

A Pandemic Treaty which Supports Equity

Barbara Stocking. Chair, Panel for a Global Public Health Convention. March 2022

We know there have been devastating failures in response to Covid-19: the lack of preparedness for global pandemics; poor public health practice at the time of outbreaks; unwillingness to act on WHO's advice, and the inability to halt the pandemic particularly because of the lack of equity in global public goods. The International Health Regulations in place were not complied with. They are also insufficient, in part because they were never written specifically for pandemics.

We know that new Corona or other viruses could be with us at any time. The intent of a Treaty / Framework Convention should be to stop outbreaks becoming pandemics and in due course with more knowledge on One Health issues to be able to prevent outbreaks.

Principles of a Framework Convention

My panel believes that a Framework Convention is the most appropriate form of Treaty. It can provide an overarching set of principles and requirements, with protocols covering specific areas which can be more readily amended as circumstances require.

There are four key principles which should form its basis: **solidarity, transparency, accountability, and equity, which, if adhered to, will reinforce a mutual assurance** in the national benefits of working together to identify and contain health threats. Given the grave consequences of non-adherence, **we believe these principles are non-negotiable.**

- **Solidarity: the show of unity, based on common interests, objectives and standards**, lies at the centre of mutual assurance, and is in every nation's self-interest. Pathogens seek people to infect whatever their nationality or economic status. A lapse allows new pathogens to thrive, mutate, and continue to circulate – and create a never-ending pandemic and the harms therein.
- **Transparency:** is foundational for a transformed pandemic preparedness and response system. It is an essential element to **promote trust** within and between States; as well as between States, international organizations and other actors. Delayed reporting and cover-ups, conversely, erode trust and the very foundations of international agreements. Transparency must guide every actor at every step in the process, from readiness, to detection and alert, to short-term and ongoing response.
- **Equity.** Equitable distribution of vaccines drugs and tools must guide any future planning to ensure access for all people, nationally and internationally.

Equity goes wider too. Countries must have access to the finance required for preparedness and immediate response, and in poorer countries support for their economies in a pandemic. Funding needs to be done on the basis of all countries contributing according to their ability, and all countries receiving according to their needs. This moves us from 'donor relationships' to 'inclusive partnerships' and full representation in financial governance. Funding and health

bodies alongside States need to be convened need to work together to ensure that the rules for the distribution of finance are health and science led (for example the International Financing Facility proposed by IPPPR).

- **Accountability:** is missing in current norms and regulations. **Clarity is required on who should take what action and when, across a range of key moments.** These include accountability for preparation; for transparent reporting of health threats; for ensuring clear guidance; for sharing of information, specimens and samples; and for equitable distribution of pandemic related global goods.

How would the Framework Convention support public goods?

The requirements to ensure equitable access must be included either as a stand-alone protocol or incorporated in an overall protocol on preparedness and response. WTO, WHO, and WIPO do collaborate together but member states need to resolve the issues on vaccines and drugs in particular. Urgent agreement is needed about the use of / extension of the TRIPS waiver in public health emergencies. But the requirements need to go further to ensure technology transfer and the financial means to support the manufacturing capacities. The capacity must be spread across the world including low-income countries if it is to meet the needs of all people. The increase in capacity would help not only in times of pandemics but could be used in a wider range of vaccine and drug development, not only for infections but non-communicable diseases too. Developments in manufacturing and distribution brought about by the Covid-19 pandemic could give us one lasting positive benefit: that of controlling not just zoonoses but many other diseases, not least malaria and TB.

Compliance measures and governance

There is no point in having a Framework Convention unless there is commitment to delivering its requirements.

The Framework Convention will need its Conference of Parties at Head of Government / Head of State level. Within that structure there also needs to be a body responsible for monitoring and compliance. WHO must set the standards and be given greater authority to do so. But because WHO provides support and acts as a friend of countries, we believe the compliance body should be at arm's length from WHO.

There needs to be independent assessment of preparedness for pandemics. The indicators which have been used in the past require review to include the whole of government preparedness, not just public health and health care systems. The most significant role of the monitoring body though would be at the time of outbreaks and spread of disease. This is when there is an urgent need for assessment and remediation. The compliance body must have the authority to act swiftly.

One option is of course to have that body report to the proposed Global Health Treats Council though there is a risk that might duplicate the work of the Conference of Parties.

Incentives and disincentives

Of course, there is mutual interest in stopping pandemics spreading but countries often do not comply because of their sovereign role in protecting the health of their people. If transparency is respected then it becomes possible to judge the actions of countries. One incentive may be positive reputation for them, or reputation risk if they do not comply. For LMICs finance is also an incentive. We have also considered the use of Article IV of the IMF in assessing financial stability. Indicators of preparedness and action in pandemics could be included in that assessment. Finally, we must ensure that countries are not penalised when they are transparent.

Barbara Stocking