and a pandemic. This integrated surveillance aims to identify pathogens with pandemic potential and share the genomic sequences for risk assessment and initiate timely containment measures, and research and development (R&D) of pandemic response products. The Bureau Text also recognises the importance of infection prevention and control measures in human sectors, biosafety, and farm sanitation in the animal sector, alongside the availability of clean water, sanitation, and hygiene practices in communities and health-care facilities to minimise infection and its spread.

To address global inequity in access to pandemic response products, proposals are made in the INB Bureau Text for commercial industries and other stakeholders to share the benefits of access to and make use of pandemic potential pathogens, biological materials, and genomic sequences in manufacturing pandemic response products—eg, earmarking certain portions of the pandemic response products to be allocated to countries based on public health needs. The INB Bureau views access and benefit sharing as a contentious issue that needs to be resolved constructively. The Bureau Text includes two options to facilitate negotiation. One option entails an integrated multilateral system of access to pathogens with pandemic potential and benefits associated with its use. The second option involves two separate systems: one for sharing of the pathogens and genome sequence data and the other for sharing of pandemic-related products.

To sustain capacities related to preparedness, prevention, and response, the INB Bureau Text proposes regular assessment, including through multisectoral, in-country pandemic response simulation exercises with reviews during and after these simulations to identify gaps, draw lessons, and sustain and improve capacities. Regular multicountry simulation exercises are useful to identify regional coordination gaps.<sup>12</sup>

Proposals to rectify global inequity in certain capacities to strengthen preparedness, prevention, and response across countries are included in the INB Bureau Text.



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There are contrasting views about this issue. There are those who want to retain “common but differentiated responsibilities” and interpret this as “common responsibility but differentiated capabilities”, whereas others think that this term, which is borrowed from the UN Framework Convention on Climate Change,<sup>13</sup> does not apply within global health and pandemics. All these divergent views are presented as options in the INB Bureau Text. Despite these divergences, the INB has a common understanding of the need for greater international and regional collaborations and support for countries to upscale these capacities; the contention is convergence on how this process should be achieved.

Although sub-Saharan African countries can make use of the existing initiatives that support access to COVID-19 vaccines, such as the Coalition for Epidemic Preparedness and Innovation and the WHO COVID-19 Technology Access Pool,<sup>14</sup> the INB recognised fundamental challenges need to be addressed in the Pandemic Accord through scaling up manufacturing capacity in low-income and middle-income countries, as proposed in the Bureau Text. Yet the protracted disparity in vaccine manufacturing capacity between rich and poor countries remains unresolved. For example, in 2019, low-income and lower-middle income countries, which are home to 47% of the world population, had 1% of global pandemic influenza vaccine production capacity, whereas high-income countries, where 16% of the world population reside, had 80% of pandemic influenza vaccine production capacity.<sup>15</sup> The Bureau Text proposes expansion of manufacturing capacity in low-income and middle-income countries as a key strategy. A survey indicated a potential role for the Developing Countries Vaccine Manufacturers’ Network in these efforts, since the network had more than 50% of their vaccine manufacturing capacity dedicated to COVID-19 vaccine production.<sup>16</sup> The INB Bureau Text reiterates the importance of the global vaccine R&D and manufacturing ecosystem, which encompasses scientific, clinical trial, regulatory, and commercial interests, while prioritising global public health needs.<sup>17</sup> Sustainable solutions for improved vaccine manufacturing capacity in Africa include diverse products, multiple vaccine platforms, and advanced delivery systems.<sup>18</sup> The Bureau Text also proposes that R&D for pandemic response production that is funded by the public sector should share the knowledge in accordance with national laws. Other strategies include

the co-development and transfer of technology and know-how to low-income and middle-income countries, which is of crucial importance for Africa.<sup>19</sup>

Diverse options are presented in the INB Bureau Text relating to the protection of intellectual property especially during pandemics, such as time-bound waivers of intellectual property rights, full use of the flexibilities provided in the TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement, voluntary licensing, and voluntary transfer of technology and know-how. These options reflect the different views across the INB. Finding a balance between corporate incentives for R&D and the manufacture of pandemic-related products and equitable and timely access to these products by low-income and middle-income countries is a challenge that the INB still needs to resolve.

Equity is one of the centralities of the Pandemic Accord. Although the INB shares the same goal of equity, there are divergent views on the pathways and legal texts that support achievement of equity. The INB Bureau is hopeful that negotiations will achieve an ambitious yet implementable final text that will receive the widest ratification, if the INB decides to adopt the Pandemic Accord under Article 19 of the WHO Constitution. We are confident that the Pandemic Accord will generate innovative and equitable solutions for national, regional, and global collaboration to protect present and future generations from the harmful impacts of future pandemics.

We are all members of the Bureau of the INB and declare no other competing interests. This Comment neither represents the position of each bureau member’s country of origin nor prejudices the ongoing INB discussion or conclusions.

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