

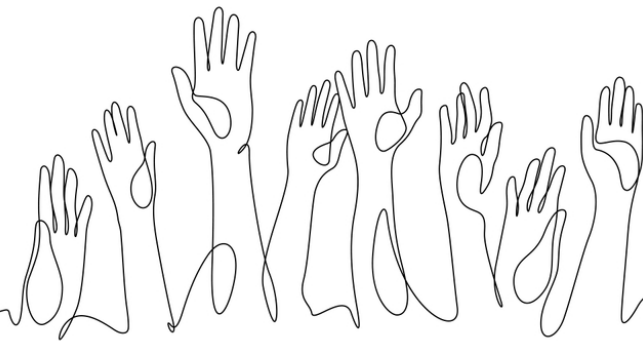
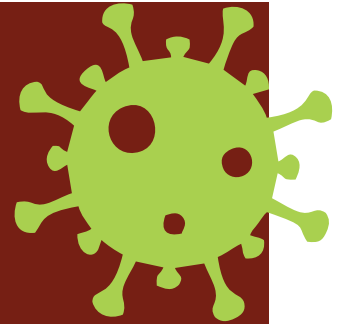


AFRICA COALITION ON
TUBERCULOSIS



Communities in Pandemic
Preparedness & Response

Understanding The Pandemic Accord: A Community Guide To Global Health Preparedness



1 General Introduction



Pandemics are disease outbreaks that transcend national and geographical boundaries. They negatively impact life and livelihood, increase morbidity and mortality, impede economic growth, disrupt social cohesion, and can be a source of political upheavals. To avert the adverse effects of pandemics, it is imperative for nations to prepare for and respond effectively when disease outbreaks occur.

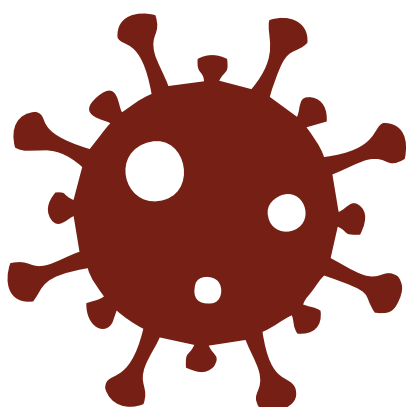
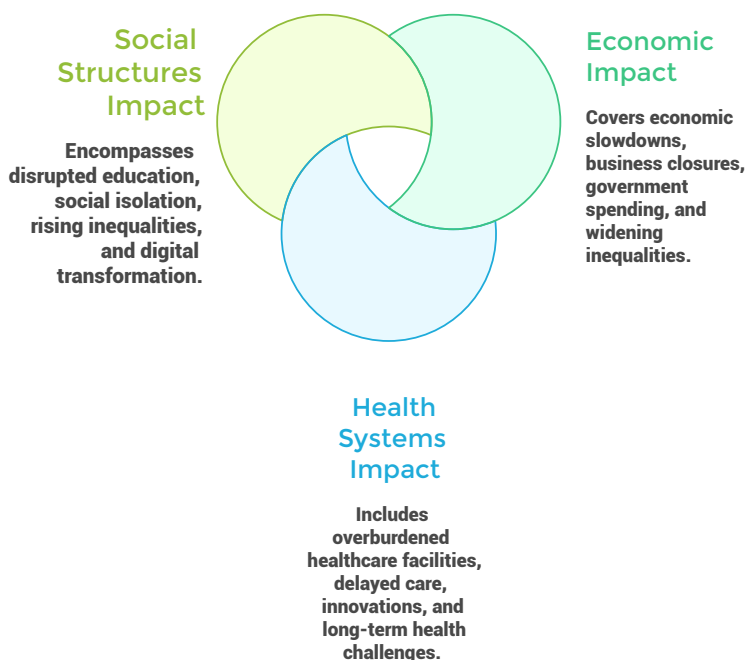
Pandemic preparedness and response (PPR) involves building the capability of health systems, governance structures, individuals, communities, the general public, state and non-state actors such as civil society organizations (CSOs), and all stakeholders to make them ready to respond to public health threats. Essentially, PPR assesses a country's capacity to enhance community resilience to combat and recover from public health crises.^[1]

This Objectives of the Community Engagement Guide on the Pandemic Accord and International Health Regulations (IHRs) aims to increase communities' knowledge of laws and policies that govern PPR, to empower them to participate in PPR decisions, especially those related to gender and human rights. PPR laws, and empower them to participate in PPR decisions,

especially those bordering on gender and human rights are to

- i. develop a PPR-related information kit on laws and policies that govern PPR such as the pandemic accord (PA), international health regulations (IHR 2005, as amended), integrated disease surveillance and response (IDSR) manuals, and country-specific legislation and policies.
- ii. help build communities' capacities and capabilities to prepare for, prevent, protect against, detect, and respond to pandemics.
- iii. develop PPR champions, increase communities' knowledge of PPR laws, and empower them to participate in PPR decisions, especially those bordering on gender and human rights.

Pandemic's Multifaceted Impact



2 Background to Pandemic Accord and International Health Regulations



The outbreak of the COVID-19 pandemic in early 2019 caught the global community unprepared to respond. The pandemic exposed inherent shortcomings and gaps in PPR pandemic preparedness and response across the world.

Morbidity and mortality figures soared, health systems became overwhelmed, economies tumbled, and the social lives of communities had to be reorganized as people struggled to obtain medical counter measures or mitigate impact of the pandemic. Global and national responses were weak, variable, and inadequate. The response was characterized by a lack of accountability, equity, solidarity in production, supply and access to medical products, and weak mechanisms for inter-country collaboration. The IHR 2005, the existing international legal regime for controlling pandemics, proved ineffective.^[2] The IDSR system (the tool for implementing the IHR in African countries) and national public health legislation proved ineffective. National health systems had failed to implement specific activities outlined in the IDSR manuals, such as establishing a Community-Based Surveillance System (CBS) and utilizing community-based volunteers to conduct surveillance, monitor health events in the community, identify unusual health events, and mobilize community action.^[3]

To cure the deficiencies observed during COVID-19, global leaders advocated for an over haul of the international legal regime that regulated PPR. While some leaders advocated for an amendment to the existing legal regime, others called for enactment of a new law. The proposal for a new international instrument or global treaty for PPR was first suggested by the [President of the European Council in November 2020](#) and supported by several states and global leaders.

Global Pandemic Preparedness and Response Timeline



A special session of the World Health Assembly (WHA) in December 2021 established an intergovernmental negotiating body (INB) to draft and negotiate a WHO pandemic accord (that is - a convention, agreement, or other international instrument) on PPR pandemic prevention, preparedness and response. The INB is co-chaired by South Africa and the Netherlands, and supported by four vice-chairs from Brazil, Egypt, Japan, and Thailand. Negotiations ran from November 2021 to May 2024, when the final draft text was produced. The WHA could not agree and approve the final draft text at its meeting in June 2024, compelling the WHA to extend the mandate of the INB to 2025. It is expected that member states will [vote on a final text of the agreement in May 2025](#) during the WHA world health assembly meeting.

The WHA also established a Working Group on amendments to the International Health Regulations (2005) (WGIHR) to consider proposals for amendments. The working group received proposals from Member States and submitted its report to the WHA in May 2024. On 1 June 2024, the seventy-seventh WHA, through a resolution, adopted a package of amendments to the IHR by consensus.^[4]



3 Community Engagement Provisions of the Pandemic Accord



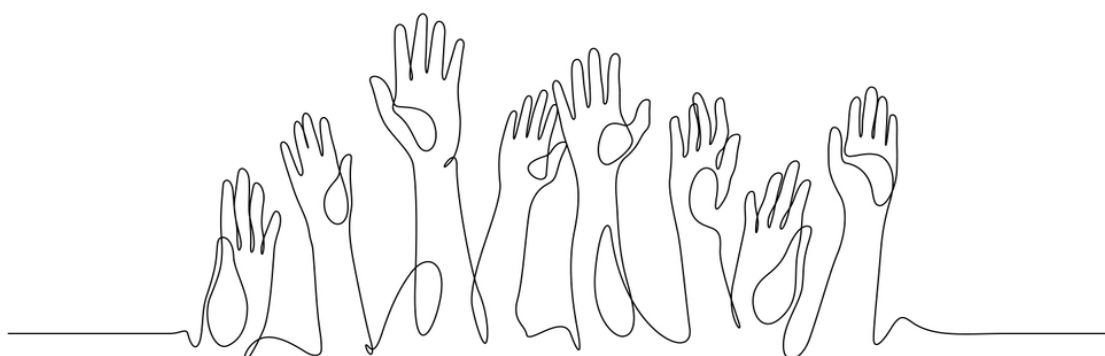
In recognition of the essential role communities play in PPR, and to advance comprehensive global response to pandemics, the draft Pandemic Accord PA, IHR, IDSR, as well as WHO guidelines impose obligations on states, confers rights on communities, and provide opportunities for advocates to support PPR through community engagement and related activities.

Specifically, the [draft pandemic accord](#), international health regulations ([IHR 2005, as amended](#)), technical guidelines for [integrated disease surveillance and response](#) (IDSR), and [WHO guidelines](#) provide as follows.

a) Obligations of States Regarding Community Engagement in PPR

States have an obligation at all times, but particularly during pandemics, to

- i. guarantee all individuals access to the best standard of health without discrimination and ensuring there is no unfair, unnecessary, or remediable disparities among different groups of people.
- ii. engage communities in planning, communicating, assessing risks, and executing sustainable PPR-related strategies and measures.
- iii. consider vulnerable populations, individuals, groups, or communities at a substantially greater risk of contracting an infection, experiencing severe illness, or facing mortality.
- iv. protect and uphold the dignity, human rights and fundamental freedoms of community members.
- v. support community initiatives that encourage evidence-based measures, improve surveillance, early detection, and risk evaluation.
- vi. identify environments and activities that risk spreading dangerous or pathogenic germs.
- vii. empower communities to detect and contain public health events, and provide water, sanitation, and hygiene.
- viii. involve communities in developing and implementing policies, strategies, and measures to prevent organisms that spread from domestic and wild animals to humans.



b) Rights of Communities

Communities have the fundamental right to

- i. The highest standard of health without discrimination.
- ii. Be involved in all activities related to PPR planning, and execution.
- iii. Access quality health services at the community level, ranging from health promotion and prevention to palliative care.
- iv. Be treated with respect, dignity, and confidentiality and made to enjoy human rights and fundamental freedoms available to all human beings at all times.
- v. Hold government officials and society accountable.
- vi. Information regarding disease outbreaks, measures to protect communities against infections, and treatment options.



c) Responsibilities of Communities

Communities must exercise responsibility towards their own health and well being. They have a duty within their own means to.

- i. take steps to protect themselves from pathogens, especially of animal origin, and to prevent their spread among community members.
- ii. adopt strategies and measures that are capable of building their capacity to respond to public health threats and mitigate its impact on their lives.
- iii. play active roles in activities aimed at building community resilience to prepare, prevent, and respond to pandemics.
- iv. take initiatives that improve surveillance, detect unusual events, disseminate early warning signals, and implement risk reduction measures.
- v. maintain proper hygiene, healthy life styles, good nutrition, clean air, water, and environment.
- vi. implement plans that will prevent them from coming into contact with domestic and wild animals, and detect and report unusual events within domestic animals
- vii. seek health care when they are sick or feel unwell.

d) Opportunities for Advocates, Non-Governmental and Civil Society Organizations

The WHO constitution, Pandemic AccordPA, and IHR 2005 guarantee the critical roles CSOs play in health governance and PPR through community engagement. CSOs are crucial partners in organizations such as the WHO, UNAIDS, UNICEF, Global Fund, PEPFAR, and GAVI. In 2023, the WHO launched the Civil Society Commission (CSOC) to improve collaboration and dialogue between the WHO and CSOs, as well as formalize CSOs' involvement in global health governance and related matters. [5]

CSOs have the right to undertake activities such as influencing government and health policies, advocacy, participating in local government and health committees, promoting accountability and transparency in local government, empowering marginalized and vulnerable communities, supporting emergency preparedness and response efforts, providing medical countermeasures during pandemics, and involving citizens in PPR discussions. These rights are briefly explained in the following: We will briefly explain these duties.



I. Lobbying, Advocacy and Empowering Vulnerable Populations

CSOs play a significant role in implementing the IHR through engagement with citizens and governance institutions. They might advocate for strengthening community health systems, more resources for training of communities in disease surveillance, and community resilience strategies. CSOs can identify and advocate for groups that are often left behind or marginalized and whose voices are excluded cannot be heard. CSOs with the requisite technical competence can review the rationale for health spending to ensure that health systems are adequately financed.^[6] For example, instance CSOs in Ghana could should focus their advocacy on most vulnerable and marginalized groups, including persons in trokosi and witch camps, kayayei, slum dwellers, rural women, and other marginalized groupssocieties.^[7]

ii. Shadow Reports

CSOs can provide shadow reports on disease outbreaks and IHR implementation at the community level. Governments, for political and economic reasons, are often reluctant to declare outbreak of diseases with potential international spread. The IHR makes it possible for CSOs to fill the void by submitting shadow reports to the WHO and other bodies. For instance, in 2001 a CSO first announced the outbreak of meningitis in the Upper East Region of Ghana. That action caught the attention of government and, development agencies, resulting in considerable relief to the affected communities.^[8]

iii. Participation in Special Committees and Decision Making

CSOs can participate in deliberations of special committees formed by local government and district health authorities such as committees on epidemic management, rural and community development, and social services, where they can provide input on specific issues, share advice, or influence decisions. If CSOs make a demand through the appropriate channels, it will be granted. CSOs such as SEND Ghana and Hope for Future Generation have shaped Ghana government policies on PPR through this process.^[9]



iv. Independent Assessments

CSOs can participate in independent assessments on the ability of communities and states to respond to pandemics (core capacities). They can act as a bridge between the community and government actors. They can do independent assessments by developing and administering community preparedness questionnaires and checklists. For example, Resolve to Save Lives independently assessed Ghana's financial readiness to respond to pandemics. The assessment provided valuable information to the government and partners to implement mechanisms to fund public health emergencies.^[10]

v. Promoting Accountability and Transparency

Elected and appointed government officials often neglect the communities they are supposed to serve. CSOs can monitor government policies and actions to ensure government officials are socially accountable and discharge their legal obligations towards the community.^[11]

vi. Health Interventions or Providing Services

CSOs are increasingly playing critical roles in delivering health interventions on the ground. In times of During pandemics, CSOs can assist in providing services such as training of medical personnel, medical counter measures and other logistics to under- served populations.^[12]

vii. Human Rights and Gender Mainstreaming

CSOs can help facilitate state accountability for human rights violations, including the right to health. In serious situations where governments act in a way that is unlawful or against public interest, some civil society groups may respond with legal action.^[13]

All persons, irrespective of gender identity, should have equal and equitable access to public health interventions during emergencies. Integrating gender-responsive approaches into health emergency preparedness, response, and recovery will help achieve gender parity during pandemics. CSOs should support communities to advocate for gender mainstreaming and health systems that are gender-responsive and capable of dealing with issues of stigmatization, marginalization, gender-specific risks, and vulnerabilities.^[14]

viii. Alternative Policies

CSOs Civil society organizations can suggest innovative alternative policies or financing mechanisms to the government, private sector, and other institutions.^[15] For instance, SEND Ghana is championing and has petitioned the government of Ghana to create a public health emergency fund dedicated to finance disease outbreaks.



Conclusion



The Pandemic Accord pandemic agreement, if it comes into effect, alongside the IHR, offers a blueprint for community engagement and response to pandemics. It outlines what states must do, what rights individuals and communities have, and creates multiple avenues for advocacy and community engagement organizations in the CE process. When these institutions and processes work in synergy, they will construct strong and resilient communities and health systems capable of responding to pandemics and public health risks.





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