

Submission to INB: Response to the Negotiating Draft Panel for a Global Public Health Convention

The Panel welcomes the new draft of the Pandemic Agreement. It is much clearer, with more precision about what needs to be done, and the welcome, continuing focus on equity across the globe, and within countries. We would like to put forward some specific proposals for change, but begin with an overall concern.

What is being required of countries in prevention (One Health), preparedness, surveillance, R&D, supply chains and logistics is considerable. We are concerned that even with financing (currently not available), the necessary commitment may be overwhelming for low and lower middle income countries. What might help would be to consider what it is necessary for every country to do, e.g. on the ground surveillance, and what can be done on a regional or sub-regional basis. This model is being developed in Africa and should be considered across the globe.

We are concerned about the lack of finance. While we accept there will be a need for coordination, what is proposed in the draft is too limited, and probably has to be developed outside this treaty. To achieve PPPR requirements will need engagement of the WB and IMF, Regional Development Banks, and more, with underpinning agreements of donors. Even graded domestic commitments are going to be difficult for LMICs and are only likely to be achieved if financing is available through Debt Restructuring and Relief. All this requires substantial engagement across the world including, for example, G20, regional organizations and beyond.

Specifically, we would like to propose two areas of change:

1. **Accountability.** While this is one of the general principles, one aspect is not covered. Accountability is not just agreeing to do something. It is also being prepared to be accountable to others. This can be done with transparency to other countries, the wider public, and preferably, as we have suggested, by having an Independent Assessment Body.
It is completely unacceptable that compliance methods will not even be defined until 2025 or 2026. It needs to be agreed in the treaty now. The compliance system also needs to be one and the same for IHR even if the specifics of what is to be complied with are different.
2. **Response.** While preparedness and countermeasures are covered in the draft, very little is said about response. This is probably because it falls within the responsibility of the IHR. This needs to be made clear. In fact, the places where responsibility lies with IHR should be noted in the text wherever this is the case. We are concerned about one key principle concerning response: the speed of action. It is acknowledged that a key reason Covid 19 outbreaks became a pandemic was because of the lack of understanding at the highest level of government. The exponential nature of pandemics, and the need for rapid precautionary action needs to be understood by governments and the wider public.

We raise these concerns because they are vital to our ability to stop pandemics developing, and to manage them if they do.

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Chair, on behalf of the Panel for a Global Public Health Convention