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Global Call for An Equitable Pathogens Access and Benefit-Sharing System in the Pandemic Instrument

To: Vice-Chair/Facilitators of the Sub-Group Pandemic Access and Benefit-Sharing System

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cc: WHO Members

We are reaching out to express our profound concerns regarding the sidelining of the comprehensive Pandemic Access and Benefit Sharing (PABS) proposal put forth by the Africa Group and the Group of Equity.

The Vice-Chair and Co-Facilitators recently circulated elements for a proposed PABS system, dated February 12th, reissued on February 14th and 27th. It is alarming that the design elements disregard aspects of the Africa Group and the Group of Equity's PABS proposal, which has garnered support from approximately 72 developing countries across regions. Instead, the design elements seem to be influenced by a flawed European Union ABS proposal.

Moreover, we have concerns regarding the involvement of stakeholders with institutional or vested interests in sub-group meetings as "experts". This setup seems aimed at influencing developing country positions and promoting agreement with the proposed design elements. Such a biased process cannot be allowed to continue.

We recall the staggering inequity that prevailed during COVID-19. Limited supplies were snapped up by developed countries. Per capita imports of the medical goods essential to mitigate the COVID-19 pandemic have been about 100 times larger in high-income countries in comparison to other countries.¹ In 2020, while each resident of developed countries benefited, on average, from an additional US\$10 per month of imports of COVID-related products, developing countries only benefitted from US\$1 to \$0.10 of medical products.

Calls for a global waiver of intellectual property rights and the urgent sharing of technology and know-how went unheeded. The pharmaceutical industry rejected the Covid-Technology Access Pool (C-TAP) established by the WHO for this very purpose. Shockingly, it took a staggering three years for a vaccine license to be shared with C-TAP, long after its potential to save lives had diminished. Additionally, COVID-19 therapeutics recommended by the WHO remained either unavailable or unaffordable for the majority of developing countries.

The global south has experienced inequities in access over and over again even as they shared biological materials and genetic sequence data that facilitated the development of diagnostics, therapeutics, and vaccines. For instance, Ebola-affected African nations did not have access to Ebola treatments for more than two years after their approval, even though they were developed with the materials and sequences from affected countries.² Meanwhile, the US has managed to maintain stockpiles of available Ebola treatments, through advance purchase agreements with US-based manufacturers that financially benefitted from deals with the US government.

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¹ https://unctad.org/system/files/official-document/ditcinf2020d4_en.pdf

² "Ensuring Access to New Treatments for Ebola Virus Disease", MSF Access Campaign, available at <https://www.msfacecess.org/ensuring-access-new-treatments-ebola-virus-disease>

We cannot allow such inequities to persist. Such a situation is not conducive for international collaboration for pandemic prevention, preparedness and response.

The sharing of biological materials and GSD of pathogens of pandemic potential has to be balanced with a fair, transparent, accountable and effective PABS system. **We are of the view that the comprehensive PABS proposal of the Africa Group and Group of Equity provides a strong basis for an effective PABS system.**

The sharing of biological materials and GSD from national authorities to WHO-designated laboratories as well as other entities such as product developers/manufacturers should be subject to legally binding standard material transfer agreements agreed upon among WHO Members.

Concerning GSD, we strongly support the development of a WHO PABS Sequence database with access to and use of GSD subject to verified user registration and legally binding terms and conditions as proposed by the Africa Group and Group of Equity. The proposed approach is consistent with the Unesco Recommendation on Open Science. Existing GSD sharing systems are fragmented, un-transparent and unaccountable, leading to inequitable extraction of data. Lack of proper data governance undermines the effective operationalization of fair and equitable benefit sharing, consequently discouraging timely sharing of GSD. We stress that the establishment of a WHO PABS Sequence database that is transparent and accountable to WHO Members, will generate confidence among all WHO Members and motivate sharing of GSD.

Robust monetary and non-monetary benefit-sharing mechanisms are essential for establishing an equitable PABS system. Throughout the COVID-19 pandemic, numerous commercial entities, particularly in the pharmaceutical industry, reaped record profits, at the expense of lives in developing countries that faced constant challenges in accessing timely medical products. For instance, in 2022, Pfizer alone generated \$37.8 billion in sales from its COVID-19 vaccine and \$18.9 billion from its therapeutic paxlovid.³

Moreover, the inclusion of specific in-kind contributions, as proposed by the Africa Group and Group of Equity, is paramount. Such measures are crucial to safeguarding against the sidelining of access needs in developing countries by wealthier developed nations. We strongly disagree with vague, general, “menu of options” approach to in-kind contributions as contained in the Vice-Chair/Facilitator's proposed elements. Such an approach neither provides WHO nor its developing country Members the tools they need to diversify production and expand supply options to meet the increased demand during a public health emergency.

We request you to accept the PABS proposal by the Africa Group and Group of Equity and reflect them as key elements of the PABS system and ensure that the process is fair and not biased against the interests and proposals of developing countries and their call for the operationalization of equity.

With regards,

SIGNATORIES

Global

Advocacy Network Africa
 Afrihealth Optonet Association
 Development Alternatives with Women for a New Era - DAWN
 Third World Network - TWN

Regional

African Young Positive Network
 Health Action International Asia Pacific
 International Treatment Preparedness Coalition Latin America and Caribbean
 Movimiento de Mujeres Positivas
 Public Services International InterAmericas - PSI IA
 Southern African Programme on Access to Medicines and Diagnostics
 Vacunas para la Gente Latin America
 Yolsé - Santé Publique et Innovation

National

National	Country
Australian Fair Trade and Investment Network	Australia
Force Juvénile pour un Avenir Rassurant	Benin
Brazilian Interdisciplinary AIDS Association	Brazil
National Network of People Living with HIV/AIDS	Brazil
Union of Nurses of the State of São Paulo - SEESP	Brazil
Corporación Innovarte	Chile
Fundación Ifarma	Colombia
GHP Corporation	Colombia
Misión Salud	Colombia
Pacientes Alto Costo	Colombia
International Center for Humanitarian Action, Networking, and Grassroots Empowerment	Côte d'Ivoire
Ghana Registered Nurses and Midwives Association - GRNMA	Ghana
Delhi Network of Positive People (DNP+)	India
Drug Action Forum - Karnataka	India
Indonesia for Global Justice - IGJ	Indonesia
Operation Hope Community Based Organization	Kenya
Soweto Youth Organization Kenya	Kenya
Community of Women and Children Living with HIV Likoni Mombasa	Kenya
Emmanuel Community Development PLHIV Network	Kenya
Pal Omega Community Based Organization	Kenya

Ringa Women Fighting AIDS Group	Kenya
Wote Youth Development Projects CBO	Kenya
National Health Workers of Liberia - NAHWUL	Liberia
Crisis Home	Malaysia
Malaysian Women's Action for Tobacco Control and Health - MyWATCH	Malaysia
Malaysian Food Sovereignty Forum - FKMM	Malaysia
Solidarité Internationale pour l'Afrique - SIA	Mali
Movimiento Mexicano de Ciudadanía Positiva, A.C.	Mexico
Rural Area Development Programme - RADP	Nepal
Contribution à l'Education de Base	Niger
Dr Uzo Adirieje Foundation	Nigeria
Link Africa Knowledge	Nigeria
New Generational Destiny Initiatives	Nigeria
Society for Conservation and Sustainability of Energy and Environment	Nigeria
Sandvik Health Empowerment Foundation	Nigeria
Alvida	Paraguay
Acción Internacional para la Salud	Peru
Asociación Acción Internacional para la Salud	Peru
Asociación Construyendo Caminos de Esperanza Frente a la Injusticia, el Rechazo, y el Olvido - CCEFIRO	Peru
Primary Health Care to the Communities Directorate	Saint Thomas and Prince
Cancer Alliance	South Africa
Gandhi Development Trust and Phoenix Settlement Trust	South Africa
Health Justice Initiative	South Africa
Khulumani Support Group	South Africa
Masimanyane Women's Rights International	South Africa
Southern And East African Trade, Information and Negotiations Institute	South Africa
Callas Foundation	South Africa
Tipfuxeni Community Counseling Centre	South Africa
People's Health Movement	Sri Lanka
Governance Links Tanzania	Tanzania
Center for Health Human Rights and Development - CEHURD	Uganda
Disability People's Forum	Uganda
Human Rights Research Documentation Centre - HURIC	Uganda
People's Health Movement Uganda Chapter - PHMUga	Uganda
Shine Africa Foundation TESO	Uganda
Fundación Acción Positiva por la Vida	Venezuela
Save the Community TB, HIV/AIDS Foundation	Zambia
Zimbabwe Evidence Informed Policy Network	Zimbabwe