[**Pandemic accord**](https://www.dawn.com/news/1747406/pandemic-accord)

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The writer, a public health and policy consultant, is the author of Patient Pakistan: Reforming and Fixing Healthcare for 21 Century.

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THE Covid-19 pandemic killed millions worldwide, shattering the myth that the advanced West was better prepared to deal with it as compared to poorer countries. The pandemic also exposed the inbuilt inequities in the manufacturing and distribution of the Covid vaccine, treatment and personal protection equipment. Western countries hoarded Covid-related health products to the detriment of the developing world. This led to calls for a new global treaty on pandemic preparedness, prevention and response for the future.

Deliberations over crafting a pandemic treaty, which have been ongoing since 2021, took a decisive shape with the publication of a zero draft for the consideration of states in February 2023. The draft is set to be discussed further through April. It contains 38 articles covering themes of equity, strengthening capacities, financing, institutional arrangements and global cooperation.

As Covid exposed stark gaps in preparedness and response as well as the inequities mentioned, the zero draft focuses on equity as its guiding principle. However, nestled in the equity clauses is the ever-present fuse of Trade Related Aspects of Intellectual Property Rights. According to one analysis, 11 of the draft’s 49 clauses deal in some way with TRIPS. As the TRIPS waiver debate lingers on at the World Trade Organisation, the continuing dominance of the TRIPS theme in the draft points to difficulties ahead. The issue of the waiver is central to equity, with which the pandemic treaty is chiefly concerned. Without resolving the issue of patent waivers, mere references to using existing public health facilities in health emergencies, which are almost impossible to operationalise in practice, won’t do.

More importantly, the definition of ‘pandemic’ is narrowly constructed and specifically mentioned in relation to the strengthening of health systems and social and economic disruptions. The draft defines pandemic as the “global spread of a pathogen that … overwhelm[s] health systems with severe morbidity and high mortality … causing social and economic disruptions”. This narrow definition, if applied, has the potential to exclude localised health emergencies not big enough to either overwhelm or cause social and economic disruption, yet with devastating long-term consequences for the developing world. As Médecins Sans Frontières has pointed out, terms such as ‘economic’ and ‘social’ and ‘disruption’ are ill-defined and vulnerable to being subjectively interpreted. Based on subjective assessment, some health emergencies may not get declared a pandemic. Such events will further entrench the already inequitable power dynamics in global health.

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In an effort at balancing the distribution of pandemic-related health products, the draft proposes that 20 per cent of such products be made available to the WHO. Of the 20pc, 10pc will be donated while the rest will be made available at concessional rates. Yet, for a health emergency like Covid, the 20pc target is too low. It should be higher for a pandemic of the scale of Covid-19.

The draft also contains references to ‘common but differentiated responsibilities’ during the span of the pandemic. It follows that as some states possess more resources than others, they should bear a proportionately higher share of responsibilities. Yet making rich countries accountable to a higher level of responsibility and solidarity will be hard to pull off as was evidenced in the Covid response. The draft is silent on this and, in an act of deflection, seeks to shift the financial burden of preparedness, prevention and response to the already fiscally strained developing countries.

Of more direct concern to countries like Pakistan is the proposal regarding the allocation of 5pc of the health budget to pandemic preparedness. This is a bridge too far for many in the low- and middle-income strata where the health budget has hovered beneath recommended spending levels. Further, peer review is proposed for the status of preparedness. One noted journal has hinted at the possibility of a quid pro quo between some countries on these important areas, masking the actual state of preparedness and response.

The new treaty is a unique opportunity to reorient the current pandemic preparedness order based on international health regulations which are tilted towards preventing the South-originating pandemic from reaching the countries of the North. While the broadened and comprehensive focus of the new treaty from containment to comprehensive preparedness, prevention and response is welcome, the incorporation of inputs and textual amendments from the developing countries will be key to its success.

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