

**INNOVARTE INTERVENTION
INB
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PABS system

In the aftermath of the COVID-19 pandemic, the world has witnessed a glaring disparity in the distribution and access to vaccines, particularly between High-Income Countries (HICs) and Low- and Middle-Income Countries (LMICs). The practice of HICs hoarding vaccine doses far beyond what was needed to protect their populations starkly highlighted the inadequacies of the current global health response system. The notion of being "a little fairer" falls significantly short of what is necessary to ensure true equity and solidarity among nations in the face of a global health crisis.

As the parties involved in the negotiations of the Pandemic Agreement deliberate, we urge them to transcend the limitations of the current draft, which is characterised by a reliance on the charity and good intentions of HICs. The proposed Pandemic Agreement Based Sharing (PABS) System, which depends on HICs' goodwill for vaccine donations to LMICs, perpetuates a flawed and inequitable system. We must move beyond a framework that leaves LMICs dependent on the precarious generosity of wealthier nations.

A materially fairer approach must prioritise the empowerment of LMICs through pre-pandemic support to enhance primary healthcare capacities and develop regional response capabilities, including manufacturing countermeasures. This strategic empowerment would eliminate the need for LMICs to leverage pathogen samples for access to essential medicines and supplies, rights to which they are inherently entitled.

Furthermore, the draft text of the Pandemic Agreement hints at potential benefits, such as technology transfer and sustainable production. Yet, these are undermined by vague commitments that fall short of mandating tangible actions. The difference between encouraging and requiring manufacturers to provide non-exclusive, royalty-free licenses is substantial and indicative of a hesitance to commit to real change.

The Pandemic Agreement presents a critical opportunity to redefine equity in global health, moving away from a transactional model that has disproportionately burdened LMICs. Equity cannot wait for the future; it demands immediate, concrete actions that ensure LMICs are not left to negotiate for leftovers but are equal partners in global health security.

We call for a reimagined approach that places equity and solidarity at the heart of global health, ensuring that all countries are prepared and supported before and during a pandemic. The time for "a little fairer" has passed; we demand a system that embodies the principles of equity and solidarity to which we all aspire.