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The Independent Panel for Pandemic Preparedness and Response
Submission to the INB on the draft negotiating text
8 November 2023

This submission pertains to the Draft Negotiating Text of the WHO Pandemic Agreement, published 30 October 2023. The comments herein are made through the lens of the package of recommendations of the main report of The Independent Panel for Pandemic Preparedness and Response, "COVID19: Make it the Last Pandemic."

I congratulate those who have drafted this text for producing a comprehensive document that includes concrete proposals to address challenging issues. I encourage Member States to successfully conclude a transformative Pandemic Agreement that will make all people, in all countries, safe from pandemics.

Principles and framing: Principles should include a) pandemic prevention, preparedness and response as a global public good and countermeasures part of the global commons; and b) regional resilience, in order to transform the system from one based on transactions and charity to one based on equity and regional self-sufficiency.

The objective should contain a more specific ambition: 'to stop outbreaks before they become pandemics; and should that not be possible, to minimise the health, social and economic impacts of a pandemic.'

The definition of pandemic is too narrow: as defined currently, 'pandemic' excludes outbreaks of pathogens that spread less rapidly, but have severe impacts – for example, a new Ebola-type strain, or a pathogen such as HIV which may be identified late and is devastating over time. The definition should either be expanded; or, equity provisions must be built into the IHRs so such outbreaks can be detected and contained early.

The current equity provisions are not commitments: An agreement which was intended to repair equity gaps now contains insufficient commitments to do so, particularly in Articles 9-11. By contrast to other Articles, language in Articles 9-11 contains riders to 'promote', or to 'encourage' actions, within undefined timelines. These are not commitments against which progress can be measured.

In addition, language concerning conditions for public investment in R&D has been weakened or removed. This agreement must underscore that public investment be of equitable public benefit.

Countermeasures system too piecemeal: The text requires a chapeau bringing R&D, manufacturing, and delivery together to form a pre-negotiated and financed ecosystem, including a timeline to realise R&D hubs in every region to build regional resilience, including technology and knowledge transfer, openness and sharing.

Urgency and timelines: There are too few stated timelines to achieve specific articles and areas. Without them, it is difficult sustain the urgency required for PPPR, or to measure progress.

The pathogen access and benefits sharing proposal ("PABS") must serve the intended purpose. For example:

- it must ensure that transactional bilateral exchanges cannot bypass the system.
- it must manage a scenario whereby a government shares information, but industry does not deem the production of countermeasures sufficiently profitable and produces none
- it must ensure equitable benefits – why just 20% now?
- benefit sharing cannot be limited to end-products – it must also include technology and knowhow sharing.

Financing: the preparedness funding and surge mechanism needs are immediate and cannot be delayed to the end of 2026. The total package of financing must account for preparedness including establishing R&D, manufacturing and delivery capacities; for a surge response including the purchase of countermeasures; and assurance mechanisms to provide financial and social protections for vulnerable governments and populations.

A commitment to independent monitoring should be built into the negotiated text. Independent monitoring can comprise positive incentives for compliance, assuring mutual accountability.

The multi-sectoral limits: The negotiating text briefly addresses the multisectoral dimensions of PPPR and the need for political commitment and coordination, but actions are limited primarily to the health sector.

Governments must find a way to ensure ongoing, multilateral, multisectoral highest level-commitment to PPPR to break the cycle of panic and neglect and to coordinate all of the actors that must be involved – which was a major lesson from COVID-19.