

# Key **Questions** on the Pandemic Treaty

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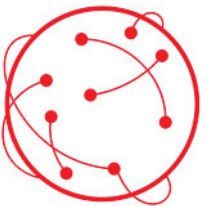
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- The **process** of the discussions
- What's **at stake** and **who** are the players
- The intent **behind** the idea of a treaty



# The state of **play**

- January 2021 WHO EB: **Dr Tedros** announced the idea
- Idea was attributed to the European Council President **Charles Michel**
- **Emergency Preparedness Resolution** discussions underway (suggested text on the pandemic treaty *on hold* in this resolution)
- A **decision text** specifically on the treaty, suggesting an inter-governmental working group, is expected to be taken up this week
- A zero-draft of ***the treaty*** has allegedly already been put together by a small group of countries, raising questions on the ***multilateral*** nature.
- In the meantime, **the IHR review report**, also makes suggestions on a potential treaty.



# The **process**: what countries told us

## THE FUNDAMENTAL QUESTIONS:

- Do we need a pandemic treaty?
- Strengthening of existing instruments?
- Can a new treaty actually improve enforcement?

## THE TIMING:

- The house is burning, lets put out the fire first. (Lets talk of access to vaccines?)
- The capacities of delegations; abilities within countries to coordinate among different ministries.
- The pandemic is not over yet. The timing of the negotiations must be suitable to all member states.
- Diverting attention, resources and personnel from addressing the current pandemic.
- Enough capacity even within WHO secretariat to service the needs of treaty negotiations among member states?

## THE SPEED:

- What is the hurry? (“Strike when the iron is hot”!)
- Internal **EU timelines** say treaty in force by 2022!
- The implications on the virtual nature of the negotiations.
- Some developing countries: “Deliberations can begin, but negotiations can wait”
- This is being seen as a top-down approach
- WHO officials: Existing IHRs allow for new future instruments to improve implementation of these rules.



# What's at stake?

- **Emergency preparedness Vs Health Systems Strengthening**
- **The pandemic treaty as a lever to determine financing of WHO**
- **Pathogens-Sharing and Access to Benefits**

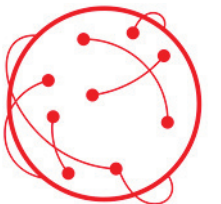
The pandemic treaty could be a legal mechanism that would make it binding for countries to share information, data and genomic sequences in the event of outbreaks. This is where the money is. This could potentially also risk seeding new inequalities that could result if mechanisms are not put in place to compensate countries who share information on pathogens.

So far, there is no negotiated multilateral agreement on sharing pathogens, barring exceptions on influenza viruses with pandemic potential. The IHR do not spell out obligations for pathogens-sharing, a pandemic treaty can potentially set rules on these: WHO officials

- **The Nagoya protocol (Under the Convention on Biological Diversity) vs Potential obligations on pathogens sharing under the pandemic treaty**

Bangladesh, Brazil, Argentina have raised questions on the emphasis on sharing pathogens, but not enough attention paid to accessing benefits or even access to medical products.

The link between sharing pathogens and having subsequent access to medical products – the EU suggested this. Some commentators have read this as a subtle threat to developing countries.



# Report of the Review Committee on the Functioning of IHR during COVID-19

- “The world must be prepared to respond better to the next public health emergency of international concern, especially if it has the potential to become a pandemic. The essential changes to enable **effective implementation of the IHR require urgent action, not years of political negotiations.**”
- “...Such a convention may include provisions for preparedness, readiness and response during a pandemic that are not addressed by the IHR, such as for example, strategies for the rapid and timely sharing of pathogens, specimens and genome sequence information for surveillance and the public health response, including for the development of effective countermeasures; **provision for equitable access globally to benefits arising from sharing** the above; and provisions for rapid deployment of a WHO team for early investigation and response, for maintaining the global supply chain, as well as for prevention and management of zoonotic risks as part of a One Health approach”
- “In addition, clarity is required with regard to the triggers for global coordination and response actions in the case of a pandemic, which may go beyond what the IHR provides for (i.e. issuing of temporary recommendations when a public health emergency of international concern is determined). **Such triggers and actions could be related to coordination of global supply chains, or sharing pathogens and benefits arising from it, or coordination of research and development for developing medical countermeasures....**”

# The intent

## 1. Among WHO member states, who is in favor and who is not?

More than 100 countries have expressed support for a treaty: DG Tedros

Political leadership co-opted?

## 2. Who is interested and why?

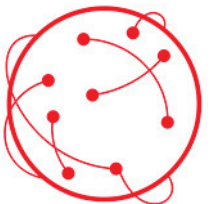
- From the Gates Foundation to the industry – everyone has their fingers in the Pandemic Treaty Pie.
- IFPMA: *“It will be important to acknowledge the critical role played by the incentive system in developing tests, therapeutics, and vaccines to contain and defeat the coronavirus. We hope that the discussions on an International Pandemic Treaty will address enablers for future pandemic preparedness – the importance of incentives for future innovation, the immediate and unrestricted access to pathogens, and the importance of the free flow of goods and workforce during the pandemic – in addition to continuing the multi stakeholder approach undertaken in ACT-A and COVAX. The biopharmaceutical industry and its supply chain is part of the solution for future pandemics and therefore should play a role in shaping an international Pandemic Treaty.”*
- Some civil society groups want to bring in elements from the unfinished agenda on the R&D treaty. To what extent they will be successful is not clear

## 3. The question of representation

Who is speaking?

“Power and influence that custodians of knowledge wield in endorsing dominant narratives.”

Where is the Global South?



# The pandemic treaty: an opportunity to decolonize global health?

## Global health security emphasis and its implications for the developing world

Paternalistic notions of development

*“The discourse of ‘decolonizing global health’ interrogates the voices in global health. Where are the voices from the ‘Global South’? Are these voices at the margins or the core? Who speaks for developing countries? Who owns and controls the knowledge economy of global health?....”*

*...health has not always commanded hard policy responses in the foreign policy agenda of the Great Powers except when a particular health issue constitutes a threat to national security or the economic interests of those Powers. (“Colonial era legacy of infectious disease diplomacy drawing from the euro-centric International Sanitary Conferences”)*

*WHO is an inter-governmental organization of 194 diverse member-states. It is extremely important to take into consideration the divergent legal traditions of member-states in negotiating global health treaties and regulations. Often, most of the “Global South” is marginalized in these negotiations....There is a perceived exclusion or marginalization of most developing countries in the idea of a pandemic treaty.”*

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# Get in touch

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- **Geneva Health Files:**
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