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Negotiating a pandemic accord: a promising start

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The World Health Assembly took a historic decision at its special session in December 2021¹ to establish an Intergovernmental Negotiating Body (INB) to draft and negotiate an international instrument on pandemic prevention, preparedness, and response. At its first meeting,² the INB elected members of the INB Bureau, based on geographical balance and levels of development, consisting of two co-chairs (from the Netherlands and South Africa) and four vice-chairs (from Brazil, Egypt, Japan, and Thailand). The INB process is facilitated by the INB Bureau, and supported by the WHO secretariat.

The instrument became increasingly urgent in the aftermath of the covid-19 pandemic and the suboptimal international and global response that mobilised communities and governments. The key outcome of the ongoing negotiations will be a draft instrument which will be submitted for consideration by the 77th World Health Assembly in May 2024.

This is a once-in-a-generation opportunity. It is a chance to take a leap forward in addressing the systemic inequities in access to health products and technologies that hampered the covid-19 response and which led to fractured and often insufficient responses to stop the spread and devastation. It will also address the underlying inequities within and across WHO member states, including capacities to prevent, prepare, and respond to public health emergencies, epidemics, and pandemics, as well as improving health system recovery, research, and development of pandemic related products, health and care workforce and financing, and universal health coverage. This is all with an aim to safeguard people living in vulnerable situations who were disproportionately affected by the pandemic.^{3 4}

The covid-19 pandemic showed us again how ill-prepared we were in measures designed to obviate potential risks before they become a major health event. The pandemic exacerbated endemic health inequalities within and among countries resulting in higher infection and mortality rates among the socially disadvantaged.⁵ It uncovered inequitable access to pandemic related products especially for those living in vulnerable situations, including indigenous people.⁶ The pandemic also highlighted the inability of health systems to provide essential health services and a lack of multi-sectoral collaboration and One Health capacity.

We cannot let that happen again.

The new accord being negotiated is the result of a robust consultation process throughout 2022. In addition to inputs from the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies—which took into consideration inputs from different sources, Member States, and

other stakeholders' written submissions—there have been two rounds of public consultations, WHO Regional consultations, four meetings with interested stakeholders, and four informal focused consultations with experts across several areas. To date, the INB Bureau has met 28 times as well as meeting with the Bureau of Working Group on Amendments to the International Health Regulations (2005).

These meetings and consultations have resulted in the production—by the Bureau and with the support of the WHO Secretariat—of a Zero Draft⁷ which was issued on 1 February 2023, and which will be discussed at the next INB meetings (INB₄ from 27 February to 3 March and INB₅ from 3 to 6 April). The INB is mandated to conclude the negotiation in time for submission of the Accord to the World Health Assembly in May 2024.

At the second meeting of INB,⁸ it was decided that the accord will be legally binding and contain both legally binding as well as non-legally binding elements, taking its reference from Articles 19 and 21 of the WHO Constitution.

The Zero Draft intends to address known deficiencies in our collective capacity to prevent, prepare, and respond to future pandemics or health emergencies, such as the health systems constraints that caused shortfalls in providing essential health services equitably, or persistent shortcomings of multi-sectoral collaboration.

The accord may also address necessary aspects that relate to what appropriate measures State Parties should be able to take in relation to issues that go beyond health, such as strengthening of health systems, cutting across intellectual property, research and development, and manufacturing and distribution of products needed to deal with pandemics. These will be, no doubt, complex discussions. But ones we need to tackle collectively if we are to learn from what we have experienced these past three years and be better prepared for the next big event.

We look forward to bold, constructive, and progressive negotiations which allow us to achieve the common goals of improved and sustained capacities across WHO Member States in prevention, preparedness, response and health systems recovery and help prevent future outbreaks from becoming pandemics.

This is a once-in-a-generation chance that we cannot let slip through our fingers.

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