# The West African Letter on Pandemic Ethics

The West African Health Organization (WAHO) manages health issues for the Economic Community of West African States (ECOWAS), an EU-analogous institution made up of 15 member states with a total population of 350 million people. The Health Ministers who make up the WAHO board are signing a letter to the World Health Organization formally requesting a non-binding vote by all the world's countries at the upcoming World Health Assembly meeting on pandemic preparedness ethical principles. This vote would put all nations of the world on record about whether to spend at least $10 billion a year to create a pandemic insurance sufficient to vaccinate 70% of the world 365 days after the onset of any future pandemic.

## The Role of the World Health Assembly

- The World Health Assembly Met November 29-December 1. The World Health Assembly is the decision-making body of the WHO, and their November meeting will focus on future pandemic preparedness.
- The General Committee Must Approve the WAHO Nations' Request. Per Rule 12 of the WHO Rules of Procedure, Assembly agenda items can be added at the request of member states with the approval of a majority of the WHO's 25-nation General Committee.
- A Public Version of the Letter Can Be Found on the 1Day Africa site. Introduced in May, the letter, signed by veterans of the Ebola response, focused on vaccine justice for the current pandemic, but was not included on the Assembly agenda for lack of a national sponsor.

## The West African Pandemic Ethics Principles

1. **Immediate Sharing Strategy**: All countries that have vaccine doses with WHO Emergency Use Listing in excess of their immediate needs should immediately donate these doses to the COVAX platform, regional organizations such as Africa CDC and directly to countries in need. All recipients should commit to guarantee an equitable and fair distribution and access of the vaccines within the respective countries.
2. **Future Goal:** Global pandemic preparedness policy shall be directed towards the goal of vaccinating 70% of the world's population within the first year of a pandemic
3. **Preparation**: WHO should set up an international, independent publicly funded permanent successor to the COVAX facility that would purchase and distribute diagnostics, therapeutics and vaccines in the event of a pandemic.
4. **Commitment**: All G20 countries should commit to collectively donating at least $10 billion each year to the permanent COVAX successor for use in future pandemics.
5. **Local Contribution**: All pharmaceutical companies and other vaccine producing organizations should set up vaccine development capacity in some LMICs, and LMICs should contribute to pandemic research and preparation efforts.

# West African Pandemic Insurance Fund Talking Points

## The world needs a permanent global pandemic insurance fund.

- COVAX was founded to purchase and share COVID-19 vaccines. However, it has been largely unsuccessful in meeting its goals because it was created during an emergency without funding locked in pre-pandemic
- When COVID-19 vaccines were developed, wealthy countries stockpiled doses while many countries were almost entirely unable to purchase vaccines. This vaccine nationalism meant that vaccines didn't reach the countries that already had the most strain on their medical resources.
- A successor to COVAX that is carefully designed ahead of time will allow us to be better prepared for the next pandemic and distribute vaccines more equitably.

## We want a vote on pandemic ethics for inclusion in a pandemic preparedness treaty at the World Health Assembly in May 2022.

- The World Health Assembly is the decision-making body of the World Health Organization, and met on November 29 to develop a pandemic preparedness treaty. The Assembly agreed to establish an intergovernmental negotiation body that will develop a pandemic preparedness treaty or other instrument.
- At their next meeting in May, we want them to consider principles of vaccine equity in the treaty development process. By bringing these principles to a vote at the World Health Assembly, countries will need to go on the record in public about whether they are willing to commit to pandemic preparedness and increased vaccine accessibility.
- We are asking for the G20 countries to provide a combined $10 billion/year toward the pandemic insurance fund. Governments that make commitments will be accountable to each other and to their citizens despite the lack of strict enforceability.

## African countries should have a leading role.

- African researchers and veterans of the 2014 Ebola epidemic, along with other international leading scientists, have laid out goals of vaccine equity in an open letter to the World Health Assembly. The effort is led by Liberian epidemiologist Dr. Mosoka Fallah.
- The countries of the West African Health Organization will sponsor the letter and request a vote on the principles at the World Health Assembly. This effort was coordinated in partnership with 1Day Sooner.
- Africa has been left behind in vaccine distribution, but that can be avoided in the future if African countries have leadership roles in pandemic response.

# Discussion Questions & Answers



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## Why have a pandemic insurance fund?

We know that there will eventually be another pandemic, but by preparing for it in advance, we can avoid the level of destruction observed during this pandemic in the future. One vital aspect of pandemic preparation is ensuring that vaccines can be distributed rapidly and equitably so that the largest possible number of people can be protected as early as possible. A pandemic insurance fund

built up far in advance of the next pandemic would provide a way for countries to buy vaccines collectively, enabling countries that might not be able to afford early vaccines otherwise to buy them at the same time as wealthier countries and reducing competitive buying scrambles. Distributing vaccines to more countries simultaneously would be a vital intervention to limit deaths and viral mutation. A pandemic insurance fund would also reduce uncertainty about the availability of international aid and enable long-term global health planning.

## Why $10 billion per year?

There are a few different ways to think about the specific financial commitment outlined. The financial goal is for the fund to have half a trillion dollars by the time a pandemic happens. The United States committed about $24 per vaccine dose, and any country for whom that is feasible should be doing basically the same. Assuming a pandemic happens every 30 years, building up those commitments over 30 years with interest would reach half a trillion dollars.

Another way to consider that amount is that $10 billion per year is about 0.01% of global GDP, which seems like a very reasonable commitment for pandemic insurance. Setting aside slightly more than one dollar a year for everyone in the world would purchase pandemic insurance sufficient to buy everyone a full course of pandemic vaccination at a price on par with that paid by the earliest COVID vaccine recipients while also providing appropriate support for diagnostics and therapies.

## Why did November's World Health Assembly meeting matter?

For the World Health Organization, the World Health Assembly is equivalent to the United Nations General Assembly; all the WHO countries come together to vote on global health resolutions. In November, the World Health Assembly met for a special session with the intent of establishing a pandemic preparedness treaty. At the meeting, the World Health Assembly voted to create an intergovernmental negotiating body, which will develop and draft an agreement or other international instrument that addresses pandemic preparedness. We want the proposal for a pandemic insurance fund to be considered and voted upon for inclusion in the agreement.

## What can we expect from the international negotiating body?

The international negotiating body (INB) will meet in early 2022 and hold public hearings to inform their discussion. In May 2023, the body will submit a progress report to the World Health Assembly, and in May 2024 it will submit a draft of the treaty, agreement, or other instrument for consideration.

## How does the World Health Assembly process work?

In order for the World Health Assembly to vote to endorse the fund, at least one member nation needs to request a vote at the meeting, and the general committee needs to approve the request, as per Rule 12 of the Rules of Procedure of the World Health Assembly. In this case, the health ministers of the Economic Community Of West African States (ECOWAS) have signed the letter and requested a vote at the World Health Assembly at the November meeting. They will do the same at May's meeting. In order to gather this support, 1Day Africa chapter manager Zacharia Kafuko reached out to representatives of different West African Health ministries and was able to bring the proposal to the attention of the West African Health Organization.

## What is the West African Health Organization (WAHO)?

The West African Health Organization is the arm of the Economic Community Of West African States (ECOWAS) responsible for health policy. Their goal is to ensure a high standard of public health services for the people of West Africa, and by extension, to provide a platform for West African nations to collaborate with each other on public health issues.

## How was the proposal presented?

African researchers and veterans of the 2014 Ebola epidemic, along with other international leading scientists, wrote an open letter to the World Health Organization that lays out the principles of vaccine equity and the proposal for the pandemic insurance fund. Zacharia Kafuko, chapter manager of 1Day Africa, wrote the first draft of the letter and Dr. Mosoka Fallah led the effort to organize signatories. Plans for presentation to the World Health Assembly were coordinated through the West African Health Organization, led by Director General Professor Stanley Okolo. The open letter advocates five principles for the countries in the Assembly to vote on.

1. **Immediate Sharing Strategy**: All countries that have vaccine doses with WHO Emergency Use Listing in excess of their immediate needs should immediately donate these doses to the COVAX platform, regional organizations such as Africa CDC and directly to countries in

need. All recipients should commit to guarantee an equitable and fair distribution and access of the vaccines within the respective countries.

2. **Future Goal:** Global pandemic preparedness policy shall be directed towards the goal of vaccinating 70% of the world's population within the first year of a pandemic
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## What do we want to accomplish with this open letter?

The open letter aims to bring greater focus to the problems of unequal vaccine distribution and ensures that countries will have to go on the record as to whether they are willing to rectify a dangerous situation. We hope that this will be one step toward preventing pandemics from causing as much harm in the future. Africa contains 17% of the world's population but only received 2% of the vaccines. This unequal distribution compounded the existing problems of medical care in Africa. Bringing the letter to the World Health Assembly also amplifies African perspectives in discussions on the world stage and presents African countries in global health policy leadership roles.

## Who is behind the open letter? What groups support it?

The open letter was written and signed by many heroes of the 2014 Ebola epidemic in West Africa. The health ministers of the West African states in ECOWAS are bringing the letter to the World Health Assembly meeting. The West African Health Organization worked to garner support from member states and coordinate the health ministers' signing. 1Day Sooner has been supporting the campaign through publicity efforts.

## How would the fund work?

The specifics of the fund will likely be worked out by the World Health Assembly after its creation. However, there are existing precedents for this type of international insurance fund, and it might

function similarly to, for example, the International Monetary Fund, which has a bureaucracy with a managing director and a board composed of the finance ministers of the member states. Decisions are mostly made by the director's office, with board votes when necessary.

## Why should wealthy nations sign on to these commitments?

Many people, including many 1Day Sooner staff members, believe that signing onto these commitments is simply the right thing to do from the perspective of being able to do the most good with the world's resources. However, there are realpolitik reasons that wealthy nations should commit to these vaccine equity plans. In an interconnected world, cooperation allows everyone to benefit. Pandemics do not respect national borders, so there is no guarantee that wealthy nations will be able to protect themselves from future pandemics without helping their neighbors. In addition, pandemics depress national economies, and even a wealthy country with a relatively comprehensive pandemic response will be in a precarious position if its trading partners are contending with worse effects of the pandemic. An insurance fund would also make more resources available for vaccine development and pharmaceutical companies, in seeing a guaranteed larger buyer than a single country, might invest more heavily into vaccine research.

## COVAX has been unsuccessful. How would a successor facility be different?

COVAX was founded in response to a pandemic that had already started, which meant that countries were already focused on their own independent responses and reluctant to switch to an unproven idea. COVAX also had no way to maintain commitments from countries that were ostensibly aligned with its goals, since countries were not holding each other accountable and could just strike independent deals with manufacturers. Since COVAX fundamentally required large-scale coordination and accountability to neighbors, it struggled to attract commitments in the midst of an emergency. A successor facility would be able to build up funds and attract commitments in "peacetime," when countries feel less pressured to be seen acting purely in self-interest. If the successor facility is founded now, and if another pandemic comes in about 30 years, the fund will have built up over a trillion dollars by the time it's needed, and will have been able to organize advance market commitments and plans for vaccine distribution well in advance.

## How would this have made the pandemic go better?

If there had been existing plans in place to distribute vaccines equitably during the COVID-19 pandemic, then more vaccines would be immediately available to poorer countries and wealthy countries would be unable to stockpile vaccines. Wealthy countries may also have extended more distribution help to countries that were struggling with cold chain requirements or other infrastructure issues. One likely course would have been for many more countries to enact a "first doses first" policy, trying to get first doses to as many people as possible. Spread of COVID-19 would have slowed dramatically in all countries, not just wealthy ones, and the virus might not have mutated as quickly.

## Is there any way to enforce these commitments?

As with many international resolutions, there are no official avenues to enforce a particular nation's commitment. However, if the principles of vaccine equity are widely publicized and have popular support, governments that vote for the principles will feel pressured to maintain their commitment. In addition, putting the principles up for a vote will ensure that governments must go on the record as to their commitments to vaccine equity and cannot simply be presumed innocent by their inaction. It is also easier to maintain accountability for ongoing contributions to an insurance fund than it is to maintain accountability for future promises to donate vaccines. During a pandemic, there might be high public approval costs for not prioritizing one's own country, whereas ongoing insurance commitments will be seen as forward-thinking.

## How do these principles interact with intellectual property protection?

Intellectual property protection has been a major question during the pandemic, as it often creates a hurdle to products' replicability and affordability. However, it is a different issue from the idea of a pandemic insurance fund and should be considered entirely separately. Whether or not intellectual property principles change moving forward, a pandemic insurance fund can only be beneficial for the world.

## If people want to support this, how can they help?

It's important for governments to know that their citizens support these measures. You can write op-eds to draw attention to the issue and explain your support, or call and email government representatives to express support for increased cooperation in international health measures. Even


though your representative will not be directly involved in the World Health Assembly vote, it may help for elected officials to know that their constituents are interested in the issue, especially since adding pandemic preparedness spending to the budget will require legislative support in many countries.