



Geneva, 3 November 2023

*To: Co-chairs of the Bureau of the Intergovernmental Negotiating Body (INB),
Ms Precious Matsoso & Mr Roland Drieco*

Tip the Scale: Equity Front and Center in the Pandemic Instrument

Dear Ms Matsoso and Mr Drieco,

We, the undersigned civil society organizations, request you, as co-chairs of the Bureau of the Intergovernmental Negotiating Body (INB) to ensure a fair process to reach a balanced negotiating text of the Instrument to strengthen pandemic prevention, preparedness and response.

We would like to convey our concern about the [draft negotiating text](#) prepared by the INB Bureau and published on 16 October 2023 and the need to promote a more balanced text. For example, the text proposes to create binding obligations on surveillance, One Health and information sharing, poised to primarily accrue benefits to the Global North, especially their corporations, thus exacerbating the prevailing disparities between countries. Yet, it does not propose corresponding legally binding commitments on operationalising the crucial principle of **equity**, especially concerning equitable access to pandemic-related medical products.

We are deeply troubled by the lack of consideration of the structural issues that underline equity and the stark disregard of obligations to address the difference in capabilities of nations, particularly developing countries, for the prevention, preparedness and response to pandemics (PPR).

In October 2020, the United Nations Conference on Trade and Development (UNCTAD) [reported](#) a staggering disparity in access. Per capita imports of medical goods essential to mitigate the COVID-19 pandemic had been about 100 times more in developed countries when compared to low-income countries. This inequality continued as COVID-19 vaccines and therapeutics were approved. In May 2021, (3 months following the approval of the first COVID-19 vaccine) about 5% of developing countries – which represent 70% of the world population – had received one dose, as limited supplies were snapped up by developed countries – which, in its turn, only make up for 16% of the world population. In the midst of such appalling disparity in access, multinational pharmaceutical corporations were amassing a staggering [\\$1,000 per second](#) marketing COVID-19 vaccines primarily to high-income countries.

It is vital that such stark inequities in prevention, preparedness and response to pandemics should be addressed effectively and efficiently.

Towards this purpose, the Pandemic Instrument must contain provisions which ensure a sustainable, prompt, predictable and affordable supply of pandemic-related health products to all countries irrespective of their financial or technological capabilities.

Yet, the provisions tabled by developing countries to bridge the inequity gap around publicly funded research, access and benefit sharing, equity, and common but differentiated responsibilities, have either been scrapped, diluted or have had conditionalities added that excuse inaction on the part of Global North countries.

Article 3.3 of the draft negotiating Pandemic Instrument text mentions equity as a principle and approach to the pandemic instrument, which reads: “... *Equity includes the unhindered, fair, equitable and timely access to safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social protection*”. However, there is nothing in the draft negotiating text to translate this statement into reality by creating a legal obligation to facilitate sustainable, prompt, predictable and affordable access to pandemic-related products.

Against this background, we strongly call upon the Bureau to ensure a fair process, whereby WHO Member States can include their textual suggestions to the draft negotiating text prior to the starting of negotiations. We also ask that proposals from developing countries not be moved to informal sessions, but dealt with in formal sessions, as has happened from June to September 2023.

These steps are important to guarantee equity is concretely operationalised in the pandemic instrument.

With regards,

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National Organizations

Access to Medicines Ireland - AMI
Acción Internacional para la Salud - AIS
Anak Bangsa Merajut Harapan Foundation - Angsamerah
Asociación Acceso Justo al Medicamento - AAJM
Asociación de Residentes de Medicina Preventiva y Salud Pública (ARES MPSP)
Bangladesh Nari Sramik Kendra (Assn. of Women Workers of Bangladesh)
Brazilian Interdisciplinary AIDS Association - ABIA
Cancer Alliance
Christian Foundation for Public Health - YAKKUM
Colegio Médico del Perú
Community Development Foundation Pakistan
Consumers Association of Penang
Council for Participatory Development
Development for Health, Education, Work & Awareness Welfare Society - DHEWA
Disability People's Forum Uganda
Drug Action Forum - Karnataka, India
Ecuador Violencias Cero
Equidad de Género: Ciudadanía, Trabajo y Familia
Federation of Pharmaceutical and Health Workers Unions - FSP FARKES REFORMASI
Fundación Grupo Efecto Positivo
Fundación Hábitat Verde
Fundación Sida Región Táchira - FUNDASIDARTA
Gender Studies and Human Rights Documentation Centre - GSHRDC
Indonesia for Global Justice
Indonesian Christian Association for Health Services - ICAHS
Innovarte ONG
Jan Swasthya Sahyog - JSS
Just Treatment
Kenya Legal & Ethical Issues Network on HIV and AIDS - KELIN
Medico Friend Circle
Misión Salud
Observatorio de Género y Equidad
Positive Malaysian Treatment Access & Advocacy Group - MTAAG+

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Public Eye
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Regional Organizations

Afya na Haki
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 Global Humanitarian Progress Corporation - GHP
 Kerala Sastra Sahithya Parishad
 Latin American Network for Access to Medicines - RedLAM

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International Organizations

AccessIBSA
 Development Alternatives with Women for a New Era - DAWN
 Global Advocacy for HIV Prevention - AVAC
 Health Action International - HAI
 Health GAP
 Health Global Access Project
 International Treatment Preparedness Coalition - ITPC
 Oxfam International
 People's Health Movement - PHM
 Public Citizen
 Society for International Development - SID
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