

**Statement by Medicus Mundi International
to the 67th session of the World Health Assembly
on agenda item 16.2 'PIP' to be delivered by Ms Susana Barria**

Thank you, Chair, for the opportunity to address the Health Assembly on this item on behalf of Medicus Mundi International, the People's Health Movement and Third World Network.

The PIP framework came about from the realization that the former WHO Global Influenza Surveillance Network (GISN) was inequitable. Accordingly the objective of the PIP Framework is to create a "fair, transparent, equitable, effective system for sharing influenza viruses and benefits generated therefrom, on an equal footing".

Accordingly we would like to call on WHO to expedite the signing of SMTA 2 and to urge influenza vaccine, diagnostic and pharmaceutical manufacturers to make prompt payments of its partnership contribution.

On the issue of genetic sequence data, we call on WHO to ensure that all entities that use sequence data that is found in the GISRS strain should be subject to the PIP Framework's full complement of benefit-sharing requirements, including both the partnership contribution and the benefit sharing obligations incurred in the SMTA.

Further, preambular paragraph 13 of the PIP Framework recognizes that "intellectual property rights do not and should not prevent Member States from taking measures to protect public health". Considering that the context of discussion is pandemic preparedness and response, we are of the view that intellectual property claims should not be allowed in connection with sequence data.

Finally we note with great concern that inequities similar to those that necessitated negotiation of the PIP Framework may be emerging with the novel coronavirus called MERS, which has been made the subject of a very broad patent claims published in late March. If granted, these claims could allow a Dutch university to impede access to diagnostics and therapeutics against MERS, and for it to demand royalties on all such medical uses of the virus and its parts.

Thus, we are of the view that human disease agents and their uses in medicine must not be patented.

Thank you.