



Global South
Research Collaborative



INSTITUTE *for*
COMPETITIVENESS

Global South Research Collaborative Launch & the Simplified Series

Series 1# Pandemic Accord SIMPLIFIED

The launch of Global South Research Collaborative

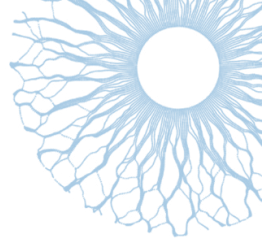
On November 14, 2024, PATH and the Institute of Competitiveness launched the Global South Research Collaborative (GSRC), a platform, open to like-minded co-hosts, that aims to catalyze research and foster cross-learning and collaboration by sharing knowledge, expertise, and best practices in, with, and for the Global South. The shared objective is to build a knowledge ecosystem that will encourage and enhance solutions and ideas from the Global South, as well as curate transdisciplinary milestones in the knowledge and policy realm.

The GSRC's SIMPLIFIED series is one of the activities under the umbrella initiative, which aims to contextualize complex issues in global health, offering concise information, insights, and analysis in accessible formats such as webinars, white papers and best practices. A thorough understanding of complex policy pieces will elevate the voices of the Global South in the global public healthcare sector, allowing them to contribute to the design and delivery of key global health agenda.

SIMPLIFIED Series 1 – Webinar on the Pandemic Accord

The inaugural event co-hosted by PATH and the Institute for Competitiveness (IFC), talked about the Pandemic Accord - an accord or international instrument that emerged in response to the urgent need for a new convention or agreement to deepen global collaboration, better coordination, and increase transparency in dealing with future pandemics. The webinar presented the Pandemic Accord's theory of change, and negotiation process of the World Health Organization's Intergovernmental Negotiation Body (WHO-INB). It also unpacked the complexities of the discussion and negotiation that are currently underway among 194 member states of WHO and other stakeholders, attempting to reach an agreement on a pre-determined actionable context that will serve the world, particularly the Global South, in an equitable and just manner.





The webinar, attended by over 120 participants from 15 countries, was structured with the following agenda:

Global South Research Collaborative

IFC INSTITUTE for COMPETITIVENESS

PATH

Scan for Registration Details

Pandemic Accord Simplified

Nov 14, 2024 | 09:30 - 11:00 am GMT | 12:30 - 2:00 pm EAT | 3:00 - 4:30 pm IST

Prof Amit Kapoor
Chair, Institute for Competitiveness

Dr Ankur Mutreja
Director of Strategy, Partnerships, and Communications, PATH

Dr Edward Kariithi
Director of Country Programs, PATH

Mr Neren Rau
Director of Policy, CEPI

Dr Thida Lin
Programs Director - Myanmar, PATH

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Agenda



Context and agenda setting by **Prof. Amit Kapoor**, Honorary Chairman at the Institute for Competitiveness



A short presentation on the Pandemic Accord by **Dr. Ankur Mutreja**, Director of Strategy, Partnerships, and Communications, PATH



Reflections on the Pandemic Accord: Voice of Africa by **Dr. Edward Kariithi**, Director of Country Programs, PATH



Commentary on the Pandemic Accord discussions by **Mr. Neren Rau**, Director of Policy, CEPI



Q&A moderation by **Dr. Thida Lin**, Programs Director - Myanmar, PATH

Watch the webinar recording and download it from the link: <https://bit.ly/48UuOdv>

Proceedings of the webinar presentations and discussions

Access the Webinar Presentation [here](#)

CONTEXT AND AGENDA SETTING



Prof. Amit Kapoor, Honorary Chairman at the Institute for Competitiveness formally launched the Global South Research Collaborative by introducing the attendees to this innovative platform designed to empower countries in the Global South and by articulating how the platform will provide accessible, actionable knowledge on key global health challenges. Serving as a critical platform for enabling South-South collaboration, the collaborative will conduct research to simplify complex global health topics and present them through the Simplified Series in a user-friendly format.

Prof. Kapoor also briefly introduced the Institute for Competitiveness, an affiliate of the Institute for Strategy and Competitiveness at Harvard Business School, which works in the areas of social and economic development, disseminating the body of research and knowledge on competition and strategy, among others.

Prof. Kapoor welcomed the panelists, presented the agenda, introduced all panelists to the participants, and invited everyone to actively participate in the deliberations.

PRESENTATION ON THE PANDEMIC ACCORD



Dr. Ankur Mutreja, Director of Strategy, Partnerships, and Communications, briefly talked about the journey of GSRC from ideation to launch and expressed gratitude to all who were involved in this journey. He emphasized that the aim of these knowledge initiatives will be to simplify the complex public health policies and increase the participation of the Global South in these policy deliberations at international forums. Dr. Mutreja shared that the topic for the webinar, "Pandemic Accord," is a complex policy piece that is currently being discussed and negotiated by WHO's 194 member states and other stakeholders. The purpose of this session is to present the areas of discussion of the accord in a simplified way. He also mentioned that the content of the presentation is compiled from published documents and commentaries and is only meant for educational purposes. It doesn't by any means imply endorsement by either PATH, IFC or any other participating partners and does not intend to discriminate against any of the stakeholders.

The key highlights of his presentation were as follows:

- ▶▶ A timeline of the COVID-19 pandemic that began in December 2019 with the outbreak of the novel coronavirus and its subsequent declaration by WHO as a Public Health emergency of international concern (PHEIC) was presented. It also mentioned the series of initiatives, such as ACT-A, the development and distribution of COVID-19 vaccines that were launched, and finally the declaration of the end of COVID-19 as a PHEIC in May 2023.
- ▶▶ Learning from the pandemic, Independent Panel for Pandemic Preparedness and Response (IPPPR) recommended the setting up of an intergovernmental negotiating body (INB) to draft a Pandemic Accord for future pandemic preparedness and response. INB was set up by the World Health Assembly (WHA) in September 2022. INB drafted several versions of the new Pandemic Accord and put it forward for discussions with 194 WHO member states and other stakeholders. The eleven (11) INB sessions for discussion and negotiations on the drafts, along with key milestones achieved till September 2024, were presented in detail.
- ▶▶ The presentation also captured the key areas of discussion on the draft accord, which are - mechanisms for states and the WHO to coordinate and cooperate in pandemic preparedness and response, general and legal terms such as definitions, principles, and other legal issues; setting an effective system for governance, monitoring, accountability, and oversight; sustainable financing; achieving equity in the global supply chain; strengthening surveillance for responsive health systems; mechanisms to address challenges involving technology transfer and collaborations on biomedical research; product development; and the need for an inclusive approach in clinical trials.
- ▶▶ The important areas of discussion and negotiations in the accord were described using published remarks from academics, civil society organizations, pharmaceutical companies, regional organizations, and news agencies, among others. Negotiation areas, including the Global South and Global North's positions on the accord, the draft's lack of a governance model description, concerns about the draft's weaker language, lack of hard commitments, and accountability component; the setting up of a multilateral access and benefit-sharing system for pathogens (PABS); the inclusion of One Health in Article 5; and a sustainable financing framework for providing funding for future health emergencies, were simplified and presented.

Dr. Mutreja ended his presentation by highlighting a few points on how a collaborative response to the next health emergency will look like once the Accord is signed. He also mentioned that the 12th to 14th INB meetings will happen between November 2024 and April 2025 and are expected to culminate in the 78th WHA in May 2025.

REFLECTIONS ON THE PANDEMIC ACCORD: VOICE OF AFRICA



Reflecting on the devastating socio-economic consequences of the COVID-19 pandemic on Africa, **Dr. Edward Kariithi, Director of Country Programs, PATH**, mentioned the inequities in vaccine access and pandemic response between high-income and low-income countries. He cited a modelling study that shows that there is a 50 percent chance that a pandemic as serious as COVID-19 may occur in the next 25 years and may have a disproportionate impact in low-income countries, especially Africa.

The key highlights of his presentation were as follows:

- ▶▶ He emphasized the need for strengthening public health systems by improving surveillance, diagnostics, capacity for workforce, and governance and engaging communities for a more effective pandemic preparedness response across Africa.
- ▶▶ He mentioned that the accord should have homogeneity in content and structure, should not perpetuate fragility and disparities across global health systems, particularly in Africa and ensure pathogen access and benefit sharing, technology transfer, local research, and vaccines are manufactured locally in Africa (from 1% to 60% by 2040), including affordable pricing.
- ▶▶ He underlined that the voice of Africa is important to strengthen Africa's negotiating position in the pandemic treaty discussions and should guarantee that the continent's priorities are adequately reflected in global pandemic prevention, preparedness, and response mechanisms.

Dr. Kariithi talked about the collaboration between PATH, the African Union, and the African CDC to facilitate the efforts of the pandemic accord and support in advancing a united and robust pandemic preparedness strategy for Africa.

COMMENTARY ON THE PANDEMIC ACCORD DISCUSSIONS



Mr. Neren Rau, Director of Policy, Coalition for Epidemic Preparedness Innovations (CEPI) introduced the work and vision of CEPI to the audience and talked about the CEPI's collaborators and partners which helps in effective implementation of its work.

Mr Rau highlighted the signing of new amendments to the International Health Regulations (2005) in June 2024, which were parallelly discussed by 194 WHO member states, along with the pandemic accord. The new clauses include equity and solidarity among nations; timely and equitable access to health products, including building national capacities and scaling up manufacturing; and coordination on financial mechanisms.

He shared that CEPI's position in the Pandemic Accord is threefold, i.e., equitable access, collaboration, and technology transfer. CEPI advocates for sustained preparedness investments in R&D, especially in the Global South and to ensure this, it recommends the governments for funding of agreements that include contractual requirements of equitable access provisions. CEPI has established a network of partnerships for collaboration and has shared practical solutions as part of technology transfer and know-how for pandemic products.

In terms of the status of the negotiations, he highlighted agreement on three articles that can be considered as major milestones in the negotiations. These include national policies for the re-inclusion of equitable access provisions in publicly funded R&D arrangements (Article 9), creating or expanding manufacturing facilities for pandemic products (Article 10), making available government-owned pandemic technologies (Article 11), and access to real-time production of medical countermeasures (MCMs) by manufacturers in the Pathogen Access and Benefit-sharing System (PABS) (Article 12).

Mr. Rau emphasized that while the pandemic accord discussions and negotiations are ongoing, similar efforts that support and contribute to the objectives of the pandemic preparedness and response are also underway. He quoted the examples of the G20 Joint Finance-Health Task Force, which is a collaboration between finance and health ministries on pandemic preparedness and response among G20 nations, and the G7 nation's Surge Financing Initiative, which is an initiative for providing finances for procurement, production, and distribution of medical countermeasures during a health emergency. He also discussed the pandemic fund set-up recently, which supported countries in disease outbreaks such as Mpox.



Q&A MODERATION

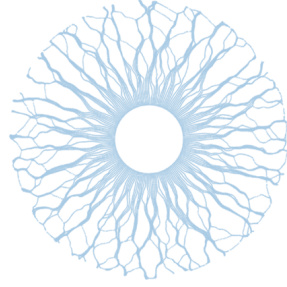


Moderated by **Dr. Thida Lin, Programs Director - Myanmar, PATH**, the panel of experts responded to the questions from the audience on the topic. A few of the questions and responses are mentioned below:

- ▶▶ There were questions on the timeline for finalization and signing-off of the Pandemic Accord, and Global North's stand on the Accord. On the timeline, the panelist said that the latest estimate from the WHO to finalize this Accord is by May 2025. On the position of the Global North, the panelist responded that the position is positive and that they are actively trying to reach a consensus to make sure that the pandemic Accord outcomes benefit the whole world. However, there are issues such as surveillance of diseases and intellectual property rights that remain as points of contention.
- ▶▶ Questions were asked on the role of regional organizations to ensure equitable and fair distribution of vaccines and countermeasures, as well as ways to accomplish success in such a diverse context. The panelists said that there is indeed a role for regional organizations in ensuring equitable access to pandemic know-how. They quoted the example of the African Union, a group of fifty-five African countries, which is advocating and ensuring that the continent's priorities are reflected in the pandemic Accord.
- ▶▶ There were questions on how the topics of climate change, global warming and food insecurity and global migration are being discussed in the pandemic preparedness response in the context of Global South. The panel responded that the chapter on One Health captures details on aspects related to human-animal interactions and adverse effects of climate change which shows clear intention of addressing these issues through this accord. The supply chain component is also incorporated in the accord to address the supply demand and logistics challenges in the Global South.

Closing Remarks

Prof. Amit Kapoor and Dr. Ankur Mutreja thanked the speakers and panelists for the engaging discussions and expressed that the information shared during the knowledge exchange provided everyone with an understanding of the major areas of negotiations and the path put forward for global pandemic preparedness.



The Pandemic Accord SIMPLIFIED

The COVID-19 pandemic resulted in an unprecedented loss of human life worldwide, exposing overburdened public health systems, fragile food systems, and economic and social instability. As the consequences of the pandemic are further worsened by conflict and climate change, increased poverty, hunger, and health inequity, Pandemic Accord is an opportunity for the global community to come together to foster a comprehensive, multi-sectoral approach to strengthen national, regional, and global capacities and resilience to future pandemics.¹

INITIATION OF THE PANDEMIC ACCORD*

In May 2020, the WHO Director-General established the Independent Panel for Pandemic Preparedness and Response (IPPPR) in response to World Health Assembly resolution 73.1. In September 2020, the IPPPR began its work and the panel completed its main report, *Covid-19: Make it the Last Pandemic*, which was presented to the 74th World Health Assembly in May 2021. Among its recommendations, the report called for a “Pandemic Treaty,” a “more focused and independent WHO,” and a senior Global Health Threats Council.

In December 2021, the WHA established an intergovernmental negotiating body (INB) at a special session to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response. This body consisted of six officers—one from each WHO region from 194 Member States, including two co-chairs. In addition to the Member States and United Nations (UN) bodies, WHO seeks input through public hearings with stakeholders, including international organizations, civil society, the private sector, philanthropic organizations, and academia. It also aimed for its adoption under Article 19 or other provisions of the WHO Constitution, as deemed appropriate by the INB.

*This document will refer to this international instrument as an “accord” throughout the text, as per WHO’s FAQs available [here](#).

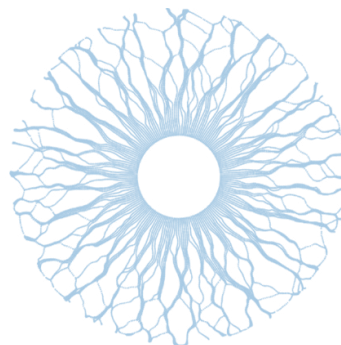
¹ World Health Organization. June 2024. Pandemic Prevention, Preparedness, and Response Accord: Q&A. [Link](#).

VERSIONS OF THE DRAFT ACCORD AND STRUCTURE

Since 2022, multiple convenings have facilitated the creation of several drafts, - Conceptual Zero Draft (CZD) , Zero Draft , Bureau’s Text , Revised Draft of the Negotiating Text , Proposal for the WHO Pandemic Agreement . The INB process has actively engaged various constituencies through written and oral inputs from Member States and relevant stakeholders on successive drafts, regional consultations, focused informal discussions on key issues with experts, public hearings for stakeholder views, and regular information briefings.

The document comprises three chapters, each delineated with articles:

- ▶▶ Chapter I: Introduction, containing three articles on the use of terms, objectives and scope, and general principles and approaches.
- ▶▶ Chapter II: Contains 19 articles (Articles 4–20) detailing measures to achieve equity in the global supply chain for pandemic-related products, improve access to relevant technologies, strengthen health system resilience, coordinate pandemic preparedness and response, and finance related initiatives.
- ▶▶ Chapter III: Comprises 17 articles (Articles 21-37) outlining institutional arrangements and final provisions, including establishment of a new governing body for the treaty, a Conference of the Parties (COP), and legal issues such as amendments, withdrawals, and dispute settlement.



² World Health Organization. Nov 2020. Conceptual Zero Draft for Consideration by the Intergovernmental Negotiating Body at its Third Meeting. [Link](#).

³ World Health Organization. Feb 2023. Zero Draft of the WHO CA+ for Consideration by the Intergovernmental Negotiating Body at its Fourth Meeting. [Link](#).

⁴ World Health Organization. June 2023. Bureau’s Text of the WHO Convention, Agreement, or Other International Instrument on Pandemic Prevention, Preparedness, and Response (WHO CA+). [Link](#).

⁵ World Health Organization. Mar 2024. Revised Draft of the Negotiating Text of the WHO Pandemic Agreement. [Link](#).

⁶ World Health Organization. Apr 2024. Proposal for the WHO Pandemic Agreement. [Link](#).

POINTS OF DISCUSSION AND NEGOTIATION IN THE PANDEMIC ACCORD

The key areas of discussion are illustrated below:^{7, 8}



Coordination and Cooperation

Mechanisms for States and the WHO to coordinate and cooperate in pandemic preparedness and response



General and legal terms The definition means, international principles that will guide the treaty, the procedure for declaring a pandemic, and what this means in practice for States. Other legal issues such as amendments, withdrawal, and dispute settlement



Governance Monitoring & Accountability

Effective system for governance, monitoring, accountability and oversight by setting up a new Governing Body for the treaty – a Conference of the Parties (COP) to increase trust.



Sustainable Financing

Sustained, predictable funding for health emergency preparedness and response, including from domestic budgets.



Equity in Supply chain management

Achieving equity in the global supply chain. The need to link production and the populations and regions that need it. Ensure supply of products essential to the response to infectious emergencies



Strengthening surveillance for a responsive health systems

Strengthening the surveillance, resilience and responsiveness of health systems to prevent and manage health emergencies



Technology transfer and information sharing

Mechanisms to address challenges involving technology transfer, sharing of expertise and basic information in health response



Biomedical research and inclusive approach

Collaborations on biomedical research, product development and the need for inclusive approach in clinical trials

⁷ Agúndez, L., Fanjul, G., & Plasència, A. Why Is It Urgent to Reach an Agreement on Pandemics? A Proposal for a European Position. Barcelona Institute for Global Health (ISGlobal). Series: All-Hazards Preparedness and Response, #58. March 2024. [Link](#).

⁸ Butchard, P., & Balogun, B. May 2024. What Is the WHO Pandemic Treaty? House of Commons Library, UK. [Link](#).

KEY BOTTLENECKS IN THE PROCESS

During the 8th INB session held between February-March 2024, WHO Director-General Dr. Tedros Adhanom Ghebreyesus praised the INB members for identifying key challenges and urged them to search for “compromise not competition”. Ms. Precious Matsoso, INB co-chair, noted that 32 negotiating sessions had been held over the past two years, and that there was goodwill to reach an agreement.

The pandemic preparedness and response accord has faced challenges along the way due to complex diplomatic talks, global health governance issues, equity concerns, and legal frameworks. Some of the key negotiations and bottlenecks in the process are as follows:

▶▶ **Global Cooperation and Political Will**

The positions of Global South and Global North have been occasionally different throughout this whole process of drafting and negotiating the text of the pandemic preparedness response accord.

“The North-South divide is very clear from the textual proposals. While developed countries demand legal commitments from developing countries on surveillance information sharing, developing countries are demanding legal obligations to address the prevailing inequity in pandemic prevention, preparedness and response. In this regard developing countries ask the developed countries to undertake legal obligations to realize equitable access to pandemic-related products through geographically diversified production, technology transfer and benefit sharing of R&D outcomes from pathogens and sequence data.

The Third World Network

“European countries - who led calls for a pandemic treaty want more money invested in pandemic prevention, while African nations want the knowledge and financing to make that work, plus proper access to pandemic “counter-measures” like vaccines and treatments. The United States wants to ensure all countries share data and samples from emerging outbreaks quickly and transparently, while developing countries are holding out firm for guaranteed equity to stop them getting left behind.

The Economic Times newspaper

▶▶ **Governance model**

The model for governance is covered in Articles 8, 14, 15, 19, 21 and in a few other articles partially. The draft accord's texts description of a governance model is fractured, and current compliance is largely dependent on the parties' desire to collaborate. As it stands, the document excludes binding clauses and explicit obligations for accountability. There is no mention of the possibility of conducting an independent assessment of compliance with the accord's stipulated conditions.



The zero draft of the pandemic treaty was criticized for not including clear incentives and disincentives for political leaders, prompting them to alter their behavior in future outbreaks.

Evaborhene, et.al



Independent monitoring of whether countries are complying with their commitments is essential for the efficacy and longevity of the treaty. All indications suggest that the governance and accountability mechanisms of the treaty are being further undermined.

Nina Schwalbe and colleagues



Stronger collaboration with governments, civil society and the private sector can be a game changer in pandemic prevention, preparedness and response. The accord should also include the role of specialized agencies – such as GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI), and the Global Fund against Tuberculosis, Malaria and HIV/AIDS, among others which have solid technical expertise in supporting countries on the end-to-end vaccines, therapeutics and diagnostics supply chains, and they should be named as key partners.

GAVI, the Vaccine Alliance

▶▶ **General comments on the draft**

Concerns on weaker language of the draft, fewer hard commitments and concerns about the accountability component, which covers the independent assessment body's composition, duties, and connection to WHO, have also been voiced by experts



Much of the language is greatly weakened from the initial ambition, filled with platitudes, caveats, and the term "where appropriate".

The Lancet and British Medical Journal

“ The panel firmly believes that there should be independent assessment of countries.... The Accord will be hosted by WHO but will have its own secretariat... An arms-length independent assessment body could be housed within the Accords treaty structure...The IAEA is one model being proposed but because WHO should already hold much of the monitoring information...The assessments need to be public but supportive especially where countries do not have the resources and need financial and technical help.

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

“ Looking back at the previous drafts of your work, we see a steady decline in the forcefulness of many of the provisions,” she noted. “Few hard commitments to action remain. Provisions are increasingly vague, ambiguous or left to voluntary actions. Difficult topics are avoided or have been removed altogether,” she added, referring to the removal of references to “the sharing of vital know-how and trade secrets, the absence of which could block worldwide production of vaccines and other pandemic countermeasures”. And yet as we look through the developing text, we see mostly watered down attempts or no attempts at all.

Ellen 't Hoen, head of the Dutch-based Medicines Law and Policy

▶▶ **Pathogen Access and Benefit-sharing**

The INB proposes the creation of a multilateral access and benefit-sharing system for pathogens with pandemic potential, known as the “WHO Pathogen Access and Benefit Sharing System” (PABS System). This system aims to guarantee swift, organized, and timely sharing of PABS material and information for public health risk assessment. Additionally, it aims to ensure fair and equitable access to pandemic-related health products, as well as other benefits, whether monetary or non-monetary.

“ PABS system be established under the WHO as the first draft proposed, this would create a bureaucracy that would also slow production. The EU and US, where most large pharmaceutical manufacturers are based, have generally supported this view.

Thomas Cueni, Director General of IFPMA

“ Nearly 290 international scientists, including Johns Hopkins Center for Health Security Senior Scholar Dr. Alexandra Phelan, published a commentary in Nature urging WHO Member States to ensure vaccine equity in future pandemics by adopting a proposed PABS System within the draft global pandemic treaty currently being negotiated.



The technical transfer is geographically diversified production through mechanisms such as compulsory licensing and product information, in particular for the benefit of developing countries. Developed countries have voiced support for voluntary technology transfer goals in the agreement, but they have been critical of including language that requires mandatory technology transfer.

Ms. Precious Matsoso, INB co-chair

▶ **One Health principles**

One Health's inclusion into Article 5 of the pandemic accord marks its first inclusion in an international legally binding instrument. However, about 68 civil society organizations called on negotiators to 'Reject One Health Instrument' in the pandemic agreement.

▶ **Sustainable Financing**

A consensus is urgently needed on a reliable estimate of the total and additional financing needed to fund the necessary pandemic preparedness and response activities.



Given the increasingly challenging financing environment for global health, pandemic preparedness and response financing going forward must be integrated into existing health systems and disease control interventions to maximize efficiency and sustainability". The Global Fund welcomes the proposal in Article 20 of a Coordinating Financial Mechanism to support the implementation of both the WHO Pandemic Agreement and the International Health Regulations. The Global Fund urges caution against a new pooled fund with a broad mandate on PPPR, for the sake of efficiency and effectiveness....It calls for clarifying the role of specialized agencies and international organizations as Cooperating Parties in Article 19.

The Global Fund



A number of countries, both in the Global South and North, have urged that the INB to include a specific obligation to ensure that, when research and development (R&D) is funded with taxpayer money, the knowledge generated is shared more openly to accelerate the necessary research. This clause should also ensure that medical devices – new treatments, vaccines or life-saving tests – resulting from publicly funded R&D are equitably accessible and affordable, as a public return on those public investments.

Luis Pizarro, Executive Director of DNDi



Developed countries are the main supporters of this approach, while several developing countries have shown concern about the binding regulatory burden as well as the associated costs that One Health provisions in the agreement might impose on them. Some developing countries have also expressed a concern that tight prescriptions on One Health may result in unpredictable obstacles to their agricultural trade.

Health Policy Watch



One Health provisions intended to boost pathogen surveillance and pandemic prevention could also enable developed countries to erect new trade barriers and data demands on developing countries and impose more costly pandemic preventive measures which poorer countries could not afford to implement. They argued that WHO member states have not engaged relevant government ministries and evaluated its implications and that other international organizations involved in “One Health” have not agreed to negotiate such an instrument.

Civil Society Organizations



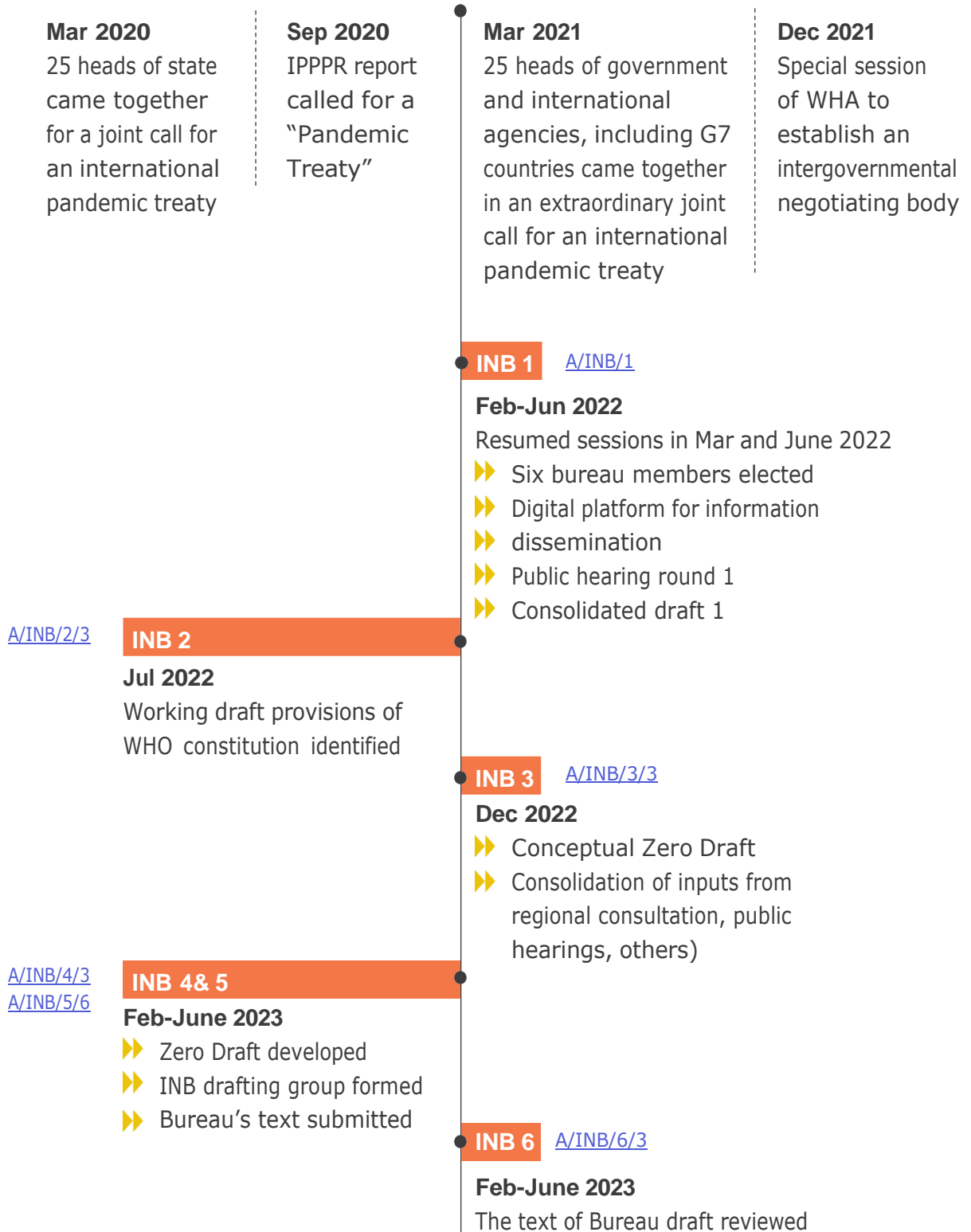
The proposed One Health approach not only reinforces inequity but also undermines the existing international obligations. By imposing legal obligations to share data on pathogens or genetic resources, the proposal may undermine State sovereignty over genetic resources and bypass the obligations to share the benefit emerging out of R&D on genetic resources and their data.

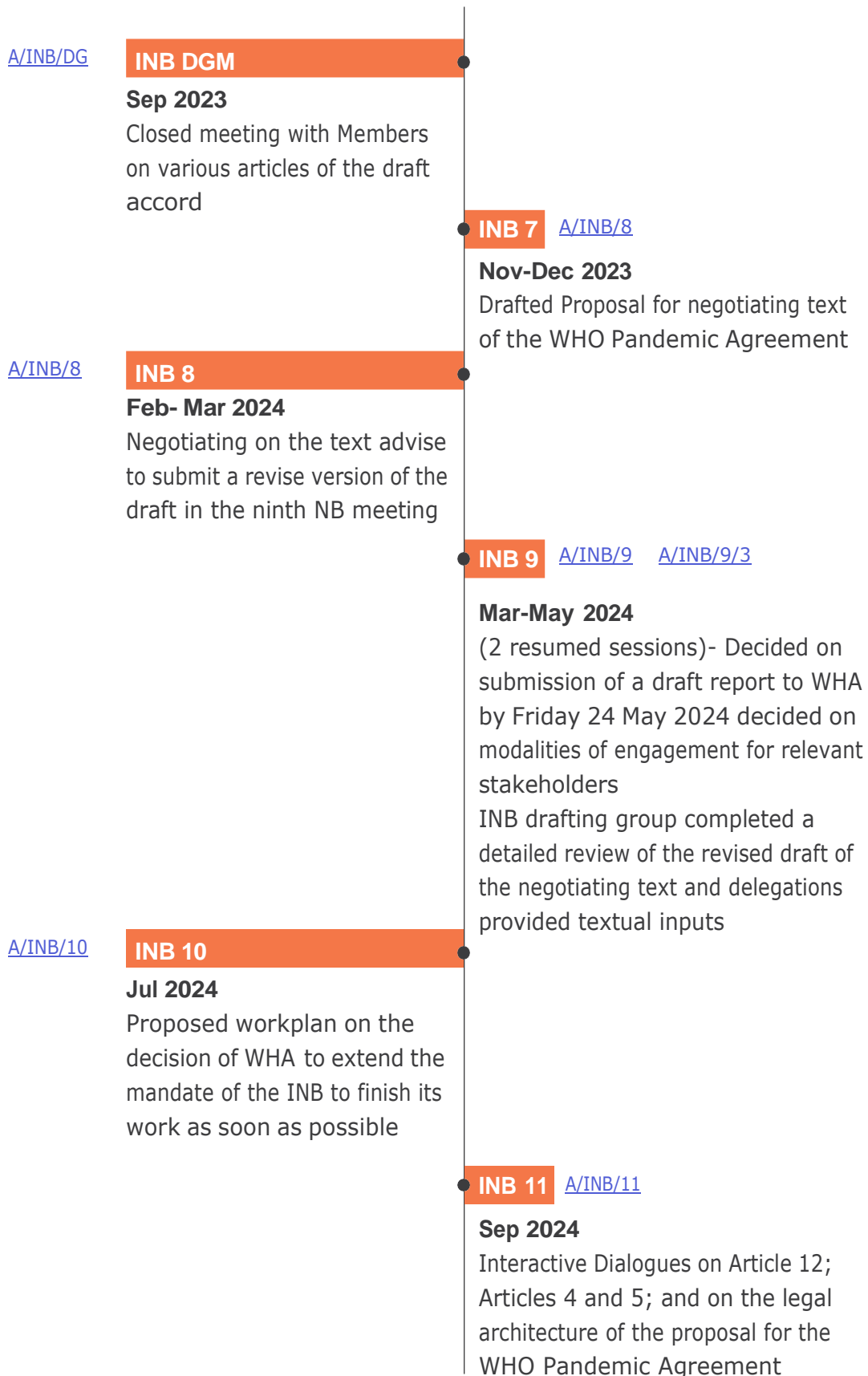
K.M. Gopakumar, Legal Advisor and Senior Researcher with the Third World Network (TWN)

▶▶ **Once the Accord is signed, collaborative response to the next health emergency shall mobilise:**

- ▶ Political commitment at the highest level, through ensuring an all-of-government and whole-of-society approach within countries
- ▶ Incentives and opportunities for greater transparency and collaboration among countries in areas that are key to a global response to pandemic threats
- ▶ Strengthened collaboration and coordination across sectors, and ensure all people—including youth, healthcare Professionals, community members, patients, and other members of society—are protected
- ▶ Complementing other initiatives, actions and measures aimed at making the world safer from pandemics

Pandemic Accord timelines and INB sessions





Disclaimer

There are ongoing discussions on the WHO's Pandemic Accord and thus the content of this document, compiled from officially published documents, open published commentaries and journalistic assessments, is solely for educational purposes and does not imply endorsement by either PATH or its partners. Nor does this document intend to discriminate against stakeholders whose comments may not have been included. Please note that the comments and quotes are non-exhaustive and indicative only. Users are encouraged to use their own discretion while seeking more detailed and information

Links

GSRC Website: <https://bit.ly/492yZ7d>

Pandemic Accord SIMPLIFIED webinar: <https://bit.ly/48UuOdv>

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Institute for Competitiveness, India is the Indian knot in the global network of the Institute for Strategy and Competitiveness at Harvard Business School. Institute for Competitiveness, India is an international initiative centered in India, dedicated to enlarging and purposeful disseminating of the body of research and knowledge on competition and strategy, as pioneered over the last 25 years by Professor Michael Porter of the Institute for Strategy and Competitiveness at Harvard Business School.

Institute for Competitiveness, India conducts & supports indigenous research; offers academic & executive courses; provides advisory services to the Corporate & the Governments and organises events. The institute studies competition and its implications for company strategy; the competitiveness of nations, regions & cities and thus generate guidelines for businesses and those in governance; and suggests & provides solutions for socio-environmental problems.

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