



Global Council on Inequality, AIDS and Pandemics

Chairs' Summary on Discussions
of Pandemic Prevention,
Preparedness and
Response and the
proposed Accord

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Released 15 September 2023

This Co-Chairs' Summary reflects the discussion and debate of the Council and is released as a summary in view of the co-chairs, not a consensus, by Professor Joseph Stiglitz, Her Excellency Monica Geingos, and Professor Michael Marmot

On September 20, 2023, the UN General Assembly (UNGA) will discuss a declaration on pandemic prevention, preparedness, and response. The UNGA discussion comes at a crucial juncture in negotiations for a broader Pandemic Accord, a process that began in March 2023, and will end in May 2024. The AIDS pandemic remains a health emergency that is driven by inequality. There is no vaccine to protect against HIV infection and no cure. Although many countries have made great strides against AIDS with the treatment and prevention tools at their disposal, further action is required. Much of what is needed to end the AIDS pandemic is also what is needed to fight future pandemics.

But many of the lessons about inequality seem missing from current discussions surrounding pandemic preparedness. Experiences in responding to COVID-19, MPox, Ebola, and other pandemics have taught us further lessons. Today's pandemics show how urgently we need a set of binding and enforceable global agreements. Crucially, these agreements should include concrete provisions that go beyond simple references to equity to firm commitments by member states to inequality-responsive actions before and during a pandemic. We know this is possible.

A **new study** released this week shows that countries with greater inequality have seen higher rates of AIDS deaths, new HIV infections, and COVID-19 mortality than similar countries with lower levels of inequality. Inequality is driving pandemics and when pandemics hit they exacerbate inequalities unless countries take firm action. This is true within countries, across lines of income, employment status, gender, race/ethnicity, sexuality, and beyond, as well as between high-income countries and the rest.

If this new Pandemic Accord is to change the course of future outbreaks, it must definitively interrupt this inequality-pandemic cycle. Three types of action

are needed. First, a successful treaty must tackle the highly unequal distribution and affordability of treatments and vaccines around the world. Second, it must address the social and economic failures that cause pandemic-driving inequality. Third, it must invite marginalized communities to design programmes and policies for their collective welfare, while simultaneously using law and policy to end their marginalization.

It has never been more necessary to create pandemic responses that can work in a highly unequal world while fixing the underlying inequalities that made the pandemics of AIDS and COVID-19 so devastating. Unfortunately, as things stand, the Pandemic Accord falls far short of doing so.

To address between-country inequality, fixing the vastly unequal supply of treatments and vaccines available globally requires real commitments, incorporating what has been learned in the fight against AIDS, COVID-19 and beyond. Among the most important of these commitments would be for governments of powerful countries to attach conditions to the public financing they provide pharmaceutical companies for research and development, such that the resulting technology can be shared around the world. Without these conditions, we are set to repeat history: a situation in which governments invest between US\$ 445 million to over US\$10 billion in COVID-19 vaccine research and manufacturing, resulting in the development of vaccines that are the private monopolies of pharmaceutical corporations, which are then neither shared with the world, nor priced fairly for those who paid for it.

These private monopolies also resulted in governments being strongarmed by pharmaceutical companies to pay high prices for vaccines without any commitments on guaranteed doses or dates of vaccine delivery. An early draft of the Accord included these conditions; the current draft of the Accord does not. While the Accord does mention other ways in which we could make life-saving treatments and vaccines affordable and available around the world, it does so in language that presents these ways as clearly optional rather than as absolutely necessary.

We require a more equitable, effective, and sustainable research and development ecosystem that reflects the needs of communities. It should be driven by collaboration and innovation, not profit. It is critical for the Accord to secure obligations to ensure access to treatment, diagnostics, and prevention as a matter of the human right to health for all populations, especially those most vulnerable. This is not the time for nice words: a Pandemic Accord that will actually save human lives will need enforceable clauses and binding terms and conditions that ease the grip of pharmaceutical monopolies.

Within countries, the Accord could go much further on commitments to address the social determinants of pandemics that make the world vulnerable. Concentration of infections in disadvantaged populations, combined with barriers they face to taking up public health and social measures and the egregiously inequitable access to vaccines, result in pandemics that continue for longer, with greater chances of the emergence of new viral variants.

Despite robust analyses from WHO and the UN on how inequalities in the social determinants of health have resulted in stark inequities in COVID-19 health outcomes between population groups, the draft Pandemic Accord has inadequate focus on the social determinants of health. It does not propose actions to reduce inequalities to decrease the likelihood, severity and unequal impacts of pandemics. Missing are specific requirements for signatories to improve key social determinants of health and reduce inequalities. Specific actions should include a clear, strong definition of “persons in vulnerable situations”; a commitment to measure and improve equity on a specific timeline rather than the weaker ‘promote, respect and facilitate’; and specific recommendation on how to build an inequality-responsive pandemic response that interrupts the inequality-pandemic cycle. These are not just nice-to-have as they seem in current deliberations; they are necessary to stop the next pandemic.

Financing pandemic preparedness and response is a key factor in a world where countries have highly unequal resources, whether for buying tests and vaccines, for upgrades in health infrastructure, or bold efforts to address social determinants of health. But the accord does not precisely identify how this financing will happen and lacks clear commitments that could make it happen. As a result, we are left with a world in which lower-income countries, already in deep economic crisis from the pandemic, could be even less prepared for the next pandemic, with no

plan in place to address their current levels of debt, let alone access more funds to strengthen their health systems. Two serious efforts are needed: first, a clear commitment to a pandemic response fund that would be triggered when a pandemic is declared; second, a major effort to address unequal access to financing—both in the short-term to remove the massive debt burden hampering the ability of many countries to invest in preparedness and in the long-term so that lower-income countries have equal access to affordable credit in times of crisis.

Finally, we will not address the inequalities driving pandemics by relegating communities to those who should be “engaged.” Instead, strong commitments to put communities at the centre of responses requires a formal commitment to engaging civil society in decision-making as well as funding community-led services to reach populations the state cannot; and to independently monitor access and progress. Other key commitments include ending punitive laws and practices including criminalization of marginalized groups that undermine trust and pandemic response. Additional commitments to create strategies to address gender inequality are also strongly warranted—planning, for example, with a gender lens to prevent increases in sexual and gender-based violence. Each of these deserve more firm commitments than exist right now.

For the next pandemic—and those to come—low- and middle-income countries, especially from the African continent, and also from Latin America and Asia, and are in favour of binding commitments that would blunt the power of monopolies and create adequate financing. High-income countries are focused on creating mechanisms for rapid access to data on new viral threats and pathogens, wherever in the world they occur. But it may not be in the interests of countries to share such data, if there is no guarantee from high-income countries of sharing back, in return, the benefits that accrue—like life-saving vaccines.

At the moment, there are two possible outcomes in May 2024, when the negotiations for the Pandemic Accord are set to conclude. One is that the world gets a weak and wholly inadequate agreement that advances the status quo and leaves us no better off. The other is the real threat that that negotiations could come to a standstill, leaving us with no agreement at all.

We cannot afford either outcome. The world has a historic opportunity to ensure that we find a way to give all countries the protection they need during the next pandemic.



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