

THE GENEVA HEALTH FILES INTERVIEW

A photograph of a doctor in a white lab coat and blue surgical mask sitting at a desk with a laptop. He is holding a small brown pill bottle in his right hand. A woman with short dark hair, wearing a black top and a blue surgical mask, is sitting across from him, looking at the laptop. The background shows a modern hospital or clinic setting with glass partitions and a green cross sign on the wall.

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We sat down for a tête-à-tête with INB Co-Chairs Roland Driece and Precious Matsoso on the sidelines of the [sixth INB meeting](#) underway in Geneva this week. On July 18, the second day of the meeting, *Geneva Health Files* spoke with the Co-Chairs on their views on the discussions and the challenges in the process. This verbatim interview has been lightly edited to improve readability.



INB Co-Chairs Roland Driece & Precious Matsoso at INB6 WHO, Geneva. July 2023 (Image Credit: Priti Patnaik)

Geneva Health Files [GHF] Q1. How are you? How are the discussions going this week?

Precious Matsoso [PM]: We are good. Actually, today is quite nice.

Roland Driece [RD]: It's not easy, but that we know.

PM: Well, yesterday was quite a tough in that when you start with these meetings, it is actually interesting to see how countries to get [talking to] each other, who's going to be the first to raise the nameplate. I am amazed that Bangladesh now does that. They were the first to raise the nameplate which is good because it breaks the ice and while others take quite a while because they want to listen to what their colleagues are going to say, so that they can react.

But I am always respectful of how countries want to participate. You don't want to put pressure on them. Let them speak when they are ready and let them speak to make a meaningful contribution.

[GHF] So do you think that the body language is improving? Is there greater trust?

RD: Well, yes, I think the trust is growing but that doesn't mean that we are there yet. I think one of the reasons that some of the countries are waiting for others to speak is because so many articles are interrelated. They like to hear what they had to say about it, to see how they can react on it. We had discussions on Differentiated Responsibilities (CBDR) and turns out that everybody feels that there are differences between countries. And if there are differences between capabilities of countries, to live up to any of the obligations that you might put on them. So, there's no discussion on that. But the question is, what you do with that? If you recognize that is the fact, what kind of consequences do you attach to that? You say, okay, it's fine that you do not do anything, or do you say now, you have to try to do everything you can, but we will help you with it. And that's what we try to steer. Of course, but then the proposal here is - if we are going to do that - we need money. Well, that's the next chapter: finance. That's the one we are dealing with now. So, everything is so interrelated that the countries are sometimes a little bit leaning backwards to see how the discussions evolve.

PM: The question of finance is that it works. It is finance for implementation, finance for capacity building. Even capacity for R&D, capacity for health systems, and capacity to build prevention and preparedness. Because as you recall during COVID-19, preparedness was grossly underfunded. So, this time around, whatever financing mechanisms

[we agree to], if there's no investment in prevention and preparedness, later it will be déjà vu. We will see once more that we failed. So, there are also these other areas where there are capacity questions.

RD: It's also about recovery and recovery is even more complicated. Nobody is saying that recovery is unimportant. Many countries suffered during the COVID-19 pandemic. African countries also talk about debt relief, for example. I fully understand that from their perspective, but then you have different discussions, taking place on the same article which makes things.... when European countries, Australia or Canada, they talk about financing, the implementation of pandemic policies. When we talk about recovery, then Nigeria and other countries [for example] would say it is about health systems.

PM: On one hand, the instrument makes reference to domestic financing which is important because every country must take responsibility for its citizens. However, if you look at the pandemic fund, it is a select group of countries. And they are asking, what is their role... Because they think that this is intrusive, it mustn't be this kind of dependency culture. We are creating financing determinant, how the funds should be allocated. They think the governance should be described. And the spirit of inclusivity must be not in word only as a principle, but it must be reflected in the instrument.

RM: But what you ideally would want in the end, everybody says okay, the set of requirements, obligations whatever we will determine in the instrument. They all want to live up to that as good as we can and where we can't make it, not because we are unwilling, but because we just simply do not have the means or the capacities to do that. Then there is financial resources and technology. There is knowledge, predictable knowledge and predictable findings, like you say technology transfer to help them to get where they need to go. That's what in the ideal world will be the outcome of this.

[GHF] Q2. There is a perception that the negotiations on the amendments to the IHR are technical in nature and that the INB is the more political process – the Pandemic Accord is the political instrument. Is that in some sense unfair? You not only have to start working on a new instrument from a scratch unlike the amendments to the IHR, but you also have to meet the

political aspirations of such diverse, group of countries. It is a tall task, isn't it? Is this expectation justified? Ultimately, you are also addressing similar kind of issues as those being discussed in the IHR forum.

PM: So, you are right, actually. If you look at the creation of this whole Pandemic Accord process, the decision that was taken it was pre-empted by the head of the States. So, it assumes that political nature. There were 26 heads of States [pushing for] a Pandemic Accord. They are not technicians; they would have recognized that you already have IHR. But because they are politicians, they would view this much more broadly. It wasn't just about laws, it is about life, it is about their economies. They have recognized that you needed something at a much higher level. From that perspective, I think there is still that expectation we need to come up with something that is much broader - of which the IHR should fit into and in a seamless way so that it should not be viewed as one competing with the other, it must be seen as a continuum.



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[GHF] Q3. What would be success for the INB? Success in terms of, you know, meeting key political goals. I am not asking about “low-hanging fruits” because that varies according to different countries. What will success look like, let’s say 12 months or 24 months from now?

RD: I think we as a Bureau we have never determined success. So, we all might give a different answer in that respect. So, there is not one answer possible and that's also because from the start of the process, we never determined what the outcome should be. If you take one step back, you say well why are we doing this? Because as a world, we did not collaborate good enough when pandemic broke out, in order to avoid people from dying, to have people with access to countermeasures, everything that happens could have been better if we had collaborated better from the start. But having said that how to get there was a white paper. And it was us all sitting together, and saying okay what should we then do to improve the situation. That is why it's difficult to say what success is personally and you might say something else... *[pointing to PM]*

That's what you see also, reflected in the room as well. And we have got the EU or the US might have a different view of success, than say maybe the African Union. But I would think personally, and that's always difficult because then people might think, oh, that's where he wants to go and it's not me that wants to go somewhere. It should be INB that wants to go somewhere. I think success is, if we could say in 24 months, we have established arrangements that make sure that people in countries are able to improve the pandemic preparedness systems, because they are helped financially in technology and other means...that we have arrangements for more equitable access to life-saving countermeasures. What we saw was, of course, that a lot of things were donated or given, but always later than the Western countries had for themselves. So, if we have some kind of an arrangement that is made fairer, that a certain percentage could be made available at the most critical time for countries that were left out this time. That would be good. And I think it's also important that countries are willing to invest in detection capacity of diseases and sharing of pathogenic information that is relevant to everybody in the world. I think, for me, those will be key factors.

PM: Well, on my part, I mean, you know, it's been equity, equity, equity, equity, equity. Success will be measured by how we have operationalized equity and how we've come up with obligatory provisions. That equity is not just a cliché, but that there are clear provisions that can enable equitable

access. I mean, we've always spoken about equitable access but we have not said what implementation will look like. So, if this instrument can help us achieve that, I think it would be a major achievement.

We traveled this road before. And, obviously, something must give, and I can retrace from HIV/AIDS days. It's been the same debate about equitable access, it happened during COVID-19 and seen with M-Pox. M-Pox happened after COVID-19 and one would have thought that, people would have recognized and thought that equity is a problem. Let's just fix it. So, it means we need something more obligatory that will make Member States commit.

[GHF] I think there is a growing sense that in the event that the IHR is not expanded to include obligations of equity then there will be a lot of expectations and pressure on the INB process to deliver on those goals.

RD: I think we have to deliver on equity. That was one of the reasons why we started and but the reason why my approach is a bit broader than Precious' approach... I feel that in order for letting whatever country - western countries or richer countries - whatever label you want to give them, to deliver on that equity, it should be clear that there is something in the game for them as well. And that is the willingness of other countries to invest in preparedness...that is the detection capacity and sharing of pathogenic information without hindrances and it should be flowing cycle, so to say in the end.

PM: I guess, this issue of sharing, there's also this notion that the emphasis is put more on sharing than, without understanding what the benefits are. And if you look at the existing instruments, for example the PIP framework already has a provision that brings a balanced approach. But we also have Nagoya protocol in CBD and it's where you have enlisted benefits. And some have said, there must be a delinkage. You probably understand that it's almost like déjà vu. We always say delinkage [in the context of delinking prices of drugs to investments in R&D]...here it's not the delinkage, it's linkage! So, it's almost like, it is the opposite of the previous debates about delinkage. Delink the price from R&D cost, now this time, I say link CBD sharing of pathogens with benefits.

Frankly, Members States should just define what benefits are. In some instruments, they refer to mandatory and non-mandatory. Other say, have them as separate provisions - meaning don't have an article that brings them together, have an article that talks about sharing and an article that talks about benefits. Others are saying, just collapse them in, have them as one. For me, just even having those provisions as how you organize them in the structure, it's one step further. And if you have the instrument, that does not even make any reference to benefits, I think it would be, it will be difficult to sell. But if you have an instrument that already has both and how you link, the two is probably the next step, and it's a matter of negotiations.

RD: It's interesting to see how you want to have the instrument or do you consider an article on access and benefit sharing within the instrument or do you consider the whole instrument as an access and benefit sharing system? That's the bit of the discussion we are having and both are possible goals but I can even imagine that you say it should be both in there and it doesn't matter so much where it is, as long as it is there in obligatory form.

PM: That one thing that is coming out clearly, I mean, repeatedly in different provisions it is about governance. If you look at the issues that emerged during COVID-19, it is about coordination at national level coordination globally, and governance mechanisms that exist. And we are discussing financing, and some of the countries that want to understand governance. We are discussing other provisions and they want to understand governance. So somewhere, we will have to discuss governance and come up with very clear arrangements, institutional arrangements on how this Accord is going to be governed. But this is also in relation to IHR - because if you look at the architecture on governance it is still not so aligned with what is envisaged with the Accord. And what is missing with the WHO architecture is that it is silent on equity, and this is what countries have expressed as a concern. It can't be that a WHO [Accord] is silent on equity. There were some shortcomings, with whatever structures have been put in place - look at the ACT Accelerator....the involvement of civil society and different countries and, and how represented they were. This is also about governance...

[GHF] Q4. Following up on ABS ...would you agree that it is potentially one of the most important elements of the Accord. And do you think it is really

realistically possible to come up with a set of governance mechanisms for the ABS or even sort of detailed provisions for the ABS, such as including it as an annex to the main instrument in time or before you conclude these negotiations?

PM: Well, I'm actually optimistic. I know that Roland and me have a different view. I'm optimistic. I'll tell you why I am. It is because the countries that stand to lose, really want to see something provided but that can work. It is not enough to just come up with provisions that are written in such a way that you actually delay implementation. For instance, you come up with a framework of some sort, but you leave it for later... We have an instrument but only to defer the crucial elements. So, some of the countries are saying in the event that we can't agree... we must still make sure whatever we conclude now captures the essence of what is needed for ABS to work.

RD: I think that's well... I think this counts for you as well, my aim, our aim is to deliver in May next year. And that's the aim and maybe it will not be an instrument that is 100% completely ready and some maybe which there are elements that will be later added. I hope it is ready, but maybe we're not, but that can only fly I think if we have a core on which we agree by May next year.

PM: It needs to have essential elements.

RD: That's it. And so, that means in my view and that's not necessarily the view of the INB, but that there is some obligatory language on equity, especially access to medical countermeasures, that there is some agreement on financing of it and have helped by implementing the provisions of the instruments. That there is some kind of an arrangement, on the sharing of information and I think of those elements could be addressed in a way that there is that it's balanced, that could create trust among the parties that they say, okay, if we can arrange this now, but then we have to trust that later on we will also deliver on the other aspects. But if there's nothing, if it's an empty shell why would I have trust that we will deliver later on?

PM: But there's also this debate about WHO's role, the centrality of the WHO. I mean it differs from one group of countries to the other and I can talk about developing countries. I mean all of them have relied on WHO for

years for support. So, it is the lens that is used. It's always about whether countries have benefited from WHO support or not. In most instances developed countries, I mean some of them don't even have WHO country offices so they don't even know what the WHO country office role is. So, for those who have benefited understand it better, having said that there are others who are of the view that perhaps you need something that is more urgent. So, the bureaucratic process that requires the World Health Assembly to approve...what is it that would be that would make sure that things can move faster. We need something that is supportive of decision-making and this governance arrangements. But make sure that it doesn't undermine the support that has always existed for WHO but of course with the recognition that there are other multilateral agencies that have always played the role you know, UNICEF, WFP and so on. So, those are important. But perhaps look at how this can work together and what kind of coordination is needed, because you also don't want in a country, a competition between these agencies because it is also what we have witnessed.

[GHF] Q5. Do you expect that before the end of the year countries could demand for additional time to conclude the negotiations? Earlier in the week you kind of indicated that quality is also important and that you would not want to compromise on it.

PM: Actually, what we have had all of them say is that we are all committed to meeting 2024. I haven't had since yesterday up to today, I haven't had a single country saying, I think we are going to be delayed. All of them developed and developing, saying May 24 should happen. We're all committed. So, I don't know whether that will change, but for what we've had, they're all saying May '24.

RD: I think the reason why they say that is one hand because we have dedicated ourselves to that goal. But also, because people see that the political attention in general is required for so many different topics around the world that if you delay this much further into time, you might not have the urgency we have now.

PM: And that the risks are also complacency over time and amnesia.

PM: Quality and kind of content, of course, we don't want an instrument that is empty. I know that informals may not be perfect and we are hoping that countries will make the best use of these informals and we are hoping that they will also agree that you can bring in experts to improve content.

[GHF] In the informals?

RD: Yes, in the informals, because some have asked for that, but they must agree that they can bring experts. They have only referred to WHO experts, but there are other experts beyond WHO you can bring value into their discussions and help guide content.

RD: And at the same time, we hear, of course, when smaller countries say, yeah, it's pressuring us. Yeah, that's difficult. So, we need the right balance between the two. I think if it's up to the Chairs we will drive this as far as we can, as best as we can.

PM: But would like you to watch this space in September.

[GHF] So, is that when the first draft is coming?

PM: We are not going to use the word first draft. You know what the risk is...I want to see first, they will expect second and third and fourth and fifth. So, we don't say first...

[GHF] So, let's say, the next draft.

PM: Will tell you what is called in September. We are still consulting.

RD: It will be a moment that we will produce something.

[GHF] Q6 What is your message for member states?

PM: Well, they have a window of opportunity actually between now and beginning of next year to move. I think it's easy to say to move with speed but ensure that as they do that, they don't undermine the process of engaging. Because what I've seen, even with the informals, they actually meet informally but they met a bit too formal. And informals must be informal.

They have become it's almost like an extension of the INB. And we would like that to be more informal.

RD: I have said to have talked to many Member States as well. It's fine to keep some of your cards to your chest, but at least have some cards.

PM: Have the courage to open up.

RD: Know what is really important for you and understand what is important for the other ones. Because if you only keep up that big picture, what you want, that's difficult to reach an agreement.

PM: ...Keeping it to the end. I mean who would want to incorporate new things when they are ready to negotiate. So, I think at some stage they need to start negotiating...Some of them have said treaty-making ten years.

[GHF] I think there's also disagreement on what to negotiate on, right? There's no agreement that can we actually get. Is the Bureau's text negotiating text?

PM: No, it's not. It was never intended for that because we told them that you have a compilation text with 208 pages. We can put it on the board. You can start negotiations. You can't. I mean that text that has so many paragraphs that are facing in different directions. Where do you start? You have got 10 different ideas in one paragraph. So, what do you negotiate out of the 10? So, if you collapse the 10 you come up with two. They need to say okay if we like one not the other then it's okay if you like one can, we use it then for negotiations. If you say you don't like both then we say draft and alternative so that we get them something that can be the basis for negotiation. Otherwise, you can use compilation, it's everybody's ideas.

[GHF] So now they can add text.

RD: We are not having discussions on text and we do that deliberately because this is not a negotiation text.

PM: But in the informal you say they can come up with a proposal that they all agree on because we want to use the proposal when we draft the next version.

RD: We are not in a phase where we say, we want to redraft a sentence... that is not the stage we are in. We want to get agreement on the elements. That's the phase, we're in.

PM: And the idea is that if you look at what we've presented, some of them have come up with, very good ideas. They have said, oh, you know, in this article, there are missing elements. So, let them incorporate those missing elements when they give us their proposal. But we want to empower the co-facilitators to start doing something. And if some are saying, you know, in the compilation, we had better language, the co-facilitators must have flexibility to start using that and come up with a proposal. We would like to see them present something to us, so that we can use as the Bureau.

[GHF] Merci beaucoup for your time Co-Chairs. I really appreciate this.

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