The Pandemic Agreement: a panacea for the Eastern Mediterranean Region

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During a special session in December 2021, the World Health Assembly decided to establish an Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response *(1,2)*. The objective of the Pandemic Agreement is to enable Member States to prevent, prepare for, and respond to pandemics *(1)*. Its provisions will apply during and between pandemics, unless otherwise specified, and it is expected to enter into force on the 30th day following the date of deposit of the 40th instrument of ratification, acceptance, approval, formal confirmation, or accession with the Depositary.

Negotiations have been a daunting task for such an important document that is expected to have global impact. Since the decision was made in 2021, the INB, which includes representatives of the United Nations entities, non-state actors, relevant stakeholders, and the public, has conducted 15 sessions, including resumed sessions, in addition to several informal bilateral sessions, and produced a revised draft as of 22 April 2024 *(1,2)*.

As a document that emphasizes comprehensive approach to pandemic preparedness and response, the Agreement addresses 19 key issues *(2)*: (i) pandemic prevention and public health surveillance; (ii) One Health approach to pandemic prevention, preparedness and response; (iii) preparedness, health system resilience and recovery; (iv) health and care workforce; (v) preparedness monitoring and functional reviews; (vi) research and development; (vii) sustainable and geographically diversified production; (viii) transfer of technology and know-how; (ix) access and benefit-sharing; (x) supply chain and logistics; (xi) national procurement- and distribution-related provisions; (xii) regulatory systems strengthening; (xii) liability and compensation management; (xiv) international collaboration and cooperation; (xv) whole-of-government and whole-of-society approaches; (xvi) whole-of-government and whole-of-society approaches; (xvii) communication and public awareness; (xviii) implementation and support; and (xix) sustainable financing.

Implementation of the Agreement will be guided by principles that uphold the sovereign rights of States to adopt, legislate and implement legislation within their jurisdictions, in accordance with international law *(2)*. The Agreement emphasizes respect for the dignity, human rights and fundamental freedom of all individuals, ensuring the highest attainable standard of health for everyone. It advocates adherence to international humanitarian law and prioritizes equity during pandemic prevention, preparedness and response, aiming to eliminate unfair differences among individuals, communities and countries. It also promotes solidarity during health emergencies and advocates inclusivity, transparency and accountability to create a more equitable and better-prepared world to prevent, respond to, and recover from pandemics, while acknowledging different levels of capacities and capabilities.

Some Member States have raised concerns about some contents of the Agreement *(3)*. For example, there have been controversy, mainly from some high-income countries, about requiring temporary waiver on intellectual property rights for pandemic-related products, because they think eliminating intellectual property protections will not effectively improve equitable access during pandemic emergencies and could harm the systems that have served well in the past. There have also been concerns about the requirement for mandatory technology transfer and the creation of a new pooled funding mechanism for pandemic preparedness and response, and some related issues *(3–5)*. The Global North is promising a continuous provision of aid to the Global South but seems unwilling to relinquish its hold on the core issue of pharmaceutical and diagnostic manufacturing, which is what the low- and middle-income countries want. The South no longer wants to depend on philanthropy when it comes to vaccine and pharmaceutical manufacturing because they do not want to run into the same trap they got into during the COVID-19 pandemic. Despite these concerns, progress has been made in drafting the Agreement and a final copy is expected by the end of May 2024.

The Eastern Mediterranean Region (EMR) is particularly disadvantaged in dealing with disease outbreaks and pandemics because of the complex conflicts and emergencies currently being experienced in 12 of its 22 countries and territories *(6–9)*. Such conflicts are characterized by massive displacement and constant migration and they are a major determinant of health and health systems in the region. These conflicts, political unrest and displacements exposed the region to unique vulnerabilities during the COVID-19 pandemic *(9)*.

The active humanitarian and refugee crises in the region have increased health system fragility, with serious negative consequences for equitable priority-setting, as health systems are attacked and health workers get killed *(10)*. Disruptions to the logistics and supply systems due to active conflicts interrupt the supply of medicines and other medical commodities to health facilities and cause significant increases in morbidity and mortality *(8)*. This makes the Pandemic Agreement a very important document for EMR countries.

Representatives of EMR Member States and stakeholders have been involved in negotiations for the Agreement and have made contributions that will ensure that the document is acceptable within the sociocultural context of the region. They have opposed the reference to "international humanitarian law" in the context of "gender" in humanitarian emergency settings while supporting its use in other contexts. EMR stakeholders have suggested the addition of "pandemic and humanitarian emergency settings" instead of just "pandemic emergencies". They have noted the need to ensure unimpeded access to diagnostics, therapeutics and vaccines during pandemic emergencies, particularly for countries under Unilateral Coercive Measures *(11)*. They emphasized that the primary focus of the Pandemic Agreement should be to address health emergencies and pandemic response and should not be expanded to include gender-related issues.

Since the Agreement is legally binding, it is very important for all Parties to act in good faith, put their vested interests aside and agree on a mutually beneficial document that will chart the path for protecting the health of everyone *(5,2)*. The Agreement suggests solutions to the main challenges experienced during the COVID-19 pandemic and recommends strategies to strengthen the resilience of health systems against similar outbreaks or pandemics and improve access to quality medical countermeasures *(9)*.

Irrespective of the arguments for and against, the Pandemic Agreement is a critical document that will help countries to better protect their citizens and communities against future pandemics *(4,9)*. EMR countries should muster the needed political commitment and actions towards pandemic preparedness and response based on sound, professional and ethical principles and in line with country and regional priorities, as outlined in the Agreement. This is the only way countries can "reward" the enormous effort put into developing the document. There is a need for extensive planning for rapid adoption, domestication and implementation of the Agreement when it is finally endorsed to ensure that the region is well protected and does not experience the massive loss of lives witnessed during the COVID-19 pandemic. Particular attention should be paid to overcoming challenges related to surveillance, data-collection and sharing, laboratory systems, communication, coordination, logistics and supply chains, evidence generation, and regulatory frameworks, which overwhelmed all countries during the pandemic *(2,4,12)*.

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