



Bridging the inequity gap: A call for a more equitable WHO Pandemic Agreement

The COVID-19 pandemic highlighted severe inequalities in global healthcare, particularly in the distribution of vaccines and treatments. To address these challenges, civil society organizations, governments, and international bodies are advocating for a more equitable global pandemic agreement. The AIDS Healthcare Foundation (AHF), leading this charge through its [Save Our Society](#) campaign, stresses the need for binding provisions that ensure regional production capacities for vaccines, diagnostics, and therapeutics. AHF emphasizes that long-term financing and technology transfer are critical to prevent a repeat of the inequities seen during COVID-19.

The campaign supports linking the World Health Organization's (WHO) Pathogen Access and Benefits Sharing System (PABS) with technology transfer. This would help low- and middle-income countries (LMICs) produce life-saving health products locally. By requiring the sharing of sequence data and its benefits, the PABS System promotes research, builds trust, and encourages faster and more complete data sharing. This approach is key to empowering regions and decreasing their dependence on wealthier nations.

During a virtual press conference on 10 September 2024, AHF reiterated the importance of uniting the Global South to push for a pandemic agreement that serves all nations, not just the wealthiest, and called out the Global North for prioritizing pharmaceutical profits over human lives?.

Michael Weinstein, President of AHF, captured the essence of this struggle:



Weinstein's remarks underscore the urgency of the [pandemic agreement negotiations](#) held from 9-20 September 2024 at the WHO in Geneva. With over 8 million deaths from COVID-19, Weinstein and fellow advocates call for a major shift in global health governance, emphasizing equity as the central principle. They argue that the pandemic agreement must prioritize fair access to healthcare resources to prevent the recurrence of the severe inequalities experienced during the pandemic.

The devastating impact of vaccine inequality

The unequal distribution of COVID-19 vaccines was one of the starkest examples of global health inequity. High-income countries secured early access to vaccines, while LMICs were left to wait. By the time wealthier nations were administering booster shots, many countries in the Global South had not even begun widespread vaccination campaigns.

Guillermina Alaniz, Director of Global Advocacy and Policy at AHF, highlighted the deadly consequences of this disparity:



*"During COVID-19, the hoarding of vaccines alone is estimated to have cost more than 1.3 million deaths, with a disproportionate impact in the global south."
Guillermina Alaniz*

This stark figure underscores the urgent need for a more equitable distribution of vaccines and other life-saving technologies in future health crises. Alaniz emphasized that the global pandemic agreement must include mechanisms that prevent such disparities:

"We cannot repeat the mistakes of the COVID-19 pandemic. What we're asking for is a concrete mechanism for regional production of pandemic-related health products like vaccines, diagnostic methods, treatment, protective equipment, and other life-saving measures."

AHF, along with many civil society organizations, is advocating for the development of regional production hubs in LMICs. This would reduce the reliance on high-income countries and ensure that low- and middle-income countries have the capacity to produce and distribute essential medical products during global health emergencies.

Technology transfer: A binding commitment, not voluntary

For regional production to be effective, advocates argue that the pandemic agreement must include binding commitments for technology transfer. Too often, high-income countries and pharmaceutical companies are reluctant to share the knowledge and tools necessary to produce vaccines and treatments locally. Alaniz made it clear that voluntary commitments will not suffice:

"Equity demands that the agreement includes binding provisions. Voluntary measures will not guarantee the access and fairness we are calling for."

The argument is simple: without enforceable commitments, wealthier nations and private corporations will continue to prioritize profits over equitable access. Binding agreements on technology transfer would allow LMICs to develop their own pharmaceutical industries, reducing their dependence on external actors during health crises.

Samuel Kinyanjui, Country Program Director at AHF Kenya, also stressed the need for stronger negotiating power from African countries. He pointed out that African nations often arrive at negotiations late and under-prepared:



"By the time African governments get to the table, the negotiations are already well underway. Often, they lack the legal and economic expertise required to negotiate on complex issues like this treaty."

Samuel Kinyanjui

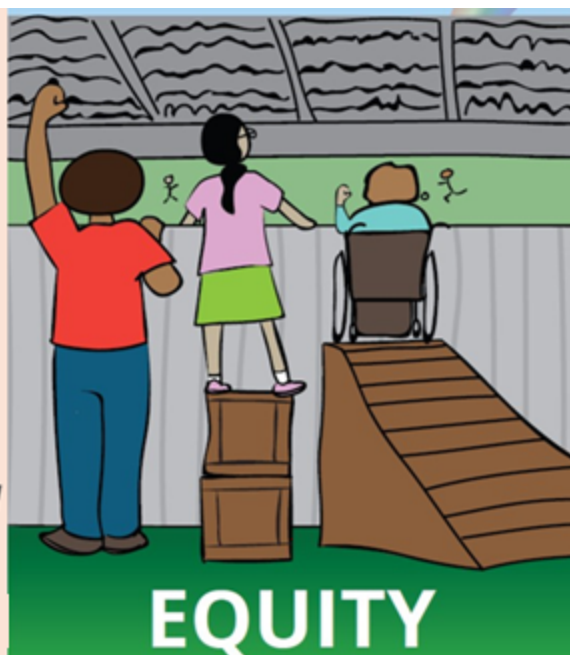
Kinyanjui called for a more united approach from African nations in these global discussions. Instead of individual countries going into negotiations alone, a unified front could exert greater pressure and demand fairer outcomes for the entire continent. He noted that while health ministers often represent their countries, it's essential that negotiators include experts from other sectors, such as law and economics, to properly address the multifaceted nature of these agreements.

Civil society and the global south: The role of advocacy

Civil society plays a pivotal role in shaping the future pandemic agreement. Organizations like AHF and others in the Global South have a strong voice in advocating for equity, transparency, and accountability. Muhumuza Abdulkharim, Head of Partnerships and Communications at Afya na Haki, emphasized the importance of civil society in pushing for these principles:

"Equity is the center of all these discussions. We cannot achieve this without addressing the element of equity. Civil society must continue to advocate for regional production, technology transfer, and capacity building in the Global South."

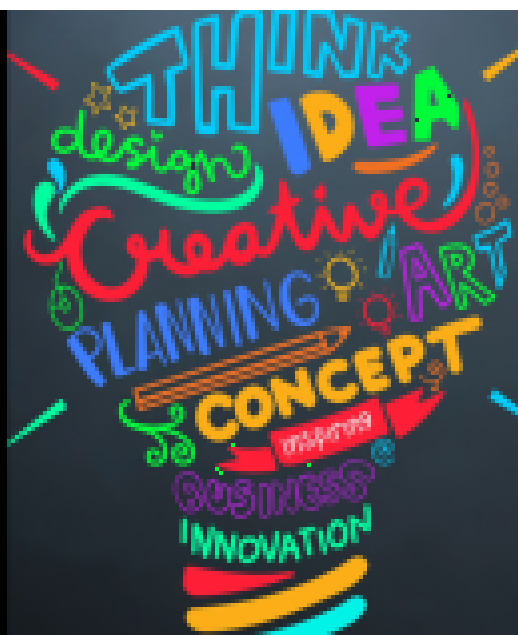
Muhumuza Abdulkharim



Abdulkharim pointed out that during the COVID-19 pandemic, Africa struggled not only with accessing vaccines but also with limited manufacturing capacity. He further highlighted the need for stronger financial and technological investments to ensure that the continent is better prepared for future pandemics. This includes empowering national regulatory agencies, improving research and development capabilities, and establishing local vaccine production hubs.

Sibulele Sibaca, founder of Impact Drivers, also emphasized the power of civil society and the media in shaping the conversation around health equity. She pointed out that younger generations, especially Gen Z, are critical in pushing back against the status quo:

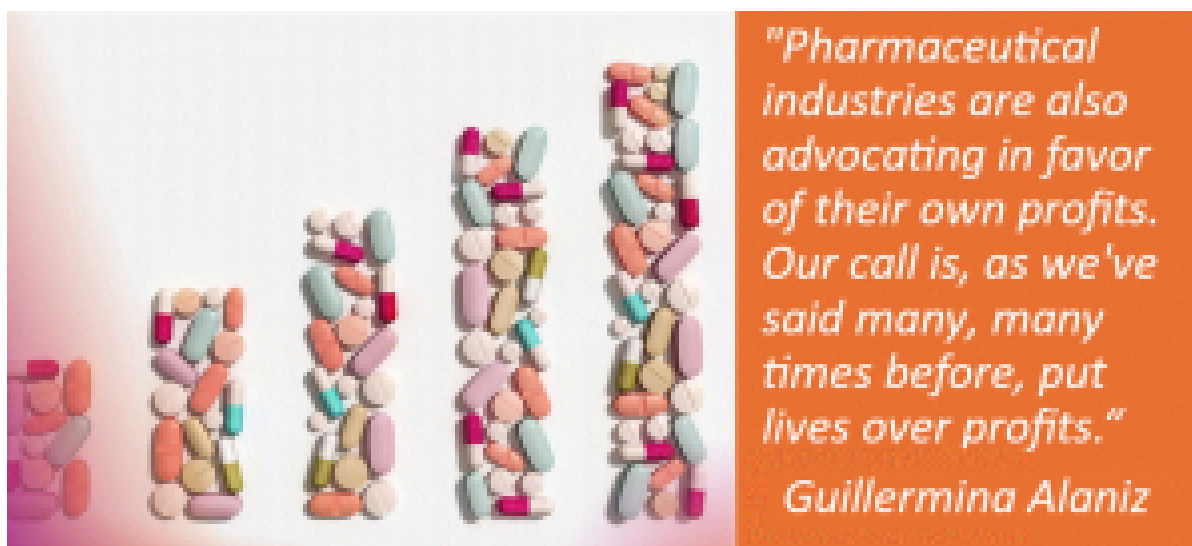
"We need to be creative and innovative in how we respond. Social media is a powerful tool for pushing these conversations forward. Gen Z, in particular, has shown that they are unafraid to challenge existing norms, and their voice is crucial in advocating for equity." Sibulele Sibaca



Sibaca stressed that civil society organizations must embrace new technologies and digital platforms to mobilize support and hold governments accountable. Public health advocates need to reach wider audiences and engage communities to ensure that their message of equity resonates globally.

Overcoming the influence of pharmaceutical companies

One of the most significant challenges in the pandemic agreement negotiations is the influence of pharmaceutical companies. These corporations wield considerable power, and their profit-driven motives often clash with the public health needs of LMICs. Alaniz touched on this issue, calling out the role of pharmaceutical industries in the negotiations:



The influence of these companies cannot be ignored. High-income countries, which are home to many of the world's largest pharmaceutical corporations, often align their interests with these companies, further perpetuating inequity in global health. For the pandemic agreement to be truly transformative, it must find a way to curb the power of these industries and prioritize public health over profit.

The path forward: A call for unity and action

As the pandemic agreement negotiations progress, civil society organizations and LMICs must remain vigilant. Kinyanjui stressed the importance of unity, not only within individual countries but across the Global South:

"We need to bring African citizens together and ensure that we have a unified voice in these negotiations. A fragmented approach weakens our position. We must engage civil society, governments, and international organizations to build a robust framework for future pandemics."

While patent rights remain a key issue, strengthening trust in African manufacture is equally important. Without local capacity and confidence in production, the ability to respond swiftly and equitably to future pandemics will be compromised.

The final agreement must reflect the core values of equity, transparency, and solidarity. Without these principles, the world risks repeating the mistakes of COVID-19, where access to life-saving treatments was determined by geography and wealth.

As Weinstein aptly concluded:

“If we fail to enshrine equity as a fundamental principle of global public health, all countries will be forced to pay many times over.”

The stakes are high, but with strong advocacy from civil society, a unified Global South, and binding commitments from high-income countries, the world has an opportunity to create a pandemic agreement that truly serves everyone. The future of global health depends on it.

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