# HOW THE PANDEMIC ACCORD CAN AND MUST STRENGTHEN HEALTH SYSTEMS FOR GREATER RESILIENCE

## RECOMMENDATIONS FOR A MEANINGFUL WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE

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## INTRODUCTION

Member States of the World Health Organization (WHO) are elaborating a new instrument on how the world will prevent, prepare for and respond to future pandemics. This process towards a new WHO Convention, Agreement or Other International Instrument on Pandemic Prevention, Preparedness and Response – referred to as 'Pandemic Accord' negotiations – started in 2021 and is meant to lead to adoption by the World Health Assembly in 2024.

The negotiations provide momentum for the world's public health stakeholders to put forward what they believe the global community needs to do to avoid, equip for and counter potential new infectious disease outbreaks.

### STRENGTHENING HEALTH SYSTEMS FOR GREATER RESILIENCE

The Covid-19 pandemic has painfully shown that health systems are not yet sufficiently nor equally equipped to effectively prevent and respond to global health emergencies. That is why strengthening health systems must be the core objective of the Pandemic Accord. Health systems can only be resilient when they are driven by a strong health workforce and provide equitable access to key pharmaceutical products. To achieve this, adequate financing is vital. The Pandemic Accord must include provisions that ensure and foster these necessities.

Wemos calls on WHO Member States to seize the establishment of the Pandemic Accord as an opportunity to structurally improve health systems for the good of all. On the next pages, we present recommendations for provisions that governments must include in the accord to realise

1) a strong health workforce, 2) equitable access to pharmaceutical products, and 3) adequate finance for health.

## 1. STRONG HEALTH WORKFORCE

The most obvious lesson from the Covid-19 pandemic is that without health workers we cannot prevent or deal with a health crisis. A sufficient, paid, protected, trained and well-equipped health workforce is an essential building block of any resilient and strong health system. Yet, the crucial role of health workers in the prevention, preparedness and response to health threats, is often overlooked in global health initiatives.

The global health workforce crisis pre-dates the Covid-19 pandemic by decades. Unfortunately, the pandemic has exacerbated the crisis and made it more visible. National investments in health workforce development, recruitment and retention have been urgently needed for many years. Yet, such investments are difficult to realise, especially in low- and middle-income countries. Their fiscal space for health is limited due to rising debt burdens and the economic downturn caused by the Covid-19 pandemic.

Therefore, the Pandemic Accord should declare the global health workforce as the backbone to pandemic prevention, preparedness and response, recognising it as a shared responsibility that all countries must contribute to. It must identify expansion of the health workforce as a top priority, include provisions to increase available public funding for health, and provide strong guidance for WHO Member States to realise a sufficient, paid, protected, trained and well-equipped health workforce at all levels of the health system, including the community level.[1]

The accord must also provide clear guidelines for emergency interventions in times of crisis, in relation to infection (and adherent) risks in the workplace. Explicit and practical clauses on reserving funds for surge capacity measures to train and recruit health workers in times of crisis are vital. Moreover, community-based monitoring and surveillance, identification of cases, contact tracing, the implementation of preventive measures, the administration of medical products ('needles in arms') are important tasks in the response to pandemics and other stressors that (community) health workers need to be well-prepared for.

With women comprising 67% of the global health and care workforce, increased investments in the health workforce in the context of the Pandemic Accord could provide a unique opportunity to counteract the disproportionately negative effects of pandemics on women as demonstrated during the Covid-19 crisis.

[1] "Measuring the availability of human resources for health and its relationship to universal health coverage for 204 countries and territories from 1990 to 2019: a systematic analysis for the Global Burden of Disease Study 2019", The Lancet, May 23, 2022, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00532-3

## 2. EQUITABLE ACCESS TO PHARMACEUTICAL PRODUCTS

The Covid-19 pandemic has proven that the world cannot rely on promises of profit-seeking companies to ensure optimal global access to key pharmaceutical products, such as vaccines, medicines and diagnostics. Governments need to take control and assume their responsibility to protect the public interest of health against commercial interests. The Pandemic Accord must therefore hold clauses that safeguard equitable access to life-saving commodities.

Wemos sees three critical, interrelated ways to achieve this. The accord must require from WHO Member States that they 1) provide and enforce transparency in all access to medicines spheres, 2) compel sharing of intellectual property, know-how and technology, and 3) attach conditions to public investments.

### 2.1 TRANSPARENCY

Transparency is critical in the pursuit of equitable access to pharmaceutical products. It leads to greater efficiency of the medical innovation process, greater accountability of the private sector, and greater public trust in governments and the pharmaceutical industry. Hence the relevance of transparency in all access to medicines spheres, including costs (e.g. for research & development and production), prices, data, contracts and the patent landscape. This starts with governments being transparent on these topics. When it comes to aspects that they cannot disclose themselves (such as production costs and price determination), WHO Member States must agree on international requirements for the pharmaceutical industry to operate transparently.

The Pandemic Accord should contain clear provisions on how and when WHO Member States must ensure transparency, both for public and private entities. These provisions must explicitly address responsibility and accountability matters and non-compliance consequences, and must have a binding character. Wemos sees an important guiding role for the WHO, for instance by providing model clauses for WHO Member States to use while concluding financing agreements.

### 2.2 SHARING INTELLECTUAL PROPERTY, KNOW-HOW AND TECHNOLOGY

Another way to improve equitable access to pharmaceutical products, is through renewed regulation concerning intellectual property (IP), know-how and technology. This could prevent certain failures witnessed during the Covid-19 pandemic. Among them are those related to the global manufacturing capacity and supplies not keeping up with global demand, the inequitable rollout of vaccines, and the power imbalances between countries.

To avoid recurrence, the Pandemic Accord should include clear and binding clauses to limit IP rights and require transfer of know-how and technology. These aspects are crucial for the safe and effective establishment of production capacity, also with third party manufacturers. Sharing of IP, know-how and technology is not only key to expand global production to meet global demand, it also brings higher levels of sovereignty to governments of countries that depend heavily on imports for medical products.

The accord must prescribe WHO Member States to 1) limit IP rights, and 2) compel right holders to share know-how and technology. This way governments ensure that third-party manufacturers are legally allowed to expand production, while right holders can actively assist them.

IP-related solutions can be achieved through time-bound waivers that cede hampering IP rights. This can be accomplished through national legislation or by attaching conditions to public funding and purchasing agreements. Another important way is through compulsory use of mechanisms and platforms designed for safe and effective information sharing. The additional benefit of the latter is that it facilitates the sharing of know-how and technology that manufacturers need. Some existing platforms and mechanisms facilitate transfer of IP as well as know-how and technology, but they are underutilised[2] while others are currently being set up.[3] To ensure the success of such multilateral pooling mechanisms, the accord must include an obligation for WHO Member States to (financially) strengthen them and to require right holders to use them.

### 2.3 CONDITIONS ON PUBLIC INVESTMENTS

Equitable access to pharmaceutical products could further be bolstered by attaching conditions to public funding. When governments commit to funding agreements, they can impose terms and conditions. Public investments related to Covid-19 were not or barely conditioned: a missed opportunity. The Pandemic Accord must contain obligations for governments to set requirements in their funding agreements that safeguard public benefits.

Some of the above stipulated aspects can be subject to conditions. For instance, when governments conclude research & development financing deals, they can demand sharing of scientific research and results, and set limitations related to the exclusivity levels of adhering IP. When governments conclude (Advance) Purchase Agreements, they can demand transparency standards and requirements related to sharing IP, know-how and technology. Conditions alike could form substantial gamechangers for improved global access to medical products.

## 3. ADEQUATE FINANCE FOR HEALTH

All national governments need to seriously invest in public health systems that serve all if we want to prevent another disastrous pandemic. To support this effort, global actors and their institutions, such as the G20, the International Monetary Fund (IMF) and the World Bank, urgently need to tackle financial injustices.

For many decades, health systems have suffered from chronic underfunding, especially in many lower- and middle-income countries. The lack of investment in public health and health systems

[2] This is for instance the case for the Covid-19 Technology Access Pool (C-TAP).

[3] An example is the vaccine technology and intellectual property enablement unit from the African Union's Partnership for African Vaccine Manufacturing (PAVM).

has left countries vulnerable to the disruptive effects of pandemics. The Pandemic Accord needs to stress the importance of finance for health and strengthening health systems.

The funding that is needed for pandemic prevention, preparedness and response (PPPR) should be additional and not lead to competition with – and possible decrease of – existing funding in the global health sphere. This requires new sources of public funding. The Pandemic Accord should recognise the additional quality of this funding and commit the necessary resources.

Any new funding mechanism implemented for funding PPPR measures should be broad in scope, with a focus on prevention and acknowledging that prevention is more than containment of outbreaks. Upstream measures intended to prevent new pandemics are also vital, such as increased investment in environmental and animal health, surveillance and monitoring, and trained, employed health workers.

Moreover, funding mechanisms need to move beyond the old aid paradigm of 'one dollar, one vote' and move to an inclusive, modern way of financing global public goods. One way of doing so is through the principles of Global Public Investment (GPI). This is a new transformative approach for financing global public goods. Its key principle can be summarised as 'all contribute, all benefit, all decide'. Countries all contribute to international public policy outcomes through fractional contributions from government revenue on a fair-share basis: they contribute according to ability and benefit according to need. Decision-making power is shared equally between countries of different income levels, different regions, and civil society. Moving away from the donor-recipient dynamic is key to developing a financing paradigm that is fit for the 21st century and additionally contributes to the decolonisation of aid.

Beyond replenishing existing and setting up new global pooled-funding modalities, urgent action is needed on other accounts. Countries' public budgets have been under stress for many years and are shrinking further as a result of continued debt accumulation, unfair trade and tax regimes and illicit financial flows. Wemos calls on governments to include commitments in the Pandemic Accord to speed up structural solutions to increase fiscal space through, inter alia, tackling the debt crisis, tax injustice and illicit financial flows, and realising a new substantial allocation of Special Drawing Rights combined with a mechanism to channel these to where they are needed.

## CONCLUSION

The world should be prepared to prevent and counteract pandemics as much as possible. Strong health systems, including a paid, protected, trained and well-equipped health workforce, play an important role in preventing outbreaks, as well as ensuring an adequate response. If a pandemic does occur, we need to mobilise surge capacity, speed up the development of medical products and ensure these are accessible to protect, treat and cure everyone, everywhere. Sharing of IP, know-how and technology is needed to increase global supply and self-reliance of low- and middle-income countries.

None of this is possible without more and better finance for health. Global action is needed to tackle systemic problems limiting public investments in health, including debt, tax injustice and

illicit financial flows. Additional funding is needed to cope with pandemic risks, and funding mechanisms must depart from the donor-recipient approach, be inclusive, broad in scope, and reflect the principles of Global Public Investment (GPI).

Wemos believes that a Pandemic Accord has the potential to stimulate greater health outcomes for everyone and improved sovereignty for countries that currently depend on others. This requires strong health systems. If the Pandemic Accord includes provisions that ensure 1) a strong health workforce, 2) equitable access to pharmaceutical products, and 3) adequate finance for health, we can strengthen health systems and increase the world's resilience against pandemics.