

Statement by Medicus Mundi International to the 70th session of the World Health Assembly on agenda item 12.1: Research and Development for potentially epidemic disease

Over the years, there have been several controversies involving use of pathogens without fair and equitable benefit sharing, claims of intellectual property over pathogens shared as well as barriers to timely access to affordable medical interventions.

In 2007, the inequity in the global public health system was revealed as H5N1 viruses were shared but affected countries such as Indonesia could not get access to affordable vaccines and treatments. This led to a specific access and benefit sharing agreement - the PIP Framework - for potentially pandemic flu viruses.

WHO is embarking on R&D for other prioritized pathogens. A focus in A70/10 is on sharing of biological samples and genetic sequence data. However there is a huge gap in defining the terms for access and benefit sharing consistent with the CBD and the Nagoya Protocol.

A70/10 reveals several initiatives based on ad hoc consultations. But this approach is worrying as it is not intergovernmental in nature, nor transparent, inclusive or accountable. There is a need to ensure equitable benefit sharing and secure timely access to knowledge, technology and affordable treatments arising from the use of samples and data during an emergency.

The Expert Review of the PIP Framework as well as the Review Committee on the Role of the IHR in the Ebola Outbreak and Response have concluded that WHO and State Parties should ensure that sharing of samples and sequence data is balanced with benefit-sharing on an equal footing and that the PIP Framework serves as a good example to be followed.

Thus we call on the Health Assembly to set up an intergovernmental process to discuss access and benefit sharing with regard to other pathogens and related sequence data in emergency situations consistent with the CBD and the Nagoya Protocol.

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