

***Platform for ACT-A Civil Society and Community Representatives: Initial Assessment of Paper 3: Coordinated delivery support for fragile contexts and humanitarian settings***

We appreciate the overall analysis in this Paper with a couple exceptions. First, we disagree that delivery and uptake challenges were paramount after global supply COVID-19 countermeasures stabilized. The legacies of delayed and inequitable distribution were pervasive and persistent and cannot be “supply-washed” after the fact. Inadequate-supply, high-prices, commercial-control-of-distribution and pandemic nationalism impacted delivery and uptake challenges, especially as provision was not made for funding pandemic related health service delivery. Second, we think there is a persistent neglect of the imperatives of community mobilization and advocacy, pandemic health literacy, and community-level service delivery in this and preceding papers. People and communities, and their needs and perspectives, need to be at the center of pandemic preparedness and response. Communities and people need to be capacitated - and trusted - with accurate information about medical countermeasure and health service delivery must be devolved to the community-level, including provision for self-testing from the start. Health literacy efforts (an absolutely crucial component of demand creation) must be culturally competent and linguistically appropriate, with direct support to community-based organizations and community health workers.

In this same regard, there is as well a general disregard in all papers of funding civil society engagement within the Platform and of continuing direct support to civil society for implementation of Platform activities, especially with respect to, but not limited to, health literacy, demand creation, pandemic response advocacy, community-level health service delivery, and monitoring of quality and equity in the pandemic response.

**Considering the significant resources required for global procurement and distribution, to what extent should an MCM platform also prioritize financing and technical assistance for country- level delivery and uptake in case of pandemic threat?**

For the Platform to be truly effective in achieving equitable access, it will be essential to prioritize financing, technical assistance, and demand creation/health literacy for country-level delivery and uptake. Also allocating a % of supply for humanitarian purposes from the beginning. The % should be relevant to the population size.

**From an equity perspective, to what degree should targeted financing and response efforts be reserved/dedicated to populations living in humanitarian settings within global MCM distribution from the outset?**

There is no doubt that effective programming to reach people in humanitarian settings in the COVID-19 response was lacking and that special priority must be made to capacitating a full and equal response in such settings for future pandemics. The new Platform must also recognise that “business as usual” will not meet the needs of underserved populations. The covid response revealed that rural populations, racial, ethnic, and religious groups, marginalized communities, including sexual minorities, people with disabilities, women and children, and

other discrete populations were routinely disadvantaged in terms of equitable access to medical countermeasures. Moreover, refugees, IDP and others in similar situations were also disadvantaged. There were vaccine, therapeutic, and diagnostic deserts within countries as well as between countries. If special programming is needed to reach previously underserved populations, then appropriately designed programming should be developed to reach all such populations - we need equal access for all, even though there might be initial prioritization of people most at risk of severe outcomes or whose services are especially vital to the pandemic response, e.g., health workers and educators.

**To what extent should an MCM platform consider investments during “peace time” to strengthen response capacity as a complement to current PPR initiatives? If this does not fit in the platform itself, how and where do we effectively address these challenges and provide financing?**

There simply has to be “peacetime” investments if a timely and effective response is to occur. There are challenges to finding resources for peacetime activities either from donor, institutional, or domestic resources, but those resources must be mobilized. The economic, social, and health costs of a delayed or failed response to a pandemic outweigh the costs of effective preparation by a couple multiples of magnitude.

The investment has to be sustainable, predictable and adequate from both national and international resources. Transparency and accountability on the financing and how the money is spent by who and to what outcome must be part of all financing agreements. Accountability must be through public scrutiny not just reports to donors.

**Humanitarian stakeholders are key partners for last-mile delivery in hard to reach settings. What frameworks should be prioritized now to ensure that I&L negotiations and importation processes don’t constitute barriers to timely delivery of MCMs?**

The entire indemnification and liability framework must be readjusted in response to future pandemics. Industry’s demands and requirements were unreasonable and separate demands to individual countries and humanitarian organizations caused needless delays. A global framework should be developed based on a much more complete analysis of some of the specific options outlined in this paper; what is required goes far beyond insurance schemes.

**How can we ensure coordination and complementarity between the development of delivery and demand-generation focus in a future MCM platform and potential measures to improve equitable access to pandemic response products through the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response?**

There is a deep incoherence in establishing the Platform and its functions without reference to outcomes of a Pandemic Accord and IHR amendments. This is particularly true with respect to intellectual property and technology transfer barriers, which are directly addressed in both

venues, but totally neglected in this Platform Concept Note and associated papers. In addition, there are proposed WHO bodies in the Pandemic Accord Zero Draft that might conflict with or overlap with the proposed Platform.

At the very least, if the Platform approach is to be “decided” by September, it should be on a provisional basis with a guaranteed process for redetermination in light of agreements reached on the Pandemic Accord and IHR amendments. The Platform should not be seen or used as a *fait accompli* to pre-determine appropriate global preparation and response mechanisms, particularly by giving preferential roles to Global North governments and institutions and to private industry, which benefits so greatly from the IP status quo.