



THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA

Private Bag X1000, Pretoria, 0001, Tel: 012 300 5200 / Private Bag X 1000, Cape Town, 8000, Tel: 021 464 2100

**ADVISORY: THE PANDEMIC ACCORD FOR GLOBAL PANDEMIC PREVENTION,
PREPAREDNESS AND RESPONSE (PPPR)**

1. The World Health Assembly's Intergovernmental Negotiating Body (INB) mandate to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response is in its final phase before submitting its outcome for consideration by the Seventy-seventh World Health Assembly scheduled for the 27th May – 1st June 2024. The Ministers of Health of the Africa Group further endorsed this at a meeting in Addis Ababa on the 27th of April 2024.
2. While there is an acknowledgment of ongoing and positive progress in the negotiations, consensus on a number of critical areas for Africa remain outstanding. These issues include, *inter alia*:
 - a. Process and the instrument under which the agreement will be adopted;
 - b. Technology transfer and intellectual property of pandemic related health products;
 - c. Pathogen access and benefit sharing system (PABS);
 - d. One Health Approach;
 - e. Institutional arrangements and Conference of the Parties (COP);
 - f. Financing of the Pandemic Agreement; and
 - g. No Fault Compensation.
3. The Africa Group has thus far been negotiating as a cohesive unit, guided by the Common Africa Position. The President (in his capacity as Champion on COVID-19) issued the Position that was adopted by the AU Assembly in February 2024 to Ministers, Ambassadors and Negotiators.
4. The Common Africa Position emphasizes the importance of legal assurance that the Pandemic Treaty will deliver equity for Africa. Without the operationalization of equity within the proposed instrument, Africa will not be able to access vaccines, diagnostics, and therapeutics when the next pandemic strikes and it will not be able to finance or technically support and meet the obligations in the proposed instrument. This can result in perpetuating the current devastating health, social and economic consequences for African people and the continent as an economic block.
5. The common position **mandates the Chairperson of the African Union Commission** to “ensure consensus between African Union Ministers of Health and the Africa Group in New York and Geneva on the Common Africa Position on Pandemic Prevention, Preparedness and Response.”

Discord in the Africa Group is Compromising the Common Africa Position

1. On 10 May 2024, a leading global publication, Politico, released an article entitled: “Pandemic talks likely to end without a deal this week.”
2. In this article the following is alleged: “As reported Ethiopia, South Africa, Botswana and Kenya met with the European Union and the United States of America to negotiate a compromise. But the proposal they came up with, and the exclusive nature of the sideline talks, angered other developing countries, including some African negotiators.”
3. This refers to a particular incident that has led to an apparent fracturing within and between the Africa Group and the Group for Equity which comprises many other developing countries in the global south. This has arisen from some informal discussions between a number of African country representatives and the EU and United States on the instrument’s draft article dealing with access and benefit sharing being reported on and discussed in the formal negotiations. The positions emanating from these informal meetings fall outside the INB processes and may have compromised Africa’s position in advancing key equity provisions in technology transfer and PABS (pathogen access and benefit sharing), amongst others, which are critical for Africa to equitably access vaccines, diagnostics and therapeutics.

Recommendations

1. Africa Group Member States are reminded to align themselves with the Common Africa Position adopted by the AU Assembly in February 2024, and further enumerated in the 27 April 2024 communique from the African High-Level ministerial consultation for the INB.
2. African Group Member States are to cease and desist from entering into any further negotiations outside of the INB processes which may compromise the credibility and unity of the Common Africa Position.
3. In dealing with the key contentious issues listed above, Africa Group member states should first and foremost seek to secure equity, fairness and transparency in the negotiating text of this current draft instrument and not agree to defer processes and decisions that do not guarantee such provisions. There should be no compromise in this regard. If these principles cannot be secured in a consensual comprehensive text of the instrument by the 77th sitting of the World Health Assembly, either an extension should be sought to further engage the INB to reach consensus on these matters, or the Africa Group should consider standing down from the INB.

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