

The Pandemic Treaty: shameful and unjust

The Intergovernmental Negotiating Body (INB), which is tasked under WHO with drawing up an international instrument on pandemic prevention, preparedness, and response, will sit for the 9th and final time from March 18–29. In the 2 years since it first met, hundreds of hours and unknown costs have been spent, but the political impetus has died. The convention is now at a critical juncture: the final text for countries to ratify is due to be presented at the World Health Assembly in May. With only limited days of negotiation left and a long way to go to secure a meaningful agreement, it is now or never for a treaty that can make the world a safer place.

It is hard to remember sometimes, among the highly diplomatic and technical negotiations, but that is what this treaty is trying to do: to protect all people, in all countries, no matter how rich or poor, from harm. As *The Lancet* went to press, a new publicly available draft text was awaited, but judging from the most recently available version, from October, 2023, the treaty will fail in this aim. Much of the language is greatly weakened from the initial ambition, filled with platitudes, caveats, and the term “where appropriate”. A key recommendation from the Independent Panel for Pandemic Preparedness and Response, met with widespread support, was the need for a treaty that would “address gaps in international response, clarify responsibilities between States and international organisations, and establish and reinforce legal obligations and norms”. At the heart of this recommendation was the need to ensure that high-income countries and private companies behave fairly, that they do not stockpile millions of excess doses of vaccine or refuse to share life-saving knowledge and products, and that there are mechanisms to ensure that countries work together rather than against each other. These issues still represent the broad sticking points in current negotiations: access and benefit sharing (who gets what, how much, and when) and governance and accountability (to what degree are countries made to do something).

The word equity appears nine times in the October negotiating text, including as a guiding principle of the whole treaty. But in reality, Article 12 stipulates that WHO would have access to only 20% of

“pandemic-related products for distribution based on public health risks and needs”. The other 80%—whether vaccines, treatments, or diagnostics—would be prey to the international scramble seen in COVID-19 that saw vital health technologies sold to the highest bidder. Most of the world’s peoples live in countries that might not be able to afford these products, but 20% seems to be all that high-income countries were willing to agree to. This is not only shameful, unjust, and inequitable, it is also ignorant. Creating and signing up to a strong and truly equitable set of terms on access and benefit sharing is not an act of kindness or charity. It is an act of science, an act of security, and an act of self-interest. There is still time to correct this misjudgment.

Even the anaemic commitments of the agreement are in jeopardy. Independent monitoring of whether countries are complying with their commitments is essential for the efficacy and longevity of the treaty. Yet, as the likes of Nina Schwalbe and colleagues have pointed out, all indications suggest that the governance and accountability mechanisms of the treaty are being further undermined. There is little in the way of clear enforceable obligations to prevent zoonotic disease outbreaks, implement One Health principles, strengthen health systems, or counter disinformation. Heads of states and the INB might not see pandemic governance as a priority now, but it is fundamental to the success of any agreement.

Creating a global convention acceptable to all is undoubtedly a challenge. The aims for a pandemic treaty are easy to articulate but many are difficult to enact and agree to. The INB might be doing its best, but ultimately it is the politicians of G7 countries who must put aside vested industry interests and finally understand that in a pandemic it is not possible to protect only your own citizens: the health of one depends on the health of all. Millions of lives that could have been saved during the COVID-19 pandemic were not. Far from making amends, a handful of powerful countries are sabotaging the best chance to translate the lessons from the COVID-19 pandemic into legally binding commitments that will protect us all. The treaty is an opportunity that must not be squandered.

■ *The Lancet*



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For the latest draft of the treaty see https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

For the findings of the Independent Panel for Pandemic Preparedness and Response see https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf

For the findings of *The Lancet* COVID-19 Commission see *Lancet* 2022; 400: 1224–80

For the article by Nina Schwalbe and colleagues see *Brit Med J* 2024; 384: q477