Oxfam submission to INB7

The Pandemic Agreement must include mandatory measures to ensure timely and equitable access to pandemic related products (PRP):

Article 9 should include:

- **Conditionalities for public funding** of R&D and purchasing contracts for fund recipients to share technology and know-how.
- Prioritization of funding of **collaborative research** with institutions in the Global South to benefit from their intellectual skills and to build institutional capacity.

Article 10 should :

- Include binding language on **local production** including creating regional manufacturing hubs in the Global South. Without strong language on funding conditionalities, mandating technology transfer and removing IP barriers, it is not possible to have viable local/regional production.
- Remove the listing of specific articles of the **TRIPS Agreement**. There are other articles, not listed in the latest draft, that countries can legally use to ensure access. For example, the US allowed vaccine developers to disregard patents 58 times using Article 44 of TRIPS[1].

Article 11 should include:

- Binding commitment on **sharing technology and know-how** during pandemics. It should remove language like "*when appropriate*" and "*on mutually agreed terms*", which means that the sharing is up to the will of IP holders who are normally focused on profiteering rather than on public health.
- Obligation of R&D institutions and companies to share the technology and know-how of PRPs to enable local/regional production, including through WHO **Technology Access Pools**.

Article 12 should include:

- Binding commitment to financial and material **benefit sharing** beyond the proposed 20% of production. WHO's system for seasonal flu can be adapted for other pathogens. There is no moral or public health justification for LMICs to share pathogens and then wait for the goodwill of pharmaceutical companies to decide what to supply, when and at what price. Medical technologies related to pathogens with pandemic potential must be treated as global common goods. The PABS System should ensure that PRPs are allocated to all who need them at the same time, equitably in sufficient quantity -not just a small percentage.
- Commitment by developed countries to **adequate financing** of wide human, animal and environment surveillance in the Global South and rapid

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[1] https://www.keionline.org/37987

access to pathogens. Such measures should only be binding on the Global South countries if funding is assured.

Article 13 should include:

- Commitment from the countries that have the technology, production capacity, and ability to buy at high prices to **share PRPs** s especially when demand exceeds supply.
- WHO's identification of at-risk groups and commitment to prioritise these groups ALL over the world until there are enough products for all (this is combined with enabling local/regional production to enhance sustained supply for all).
- Commitment to enabling regional mechanisms to lead on production and procurement in their region.

Article 20 should include:

- Commitment of all governments to adequately finance PPR and health systems. The **common but differentiated responsibilities commitment** has been removed in the latest draft and should be re-inserted. This principle commits all countries to finance health systems, PPR and access to medical countermeasures, each according to their financial resources.

End