

Agenda Item 13.9: Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits: report of the Advisory Group

Mr. Chairman,

I make this statement on behalf of Health Action International, Berne Declaration and the Third World Network.

At the last World Health Assembly, the PIP Framework was adopted with great expectations. This means that the PIP Framework is now one year old.

A specific expectation of the Framework was that recipients of biological materials will engage in benefit sharing by contributing financially as well as by sharing other benefits. The instruments for operationalizing benefit sharing under the Framework that have been agreed to are the Standard Material Transfer Agreements or SMTAs.

It is thus disappointing to note that in the past one year not a single Standard Material Transfer Agreement has been signed between WHO and recipients of biological materials outside the Network, although biological materials have been exchanged. This has also affected full implementation of SMTAs among the GISRS laboratories.

We hope that this shortcoming can be rectified immediately. It would be useful to obtain an indication on the timeline within which WHO expects to fully implement the SMTAs.

We also note that the Framework requires manufacturers that receive biological materials to make financial contributions beginning 2012. However to-date little information is available as to whether such contributions have already been made by manufacturers receiving biological materials and how much each manufacturer will contribute.

On the use of partnership contribution, we note the advice that over the next 5 years 70% of contributions be used for pandemic preparedness and 30% be used for response activities. However from A65/19, it is not clear which activities will be considered as pandemic preparedness.

We thus request the Secretariat to provide more detailed information to the Executive Board for the consideration of member states on activities it considers falls within the category of pandemic preparedness and activities which fall under pandemic response.

In our view the category of pandemic preparedness must include building of influenza surveillance and laboratory capacity in developing countries. This includes ensuring each region or sub-region has its own WHO Collaborating Center. Preparedness should also include assisting developing countries to build anti-viral and vaccine manufacturing capabilities including addressing intellectual property barriers and transfer of technology so that developing countries are better prepared to counter future influenza pandemics.

Finally we stress that to realize equity there needs to be transparency. We stress that implementation of the Framework should be transparent. In particular we request that the Secretariat make publicly available the annual report of the Advisory Group mentioned in

para 23 of A65/19, as well as information on partnership contributions made by manufacturers including the use of such contributions.