Dr Mike Ryan Executive Director Health Emergencies Programme, WHO [CC: Dr Sylvie Briand and Scott Pendergast]

Professor Olive Shisana President's Special Advisor on Social Policy, South Africa

Ambassador John-Arne Røttingen Norwegian Ministry of Foreign Affairs

5 July 2023

Dear Dr Mike Ryan, Dr Olive Shisana and Dr John-Arne Röttingen,

Re: Civil society exclusion from medical countermeasures platform discussions

As civil society organizations and communities closely engaged in the work led by WHO to establish a medical countermeasures platform (as well as the Access to COVID-19 Tools Accelerator (ACT-A)), we are writing to express our strong concern about the exclusion of civil society in ongoing consultations, including the meeting with Member States and global health agencies on 28 June 2023.

In March 2023, the ACT-A Hub requested the Platform for ACT-A Civil Society and Community Representatives to identify two representatives to join the prototyping working group. Dr. Fifa Rahman and Onesmus Mlewa Kalama were confirmed as the civil society representatives following their work on ACT-A and the ACT-A evaluation process. Based on the design and consultation process concept note, 'Developing a new platform for equitable access to medical countermeasures in pandemics'¹, the Platform expected to launch a nomination process, open to all civil society and communities to identify representatives to the High-Level Consultative Group. We understood this group was to be established by April 2023 to take forward the consultations, giving particular attention to resolving open issues for which the prototype working group had proposed options, but we still have not received any updates on when this group will be established.

Since March 2023, Dr. Fifa Rahman and Onesmus Mlewa Kalama (and Samantha Rick as alternate) have regularly attended the prototyping working group meetings, providing critical civil society input and timely feedback on the proposed platform.

¹ WHO design and consultation process on a new medical countermeasures platform for pandemics https://www.who.int/news-room/articles-detail/who-design-and-consultation-process-on-a-new-medical-countermeasures-platform-f

or-pandemics

On 26 June 2023, WHO requested input from civil society representatives to the prototyping working group on an initial draft of a consolidated concept note bringing together the medical countermeasures platform proposals put forward through G7, G20 and ACT-A partners ahead of a meeting convened by South Africa and Norway on 28 June to discuss the draft and agree a way forward. We were informed that civil society would not be invited to this meeting, open only to governments and the global health agencies, with an intention to have a separate follow up meeting with civil society.

The meeting on 28 June went ahead with all members of the prototyping working group -except civil society, who were noticeably absent. No rationale was provided as to why, as
officially-nominated prototype working group members, civil society representatives were not
invited to this meeting. This unexplained exclusion is deeply disrespectful, and communicates to
us -- and indeed all other working group members -- that civil society is second tier to other
stakeholders. We strongly believe this exclusion of civil society sets a bad precedent likely to
fuel future exclusion of civil society in critical decision-making processes, an oversight that many
know all too well can significantly undermine health equity. Whilst we support the need for
broader civil society meetings, civil society representatives should *always* be part of the
meetings bringing together all stakeholders like the one held on 28 June 2023.

The work and review of ACT-A² clearly highlighted the critical importance of the meaningful engagement of civil society in all technical and decision-making structures and processes. Drawing on this learning from ACT-A and indeed echoing the good practice from multiple other global health institutions and partnerships, civil society was intentionally invited to be an equal member of the prototype working group for the design of the medical countermeasures platform, alongside governments and agencies. This inclusion is well-understood 'best practice' endorsed at all levels of WHO and in line with the inclusion of civil society in the ACT-A Facilitation Council and ACT-A evaluation reference group by South Africa and Norway. This was an important step forward in global health governance that has now been reversed by this unexplained exclusion. Civil society are equal partners bringing lived experiences to the decision-making table, and any attempt to exclude the contributions of civil society during discussions with other stakeholders, including Member States, should be firmly rejected.

We would also note that civil society representatives to the ACT-Accelerator and to the medical countermeasures platform made multiple inputs verbally and in writing to the medical countermeasures platform process and working group. Although the recently released revised Draft Concept Note dated June 23 states that it represents the inputs of all stakeholders, including civil society, we find the contrary to be true. Almost none of our inputs concerning intellectual property licensing and technology transfer, inclusion of upper-middle-income countries, focus on at-risk, vulnerable, and marginalized populations, and several other issues are not included in the Draft Concept Note. Moreover, we did not even receive a copy of it until

² 'An early and meaningful inclusion of low and middle-income countries and civil society is critical to strengthen mandates and objectives, broaden ownership, and to ensure that a delivery lens is fully integrated from the beginning' External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A)

https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-(act-a)

June 26-27 which gave us no meaningful opportunity for inputs in advance of the meeting from which we were excluded.

We call on WHO to ensure civil society representatives are engaged as full Prototype Working Group Members, with a full update on discussions that took place on 28 June and invitations to participate and input as equal partners into all medical countermeasures platform discussions and meetings going forward. We further call on WHO to ensure that civil society voices and perspectives are included as options in the documents prepared for planned consultations with country- and other constituencies.

Lastly, we note with concern that the European Union is already negotiating preferred access to pandemic-related vaccines for the next eight years which is directly counter to the equitable access commitments being pursued with respect to the Medical Countermeasures Platform, the INB Pandemic Accord, and IHR amendment.³ We think the WHO should strongly condemn these grossly inequitable agreements that once again prioritize access for rich countries to early supplies in violation of equitable access/allocation principles that are being pursued elsewhere.

We hope that this can be a learning moment and that we can move together more constructively towards closer collaboration and mutual respect.

Your sincerely,

Prof. Brook K. Baker, Northeastern U. School of Law and Health Global Access Project
Dr Fifa A Rahman, Special Advisor, Health Poverty Action
Rosemary Mburu, Executive Director, WACI Health
Katy Kydd Wright, Director, Global Fund Advocates Network
Mike Podmore, Director, STOPAIDS
Samantha Rick, Multilateral Engagement & Pandemic Preparedness Advocacy Specialist,

AVAC
Arush Lal, Former ACT-A CSO Representative

Onesmus Mlewa Kalama, Technical Support Manager, EANNASO

³ Maggie Fick, 'EU secures vaccine deals with Pfizer, and others for future pandemic' *Reuters* (30 June 2023)

https://www.reuters.com/business/healthcare-pharmaceuticals/eu-announce-deal-with-pfizer-others-reserve-vaccines-future-pandemic-source-2023-06-30/ accessed 3 July 2023