

# Pandemic accord: the key points

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The World Health Organization's 194 member states have spent two years working towards a new international accord on pandemic preparedness and response.

Here are the key factors at stake during the final week of negotiations:

## Why did countries want a treaty?

The COVID-19 pandemic exposed how ill-prepared the world was to tackle such a major crisis. Countries by and large dealt with the situation on a national basis.

Serious shortcomings at national and global levels hampered a timely and effective response.

The existing International Health Regulations—which are being revised alongside the treaty talks—were found badly wanting.

WHO chief Tedros Adhanom Ghebreyesus, who warned in 2018 that the world was unprepared for a pandemic, wants to end the cycle of neglect followed by panic.

Vaccine nationalism, jabs hoarding, lack of protective equipment (PPE), [health workers](#) exposed and exhausted, and wealthy countries dumping expiring stock on poorer countries under the guise of charity were just some of the flaws exposed by the last pandemic.

Countries therefore decided in December 2021 to set down binding commitments on pandemic prevention, preparedness and response.

## What's in the draft?

The current draft, which remains far from finalized, has been winnowed down and revised from several previous versions.

Negotiators are working on the basis that nothing is agreed until everything is agreed.

The objective "is to prevent, prepare for and respond to pandemics".

It attempts to deal with the gross inequities that snagged access to vaccines, oxygen, PPE, tests and treatments.

It also seeks to ensure the early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens with [pandemic](#) potential.

It contains sections on surveillance, health system resilience, the health workforce, research and development, regional production, transfer of technology and know-how, access and benefit sharing, supply chains, procurement and distribution, regulation, implementation and sustainable financing.

## **What are the talks stuck on?**

Equity, and the balance between obligations.

WHO chief legal officer Steve Solomon admitted it "won't be easy to find common ground" in the remaining time.

"The good news is that key principles have been agreed: principles involving equity, fairness, solidarity, transparency and accountability," he said Thursday.

He said outstanding points were how better to prevent pandemics; [share information](#), medicine and vaccines; secure supply chains; build global manufacturing capacity for those products; and sustainably finance such work.

## **What do the big players want?**

During this final round of talks, US chief negotiator Pamela Hamamoto said plans for intellectual property waivers have no chance of achieving consensus.

"We have run out of time to be revisiting provisions that are not implementable, not feasible or are contrary to national laws," she said.

The European Union thinks prevention and preparedness have been "significantly diluted" in the latest draft.

Britain feels progress has been lost and the new draft is a step backwards, with provisions on technology transfer "unworkable", while the text on prevention is "simply too weak".

"There is, in our view, no credible plan in front of us to conclude this negotiation," said ambassador Simon Manley.

Switzerland, which has a big pharmaceutical industry, is "not prepared to accept the text in its current state", and is against any flexibility on surveillance and immediate information sharing on pathogens.

China, where COVID-19 was first detected, wants the treaty to firmly oppose the "stigmatization" of countries affected by pandemics.

Russia finds the prospect of sanctions in the health sector inadmissible.

## **What do smaller nations want?**

Bangladesh, representing for the 31-member group for equity, said public health should be put above commercial interests; surveillance obligations in the current draft do not have equivalent legal certainty on timely access to health products; and the text is "too weak" on access to pathogens and benefit sharing.

India, speaking for southeast Asia, feels that without financial and technological support, "achieving the onerous obligations imposed in the negotiating text will be a mirage, especially for developing countries".

Some 48 African countries are demanding concrete outcomes on a sustainable financing mechanism.

South Africa is stressing the sovereign right of countries to "control access over their genetic resources" and samples, and wants the removal of barriers to the transfer of technology and know-how.

Eswatini wants equity written throughout the text and says that diversified production of life-saving medicines "is a need, not an aspiration".

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