

Pandemic agreement at risk?

The Road to an Equitable Pandemic Agreement

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Bonn, 7 May 2024. In the coming weeks, the World Health Organization (WHO) member states are poised to conclude negotiations on the most significant reforms in global health governance in recent decades. These discussions aim to finalise a new pandemic agreement as well as to amend the International Health Regulations (IHR, 2005) during the World Health Assembly's (WHA) annual meeting in May.

Failing to secure an equitable pandemic agreement could lead to considerable public health risks, great economic costs and would harm trust in global health institutions. To ensure success, negotiators must heed the lessons of the COVID-19 crisis, showing that for global health security to be achieved, it is necessary to approach the prevention, preparedness and response (PPR) to pandemics as a global common

good and balance urgency and inclusivity in the negotiations. Even though negotiators make long hours, the goal of agreeing on a legally binding pact by this month is far from certain due to conflicting positions between high-income (HIC) and low-and middle income countries (LMICs).

We expect that there will be 'basic' pandemic agreement as contentious clauses already have been removed from the latest drafts of the pandemic agreement, positioning it as a basic framework designed to facilitate detailed discussions on specific protocols in the coming years.

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The most contentious issues between HICs and LMICs that need to be solved in the future are, first, the pathogen access and benefit-sharing system (PABS), ensuring that countries who share genetic sequences and samples of pathogens (which aids the development of new vaccines and treatments) will have an equitable proportion of and access to the resulting products. Secondly, the specifics of implementing a One Health approach as a deep pandemic prevention strategy as it integrates human, animal and environmental health. Finally, the financial mechanism of how to provide national capacity efforts in pandemic PPR.

From our perspective, future negotiations should address these issues in the following ways:

PAB system: The current draft of the PABs, which allocates 20% of benefits from products developed from shared pathogen data (10% free and 10% at not-for-profit prices) to LMICs, is a step forward, yet it falls short of addressing the underlying equity challenges that could be more effectively met through the transfer of technology, and expertise in operating them. Therefore, it is necessary to establish a global mechanism to govern knowledge and intellectual property rights that serves the global common good, rather than protecting monopoly profits. One way is the integration of the Medicines Patent Pool (MPP) established by the International Drug Purchase Facility (UNITAID). The MPP enhances access to medicines by negotiating

with pharmaceutical companies to share their patents in exchange for a fee or access to other patents within the pool. Countries hosting vaccine producers that received public funding (such as the \$31.9 billion for mRNA COVID-19 vaccines in the U.S.) should urge these companies to contribute their patents to the MPP as part of a broader pandemic agreement framework.

Implementing the One Health approach: The African Group and member states group for equity argue that binding provisions related to One Health and deep prevention of future pandemics can only be achieved if money and resources are guaranteed for their implementation in LMICs. This follows the Common But Differentiated Responsibilities principles of the Paris Climate Agreement, but which have been taken out of the current draft of the pandemic agreement. Therefore, it is essential to reintegrate these principles to ensure equitable support and effective prevention.

Financing: While European Member States opt for existing and voluntary global health financing mechanisms such as the Pandemic Fund, Global Fund and the GAVI financing alliance, do LMICs argue for a new financial mechanism governed via a WHO pandemic agreement and with mandatory contributions by Member States. In general, creating additional financial mechanisms with a similar purpose is likely to harm the global health ecosystem by duplicating efforts, scattering focus, and diluting an already strained pool of donor resources. The focus should be on amplifying the capacity of existing financial mechanisms to get money expediently and efficiently to countries and regions. A sustainable solution would be to designate the Pandemic Fund as the financial mechanism for the Pandemic Agreement, coupled with a large-scale reform of the global health financing architecture. This reform should promote a 'normative shift' from donor-driven policies to a human-centered approach that enhances regional and national capacities and ensures broader representation of LMICs in the governance of future epidemics and pandemics.

The political window to agree on a fair and equitable international pandemic agreement might soon close. Therefore, it is crucial that WHO member states seize this moment to forge a comprehensive, inclusive, and actionable agreement in the near future that addresses both immediate needs and long-term global health challenges.