

Comprehensive and incisive evaluations, although essential, might unintentionally signal that it is time to move on, paradoxically abetting processes of forgetting. The risk is that moving on will worsen ongoing deficiencies in care, response, and advocacy for people who continue to be affected by or clinically vulnerable to COVID-19. Institutions, including governments, global health agencies, and donors, must be able to plan for and respond to new global health emergencies while still supporting their past priorities.<sup>4</sup> Otherwise, these institutions risk further failing the people they intend to serve.

I declare no competing interests.

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- 1 Horton R. Offline: ACT-A—ça suffit. *Lancet* 2023; **401**: 630.
- 2 WHO. External evaluation of the Access To COVID-19 Tools Accelerator (ACT-A). 2022. [https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-\(act-a\)?mkt\\_tok=Njg1LUtCTCO3NjUAAAGHvTlnH0hrmYK8ggE376jBiQOkLYNMeVjctoDm7vRdNeE-0mnl9WvecnYucO\\_bj1cPej7HkbnNGgD3qerquW1nWP2PDDeiaa-zWQ6CGOjg4FhQGI](https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-(act-a)?mkt_tok=Njg1LUtCTCO3NjUAAAGHvTlnH0hrmYK8ggE376jBiQOkLYNMeVjctoDm7vRdNeE-0mnl9WvecnYucO_bj1cPej7HkbnNGgD3qerquW1nWP2PDDeiaa-zWQ6CGOjg4FhQGI) (accessed March 3, 2023).
- 3 The Independent Panel for Pandemic Preparedness and Response. COVID-19: making it the last pandemic. 2021. [https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf) (accessed March 3, 2023).
- 4 Banco E. Is COVID over? No, but global health funders are moving on. *Politico*. 2022. <https://www.politico.com/news/magazine/2022/03/07/covid-global-health-next-pandemic-00014384> (accessed March 3, 2023).
- 5 UNAIDS. In danger: UNAIDS global AIDS update 2022. [https://www.unaids.org/sites/default/files/media\\_asset/2022-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf) (accessed March 3, 2023).

## The importance of accountability in tackling future pandemics

In Richard Horton's Offline,<sup>1</sup> 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.

Why must a pandemic convention be housed outside WHO? Ministers of health (who comprise the World Health Assembly, the decision-making body of WHO) simply do not have the power to drive the whole of society, whole of government approach needed to prevent, prepare for, and respond to pandemics. A broader approach is needed because pandemics are not just a health issue but a problem that affects all layers of the economy and society. Moreover, a high-level council comprising heads of state and government must be outside of WHO because heads of state cannot report to their own ministers of health.

A body that is independent from WHO, such as the Global Health Threats 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,<sup>2,3</sup> an accountability framework with incentives and disincentives for compliance is necessary for a pandemic convention to achieve its desired effect.<sup>4</sup> 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.<sup>5</sup> Failing to keep countries accountable for their obligations under the agreement would place the world at greater risk for another pandemic.

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- 1 Horton R. Offline: ACT-A—ça suffit. *Lancet* 2023; **401**: 630.
- 2 Hoffman SJ, Baral P, Rogers Van Katwyk S, et al. International treaties have mostly failed to produce their intended effects. *Proc Natl Acad Sci USA* 2022; **119**: e2122854119.
- 3 Faviero GF, Stocking BM, Hoffman SJ, et al. An effective pandemic treaty requires accountability. *Lancet Public Health* 2022; **7**: e730-31.
- 4 Duff JH, Liu A, Saavedra J, et al. A global public health convention for the 21st century. *Lancet Public Health* 2021; **6**: e428-33.
- 5 WHO. Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting: WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response ("WHO CA+"). 2023. [https://apps.who.int/gb/inb/pdf\\_files/inb4/A\\_INB4\\_3-en.pdf](https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf) (accessed March 28, 2023).

## 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,<sup>1</sup> 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.<sup>2</sup> 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