

Statement from the Panel for a Global Public Health Convention

The Panel for a Global Public Health Convention appreciates the work to produce the Negotiating Text. It is recognised that some areas will need further work, with the key principles and commitments clear, but more work needed on mechanisms. We are convinced that with compromise on all sides, the Agreement can be delivered in May.

The Text at present is full of caveats and provisos. This is particularly worrying concerning equity and Pandemic countermeasures. A number of possibilities are set out but developing countries require greater certainty. There must be commitment to equitable manufacturing with the essential tech transfer. In the meantime, other action is required to ensure all countries have access to these countermeasures, should another Pandemic occur. It would seem that countries that have committed significant public monies for research and development for these products should commit to having contracts in place, allowing the goods to be available to developing countries.

Our second concern is about accountability and the compliance needed to the Pandemic Agreement. It is important that this does not suggest assigning blame, nor sanctions. The Panel is concerned that the idea of a Compliance and Implementation Committee has been dropped from the Text. We believe there does need to be a Committee or Body reporting to the Conference of Parties and with appropriate staff, that would make assessments of the ongoing developments on preparedness, and response and other firm commitments in the Agreement, especially those concerning equity. We believe this structure should belong to the States' Parties and not WHO. This is similar to the assessment of progress of the Paris Accords on Climate Change.

We note also that there needs to be close co-ordination with the new amended IHR and compliance to it, since so much of the technical matters will be covered there. It could be that the Committee could cover both instruments, the Pandemic Agreement and the amended IHR, but of course only the States' Party to the particular instrument could take part.

If we want this Agreement to be for the whole of society, then we need transparency. Citizens, Parliamentarians and Civil Society should be able to find out whether the commitments in the Pandemic Agreement and the IHR are being delivered in their own countries and across the world.

Thirdly, we support the proposal of a Mechanism bringing together financing and its governance. The Governing Body of this Mechanism must be the Conference of Parties of the Pandemic Agreement and also whatever is decided as Governing Body of the amended IHR, it would be these bodies that set out the priorities and have oversight of the Mechanism. This Mechanism should co-ordinate financing sources, including multilateral Development Banks, key health funders, such as the Global Fund, Gavi and, if appropriate, private sector financing. The Pandemic Fund is of course one of the key contributors. While the World Bank could remain the banker and cover fiduciary matters, the new Mechanism must provide governance for all. In that way other more middle income countries might be prepared to provide finance.

Getting a coordinated financing system in place is vital. We are, though, a long way off from the amount of financing that is needed. This includes the funding for preparedness but we also need surge capacity, both centrally and in the affected countries. At the time of a Pandemic, low and lower middle income countries also require significant funds for their economic needs. The proposal to commit to stopping interest payments and other debt-related action will be essential at those times.

18 March 2024