FEMINISTS
FOR A PEOPLE'S
VACCINE

"We need a PABS system that is transparent, accountable, and equitable[...] You have a critical responsibility to prevent the recurrence of past and current injustices that have led to unnecessary deaths and hardship in developing countries. Your leadership in these negotiations is vital to securing a fairer and more effective PPPR.

+100 civil society organizations from across South and North demand a just, equitable and binding PABS System

Fight for PABS in the Pandemic Agreement–Equity lies in Access and Benefit Sharing

Geneva, 18 February 2025

To

Developing countries' missions to the United Nations,

As civil society that have been following the intergovernmental negotiating body (INB) for a Pandemic Agreement, we urge you to stand firm in advocating for meaningful operationalization of equity in the prevention of and response to global health emergencies, in the upcoming 13th session of the Intergovernmental Negotiating Body for a Pandemic Agreement, which will take place in Geneva from 17th to 21st February, under the aegis of the World Health Organization. Your leadership is crucial in shaping a fair and effective Pandemic Agreement that achieves its objectives.

During COVID-19, there was a vast gap in access to vaccines, therapeutics and diagnostics (VTDs) between developed and developing countries. Wealthier nations secured the majority of available doses through advance purchase agreements, leaving lower-income countries to struggle with delayed and insufficient supplies. Despite global initiatives like COVAX, unconscionable disparities persisted, with many developing nations receiving vaccines very late in the pandemic, hindering their ability to mount effective public health responses.

This inequity has been repeated in the Mpox outbreak. According to the Africa Centres for Disease Control and Prevention, approximately 10 million vaccine doses are needed to control the outbreak. Yet, by the end of 2024, only around 1 million would have been delivered. Meanwhile, an estimated 210 million vials of the vaccine have been produced to date, but more than 99% remain stockpiled in high-income countries. Calls urging Bavarian Nordic to license their technology to qualified producers, especially in Africa, have also gone unanswered.

Affordability remains a major concern. UNICEF reportedly paid Bavarian Nordic $65 per dose—nearly 2.5 times more expensive than most other vaccines in its portfolio—while the estimated production cost by developing country manufacturers is just $5 per dose. Similarly, diagnostic manufacturers are charging around $20 per individual Mpox test, an amount nearly equivalent to

the total annual healthcare budget per person in the Democratic Republic of the Congo, the country most affected by the outbreak. Such exorbitant pricing severely hinders efforts to detect and contain the spread of infections.

Similarly, in 2023, the MSF Access Campaign exposed the disparity in access to Ebola treatments. It revealed that despite being developed with the involvement of affected countries, access to these treatments remained at a "standstill" more than two years after they became available, while the U.S. stockpiled supplies for its national use. This pattern of exclusion and delayed access continues to undermine global health security reinforcing the urgent need for systemic reforms to ensure equitable distribution of vaccines, treatments, and diagnostics during public health emergencies.

We are of the strong view that the Pathogen Access and Benefit Sharing (PABS) system can contribute toward effectively addressing the above-mentioned challenges given internationally agreed principles on access and benefit sharing pertaining to biological resources and sequence information. We need a PABS system that is transparent, accountable, and equitable:

- The text of Article 12 (on PABS) needs to deliver clear, enforceable mechanisms to identify all users of the PABS biological material and sequence information and ensure that use of the PABS system is subject to acceptance of legally binding terms and conditions that include concrete commitments to provide fair and equitable benefit-sharing.

- The text on PABS must deliver predictability regarding the benefits to be provided. This includes manufacturers using the PABS system for biological materials and sequence information agreeing to legally binding commitments to provide at the very least 20% of their real time production of VTDs, to prevent and respond to public health emergencies of international concern (PHEICs) as well as pandemics.

  It should be noted that even the provision of 20% is already proven to be inadequate. Evidence suggests that to deliver on the objective of the Pandemic Agreement, a redistribution of 35% of monthly doses would have been necessary.

  Further, the text as presented by the Bureau fails to address this matter adequately. It only provides access during pandemics, 10% of real-time production available to WHO free-of charge and 10% at “affordable/production prices” (which is undefined) “or reserved for WHO” (the latter part lacks clarity as to what specifically is being offered to WHO).

This text is also severely inadequate as a pandemic is a rare occurrence, in comparison to PHEICs. There is a need for greater access prior to PHEICs to prevent outbreaks becoming PHEICs as well as during PHEICs, to prevent the emergence of a pandemic, both of which are the core objectives of the Agreement. Yet, the proposed Bureau's text fails to address it concretely, despite important Africa Group proposals on both points. In fact, timely affordable access with specific supply of VTDs set aside for PHEICs and advance release of VTDs during outbreaks to prevent PHEICs is key to ensuring more effective pandemic preparedness, prevention and response.

- The PABS system should also contain legally binding commitments on users to provide annual monetary benefit sharing as well as manufacturing licenses to quickly diversify production and meet heightened demands during such health emergencies (PHEICs and pandemics).

- The PABS system should also be administered and coordinated by WHO, under the oversight of WHO Members/Parties.

We firmly believe that developing countries should resist all attempts to impose specific commitments related to One Health (under the guise of prevention), even with promises of financial and technical support. Donor-driven approaches have proven to be unsustainable, as demonstrated by the recent unilateral freezing of U.S. aid. Moreover, the proposed measures are unlikely to significantly improve pandemic prevention and may instead become the basis for erecting trade barriers that disproportionately disadvantage developing nations.

We are also deeply concerned about the ineffective voluntary technology transfer provisions in the proposed text, particularly in Article 11. More impactful proposals from developing countries have been disregarded, thus undermining commitments to diversify production and enable equitable access to critical health technologies (as in article 10).

In the upcoming negotiations, there will be pressure from many directions, to dilute your position—and, by extension, on equity. We urge you to resist such efforts and to remain ambitious and resolute in advocating for positions that will meaningfully reduce inequities and strengthen developing country capacities for pandemic prevention, preparedness, and response (PPPR). You have a critical responsibility to prevent the recurrence of past and current injustices that have led to unnecessary deaths and hardship in developing countries. Your leadership in these negotiations is vital to securing a fairer and more effective PPPR.

In solidarity,

FEMINISTS FOR A PEOPLE'S VACCINE

Signatories	*Countries*
1. Access to Medicines Ireland	Ireland
2. Acción Internacional para la Salud	Peru
3. African Centre for Global Health and Social Transformation (ACHEST)	Africa Region
4. AFRIC'MUTUALITÉ	Benin
5. Afrihealth Optonet Association (AHOA)	Nigeria
6. All India Drug Action Network	India
7. Ark Foundation	India
8. Asociación Civil para la Promoción y Protección de los Derechos Humanos, XUMEK	Argentina
9. Asociación Santa Micaela	Peru
10. Assam Network of Positive People	India
11. Associação Brasileira de Saúde Coletiva	Brazil
12. Associação Brasileira Intersexo	Brazil
13. Association Burkinabé d'Action Communautaire (ABAC-ONG)	Burkina Faso
14. Association For Promotion of Sustainable Development	India
15. Association for Proper Internet Governance	Switzerland
16. Association of Women of Southern Europe AFEM	Europe
17. Association pour la Conservation et la Protection des Écosystèmes des Lacs et l'Agriculture Durable	DRC
18. Australian Fair Trade and Investment Network	Australia
19. Baby Milk Action/IBFAN	United Kingdom
20. Bangladesh NGOs Network for Radio & Communication (BNNRC)	Bangladesh
21. Brazilian Interdisciplinary AIDS Association	Brazil
22. Civil Society Coalition on Transport	Uganda
23. Coalition for Health Promotion and Social Development	Uganda
24. Coletivo Abrace	Brazil
25. Consumers' Association of Penang	Malaysia
26. Coordinadora de Abogadxs de Interés Público (CAIP)	Argentina
27. Crisis Home	Malaysia
28. Delhi Network of Positive People (DNP+)	India
29. Development Alternatives with Women for a New Era (DAWN)	Global
30. Disability People's Forum	Uganda
31. Dr Uzo Adirieje Foundation (DUZAFOUND)	Nigeria

32.	Eastern Africa National Networks of AIDS and Health Service Organizations	Tanzania
33.	Egyptian Initiative for Personal Rights (EIPR)	Egypt
34.	Ekologi Maritim Indonesia (Ekomarin)	Indonesia
35.	Equidad de género, ciudadanía, trabajo y familia	Mexico
36.	Federación de Asociaciones Medicus Mundi en España	Spain
37.	Federación Sindical de Profesionales de la Salud	Argentina
38.	Federation of Malaysian Consumers Associations (FOMCA)	Malaysia
39.	Fesprosa CTA Autónoma	Argentina
40.	FIAN Indonesia	Indonesia
41.	FSP Farkes Reformasi	Indonesia
42.	Fundación Acción Positiva por la Vida	Venezuela
43.	Fundación Grupo Efecto Positivo (Fundación GEP)	Argentina
44.	Fundación Huésped	Argentina
45.	Fundación Ifarma	Colombia
46.	Fundación Misión Salud	Colombia
47.	Fundación para Estudio e Investigación de la Mujer (FEIM)	Argentina
48.	Fundación Victimas Vulnerables Mujeres Afro Independientes (FUNVIMUFROIN)	Colombia
49.	Gandhi Development Trust	South Africa
50.	Global Humanitarian Progress Corporation (GHP Corp)	Colombia
51.	Health Action International Asia Pacific	Asia Pacific
52.	Health Equity Initiatives	Malaysia
53.	ICHANGE	Ivory Coast
54.	Indigenous Peoples Rights International	Global
55.	Indonesia for Global Justice (IGJ)	Indonesia
56.	Innovarte ONG	Chile
57.	International Network on Violence against Women and Girls (INEVAWG)	South Africa
58.	International Treatment Preparedness Coalition (ITPC)	Global
59.	International Treatment Preparedness Coalition (ITPC) Latin America and Caribbean	Latin America
60.	JEJAKA Health	Malaysia
61.	Just Treatment	United Kingdom
62.	Karthikrishnan	India
63.	Latin American Association for Social Medicine Studies (ALAMES)	Latin America
64.	Malaysian Women's Action for Tobacco Control and Health (MyWATCH)	Malaysia
65.	Manitosh Ghildiyal	India
66.	Masimanyane Women's Rights International	South Africa

67.	Medical Action Group Inc.	Philippines
68.	Meghalaya State Network of Positive People	India
69.	Meghalaya Users Forum	India
70.	Mizoram Drug Users Forum	India
71.	Movimiento Mexicano de Ciudadanía Positiva, A.C.	Mexico
72.	Mumbai TB Collective	India
73.	National Campaign for Sustainable Development	Nepal
74.	Observatorio de Justicia Sanitaria y Climática	Latin America
75.	Oxfam	Global
76.	Patients Matter Collective	Peru
77.	People's Health Movement (PHM)	Burundi
78.	People's Health Movement (PHM)	Kenya
79.	People's Health Movement (PHM)	South Subregion
80.	People's Medicine Alliance (PMA)	Global
81.	People's Medicine Alliance (PMA)	Latin America
82.	Pharmaceutical Accountability Foundation	Netherlands
83.	Positive Malaysian Treatment Access & Advocacy Group (MTAAG+)	Malaysia
84.	Positive Women Network Mizoram	India
85.	PODER (Project on Organization, Development, Education and Research)	Mexico
86.	Public Eye	Switzerland
87.	Public Service Accountability Monitor (PSAM)	South Africa
88.	Public Services International (PSI)	Global
89.	Public Services Labor Independent Confederation (PSLINK)	Philippines
90.	Radio Chakaruna	Colombia
91.	Reacción Climática	Bolivia
92.	Red Latinoamericana por el acceso a Medicamentos (RedLAM)	Latin America
93.	Red Mexicana de Personas que Viven con VIH/SIDA, AC	Mexico
94.	Réseau National des Associations de Lutte contre la Tuberculose	Senegal
95.	Salud por Derecho	Spain
96.	Sandip Dedhi	India
97.	Sandvik Health Empowerment Foundation	Nigeria
98.	Shine Africa Foundation (SAF)-Teso	Uganda
99.	Sikkim Drug Users' Forum	India
100.	Social Awareness Service Organisation (SASO)	India
101.	Society for International Development (SID)	Global
102.	Solidarité Internationale pour l'Afrique	Mali
103.	Southern Africa Miners Association (SAMA)	Southern Africa

104. Southern and East African Trade Institute (SEATINI)	South Africa
105. Soweto Cancer Society	South Africa
106. Tanzania Network of Women Living with HIV	Tanzania
107. TB People	Nepal
108. The People's Matrix	Lesotho
109. Third World Network (TWN)	Global
110. UnityNet Malawi	Malawi
111. VIHve Libre	Mexico
112. War on Want	United Kingdom
113. Washington Biotechnology Action Council	United States
114. Wemos	Global
115. Working Group on Intellectual Property (GTPI)	Brazil
116. Working Group on the Pandemic Agreement and Amendments to the IHR	Brazil
117. Wote Youth Development Projects CBO	Kenya
118. YRG Care	India
119. Zimbabwe Evidence Informed Policy Network	Zimbabwe