The importance of accountability in tackling future pandemics

In Richard Horton’s Offline,1 he raises two issues that can undermine the future success of the pandemic agreement being negotiated by the Intergovernmental Negotiating Body: WHO’s resistance to an independent high-level council outside its governance structure and the absence of meaningful accountability in large-scale WHO initiatives.

A body that is independent from WHO, such as the Global Health Threat Council envisioned by Helen Clark and Ellen Johnson Sirleaf, is also needed for compliance because WHO, as a technical adviser to countries, should not be placed in a position to evaluate and hold countries accountable for their obligations. Furthermore, because the absence of accountability and enforcement threatens the success of international treaties, an accountability framework with incentives and disincentives for compliance is necessary for a pandemic convention to achieve its desired effect.4 Details of this framework must be agreed upon in advance to be binding for countries and not left for discussion until after the pandemic agreement is signed, as has been proposed in the Zero Draft.3 Failing to keep countries accountable for their obligations under the agreement would place the world at greater risk for another pandemic.

We declare no competing interests.

José Szapocznik, Guilherme Faviero, Akua S Dansua, Daniel G Bausch, Jorge Saavedra
jszapocz@miami.edu

Moving towards a precision approach for prevention of severe COVID-19

Replication of results in science is always reassuring, so we were pleased to see that Utkarsh Agrawal and colleagues, using data from all regions of the UK, identified nearly identical risk factors as we did for severe COVID-19 despite vaccination among a nationwide cohort of US veterans.3 An advantage of our study was the analysis of multiple subgroups, which allowed estimation of absolute risks on the basis of age and specific details about immune-compromised status. Advantages of the study by Agrawal and colleagues include the use of a variable that summarises the number of severe comorbidities at the patient level, a study population with large numbers of patients who had received booster vaccines, and a subanalysis limited to patients who had received boosters—which showed similar relative risks to what had been observed in analysis of the entire vaccinated population.

Data increasingly support the hypothesis that there are so-called